The Development of a Reflective Wellness Self-Assessment for Music Therapists

by

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A Thesis Submitted to
Slippery Rock University, Pennsylvania
in Partial Fulfillment of the Requirements for
the Degree of Master of Music Therapy

May 2019

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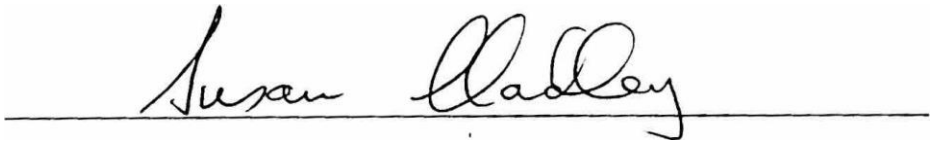
Presented to the

Slippery Rock University

Music Therapy Program



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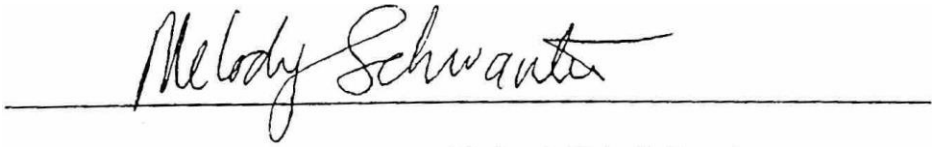

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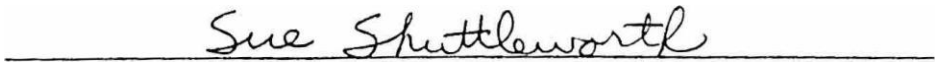

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Abstract

The inspiration behind developing a reflective wellness self-assessment tool for music therapists came from the rationale that 1) burnout is an ethical issue that is prevalent in our profession and 2) no other tool which encourages therapist self-reflection on this issue exists in the field of music therapy. In an effort to create a unique tool that is relevant to the uniqueness of the profession, this self-assessment resource was based on pre-existing research and literature specific to music therapists and their experiences of burnout and burnout prevention. The development of this tool involved four phases: 1) an extensive investigation and organization of music therapy literature regarding personal and professional wellness; 2) the development of the wellness self-assessment tool based on the results found in the literature; 3) an evaluation process of the self-assessment by advanced and student music therapy professionals; and 4) an examination of the evaluation results and making changes to the assessment based on those results. In addition to their questions and suggestions that contributed to changes made to the assessment, the evaluators also identified multiple uses of the wellness self-assessment for music therapists, such as: bringing results into individual, group, or peer supervision; administering it to interns and students; completing it at regular intervals (i.e. 5-year re-certification); using it for future research on music therapy burnout; and incorporating it into the music therapy curriculum. The evaluators also indicated that the strengths of the wellness self-assessment tool were that it is specific to the field of music therapy, it is holistic and comprehensive, and it inspires critical and valuable self-reflection. The *Wellness Self-Assessment for Music Therapists* has ethical implications and is designed to be a preventative resource that promotes self-awareness, self-reflection, and overall wellness for the music therapist's personal and professional self.

Acknowledgments

First and foremost, to Dr. Susan Hadley, whose profound wisdom, infinite patience, commitment to social justice, and unrelenting belief in and devotion to her students has propelled and nourished my personal and professional development. Your mentorship and friendship are immeasurable.

To the evaluators of the assessment, and to my thesis committee, Dr. Sue Shuttleworth and Dr. Melody Schwantes. Each of your personal expertise has significantly contributed to the final outcome of this project. Your willingness to volunteer your time and share your insights is so greatly valued and appreciated.

To my MMT cohort: Joel, Maevon, Jess, Christine, Candice, Rachel, Kristen, Deanna, Sara, Kate, & Greg. I feel so honored to have experienced this journey alongside each of you. I am inspired by the authenticity that each of you bring to what you do and cherish the support and friendship that you have provided me along the way.

To my family, friends, colleagues, and co-workers, your encouraging words, positive vibes, supportive conversations, flexible schedules, and attempts at understanding what I do does not go unnoticed or unappreciated. Thank you.

And to my husband, Bret, whose support and belief in me helped to create this door of opportunity, whose patience, flexibility, and understanding helped me to walk through it, and whose devotion, love, and sense of humor helped me to come out smiling on the other side.

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Introduction

Overall wellness has always been of particular interest to me. With music's innate ability to address the whole person, it may even be one of the main reasons that I pursued a career in music therapy. Years ago, I recognized that wellness is not limited to the physical health that a person experiences, but that it is the integration of the mind, body, and spirit in various capacities. It is the union of these aspects that contributes to a person's wellbeing. When one of these areas is out of sync, a person's entire sense of wellness can be compromised. To focus on only one aspect of wellness, such as physical health, would be a narrow way of understanding a person's experiences and would be a missed opportunity for holistic healing and growth. Furthermore, while wellness is an individual experience, to assume that the individual themselves is the only contributing factor to their sense of wellbeing would also be a limited and narrow way of understanding wellness.

This holistic way of understanding wellness is something that I advocate in my clinical work and on which I educate others regularly. Wellness is what most helping professionals wish for their clients and work towards with their clients. It is the heart of what we do and the goal for which we strive. However, it was my own personal and professional experience of burnout that made me realize that I had not been adhering to my own advice and philosophy.

I had been practicing music therapy professionally at an acute psychiatric hospital for approximately six years. Off and on I would experience waves of apathy, irritability, and a general lack of motivation in my clinical work. The feelings were not constant, instantaneous, or always obvious, but rather gradual and easily dismissed because they would often pass by fairly quickly. I could never pinpoint exactly what the cause was of these symptoms, as it just all seemed to blend together. The same could also be said about my physical and mental health at

that time. For weeks at a time I would feel good about myself, and other times I would barely have the physical and mental energy to get through the day. I placed the blame on being unhappy in my work setting. As I sought out other job opportunities, I started to question whether or not I would be happy anywhere and if music therapy was even the field I should stay in. However, if I left the field, then what I understood as my personal and professional identity would be gone.

I carried this questioning with me as I started this Master of Music Therapy (MMT) program. As I became submerged in advanced coursework, critical and reflexive peer discussions, intense self-reflection, and ongoing supervision, I quickly developed a resurgence in my physical, emotional, mental, and spiritual energy. In one particular course, some of these issues were addressed as we examined burnout and resilience as professional and ethical issues in music therapy. During this time, my personal and professional sense of wellness started to recalibrate and thus my inspiration for my final thesis project started to form.

Upon seeking counsel from peers and supervisors and reading related literature and research, I realized that my experience was not unlike many others in the field. I quickly discovered that due to the nature of what we do, many music therapists and other helping professionals are susceptible to burnout. And although we are well educated on ways to promote and work towards wellness, our "other-centered" mindset often prevents us from examