The Music Therapist's Experience of Conflicting Approaches in the Workplace

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Abstract

This thesis aimed to explore the lived experiences of music therapists who practice from a different approach than the behavioral setting in which they work. I was interested in whether other music therapists experienced a dissonance that stemmed from conflicting approaches in their workplace, as I experienced this dissonance as a new music therapist. After completing an initial interest and demographic survey, nine participants were selected to participate in interviews, where they were asked predetermined questions about their approach to treatment, their facility's approach to treatment, and how they experienced and navigated this conflict. After coding, themes were organized using ATLAS.ti. Five themes emerged: 1) relationships, 2) power dynamics, 3) perceptions, 4) feelings, and 5) bridging approaches. Interpretations of the findings were provided, as well as recommendations for future research and implications for music therapy practice.

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Introduction

Motivation and Rationale for this Study

My first music therapy job was at a special education school that practiced behavioral approaches, specifically applied behavioral analysis (ABA). I had been interning at this school for eight months and upon my completion of the internship program, I was offered a job. When my role shifted from intern to music therapist, something else shifted as well. I was no longer learning how to be a music therapist; I was a music therapist, and I was solely responsible for an entire program. For some time, I practiced as I learned, following the model of my internship director. It was comfortable, familiar, and felt safe as I was settling into my first job.

Over time, I grew increasingly dissatisfied with the way I was practicing music therapy. I started to experience burnout. I experienced friction between how I learned to "do" music therapy and practicing music therapy in a way that felt authentic to me. I felt a dissonance between the music therapist I was and the music therapist I wanted to be. At the same time, I felt pressure from my colleagues and the overall culture of the facility to not rock the boat, ask questions, or make too many changes. At the time, I could not put into words what or why I was feeling this way, which also contributed to experiencing imposter syndrome. In hindsight, I think that being young, a new music therapist, and a woman, all contributed to the overall experience of conflict. On the occasions I did contribute my perspective in meetings, my voice was not valued or acknowledged.

After a year in the Slippery Rock University (SRU) Master of Music Therapy Program, I started to understand that much of the friction I was experiencing at work was the result of having a different theoretical framework than my employer and colleagues. At the time, I was aware there were critiques of behaviorism, but not much beyond that. I initially had feelings of

exceptionalism about it. My initial feelings were, “My school is different, they’re not like *those* behaviorists that are being critiqued.” I was distancing myself from what I understood as “the bad kind” of behaviorism, without really knowing what that meant. Over time I began to understand that the facility and my active participation were not an “exception.” There were many aspects of behaviorism that felt wrong to me, and my involvement in it was a major contributor to my internal conflict; it was draining me. me.

I have never aligned with behaviorism philosophically, and here I was, actively working within a behavioral program, adhering to behavioral principles. I was feeling burnt out. I felt like I was not doing anything worthwhile or meaningful. I felt like I was causing harm. I was feeling like I was doing music therapy “wrong.” I felt like I had made the wrong career choice. I was feeling like I was not able to advocate for the students or myself. I was feeling isolated. I spent my time in the SRU master’s program reflecting and diving deeper to understand what I was experiencing and searching for ways to implement change.

Over time, I noticed a pattern of what I refer to as little ways of “rebelling” against the behavioral norms of the facility. This terminology came from an article I had read for the master’s program that resonated with me. Wade (1997) describes small acts of living and everyday resistance, explaining the ways small acts can appear to be inconsequential but begin to establish a foundation for more effective action in the future. I was looking for ways to practice music therapy in a more authentic and strength-based way. I started doing things like encouraging staff to put down the token boards when students were actively engaged in music sessions. I started supporting students (and parents during telehealth) to actively engage in creating their own IEP goals. I co-created a social-emotional learning program that teaches students how to advocate for their needs based on how they are feeling and the bodily sensations

they were experiencing. I started to offer the choice to just not do music sessions (it is very uncommon for students to have the choice to not do something on their schedule because it is viewed as noncompliance). I also started explaining to staff and students why I am doing what I am doing, which helped foster collaboration between myself, students, family, and staff members. While this is not an attempt to distance myself from participating in harmful practices, these small acts are just some of the small ways I found to push against boundaries where I work while avoiding getting into trouble. This helped me find ways to practice music therapy in more authentic ways while also meeting the needs of the students.

In reflecting on the ways, I was "rebelling against," I started to wonder if other music therapists experienced this as well. I was aware that behaviorism is the most common approach used in special education. I was aware that many music therapists work in special education. This led me to ask the question; *are* there other music therapists experiencing the same feeling of friction? If so, how do *they* navigate it? What are the contributing factors of music therapists experiencing this? I turned to literature and was unable to find any research addressing this topic within music therapy, nor in other fields. Thus, I decided to make this the topic of my thesis.

Social Location

I am a cis, white, queer, non-disabled, educated, woman from a middle-class family. I acknowledge that due to my lived experiences and social location as non-disabled I can never truly understand the lived experiences of the students I work with and the music therapists who will participate in this research study. I recognize that my lived experiences growing up as a non-disabled person has influenced the creation, process, and findings of this research paper. Access to higher education contributed to the dissonance I was experiencing as a new professional, and ultimately the source of this research. As I started my master's program at

SRU, I started to challenge my understanding and views of disability. I understand that as part of my privilege of having access to educational spaces, I feel a responsibility to explore this topic to hopefully address the gaps in research in music therapy. My identity as queer has in many ways aided me in navigating how to work alongside disabled people. As bisexual in relationship with a cisman, I have felt tensions between being perceived within the "norm" of heteronormativity while being outside the "norm" in terms of my identity. There are ways that my identity allows me safety from harm due to not being recognized often in my queer identity.

As I learned about queer theory, I began to recognize the importance of practicing in a way that embraces the nuances and complexities of what it means to be humans, embracing the "both/and" of life and broadening our perspectives outside of the "norm" (Bain & Gumble, 2019). Furthermore, queer theory critiques power imbalances within relationships and advocates for a relationship built upon "mutual empathy, emotional authenticity, openness to change and difference, and a connection that can be constructed regardless of abilities" (Bain, Grzanka, & Crowe, 2016, p.14). These values really resonated with me. So, there were ways that my sociocultural identity as nondisabled and queer have influenced how I have navigated my work in a space that does not philosophically align with the way I desire to work. I am still working on how to do this. I often feel tension between being within the "norm" of behaviorism and feeling as though I am causing harm versus being outside the "norm" and feeling like I am going to get fired. The expectations placed on me by my colleagues and the overall culture of the facility sometimes is in opposition to the kind of music therapy I want to practice, the kind of music therapy I felt was most beneficial to the students.

After finishing the coursework in the SRU master's program, and while I continued to work on my thesis, I began collaborating with the art therapist I work with on creating and

implementing innovative programs school-wide that reflected a more strength-based approach to treatment. This has received mixed reviews from some staff we work with who tend to take a behavioral approach to treatment. It has also created tension for us in the workplace due to the inherent differences in approaches taken. My frustration has only increased since starting to explore this topic further through the thesis writing process. I have found myself up against "behavioral barriers" which aim to reinforce an approach to treatment rooted in control. I experienced feeling an "us vs them" dynamic with my colleagues, instead of collaborative relationship.

Within many special education settings, there are many people on a student's treatment team. Where I work, upwards of 15 people might be on one person's treatment team. We have many meetings, developing Individualized Education Plans (IEPs), and we make big decisions about the students we serve that will impact them for the rest of their lives; almost never consulting them. This is the norm, and a workplace culture I am constantly navigating. It is understood as odd or "unprofessional" in many cases to talk to students about their IEP. I am reminded of the slogan, "Nothing about us without us" and how that relates to the way I have learned to understand disabled individuals and how I was taught to approach treatment as a music therapist. They are incongruent. Part of the idea that sparked this research was having the courage to go against what I and others had learned and been taught when it comes to providing treatment.

I was left with a lot of questions. How does one implement changes in a facility like this? How much does one have to compromise on their values for others to be willing to collaborate in the treatment process? Is there a way in which these seemingly opposing approaches can be bridged? It is clear from the research and my own firsthand experiences that music therapy has

the potential to enact change within special education settings, but what was missing from the literature was the ways the music therapist can navigate these dichotomous spaces.

Literature Review

There are numerous theoretical approaches that inform music therapy practice. Many music therapists are informed by a behavioral approach, while many others are informed by a humanistic approach. Those that adopted a behavioral approach often have negative opinions about non-behavioral approaches. Similarly, individuals who adopt a humanistic approach often have negative opinions about behavioral approaches. Due to this, people can feel conflicted when the theoretical orientation of their place of work is one that is seemingly diametrically opposed to their theoretical orientation. The following literature review will discuss these two theoretical approaches and their respective critiques from within and outside of music therapy. The literature review will then discuss research on combining conflicting approaches. Lastly, this literature review will explore how work-related stress can contribute to burnout in music therapy.

Behaviorism

According to the workforce analysis released by the American Music Therapy Association (2021), 13% of music therapists reported working with intellectually disabled individuals (this includes autism spectrum disorder [ASD]), and 11% of music therapists reported working in school settings. In special education schools, historically the most common and accepted approach is behaviorism, specifically ABA, especially when working with autistic individuals (ABA Education, 2023; Rosenwasser & Axelrod, 2001; Trump et. Al, 2018).

In a survey on music therapists' self-identified approach, it was found that many music therapists in North America identify as practicing from a humanistic approach (50% of survey responders) (Curtis, 2015). Similarly, a sizeable number, but certainly lower, 33% of music

therapists identified themselves as practicing from a behavioral/ABA approach (Curtis, 2015). Survey participants were able to select more than one approach, so it may be that some respondents chose both. Therefore, while 33% of music therapists say they practice from a behavioral approach, that does not mean they exclusively use behaviorism and could be incorporating a variety of approaches in their music therapy practice, or they could be describing their preferred approach and the approach mandated where they work. It was also noted in the survey that Canadian music therapists identified more with community music therapy, feminist, humanistic, and Nordoff-Robbins approaches, while their U.S. counterparts identified more with behaviorism and Neurologic Music Therapy (NMT).

Given that a significant percentage of music therapists in the United States practice using a behavioral approach, and that behaviorism and ABA are the most common approaches implemented in special education school settings, it is important to outline some basic foundations of behaviorism and ABA. ABA has been labeled by professionals as the "gold standard" for behavioral treatment when it comes to ASD (McPhilemy & Dillenburger, 2013; Sinclair, 2021). Behaviorism is described as a school of psychology that began when Watson (1913) published *Psychology as the Behaviorist Views It*. The approach outlined in this publication focused exclusively on observable and measurable behavior as its primary concern and the foundation of the approach.

ABA was developed by two psychologists, Lovass and Koegel, working with autistic children and is modeled after B.F. Skinner's idea of radical behaviorism (LeGoff, 2023). Vismaraand Rogers (2010) describes ABA as an applied science that is committed to understanding the laws by which the environment affects behavior to address socially significant problems for individuals with disabilities. ABA categorizes itself as a natural science due to its

focus on observable and measurable occurrences (American Psychological Association, 2017; LeGoff, 2023; Vismara & Rogers, 2010; Watson, 1913).

Within the field of music therapy, behaviorism is understood in terms of the ways that musical stimuli can be controlled in efforts to change observable and measurable behaviors (Scoval & Gardstrom, 2005). In this way, music is often described as an outcome-oriented tool for the music therapist to utilize (Bruscia, 2011). Music can also be used as a behavioral consequence (positive reinforcement, negative reinforcement, and group contingency), behavioral antecedent (cueing), and/or an antecedent stimulus to teach other skills (Hanser, 1983; Hanser, 1999; Lim, 2010).

A popular specialization in music therapy that utilizes this type of out-come oriented approach to treatment is NMT. Hurt-Thaut (2020) defines NMT as a standardized system of clinical techniques that use the functional perception of all properties of music to train and retrain the brain and behavior functions. NMT consists of about 20 techniques that fall under three domains: sensorimotor, speech and language, and cognition (Hurt-Thaut & Johnson, 2015; Thaut, 2020). NMT understands itself as a paradigm shift in music therapy from traditional social science models centered around well-being, culture, and social relationships, to neuroscience models which are focused on functional changes in the three domains. Aigen (2013) describes NMT as a model believed to replace psychosocial theory with one that is strictly neurologically based. NMT theorists also argue that positive influences in brain functioning should be the focus of music therapy interventions (Aigen). Much like behaviorism, NMT is a natural science that relies on measurable data and rejects that which is not easily quantifiable.

While research shows that behavioral approaches in music therapy have been successful in eliciting desired behaviors (Lim & Draper, 2011; Standley & Hughes, 1996; Whipple, 2008), outside of music therapy there has been an increase in critiques of behaviorism and ABA over the past 20 years. Harzem (2004) claimed that behaviorism is reductive due to its reliance on only that which is observable and measurable, whilst rejecting everything else and leaving little to no room for subjectivity and introspection. Anjum (2016) noted that humans are so complex and that utilizing behavioral approaches often reduces human complexity into "averages" or "statistical frequencies," missing the qualities that contribute to and make up human experiences (p. 12). Within music therapy, Rickson & McFerrin (2007) have critiqued music therapy research's historical reliance on behavioral principles, and how that left a lot of questions unanswered when it comes to clinical application in the field of music therapy.

Taking these critiques further, Brown (2013) discussed ABA as compliance-based interventions for autistic children in school settings, calling these interventions "unreasonable" (p. 181). Brown stated that compliance-based interventions commonly used within a behavioral and ABA approach do not "support the development of functional skills or coping mechanisms" (p. 181). Brown described these interventions as inherently discriminatory, abusive, controlling, and a violation of human rights. This is not an uncommon stance within the disability community. This critique has also come from within the ABA community, with some calling compliance-based tasks traumatic (Burns, 2022).

Behaviorism and ABA have also been criticized by the disability studies movement (and critical disability theorists). Hall (2019) described critical disability studies (CDS) as a diverse, interdisciplinary set of theoretical approaches. In addition, Hall stated that CDS intends to analyze disability as a cultural, historical, relative, social, and political expereinces. CDS

theorists have described behaviorism as reinforcing ableism (Hall, 2019, Shyman, 2016, Brown 2013). Behaviorism often aims to reinforce “socially acceptable” behaviors and does not create space for those who diverge from the norm. Within a behavioral approach, behaviors that are deemed “socially unacceptable” are understood as something that needs to be extinguished.

As mentioned, NMT is one behavioral approach to MT and has been critiqued from within the music therapy community. Aigen (2013) explains that while neurologic information is an important tool, it “cannot alone provide all the information necessary to fully understand clinical processes when one is concerned with human motivation, intentions, and experiences. NMT theorists believe that when the brain is engaged with music, it is therefore changed, and so there is no need to consider the person in their entirety. By not considering the whole person, a large part of someone's sociocultural context and needs go ignored. There have been many studies that show a correlation between invalidating the experiences of individuals and decreased mental health (Campbell, 2011; Lago, 2011). In addition, with the focus solely on observable brain function, NMTs are not necessarily trained to be prepared for any emotional responses that may emerge in their clients.

As previously mentioned, Curtis (2015) found that one-third of North American music therapists who responded to the survey identified as practicing from a behavioral/ABA approach. It is possible that the reason this number is so high lies in the history of music therapy having a strong foundation in behaviorism. However, the American Music Therapy Association Code of Ethics (2019) outlines under Principle 1 that music therapists must, “Respect, acknowledge, and protect the rights of all clients, including the rights to safety, treatment, respect, dignity, and self-determination." Given critiques that claim ABA is a violation of human rights and that behaviorism reinforces ableism, it is pertinent to revisit and consider the implications of the 33%

of North American music therapists aligning themselves with behavioral/ABA approaches (Curtis, 2015). One explanation could be that in the past, music therapy, as a profession, had to attach itself to behavioral and medical models to "survive and create accountability structures" within the existing system (Kenny, 2006, p. 88). Kenny noted that the thing that kept the profession alive could now be stifling it.

Humanism

As noted above, 50 % of music therapists who responded to Curtis' (2015) survey reported identifying as practicing from a humanistic perspective. Humanism in psychology is an approach to treatment that believes everyone has the innate capacities for actualizing their unique potential for health and well-being (Abrams, 2015). Humanism concerns itself with human meaning, value, well-being, autonomy, choice, authenticity, creativity, and things that are innate within an individual (Abrams, 2015; Hadley & Thomas, 2018). In the 20th century, humanistic approaches in psychology increased in popularity (Abrams, 2015). This increase in popularity was a response to the established dominant approaches of the time; Freud's psychoanalysis and Skinner's behaviorism, with humanism being coined as "the third force" of psychology (Abrams, 2015; Fleuridas & Krafcik, 2019).

Carl Rogers was noted as one of the major contributors to the development of humanistic psychology and described an approach to therapy that we now know as person-centered (Abrams, 2015; Corey, 2016). Rogers's approach to therapy stressed the individuality of clients (Kelland, 2010). Person-centered therapy required the therapist to have empathy, unconditional positive regard, and congruence when working with clients (Abrams, 2015).

Juliette Alvin adopted a humanistic approach in music therapy, specifically free improvisation therapy (Abrams, 2015). Other well-established contributors to humanism in

music therapy were Paul Nordoff and Clive Robbins and their model of Creative Music Therapy, which was primarily focused on building "music-centered relationships" with clients (p. 150). Eventually, a model called Humanistic Music Therapy emerged with its own definition and principles.

While humanism is widely embraced within music therapy, humanism is not without its critiques (Goodrich, Luke, & Smith 2016). Hadley & Thomas (2018) noted many critiques of the humanistic perspective. Humanism is based on the Western perspective and therefore not universally applicable, specifically with its emphasis on the individual's journey towards self-actualization over that of their larger community. Similarly, Ansdell and Stige (2018) suggest that in the search for self-actualization, it is possible that humanism legitimized the dominant subsection of views, those of white Western men.

Hadley & Thomas (2018) also discuss that humanism without awareness of social issues could result in "self-centered individualism" and lack any "culturally sensitive context" (p. 170). Likewise, Ansdell & Stige (2018) state that, "the way in which humanist tradition actively constructs in an often binary logic…tends to create an ideal human subject as the mirror of its own narrow image: marginalizing others on the basis of race, gender, sexuality, and (dis) ability." (p. 5). The authors continue to say that humanism emphasizes individualism, internalism, and exclusivism which can lead to isolation, separation, and division.

Combining Behaviorism with Other Approaches

While searching through the research, I found many articles by authors who believe there are ways to combine the effective parts of behaviorism with other approaches to create a more holistic practice (Bozarth, 2008; Crumb, 2018; Franklin, 1980; Geller, 1995; Guey, Cheng, & Shibata, 2010; Hays, 2009; Jacobsen, 1994; Penades et al., 2021; Tsai et al., 2015). Corey (2016)

stated that with an increasingly diverse society, there is an increasing need for theoretical pluralism. As music therapists we understand the increasing diversity within the clients we work with, and that each client has their unique strengths and needs. Therefore, a “one-size-fits-all" approach would not be sufficient. Kenny (2006) questions if it is possible to formulate a language to describe the music therapy experience and create one of many possible general models which accurately reflect the music therapy process yet can be understood and used by professionals in other fields.

Bruscia (2014) discusses the concept of shifting from “one-way thinking” to integral thinking. One-way thinking is described as a cognitive bias towards seeing things one way and a mental block against seeing things any other way. This could look like only subscribing to one approach or philosophy and rejecting all others. Bruscia cautions against one-way thinking and encourages readers to engage in integral thinking. In this way of thinking, rather than an approach or theory leading our interventions, it would be centered on client need. To engage in integral thinking, one must develop the following skills: integrating old and current ideas of practice, finding commonalities between various concepts, seeing differences as options, respecting the ideas of others, being reflexive, continually changing how we stay in awareness (locus and focus), and to consider macro and micro perspectives (Bruscia, 2014). In other words, remaining open-minded to working the way clients need their therapist to work instead of how the therapist believes they should work.

Crumb (2018) discusses the potential for merging feminist narrative therapy, person-centered therapy, and behavioral therapy to create an integrative approach. Penades et al. (2021) explores the possibilities for combining techniques and interventions commonly used in evidence-based approaches (such as behaviorism) with ones commonly used in person-centered

approaches to formulate a more effective and contextualized treatment plan. In Tsai et al. (2015), the authors discuss functional analytic psychotherapy (FAP) which utilizes, behavioral principles to create a therapeutic environment that nurtures awareness, courage, and therapeutic love and views the therapeutic relationship as the primary vehicle for client healing and transformation.

These examples of ways in which behaviorism has been combined with other therapeutic approaches are significant because one's approach to music therapy might not align with the dominant behavioral approach of one's employer. This will influence one's practice whether it is desired or not. Therefore, it is important to consider the possibilities of merging different approaches to create something more holistic

A Perspective that Approaches are Incompatible

In contrast to the position that approaches can be combined, some individuals believe that you cannot combine approaches founded on very different theoretical understandings. For example, Anjum (2016) believes that person-centered approaches require something different and cannot be added to behavioral approaches, and instead, a paradigm shift is necessary. Additionally, Corey (2016) explains that selecting a mixture of approaches could allude to an undisciplined clinician who is selecting aspects of approaches to fit their biases.

Humanism is rooted in client-centeredness and self-actualization, whereas behaviorism seems more focused on compliance and assimilation to the dominant social narrative. These appear incompatible constructs. Furthermore, Brown (2013), and many other autistic individuals and advocates, describe behaviorism and ABA as abusive and a violation of human rights. Therefore, this begs the question; can and should we even be attempting to merge these approaches? Would this make the resulting approach less oppressive?

Conflicting Approaches/Philosophies and Burn Out

As previously discussed, behaviorism is often critiqued and described as reductionist, harmful, unreasonable, traumatic, and ableist (Brown, 2014; Burns, 2022; Hall, 2019; Harzem, 2004; Shyman, 2016; Smith, 2004). Therefore, working at a facility where this is the dominant approach has the potential to be distressing to the clients, the music therapists, and other staff. Career satisfaction is linked with promoting growth in clients and helping others (Meadows, Eyre, Gollenberg, 2022b; Rupert et al., 2012). It is possible that if music therapists do not feel as though they are promoting growth in clients or helping them, and instead potentially inflicting harm, they are likely to experience lower satisfaction rates in their workplace. Low career satisfaction can lead to burnout or leaving the profession altogether (Branson, 2023; Meadows, Eyre, & Gollenberg, 2022b). Given the findings in the Curtis (2015) survey, it is possible that many music therapists are experiencing burn out due to working within conflicting approaches (AMTA, 2021; Curtis, 2015). Yet there are no studies or related literature to refer to or resources to utilize.

There is a high rate of burnout in music therapy. Given this, it has been the focus of several studies. Chambers (2019) describes burnout as a professional and ethical issue in the field of music therapy. Meadows, Eyre, & Gollenberg (2022a) discuss the potential for burnout as it relates to job satisfaction, noting that music therapists who work in mental health reported the highest levels of stress and burnout. A potential source of burnout for music therapists seems to reside in the experience of not being valued. Music therapists reported not being included in team meetings and the music therapist's perspectives not being valued on the occasions they were included (Meadows et al., 2022a, p 15). Similarly, Branson (2023) found that the burden of constantly having to advocate for the inclusion of music therapy was a source of burnout.

Branson found that many participants described it as a struggle to "just do the work" as any other professional at the same facility would do, ultimately resulting in some music therapists changing their profession to something "more established and respected" (p. 15).

Chambers (2019) noted that the frequent isolation, marginalization, invalidation, and lack of support that many music therapists experience can lead to burnout. To counter this, Meadows, Eyre, & Gollenberg (2022b) suggest that placing an increased emphasis on teamwork, interprofessional communication, and communication with administrators about the benefits of music therapy, and how this could positively impact the experiences of music therapists, specifically newer music therapists, and decrease the overall risk of burnout. The authors expressed that affirming the identities of music therapists can locate them within educational and healthcare settings and support their place in these communities.

Meadows, Eyre, & Gollenberg (2022a), reported that many music therapists felt that they were "not able to provide clients with the quality of care they needed" which led to them experiencing symptoms of burnout (p. 15). Additionally, the authors explain that burnout can lead to a loss of identity, both professional and personal. In other words, as helping professionals, music therapists generally want to be able to provide quality care to their clients and when they cannot do that, it can lead to a loss of identity.

In reviewing the related research, I was unable to find any literature that explores the experiences of music therapists who practice from a different approach than the facility in which they work and how they experience navigating that dissonance. Chambers (2019) explains that value conflicts can lead to burnout and compassion fatigue in music therapists. Maslach & Leiter (2008) describe a value conflict as a gap between individual values and organizational values resulting in workers making a "tradeoff" between the work they want to do and the work they

must do (p. 501). This can result in the worker, or in this case the music therapist, leaving the organization or profession in search of something more fulfilling (Maslach & Leiter, 2008. Therefore, a study that explores the experiences of navigating this type of workplace conflict could be a useful contribution to the overall music therapy profession and through an increased understanding of this experience, potentially prevent burnout in new music therapists.

Purpose Statement- The purpose of this study is to explore the lived experiences of music therapists who practice from a different approach than the behavioral setting in which they work. This study will explore how these music therapists navigate their work to practice from a more authentic place. This study is intended to fill gaps in the research.

Research Questions- What is the experience for music therapists whose philosophical framework is different from the one promoted in their place of work? How have music therapists navigated this divide to practice from a more authentic place?

Method

Theoretical Perspectives

This research study takes an interpretivist perspective that is aligned with a constructionist epistemological position, one that recognizes that "knowledge, meaning, and truth occur through the interactions human beings have with the world" and that "meaning and truth are constructed" (Matney, 2019, p. 13). The methodology employed was a thematic analysis, sometimes referred to as a content analysis. This study relied on qualitative methods of collecting and interpreting the data from eight interviews. The interviews were designed to gather information on the lived experiences of music therapists who have self-identified as working from an approach that directly conflicts with the approach taken by their colleagues or workplace. Each participant was asked the same questions and brought their unique

understanding that which was influenced by their own lived experiences and values. Together, through the interview process, the researcher and participants were "interlocked in an interactive process, each influencing the other" (Mertens, 2015, p. 19). This information shared by the participants was analyzed and interpreted by the researcher to identify common themes shared by participants. Being a music therapist who has also experienced conflicting approaches in the workplace is what guided the creation, implementation, and interpretation of this research. Therefore, my experiences have no doubt shaped what I perceived as significant to code. To reduce the extent to which my experiences, biases, values, and beliefs informed the coding of the data, I was in constant dialogue with my advisor who helped me remain reflexive when coding. In addition, each participant was given the chance to look at their transcript for accuracy and to review the findings.

Rationale for Interviews- Since this research was focused on the lived experiences of music therapists, an interview-style approach was taken. Originally, this study was intended to be a 90 -minute virtual focus group. However, due to scheduling conflicts between the researcher and the eight participants, it became most practical to transition to individual virtual interviews. Conducting the interviews virtually allowed for a broader geographical range of participants. The researcher engaged each participant in a semi-structured interview. As previously stated, this study relied on the lived experiences of music therapists, and therefore, an interview style with open-ended questions and room to explore topics as they naturally occurred was an appropriate methodology for this study. The open-ended questions and conversational tone encouraged free-flowing discussion of related topics. It was hoped that by asking follow-up questions, the data obtained would be richer and might elicit more in-depth responses than that of a survey. The interviews were intended to establish a space where participants were free to explore and share

their lived experiences of working with conflicting music therapy approaches. The interviews involved seven established questions, while also adopting a more conversational tone, allowing the participant to mention topics naturally and for the researcher to make connections between participant statements.

Ethical Considerations- This research study was approved by the Slippery Rock University International Review Board on September 7, 2022 (Protocol #: 2023-011-56-A). Participants of this study were notified on their consent form of the minimal risk of participating in the interview. This study had the potential to bring forth feelings of psychological and emotional distress, as the participants were encouraged to explore experiences in the field of music therapy that were potentially distressing, as they involved conflict in the workplace. As professional music therapists, participants understood that they have access to resources for professional supervision or therapy services should they have experienced emotional discomfort as a result of the interview.

To ensure the confidentiality of all participants, interviews were stored on the researcher's password-protected computer. All participants were instructed to rename themselves prior to recording the interviews so that the transcript would not contain personal information. When reviewing the transcript, I removed any identifying information (i.e., when a participant referred to themselves in the third person without using their pseudonym). Upon completion of this research, all recorded interviews and transcripts will be deleted.

Methodological Steps

Recruitment- An invitation to participate in this research was posted in music therapy-focused Facebook groups: Music Therapists Unite!, Music for Kiddos Community, Music Therapy Leaders, and Music Therapists for Social Justice. Interested participants were

asked to fill out a google form. The google form gathered potential participants' demographic information, how long they have been a music therapist, their music therapy approach, and the dominant approach taken at their workplace. Criteria for participation in this research study were that participants must be at least 18 years of age, a practicing music therapist with at least 3 years of clinical experience, and self-identify as currently working and/or having previously worked at a facility that uses a treatment approach/philosophy that conflicts with the music therapist's preferred therapy approach/philosophy. 13 people completed the google form. Of those, nine were contacted to participate to have as diverse a group of participants as possible. Participants were notified via email that they were selected for participation in this research study. Participants were informed that the interviews would be conducted via Zoom. Participants were sent a consent form and notice of change from focus group to interview. Participants were asked to review the forms and ask questions before signing and returning both forms. In addition, participants were asked to send their available times to meet and conduct the interview. Eight out of nine possible participants agreed to be in this study. The ninth person did not respond to any follow up email.

Interview Process- Semi-structured interviews were conducted with eight participants. The researcher asked each participant the same seven pre-determined questions and left room for the conversation to unfold naturally. Questions were geared towards participants exploring their approach to music therapy and how it conflicts with the approach at their workplace. Participants were also encouraged to ask questions or make additional comments at the end of the interview. Interviews were recorded via Zoom and transcribed.

Method of Data Analysis and Interpretation- The transcripts from the interviews were analyzed via a method of inductive coding (both in-vivo and descriptive coding) using the

qualitative research program Atlas.ti to organize the codes. Atlas.ti is a program that allows the researcher to organize and review codes during the research process. I read through each interview at least three times and created codes in the data for salient words, phrases, and sentences in their responses. Triangulation did occur with the academic supervisor and the researcher reviewing the data together as well as prolonged engagement with materials. Additionally, I engaged in member checking where the findings section was sent back to participants for feedback and all participants approved.

Findings

This study explored the experiences of music therapists who experience conflict at work due to different treatment approaches. From the data obtained from the eight interviews, five themes emerged, with 18 subthemes. The themes and subthemes explored concepts around relationships, power dynamics, perceptions, feelings, and bridging approaches.

Participant Demographics- Eight participants who met the criteria from the initial pool of possible participants were included. A demographic breakdown of participants as they self-described on the google form is listed below. Participants have been labeled as Participants 1-8, which reflects the order in which the interviews occurred.

Table 1

Participant Demographics

Partic-ipant	Pronouns	Gender	Race	Years as MT	MT's preferred approach	Workplace Approach
1	she/her	Woman	White	6-10	Humanistic	Humanistic/ Behavioral
2	she/her	Woman	Taiwanese	1-5	Biomedical/ Humanistic/ NMT	Humanistic/ Behavioral/ NMT
3	they/ them	Nonbinary	White	1-5	Trauma Informed Psychodynamic	CBT/DBT

4	-	Woman	White	10+	Neurodiversity Affirming	Compliance-Based
5	she/her	Woman	White	1-5	Humanistic/ Strengths Based/ Trauma Informed	Behavioral
6	she/her	Woman	White	1-5	Humanistic/ Client Centered/ Music Psychotherapy	Behavioral/ Cognitive Behavioral
7	she/ they	Idk	Mixed/ Latino	6-10	Neuro-cosmopolitanism	Behavioral
8	she/her	Woman	White	10+	Neurodiversity Affirming	Behavioral

Data Analysis- All interviews were transcribed and reviewed by the researcher for accuracy. Questions can be viewed in Appendix B. The interview transcripts were uploaded to the program ATLAS.ti, a qualitative data analysis software program that helps to organize, group, and review codes. The researcher read each interview several times and created each individual code. Throughout this process, the codes were revised, merged, and finally groups into relevant themes and subthemes. This analysis identified the most salient themes. During this process, I met regularly with my advisor who engaged me in reflexive processes and together we discussed questions that came up for each of us. The five themes that emerged from the eight interviews are 1) relationships, 2) power dynamics, 3) perceptions, 4) feelings, and 5) bridging approaches. Each of which will be discussed in the following paragraphs.

Table 2

Preview of Themes

- **Theme 1- Relationships**
  - Subtheme 1A- Relationships with Colleagues
  - Subtheme 1B- Therapeutic Relationships
  - Subtheme 1C- Client's Relationship with Music
- **Theme 2- Power Dynamics**
  - Subtheme 2A- Control
  - Subtheme 2B- Hierarchies
  - Subtheme 2C- Choice of how to respond

- **Theme 3- Perceptions**
  - Subtheme 3A- Colleagues understanding of music therapy
  - Subtheme 3B- Music therapist's perceptions
  - Subtheme 3C- Validation
- **Theme 4- Feelings**
  - Subtheme 4A- Negative feelings
  - Subtheme 4B- Positive feelings
  - Subtheme 4C- Physical feelings of depletion
- **Theme 5- Bridging Approaches**
  - Subtheme 5A- Strategies of the therapist
  - Subtheme 5B- Role of client
  - Subtheme 5C- Role of music in bridging approaches
  - Subtheme 5D- Challenge to bridging approaches
  - Subtheme 5E- Positive aspects of bridging approaches

Relationships- This theme was endorsed by all eight participants, and it contained three subthemes comprising of five related codes. The subthemes included relationships with colleagues and therapeutic relationships.

Table 3

Theme 1- Relationships

- **Theme 1- Relationships**
  - Subtheme 1A- Relationships with Colleagues
    - Collaboration with colleagues
    - Navigating relationships with colleagues (positive and negative, impacts of the therapist's personality
  - Subtheme 1B- Therapeutic Relationships
    - The music therapist's relationship with the clients/ meeting clients where they are at
    - Conflicting approaches impact therapeutic relationships
    - Creating an accepting environment
  - Subtheme 1C- Client's Relationship with Music

Subtheme 1A- Relationships with colleagues. Participants discussed themes related to 1) collaboration, and 2) navigating positive and negative relationships with colleagues and the ways this factored into how they felt practicing in a context in which the predominant paradigm

was at odds with their own. All eight participants touched on *collaborating with colleagues* when it comes to the treatment approach they adopt at their workplace. All eight participants felt there was value in collaborating, with Participant 1 recalling the times when they collaborated with colleagues, referring to it as a "truly beautiful thing for your client." Participant 5 described collaborating with colleagues as "the best way to do therapy." Participant 4 discussed the ways in which collaborating made them feel like a valued member of the team stating, "it just felt really good that I was invited to the meeting, I was able to give a suggestion, and they tried it... it just felt nice to be part of the solution." In reviewing the codes, collaboration seemed to have a positive impact on the participants.

In navigating relationships with colleagues, participants described positive and negative experiences, as well as the way their personality impacted the overall experience. *Navigating relationships with colleagues* was the most frequently occurring code in the data. While some participants valued their relationships with colleagues, for some this was a source of conflict due to differences in theoretical approaches. For example, Participant 7 described an experience where they were told by a colleague to yell at a client and their response was,

> *I was not going to then yell at a child. I think I told her I don't have the energy for that... And there's me who is now in a negative mental state where I really don't even want to be here, and I just can't wait till the clock runs down, and I can leave and go to the next classroom, which is going to have a much better environment, and I can try to regulate myself.*

This example touches on how conflict in approaches can lead to the music therapist feeling burnt out and uninterested in attempting any collaboration.

Participant 6 described an experience where their colleagues did not believe their recommendation about a student stating:

> *I have also had conflict there where I'm bringing up, "Hey, I think that this is a sign of trauma that I'm seeing in this child" and other people are going, "No, it's not. They're just attention-seeking. They're just acting out." I was like that is a sign of trauma... Sometimes we have team meetings, and I'm bringing up concerns I have, and other people are going, "I don't think that's a concern."*

Participant 5 posed a question regarding the negative aspects of navigating relationships with colleagues saying, "How do you approach talking to somebody if your approach is tearing down their entire idea of what [therapy] is? Where do you start?" Participant 4 discussed the rigidity in their colleagues' approaches being a negative aspect explaining, "I'm still struggling a little bit with the teachers, because I have a couple that are really kind of firm on, 'We sit here. This is what you do. Do your job. You're a student'."

A few participants discussed how their personality impacts the experience when attempting to navigate their relationships with colleagues. Participant 1 stated, "I'm not a very outgoing person relationship-wise. I wasn't very outgoing in creating those relationships with the clinicians and with teachers." And Participant 4 stated, "I do feel pretty strongly about it [referring to speaking up when they did not agree with colleagues], but I'm also super anti-conflict."

Other participants discussed the positive aspects of navigating difficult relationships with colleagues. Participant 2 said, "I do think there are benefits in having these conflicting opinions because if everyone is just of this one philosophy, we're not able to build off of each other and then develop very creative treatment methods for our clients." Similarly, Participant 3 stated, "I

think that is what's so important about us all being there is to give different perspectives and for kids to come to us because they need a specific way."

Subtheme 1B- Therapeutic Relationships. Participants discussed 1) the therapeutic relationships in terms of meeting clients where they are at, 2) creating an accepting environment, and 3) how the conflict of approaches impacts the music therapist's relationships with clients, in terms of how these factors impact how effectively they can navigate working within a theoretical framework that conflicts with their preferred one. All participants brought up "meeting clients where they are" as a factor in building their therapeutic relationships even when working within an approach that conflicts with their preferred one. Participant 5 discussed the importance of, "bringing in a lot of the like ISO principle of meeting people where they are and focusing on putting them and their needs and desires before any goals that I or other clinicians believe that they should meet."

Some participants emphasized "creating an accepting environment" as a factor when building therapeutic relationships in settings in which the clinical approach differed from their preferred one. Participant 7 explained, "Sometimes, if you set up the space in the right way, then, even if somebody is kind of freaking out a little bit, that's fine." Participant 4 shared her interaction with a client to describe ways that she brought in aspects of her clinical approach into the space:

> *You told me you don't want to play and I'm okay with that and that feels good that we have an understanding that it's safe for you to not play it because I'm not gonna punish you or take something away from you because you don't like this particular thing.*

Lastly, most participants felt that the conflict in approaches had an "impact on their therapeutic relationships with clients." Some felt it had a positive impact with Participant 8

saying, “I think it's just been positive... because they know music's a happy place for most kids.” And Participant 1 noted that the conflict, “has truly just made me focus more on the relationship with my clients than my relationship with my colleagues.” Furthermore, other participants felt that experiencing the conflict of approaches had negative impacts on their therapeutic relationships with Participant 5 saying:

> *I definitely think it has negatively [impacted] my therapeutic relationships. Like I mentioned before, that if kids are so used to reinforcement schedules or waiting for a reward, then it makes it hard to incorporate the approach of a client led session, which is the way that I really build relationships.*

Participant 6 explained how being the only person with a different approach left them feeling unsupported saying, “I think in general, I’m probably less attuned to my therapeutic relationships because I'm not able to have a lot of the discussions about music therapy.”

Subtheme 1C- Client's Relationship with Music. This subtheme had two areas participants focused on: 1) music-centered approaches, and 2) music as a tool. Participant 2 said:

> *I'm the type of person that asked a lot of “what” and “how” questions. So, then my question, when I'm trying to understand where they [colleagues] are coming from and where they're thinking of going with their treatment plan, is always bringing it back to the music. What are they planning to do with the music?*

Half of the participants discussed their clients' relationship with music as a factor in the building of the therapeutic alliance. Participant 1 discussed a time when they were practicing from their conflicting approach and felt a lot of conflict. They shared,

Because you are like this, like "strict rule person," surrounded by something that they really enjoy um, and ultimately it made me feel like I wasn't using music in the correct way, and I was like sullying like what music could be in their future relationships with it.

Power Dynamics- This theme contained three subthemes comprised of nine related codes. The subthemes included control, hierarchies, and choice of how to respond.

Table 4

Theme 2- Power Dynamics

- **Theme 2- Power Dynamics**
  - Subtheme 2A- Control
    - Dehumanization
    - Disempowerment
    - Empowerment
  - Subtheme 2B- Hierarchies
    - Hierarchy inherent in environment
    - Hierarchy due to job title/position
    - Hierarchy of seniority/ experience
    - Hierarchy of social location/identity
  - Subtheme 2C- Choice of how to respond
    - The music therapist being complacent
    - Where value is placed

Subtheme 2A- Control. Participants discussed experiences related to 1) dehumanization, 2) disempowerment, and 3) empowerment they experienced in the workplace. Participant 4 stated, "It's just another...system of injustice, an attempt to control people we don't understand is essentially what it comes down to." Some participants discussed the dehumanization of clients through their facility's dominant approach. Participant 1 commented:

I was very focused on not working with the kids but controlling their behavior and it felt so gross. I was just like "I'm in charge. I am the person that you need to listen to"... Why would they listen to you if you're treating them like they're not even human?

Most participants brought up disempowerment of themselves, clients, and colleagues. When discussing disempowerment of self, Participant 8 said:

> *I felt this conflict. I was going nowhere. I wanted to make a systemic change. I wanted to make a bigger change. This conflict of approaches... nobody was really listening to me because I was just the music therapist. I was just the special ed music person. So, I felt really stuck.*

When discussing disempowerment of clients, Participant 5 shared this about a particular client:

> *He has a device there, and he won't touch it unless he looks at me, and I nod. He will hover his finger over and watch me until I nod. It could take six minutes for him to make a decision, because I'm not telling him what to choose. That's just heartbreaking to me...*

When discussing colleagues, Participant 4 stated:

> *The thing about that is the paras… they know the students better than anybody, because they're with them all the time. So, I think that they don't always feel empowered by their teaching staff to kind of do what they feel right, or need, or want to do... I feel like they feel less than, and they don't feel empowered to speak up, or to do what they think is best, which is sad*.

Some participants discussed feelings of being empowered themselves. Participant 4 explained, "It felt really empowering to be heard." This was in reference to a time when their colleagues took Participants 4's recommendation about how to work with a client. Additionally, Participant 7 highlighted the ways in which music therapists exist within a duality of disempowerment and empowerment in their work setting, stating "I think all music therapists everywhere can resonate with this idea of feeling disempowered and empowered simultaneously. And how do you navigate that?"

Subtheme 2B- Hierarchies. Six participants discussed hierarchies in their interviews. From the interviews, four main types of hierarchies were discussed in terms of how they impacted the experience of music therapists working in settings whose dominant approach differs from theirs: 1) hierarchies inherent in the environment, 2) hierarchies due to job title or position, 3) hierarchies of seniority or experience, and 4) hierarchies of social location and identity. Some participants touched on a hierarchal system being inherent in the facility, specifically when discussing educational settings. Participant 7 explained, "Schools create an environment, they create a hierarchy which puts some children over other children. The needs of some children are met, whereas the needs of other children are not met..."

Most participants discussed how hierarchies based on their job or positions as music therapists impacted how much they could advocate for using their approach with clients. Participant 2 described a time when they had to decide how to proceed when they disagreed with the approach their colleague wanted them to take because of the inherent structure at their job stating:

> *They were higher up than I was at the time, so it took some thinking to decide whether I would just play along when speaking with her [colleague] and then do my own thing or whether to stand up for it.*

Participant 5 discussed being directly compared to other professions by their administration recalling:

> *When we went into clinical therapy, all those abilities to make decisions were taken away, and it did become very much like, "Why can't you [the music therapists] be more like OT, speech, PT and just go with it?" We are very much the ones that keep pushing back. I definitely think that there is some sort of less than respect for music therapists...*

Half of the participants discussed hierarchies related to seniority or experience in the field. Participant 1 shared how they believe their colleagues perceived them saying:

> *I think that the people that have worked there with me for a while still view me as a child almost and that I'm not as seasoned as they are. That I am not as professional as they are, because I use music as my job. So, I think that there's an unspoken hierarchy, but it's different for everybody.*

Some participants discussed a hierarchy based on social location or identity. Participant 7 discussed a time when they had difficulty communicating a boundary with a colleague because of their respective social locations explaining:

> *I had to acknowledge that feeling and deal with it in a professional way. I also had to explore this idea of the ways that perhaps our gender and those other identity factors influence how I felt approaching him. That he's the lead teacher, and he's this big man and I'm like this weird lady…I was coming from a place of marginalization, and to be conscious of how that was a factor in my difficulty responding to him*.

Subtheme 2C- Choice of how to respond. Most participants discussed how they responded in situations caused by conflicting approaches. Some participants described a time when they took a passive role in navigating conflicting approaches. Participant 3 explained their thought process when choosing how to best share their recommendations with their colleagues stating, "I do kind of sit there [in meetings] sometimes and be like, 'What do I want to share' ... I think about what's going to make other people feel comfortable with me sharing." Similarly, Participant 1 shared their experience of being a new professional and working with colleagues who favored a different approach explaining, "In the beginning, I would just stay quiet. I would agree. I would do the things they wanted me to." Additionally, half of the participants discussed

where value is placed in their facilities and how that impacts the choices they make. Participant 1 reflected on where they felt their colleagues placed value when working with students saying, "I just think that for a lot of the older generation of teachers, it's just it's strictly about what they [students/clients] will become and what they will do, and not like the people that they are."

Perceptions- This theme contained three subthemes with 10 related codes. The subthemes included 1) colleagues understanding of music therapy, 2) the music therapists' perceptions, and 3) validation. All participants touch on this topic during their interviews.

Table 5

Theme 3- Perceptions

- **Theme 3- Perceptions**
  - Subtheme 3A- Colleagues understanding of music therapy
    - Colleagues feeling threatened by music therapy
    - Colleagues lack understanding of music therapy
    - Colleagues rejecting the music therapist's approach
  - Subtheme 3B- Music therapist's perceptions
    - Perception of safety
    - Self-reflection
    - The music therapist's perception of client's needs
    - The music therapist's perception of music therapy
    - The music therapist's perception of disability
  - Subtheme 3C- Validation
    - Validation from colleagues
    - Validation from self

Subtheme 3A- Colleagues' understanding of music therapy Participants discussed themes related to 1) colleagues feeling threatened by music therapy, 2) colleagues' lack of understanding of music therapy, and 3) colleagues rejecting the music therapist's approach. Some participants discussed colleagues feeling threatened by music therapy. To this point, Participant 3 expressed, "Another thing I've seen is… feeling threatened by how powerful some of my

sessions can be.” Most participants discussed colleagues' lack of understanding of music therapy. Participant 3, regarding their colleagues’ lack of understanding of music therapy, explained:

> *I was …straight up told “You need to do more verbal because you're not making a difference with this kid” …Are they [colleagues] thinking that my verbal sessions are better than my music psychotherapy sessions, just based solely on their understanding and what they can grasp?*

Most participants discussed experiences where colleagues rejected the music therapist’s approach. In discussing a newly proposed program, Participant 5 shared:

> *The intent of that [the program] was to promote choice and promote the opportunity to advocate for themselves [clients]. There has been huge pushback from the admin. It's not exactly behavioral therapy but it is a reflection of behavioral therapy approaches within the full system.*

Subtheme 3B- The music therapist’s perceptions. This subtheme includes participant’s conversations around the perception of safety, self-reflection, client’s needs, music therapy, and disability. Half of the participants discussed their perception of safety. Participant 7 discussed a situation where they experienced a lack of safety sharing:

> *This is a horrible place to work. My co-worker almost died... I couldn't even just show up and do my job... We didn't have rooms to take the children where they could be safe... This is a horrible way to treat human beings who are like … in crisis, and they're locked up in this ward and they have no choice but to be there.*

Most participants discussed engaging in self-reflection. Participant 6 shared some of their self-reflection process on changing their approach stating, “It takes a long time for me to

question. Am I changing who I am? Am I seeing value in these things? ...What do I want to do differently? Where do I see value in it? Where do I not?"

Most participants discussed their perception of their clients' needs. Participant 3 shared a time when they felt they started to understand their client's needs saying, "I realize, with adolescents especially, they don't take you seriously until they know that you have your own feelings and responses to things, and you also have bad days." Similarly, Participant 4 described a moment when their perception of their client's need changed stating:

> *I finally realized I'm going at this all wrong. Why does it matter if they can imitate me in a two-minute movement song? That's the dumbest thing ever. What value is that? ... I just thought this is not right...the question I should be asking is, "Why aren't they mimicking or imitating this movement? Why aren't they doing this?" Because it's not significant or helpful, or even important.*

Furthermore, half the participants shared their perception of disability. Participant 1 shared, "Just because our clients are not meeting our own expectations for them, doesn't mean that they're not completely fulfilled as the people that they are already." Additionally, Participant 7 shared how they developed their understanding of disability, specifically around autism, stating:

> *I have had to learn about autism by doing my own self-study... many years ago I had a moment of realization that I did not understand autism. There were questions that I had, things that I noticed, and I didn't have answers for it. So that led me down this whole road to learning much, much more.*

Subtheme 3C- Validation. This subtheme includes receiving validation from colleagues. Participant 1 discussed their journey with where they sought validation explaining, "So I've [gone] the range of 'people pleaser' to 'fuck off confidence.' I don't need your opinion to

validate the fact that I know that I am doing something for the kids." Most participants mentioned a time when they received validation from their colleagues. Participant 8 explained that after earning an additional certification in a related field, "people [their colleagues] started listening to me more... It was so validating; it was so validating. I don't resent it or regret it. I'm pretty humble, but I got to tell you it made a huge difference."

Participant 5 discussed feelings of having to prove yourself because of being a music therapist, explaining:

> *Often in any sort of job that is not a private practice, we're [music therapists] already working so hard to prove our legitimacy in order to keep our job, keep funding, and keep respect from our coworkers, that it's sometimes harder to throw in that piece [resisting dominant approach] when you are taking this very different approach than the rest of the team is and you're already having to try and explain the work that you're doing.*

Half of the participants discussed the validation they felt when they had the same approach as some of their colleagues, it was reassuring to have allies.

Feelings- This theme contained three subthemes and 25 related codes that will be listed in the narrative section. The subthemes included 1) negative feelings, 2) positive feelings, and 3) physical feelings.

Table 6

Theme 4- Feelings.

- **Theme 4- Feelings**
  - Subtheme 4A- Negative feelings
  - Subtheme 4B- Positive feelings
  - Subtheme 4C- Physical feelings of depletion

Subtheme 4A- Negative feelings. This subtheme consisted of 16 emotions that were elicited throughout the interviews. The feelings include anger, disappointment, embarrassment, failure, unsupported, inauthentic, inadequate, gross, guilty, ineffective, isolated, insecure, overlooked, uncomfortable, undervalued, and unsure. Participant 5 discussed their feelings of inauthenticity when working at a facility that uses a conflicting approach, explaining:

> *I think that [the long-term effects of behaviorism on autistic students] really impedes on the way that I want to practice and the way that I feel is most genuine and authentic to practice, because I'm not able to actually practice in that way.*

Similarly, Participant 3 also described feeling inauthentic in their practice, stating:

> *Having to learn these different ways to do therapy [referring to DBT and CBT] and also not agreeing with it, feels so inauthentic. It's really hard to be okay with the work I'm doing when you know I'm sitting there like, "I don't believe in this."*

Most participants discussed feeling insecure in their practice while navigating conflicting approaches. Participant 6 shared, "In terms of my own... therapeutic identity, [navigating conflicting approaches] often leads me to question what I'm doing." Participant 4 discussed their hesitation to resist the dominant approach at their facility, stating, "I know what I need to do, but I just haven't taken the leap yet because I still feel like maybe I don't have enough experience or knowledge to back up what I'm trying to do." Participant 5 said that navigating conflicting approaches has:

> *Definitely sent me into philosophical life spirals. Should I change something? Have I just started making a change? It makes me question if being in this profession is the right thing, you know? … I think it's definitely made me think more about what it means to be a music therapist.*

Most participants also discussed feelings of isolation in their work. Participant 1 explained their feelings around being the only music therapist at their facility saying, "I'm the only one [music therapist] at my school, and in the beginning, it felt very isolating." Additionally, even though Participant 2 was not the only music therapist at their facility, they still had feelings of isolation, expressing, "All of us [music therapists], for lack of a better word, were siloed in our own little philosophies." Likewise, disconnected was another theme that frequently emerged from interviews. Participant 7 shared feeling disconnected from the ridged way of thinking implemented at their facility, saying:

> *To me, that is part of this idea of having my approach not fitting into the facility where I work because they are operating in a way of thinking that is, "You're a behaviorist. You're a Humanist... This is your label" and I don't think that works to help human beings.*

Participant 6 shared about a disconnected relationship with their supervisor stating:

> *I always felt that we weren't understanding each other. I always felt we had a disconnect in what I was suggesting and what they understood...I just always felt like there was a disconnect between us trying to talk about anything clinical.*

Similarly, participants discussed feeling unsupported in their place of employment, which resulted in having a more difficult time navigating conflicting approaches.

Subtheme 4B- Positive feelings. This subtheme consisted of nine emotions that came up during interviews. The emotions included being proud of their work, confident, needed, authentic, a sense of freedom, fulfillment, joy, and playfulness. Most participants discussed examples of when they felt authentic in their approach to music therapy. Participant 4 explained, "I feel like when I practice music therapy in a way that feels more authentic to me...I'm noticing

that we're [referring to the participant and their clients] connecting more, and maybe they can tell that I see them." Half the participants touched on times they felt confident. Participant 8 shared about making clinical choices stating, "I'm confident enough to do my thing." Likewise, Participant 3 shared, "I've also just taken the stance of that's who I am. I told you this [my approach to therapy] when you hired me. If you didn't think that I am a good fit for the team, then that's on you."

Half of the participants discussed feeling playful. Participant 4 explained the importance of playfulness in their practice sharing, "It feels good when I can be more playful with them [clients]… I think it helps me enter into their space a little bit more too." Participant 8 also discussed playfulness in their approach saying, "I try to make it [their approach] playful. I try to bring in a sense of humor." Additionally, most participants discussed feeling joy, both their personal joy and the joy of clients. Participant 1 expressed, "I find so much joy in interacting with the clients." Participant 5 shared how they incorporate joy into their approach stating, "I like to focus on what lights up the person I'm working with and kind of hone in on that and also find ways to make things, desires, enjoyment more accessible"

Subtheme 4C- Physical feelings of depletion. This subtheme primarily included the depleting energy levels of the participants, with half of the participants discussing it in their interviews. Referring to Participant 7's experience of being asked to yell at a student, they then explained that this experience was taxing on their energy levels stating, "It's a lot of energy and for me personally when I get into that state of yelling at someone, it really depletes me, and it has a big effect on me. It's hard for me to transition out of that psychological space." Participant 6 shared their thought on combining approaches explaining:

> *I think it's just a lot of energy and work because it's combining two conflicting parts of yourself sometimes...To bring yourself and to bring all your background, it can be really draining, and finding that balance is a lot of work.*

Participant 1 described how they allocate their energy, explaining, "I will put all my energy into the kids, but once the kids are gone, my energy is back at zero... I really want to find a happy medium, but I just don't know when it'll happen." Lastly, Participant 5 expressed their feelings of depletion, explaining "There have been many times where I just come home, and I just want to leave. I can't go back."

Bridging Approaches- This theme contained four subthemes and 20 related codes. The subthemes included 1) the strategies of the therapist, 2) clients' experiences of navigating differing approaches, 3) challenges to bridging approaches, and 4) positive aspects of bridging approaches. This theme had the most subthemes and codes to emerge from participant responses.

Table 7

Theme 5- Bridging

- **Theme 5- Bridging Approaches**
    - Subtheme 5A- Strategies of the therapist
        - Small acts of rebellion
        - Being a client advocate
        - Seeing benefits to navigating tension
        - Utilizing a variety of approaches (trauma informed, strength-based, neurodiversity affirming)/ finding balance
        - Trusting one's own knowledge and experience
        - Graduate studies/ continuing education
        - Finding community with others
        - Shifting towards workplace approach
    - Subtheme 5B- Client's experience of navigating different approaches
    - Subtheme 5C- Challenge to bridging approaches
        - Cannot find common ground
        - Getting in trouble

- Conflicting approaches impacts job satisfaction
- Conflicting approaches impact clinical effectiveness
- Expectation for the music therapist to do things a specific way
- Resisting shift towards workplace
- Rigidity in approach to treatment
- It is not possible to combine approaches
- Understanding of approach is not consistent

o Subtheme 5D- Positive aspects of bridging approaches

- Growth
- Making an impact
- It is possible to combine approaches

Subtheme 5A- Strategies of the therapist. This subtheme includes the strategies and skills the participants used when navigating conflicting approaches in the workplace. Most participants discussed using small acts of rebelling against the dominant conflicting approach. Participant 7 used the term "sly advocacy" and explained it as:

> *Sometimes we can't be overt about our advocacy. We have to be sly about it. It's a slyness that we have to have as music therapists because people don't take us seriously. But if we're really sly about it, we might be able to do something effective... We are creative people fundamentally... We need to tap into that when it comes to these types of things.*

Participant 5 describes this experience as "little things" explaining:

> *It might make a big difference to one kid, and the administration might never read my reports, but maybe parents do, and they take something from it and then approach communication with their kid differently. I don't know. I think it makes me hopeful. Those covert things, the little thing that I'm doing could have a ripple effect. And I hope so.*

Most participants discussed advocating for their clients as a motivating strategy for navigating tension between conflicting approaches. Participant 8 shared an anecdote of advocating for equal access to music services explaining:

> *According to IDEA, if these pre-K classes in the regular elementary school were getting music, the law says that these four year olds [referring to early intervention centers] get music. If elementary, middle, and high school kids have access to music, these regional centers by law should have access...It took three or four times I spoke with the Board of Education. It was me gathering data and numbers on how many kids did not have access to music, but then... they made the correction.*

Most participants discussed the benefits of navigating between conflicting approaches. Participant 2 expressed this sharing:

> *I do think there are benefits to having these conflicting opinions because if everyone is just of this one philosophy, we're not able to build off of each other and then develop very creative treatment methods for our clients... Having all these people in a room talking together, I feel in a good environment, can build off and create a really good treatment plan.*

Participant 4 shared how navigating the conflict led to better therapeutic relationships with some clients saying, "I'm noticing that we're [clients and the music therapist] connecting more."

Most participants discussed how they utilized a variety of approaches in their work. Participant 3 shared, "I think that's what's nice about approaches. Sometimes people are like, 'No, you need to have one and you need to focus on it, but you can grab things and make it work

for your own approach." Participant 1 discussed combining their approach with the dominant one at their facility saying:

> *The main thing to understand is how to create something that is equal parts behavioral and equal parts humanistic that treats all sides and facets of our clients... being open to trying different things and listening to exactly what they need at that moment.*

Subtheme 5B- Client's experience of navigating different approaches. This subtheme included discussions related to the client determining goals and the client navigating different approaches. Half of the participants discussed the clients' experience of navigating the differences in how the music therapist and other providers worked. Participant 5 shared:

> *When I start to see kids who have been in this really intense behavioral system for X amount of years... I provide space for this new way of being in a relationship with someone, of choice and having it be client led. They just don't know what to do with it because it's so ingrained in them, they need an okay from an adult first*.

Subtheme 5C- Challenges to bridging approaches. This subtheme included barriers to bridging approaches that were identified by participants during the interviews: 1) unable to find common ground, 2) getting into trouble, 3) conflicting approaches impacting job satisfaction, 4) conflicting approaches impacting clinical effectiveness, 5) expectations for the music therapist to do things in a specific way, 6) resisting shift towards the workplace approach, 7) rigidity in approach to treatment, 8) believing it is not possible to combine approaches, and 9) understating of approach is not consistent. A few participants discussed being unable to find common ground with Participant 7 discussing their views on "common ground", saying:

> *The reality is that sometimes the idea of a middle ground is an illusion. So, you see this a lot of times in political discussions... For example, one group is advocating for civil*

> *rights, and one group is advocating for a continued system of oppression. When you compromise between those two things, it is not neutral. You're just siding with the oppressor*.

A few participants discussed getting in trouble when they were openly resisting the dominant approach. Participant 3 shared about a time when they openly resisted the pressure conform to the dominant approach from their facilities leadership saying, "I got in a lot of trouble. I was told that the way I approach things wasn't conducive to their leadership, because I didn't agree with what they were saying." Most participants discussed their facilities or colleagues' rigidity in approaches. Participant 5 explained how that can oppose music therapy stating:

> *I think because the work that I do is very improv [based], humanistic, kind of flowy with whatever is going on, client-led, that it's really hard to support that kind of approach in those thirty minutes, and then have the rest of their [clients] week be really rigid.*

Most participants discussed how the conflict in approaches impacted their job satisfaction. Participant 6 expressed:

> *It definitely affected my job satisfaction. I felt a lack of support at times, especially and specifically with my supervisor. I could turn to other people there, but there was a lack of support, and I constantly felt I was bumping heads with them.*

A few participants discussed the conflict in approaches impacting their clinical effectiveness. Participant 7 shared:

> *In regard to that clinical effectiveness, I think that when you're in a facility like that, that's gonna affect your clinical effectiveness. That's why we see in a lot of these places*

> *people don't make progress. Where we see "challenging behavior," and you see escalating behavior, where you see regression.*

Participant 3 explained a time when they felt their clinical effectiveness suffered when they tried to conform to the dominant approach, explaining:

> *I've had groups where they [colleagues] say, "Well, you need to do this, this, and that" and then my groups were lasting twenty minutes because I was like, "I don't believe what I'm saying." How am I supposed to get teenagers, nonetheless, to believe what I'm saying?*

A few participants felt that the main challenge was that it is not possible to effectively combine approaches in their situations. Participant 4 explained:

> *I think that if you're looking at 100% pure ABA therapy, I think it's totally incongruent with a human experience of making music with somebody. I don't think in that realm ABA and music therapy can coexist. I think that ABA would not allow for music therapy to come into that necessarily.*

Similarly, Participant 5 said:

> *I think, within the system that I'm in, it's not possible because it is such a finite amount of time that I see some kids...It's not enough time to make change and essentially untrain those learned, automatic, compliance behaviors. So, I don't think that in that sort of case both can exist equally or in a collaborative way.*

Referring to Participant 7's thoughts on finding "common ground," they shared, "To compromise or blend methods from neurodiversity with an oppressive method, it's not truly neutral. It's not truly a compromise. It's just giving ground. It's just giving up."

Subtheme 5D- Positive aspects of bridging approaches. This subtheme includes growth, making an impact, and participants feeling it is possible to combine approaches. Most participants discussed their growth, personal and professional. Participant 8 expressed, "I like what I do. I think because I always see opportunities for growth… there's always more to learn. There are always more things to try." Half of the participants discussed their desire to make a positive impact. Participant 4 shared, "But at least in my corner of practice, I would like to try and make a difference for my students. That's why I'm in this business, right?"

All participants felt that it was possible to combine approaches in some way with stipulations. Participant 6 said:

> *I think [it's possible to combine approaches]. I think it's just a lot of energy and work. I think that it's combining two conflicting parts of yourself sometimes... to bring yourself and to bring all your background, it can be really draining, and finding that balance is a lot of work. But I think that there are ways of finding balance.*

While Participant 5 expressed that they felt behaviorism and their approach could not be combined, they did express:

> *I think that the best way to do therapy is collaboratively. I think that it might be also another reason why I don't really align with behavioral approaches, because it feels so separate, regimented, and pocketed away. But if there was a place that really collaborated between music and OT and that kind of thing, then, yeah*.

Discussion

This research study explored how music therapists understood and navigated working from an approach that conflicted with the dominant approach at their facility. The interview questions focused on the participants' experiences and perceptions of navigating the conflict. As

the researcher, I started this journey to discover if other music therapists were having similar expereinces. All participants shared similar experiences of navigating conflict while consistently demonstrating great compassion for their clients and colleagues. From the interviews, five themes emerged: relationships, power dynamics, perceptions, feelings, and bridging approaches.

Relationships. Collaborating in the workplace is often vital, especially in helping professions. Many participants discussed experiences of navigating interactions with their colleagues, with some interactions rooted in true collaboration and others caused by a conflict in approaches. The participants generally felt that collaboration was a positive aspect that possesses inherent value. From the literature review, we know that being excluded from collaborative opportunities can lead to higher rates of burnout (Chambers, 2019; Meadows, Eyre, & Gollenberg, 2022a). Therefore, an increased emphasis on collaboration and interprofessional communication can aid in decreasing the risk of burnout in newer professionals (Chambers, 2019; Meadows, Eyre, & Gollenberg, 2022a). Many studies have confirmed that including the music therapist in collaborative opportunities with other disciplines can lead to more overall positive experiences for clients (Carrico, 2015; Horne-Thompson & Bramley, 2011; Leung, 2008; Twyford & Watters, 2016).

So, this begs the question; why are music therapists experiencing resistance to collaboration when it comes to different approaches? Some participants discussed the rigidity of colleagues' approaches as being a barrier to forming a collaborative relationship. It is possible that dynamics between conflicting approaches prevent colleagues from being open to collaborative efforts. This has implications for music therapy education. It would seem important for music therapy students to learn how to collaborate with colleagues who value approaches that differ from their own. Perhaps learning holistic ways of thinking and learning how to incorporate

the best of different theoretical approaches in an eclectic way would benefit clients and music therapists alike.

Many participants also discussed an overall lack of understanding of music therapy as an additional barrier, resulting in participants feeling overlooked and undervalued. It is possible that increased advocacy of music therapy could address this. However, as noted by Meadows, Eyre, and Gollenberg (2022a), the constant burden of advocating for inclusion and profession can lead to burnout.

Power Dynamics. In any relationship, power dynamics are present, and all participants touch on this topic during their interviews (Edwards & Hadley, 2007; Hadley & Thomas, 2018). While a direct question about power dynamics did not appear in the original list of interview questions, through conversation with participants, the theme kept emerging. From the findings, all participants expressed a time when they navigated power dynamics at their facility and elaborated on how the power differentials at their workplace interacted with the conflicting approaches.

When asked, most participants placed themselves on the lower end of the hierarchy at their facility for specific reasons (hierarchal system is inherent in the environment, job title, seniority/ experience, or social location and identity). Ultimately, experiencing this hierarchal structure resulted in music therapists often experiencing feelings of disempowerment. Additionally, when the participants felt treated as an equal by their colleagues, they described feelings of empowerment.

Participants also described ways the dominant approach taken by the facility/colleagues led to client disempowerment. Participants described being stuck in hierarchal structures, creating feelings of disempowerment. When music therapists feel disempowered by their work

environment, they are at the highest risk for burnout and are less likely to engage in client-centered practices, advocate for themselves, and collaborate with colleagues (Meadows, Eyre, Gollenberg, 2022a). When participants discussed encounters that left them feeling disempowered (primarily when describing experiences as a new music therapist or interacting with administration), they often responded to the conflict in approaches with inaction and complacency (e.g., staying quiet, being compliant with colleague demands, not attempting collaboration, not questioning, and more). It is possible that a stronger focus on advocacy and conflict management in undergraduate programs might better prepare new music therapists for these situations.

Perceptions. All participants discussed the theme of perceptions, primarily their perceptions of their colleagues when navigating a conflict of approaches. Participants discussed their colleague's lack of understanding of music therapy as a significant source of creating conflict. Participants reported that even with repeated efforts of advocating, colleagues often rejected and appeared threatened by the music therapist's ideas, approaches, and viewpoints due to their lack of understanding.

Participants were primarily in conflict with behavioral and medical models, the dominant approaches at their facilities. Music therapy, as a profession, has a history of embracing medical and behavioral models to survive within the existing models of the time (Kenny, 2006, p. 88). Overtime, the music therapy profession has grown and branched out to include other approaches, with many music therapists embracing different approaches to music therapy (e.g., Humanistic, Community Music Therapy) (Curtis, 2015). As music therapy has started shifting away from rigid behavioral and medical models, this seems to have contributed to a lack of understanding from our colleagues who work in educational and medical settings.

In the same way that the music therapy profession sought validation from other professions through subscribing to the dominant medical/behavioral approach of the time; the participants in this study shared similar sentiments of feeling a need for validation from their colleagues. Most participants discussed ways they sought confirmation from their colleagues (e.g., by getting additional certifications specifically to change their colleagues' perceptions, practicing in a way that did not feel authentic, focusing on proving themselves, and more). Participants described examples of seeking external validation from colleagues by aligning more with their colleagues' approach, even when they did not believe it was in the client's best interests.

Feelings. As this research was about the subjective experiences of music therapists navigating conflict due to different approaches to treatment, many emotions emerged during the interviews. Feeling authentic and inauthentic, as it relates to their music therapy practice, came up for most participants. The participants felt they were authentically practicing music therapy when they used their preferred approach and when they were able to actively collaborate with colleagues. Participants felt inauthentic when they solely used their facilities/colleagues' approach to treatment, were pressured by others to shift towards the faculties/colleagues' approach, or were not included or considered in collaborative opportunities.

Bøtker & Jacobsen (2023) describe authenticity as an experience to strive for, where the experiences of authenticity and inauthenticity can support professional development. Both experiences of authenticity and inauthenticity can provide opportunities to learn more about oneself, personally and professionally. Through being open in one’s approach, the music therapist might naturally come across things that feel both authentic and inauthentic over time, creating a personal approach to music therapy. Bøtker & Jacobsen share that some actions that

can help one towards authenticity might include being present, letting go of control, and having an open, attentive, and responsive mindset towards others and self. The authors also found that one cannot force, control, or plan authenticity. This has implications for music therapy education. By guiding students in how to be present, let go of control, and have an open, attentive, and responsive mindset towards others and self could better prepare new music therapists as they are simultaneously creating an authentic approach to music therapy and navigating conflicting approaches to treatment that come up in their workplace.

Many participants felt unsupported by their supervisors, colleagues, and administration. It has been found that a lack of support can lead to burnout (Chambers, 2019; Meadows, Eyre, & Gollenberg, 2022b). In this study, one participant expressed feeling "less attuned" to their clients, resulting in decreased therapeutic effectiveness because they did not have a consistent support system within the field of music therapy to provide them with the necessary support. This lack of support could indicate a need for increased access to supervision for music therapists. Meadows, Eyre, & Gollenberg (2022a) addressed this in their article, stating that a lack of access to clinical supervision can inhibit professional growth, impede clinical decision-making skills, and hinder identity development (p. 15). All these things would make it challenging for music therapists to navigate conflicting approaches, as their ability to make clinical decisions would be impacted (including what approach to music therapy to utilize). Meadows, Eyre, & Gollenberg (2022a) state that greater access to clinical supervision in the workplace will likely improve the quality of care by music therapists and support their professional growth.

Bridging Approaches. Most participants described a process of bridging approaches that this research refers to as small acts of rebelling. Participants had different names for this process (e.g., sly advocacy, small things, little things, planting a seed, covert things), but all described a

similar process. Essentially, this process was a way that the participants could reject harmful aspects of the dominant approach without causing tension between themselves and colleagues or jeopardizing their employment status. It was often covert and therefore went undetected, whereas more direct communication was prone to rejection.

Participants felt that it was possible to combine approaches, but many had their own caveats. Many participants felt that taking a collaborative approach is best. However, many participants felt unsure how to engage collaboratively with colleagues due to their respective conflicting approaches, as they felt their facilities/colleagues' approaches had no room for them. Bruscia's (2014) lecture on integral approaches could assist in this area, both for the music therapist and their colleagues. Bruscia (2014) explained that to engage in integral thinking one must integrate the old and current ideas of practice, find commonalities between various concepts, see differences as options, respect the ideas of others, be reflexive, continuously change how we stay in awareness (locus and focus), and consider macro and micro perspectives. These strategies could assist music therapists when navigating conflicting approaches.

In line with Bruscia, DiMaio and Winter (2023) created a curriculum for educators to introduce Integral Thinking in Music Therapy (ITMT) to undergraduate music therapy students. DiMaio and Winter noted that many educators (and practicing music therapists) have strong feelings about approaches and orientations to music therapy. By implementing ITMT into the music therapy curriculum, students enter the professional world with a practical understanding of how to address the needs of the setting, client, and themselves. This approach to education would prepare music therapy students and new professionals for when they find themselves in a facility that uses a conflicting approach to their preferred approach. DiMaio and Winters believe that including ITMT would teach students to value differing approaches and to think critically and

intentionally about when to incorporate aspects of different approaches. ITMT might also address the issues brought up by the participants of feeling as though there is no room for the music therapist in behavioral and medical approaches.

Implications for the Music Therapy Profession

Participants expressed their struggles with bridging approaches in their interviews. This could be the lack of training and support in this area in the undergraduate curriculum. Often, approaches are taught separately, described separately, and tested separately, even in the board certification test. While students need to have a strong foundation in understanding different approaches to music therapy, education should not stop there. It is a skill to think integrally. One that should be practiced well before starting your first job. It is possible that the inclusion of a curriculum such as the one described by DiMaio and Winter (2023) and an emphasis on Bruscia's (2014) integral thinking model could help better prepare students for entering their first jobs.

As discussed in the literature review, many advocates in the disability community discuss the ways in which behavioral approaches are harmful to clients (Anjum, 2016; Brown 2013; Burns, 2022; Hall, 2019, Harzem, 2004; Shyman, 2016,). Yet the results from Curtis's (2015) survey of music therapy approaches show that 33% of respondents indicated that they utilize a behavioral approach in their practice. Therefore, the fact that so many music therapists are utilizing behavioral approaches when the disability community at large has indicated that these practices are harmful is something that the profession of music therapy needs to explore further. Knowing what we do now about the harm that these practices can inflict on our clients directly conflicts with our code of ethics. What does this say about our profession?

In addition to the above, given the high rates of burnout within the first five years of being a working music therapist, it is important to mitigate the main causes of burnout. Branson (2023) discusses lack of support as a primary reason for leaving the music therapy field, and Meadows, Eyre, and Gollenberg (2022a) discuss needing support for early-career professionals. Participants in this study discussed feeling unsupported by their supervisors, colleagues, and administration. This contributed to the conflict they were feeling when utilizing a different approach. Thus, it is really important that the music therapy profession places a stronger emphasis on greater access to supervision and support for new music therapists, especially those feeling unsupported due to working in a context whose theoretical approach seems radically different from the one they align with.

Limitations

While participants were selected to curate diverse responses to interview questions, the music therapy profession is predominantly white women. Unfortunately, there was not a racially diverse group of people who volunteered to participate. As such, the findings may not be widely transferrable across music therapists of various races. Additionally, this study specifically looked at participants who experienced conflict from behavioral and medical approaches to therapy, and the results experience might not be transferrable to all types of conflicting approaches.

This study was originally proposed as a focus group, but due to scheduling conflicts between time zones, I was unable to find a time for all eight participants to meet. Therefore, it was decided to transition towards individual interviews. While much information was gathered from these individual interviews, the opportunity for a more natural discussion with diverse viewpoints was removed.

Other limitations of this study include my inexperience in conducting qualitative research, interviewing, and coding. My lack of experience with the interviewing process left me unsure and prevented me from exploring further into participant's responses during interviews. This could have altered the findings of this study. I was also unfamiliar with the software program Atals.ti. If I had more experience in creating, implementing, and interpreting qualitative research, more in-depth themes may have been uncovered in this study.

Lastly, the survey that discussed what approaches music therapist primarily utilize in their practice was completed in 2015. At the time of this thesis, this is the most recent research completed on this topic. Since then, there has been cultural shifts due to a global pandemic and social justice movements throughout the world that could impact the way music therapists understand and implement different approaches to music therapist in their practice.

Further Research

As mentioned in the limitations section, this research study primarily focused on the conflicts between specific behavioral models and humanistic models. When participants were given the initial screening, they were asked to identify their own approach, the approach of their workplace, and if they personally experienced a conflict between those two (See Appendix A). From this survey, it was found that the majority of the respondents identified themselves as humanistic and their workplace as behavioral and confirmed they felt a conflict between those approaches. However, a few participants identified themselves as using different approaches, such as psychodynamic, cognitive behavioral therapy, psychoeducational, etc. Further research could explore potential conflicts between other models such as psychodynamic, medical, community music therapy, and many more. Determining where the conflicts exist and how prevalent they are could provide necessary information on how to better support music therapists

in these situations and prevent burnout. Further research could also utilize a quantitative perspective to address the same research question which would allow for comparison with this study and determine prevalence rates of this partuicular experience.

Additionally, future research could investigate specific strategies that music therapists can utilize when navigating conflicting approaches. Many participants of this study discussed their version of "small acts of rebellion," which indicates that there can be actions taken by them music therapists to navigate the conflicting approaches. Future research could determine if there are consistent actions being taken by music therapists in these situations and then integrated into music therapy curriculum or supervision to better prepare new music therapists.

Some participants discussed what the clients experience of conflicting approaches. Further research into client-preferred approaches in particular settings could be beneficial. Often in settings such as the ones the participants of this study were in (primarily school systems), facilities have adopted one approach and the clients do not have a choice in the matter. Research centering client voices and experiences of approaches could be beneficial when determining what approaches should be utilized.

Overall, from this study, it was found that music therapists are experiencing tensions when their preferred clinical approach conflicts with the predominant approach in their workplace. They are finding ways of navigating that tension to advocate for themselves and their clients, provide authentic and quality music therapy services, manage their relationships with colleagues, and more. However, in reviewing the literature, no one is talking about this experience, which therefore leaves new music therapists unprepared for entering the working world. Future research could also include finding language or having conversations about what it means to navigate conflicting approaches in the workplace.

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Appendix A

Recruitment Announcement

Hello,

My name is Haylee Jayne Goodenough, and I am a current candidate for Slippery Rock University's Master of Music Therapy program. My thesis, THE MUSIC THERAPIST'S EXPEREINCE OF CONFLICTING APPROACHES IN THE WORKPLACE, is currently being conducted under the direction of Susan Hadley, Ph.D., MT-BC. This study intends to explore how music therapists experience and navigate working from a different and/or conflicting approach than their employer. Research participants will be asked to participate in one or two semi-structured Zoom focus groups, which will be recorded and used for data analysis. I have received IRB approval to conduct this research.

In order to participate, you must be a practicing music therapist with at least 3 years of clinical experience, and also have self-identified as experiencing conflicting approaches in the workplace.

If you are interested, **do not** comment on this post for the sake of confidentiality. If you are interested in participating, please fill out this Google Form. I will then select a purposive sample from the pool in order to have a diverse group of participants.

If you are selected to participate, I will send you the following documents:

- Informed consent form

- Audio/video/photo consent form

Thank you so much for your time. Please email me with questions at any time at hxg1007@sru.edu.

Haylee Jayne Goodenough, LPMT, MT-BC

Master of Music Therapy Candidate

Slippery Rock University

Google Form—Screening Questions:

Name and Pronouns [short answer text]

What is your email address? [short answer text]

What is your gender identity? [short answer text]

What is your racial identity? [short answer text]

How long have you practiced music therapy?

- o 1-5 years
- o 6-10 years
- o More than 10 years

In what settings do you practice music therapy? [short answer text]

With what populations are you working in tele-music therapy? [short answer text]

What approach to therapy/treatment do you take? [short answer text]

What approach to therapy/treatment does your employer take? [short answer text]

What resources do you turn to when experiencing dissonance? [short answer text]

Appendix B

Focus Group Discussion Question Script

1. How do you understand your approach to music therapy?
2. In what ways have you experienced your approach to music therapy interacting with behaviorism?
    a. Positively?
    b. Negatively?
3. In what ways have you responded to challenges that have arisen due to conflicting approaches?
    a. Were they successful?
    b. Were they unsuccessful?
4. In what ways have you shifted your approach to therapy to algin more with behaviorism?
    a. How did you feel about having to shift your approach?
5. In what ways have you resisted shifting your approach to align more with behaviorism?
    a. How was that received by others at your facility?
    b. How did you feel about resisting shifting your approach?
6. Do you feel that there is a way to combine approaches and behaviorism?
    a. If so, what are some examples?
    b. If not, why?

Appendix C

SlipperyRock University of Pennsylvania

Exempt Research Category 3 Appendix

When conducting research that falls within exempt category 3 as identified in the specific criteria and limitations according to 45 CFR 46.104 and Subpart D (Children)

Benign behavioral interventions are defined as: Interventions that are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the participants and the investigator has no reason to think the participants will find the interventions offensive or embarrassing.

Examples include: having participants play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

Section A

1.	Will your research involve children?	☒ No ☐ Yes – **STOP, child participants are excluded from this category; submit under Full Board Review**
2.	Will information be obtained in such a manner that the identity of the participants **can** be readily ascertained directly or through identifiers linked to the participants?	☒ No ☐ Yes – **Complete the Limited IRB Review Appendix**
3.	Would the disclosure of the information recorded place participants at risk of criminal or civil liability or be damaging to the participants financial standing, employability, educational advancement, or reputation?	☒ No ☐ Yes – **Complete the Limited IRB Review Appendix**
4.	Does the research involve deception or purposefully withholding study information from participants?	☒ No ☐ Yes - **Complete Section B**
5.	Will data be collected through audiovisual recording or video recording?	☐ No ☒ Yes - **Complete Section C**

Section B: Deception – Will you be using deception in your study? (If yes, answer question #6; if no, skip to question #7).

6.	Is there information in the consent form/informational letter that informs the participant that he/she will be unaware of, or misled regarding the nature or purposes of the research?	☐ No - **STOP, the research does not qualify for exemption; submit under Expedited Review** ☐ Yes – **Complete the Limited IRB Review Appendix.**

Section C: Audiovisual Recording: - Will you be using audiovisual recording in your protocol? (If yes, answer question #7 and #8; if no, skip question #7 and 8). Please justify the need for audiovisual and/or video recording in the protocol. The audiovisual recording of the focus group will be used to transcribe the discussion, which will be used to code data into themes.

7.	Will there be information in the consent form/informational letter that informs the participant that he/she will be recorded via audio or video?	☐ No - **STOP, the research does not qualify for exemption; submit under Expedited Review** ☒ Yes – **Please include a copy of the release with your submission.**
8.	Will the audiovisual or video recording information be retained in a manner that makes the identity of the participants readily ascertainable?	☒ No ☐ Yes – **(Study will require limited IRB review)**
If after completing this appendix you have determined that your research does qualify for an exempt review under this category, please fill out the Protocol Application Form found on the IRB website under Forms (http://www.sru.edu/offices/institutional-review-board/how-to-apply-to-the-irb) and submit this appendix with your protocol. You can receive submission guidance by emailing your questions to irb@sru.edu.		

Appendix D

SlipperyRock University

Professor Susan Hadley, PhD, MT-BC
Music Therapy Program Director
Graduate Music Therapy Program Coordinator

Swope Music Building
101 Central Loop, Suite 225
Slippery Rock, PA 16057-1326
Phone: 724.738.2446
Fax: 724.738.4469
Email: susan.hadley@sru.edu

CONSENT TO PARTICIPATE IN RESEARCH

The Music Therapist's Experience of Conflicting Approaches in the Workplace

Susan Hadley, Ph.D, MT-BC; susan.hadley@sru.edu
Haylee Jayne Goodenough, LPMT, MT-BC; hxg1007@sru.edu

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be a board-certified music therapist with at least 3 years of clinical experience, who also has self-identified as currently working and/or having worked in the past at a facility which uses a conflicting approach to therapy and/or treatment than the participant. Taking part in this research project is voluntary.

Important Information about the Research Study

Things you should know:

- The purpose of the study is to explore how music therapists understand and navigate conflicting approaches in their workplace. If you choose to participate, you will be asked to participate in an (1) online focus group discussion. This will take up to 90 minutes.
- There are no anticipated risks or discomforts from this research. There is a minimal chance that the experience may cause some emotional discomfort.
- The study will potentially benefit the participants by providing further insight and perspective into their own professional practice.
- Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the Study About and Why are We Doing it?

The purpose of the study is to explore how music therapists understand and navigate different approaches to treatment in the workplace. Music therapists are often employed by businesses who utilize specific approaches to treatment that do not reflect approaches mostly commonly used in music therapy. We intent to explore the various benefits and challenges that this presents in terms of music therapist's perspective on experience and satisfaction of assimilating or rejecting the dominant approach.

What Will Happen if You Take Part in This Study?

If you agree to take part in this study, you will be asked to reflect on ways that you understand your approach to music therapy, your employer's approach to treatment, and how those two things interact. You will also be asked to discuss how you might have navigated difficult events in the workplace in relation to this topic. Lastly, you will be asked to discuss your view on assimilating of rejecting the dominant approach to treatment. The researcher will facilitate the discussion with the participants via Zoom in a focus group format, for a 75 - 90-minute, one-time session. The research will facilitate the discussion by asking open-ended questions such as: "In what ways have you experienced conflicting approaches in the workplace (positively or negatively?)" and "Can you describe your personal approach to treatment?". At this time, only one meeting is expected; however, if the need for an additional meeting arises, the researcher will be in communication with the participants about this. The discussions will be recorded using the recording interface of the video conferencing platform. The recorded data will be transcribed and then deleted and destroyed. The transcription will not include the participants' name but may include demographic information about the participants.

How Could You Benefit from This Study?

Participating in the experience of reflection and group discussion may provide you further insight and perspective into you own professional practice.

What Risks Might Result from Being in This Study?

There are no anticipated risks or discomforts as a result of participating in this study. There is a minimal chance that the experience may cause emotional discomfort. As therapists, we understand that you have access to therapeutic and supervision resources, and we can provide access to music therapy supervisors, if needed.

How Will We Protect Your Information?

To protect your privacy, we will not include information that could directly identify you.

We will protect the confidentiality of your research records by keeping videotapes of the interviews in a password-protected folder on our password-protected computer(s). They will be transcribed and then destroyed. Interview transcriptions will contain your demographic information but not your name. At the conclusion of this study, we may publish the findings. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project. No names will be included in publications or presentations. Your demographic information may be included but will be synthesized with the demographic information of other participants to further conceal your identity.

What Will Happen to the Information We Collect About You After the Study is Over?

We will not keep your research data to use for future research or other purposes. Your name and other information that can directly identify you will be deleted from the research data as part of the project.

How Will We Compensate You for Being Part of the Study?

There is no compensation for this study. It is completely voluntary.

Your Participation in this Research is Voluntary

It is totally up to you to decide to be in this research study. Participation in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and may withdraw from participation at any time. If you decide to withdraw before this study is completed, any data collected during your participation will be destroyed. You do not have to answer any questions that you do not want to answer.

Contact Information for the Study Team and Questions about the Research

You may contact Susan Hadley at susan.hadley@sru.edu, or Haylee Jayne Goodenough at hxg1007@sru.edu, if you have questions about this research.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board
Slippery Rock University
104 Maltby, Suite 008
Slippery Rock, PA 16057
Phone: (724)738-4846
Email: irb@sru.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. Please print this email attachment, sign, and scan this document and return it via email to the co-researcher, Haylee Jayne Goodenough. You will be given a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact us using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study. I understand that I can withdraw at any time. A copy of this signed Consent Form has been given to me.

_____	_____	_____
Printed Participant Name	Signature of Participant	Date

By signing below, I indicate that the participant has read and to the best of my knowledge understands the details contained in this document and have been given a copy.

_____	_____	_____
Printed Name of Investigator	Signature of Investigator	Date

Audiotape/Videotape Release Form:

We request the use of audiotape/videotape material of you as part of our study. We specifically ask your consent to use this material during the study, as we deem proper. Regarding the use of your likeness in audiotape/videotape, please check one of the following boxes below:

☐ I do…

☐ I do not…

give unconditional permission for the investigators to utilize audiotapes/videotapes of me.

_____	_____	_____
Printed Participant Name	Signature of Participant	Date

Appendix E

Slippery Rock University of Pennsylvania

TO: Dr. Susan Hadley
Music Therapy

FROM: Michael Holmstrup, Ph.D., Chairperson
Institutional Review Board (IRB)

DATE: September 7, 2022

RE: Protocol Approved

Protocol #: 2023-011-56-A
Protocol Title: The Music Therapist's Experience of Navigating Conflicting Approaches in the Workplace

The Institutional Review Board (IRB) of Slippery Rock University has conducted an administrative review of the above-referenced protocol under the "exempt" category.

You may begin your project as of September 7, 2022. Your protocol will automatically close on September 6, 2023 unless you request, in writing, to keep it open.

Please contact the IRB Office by phone at (724)738-4846 or via e-mail at irb@sru.edu should your protocol change in any way.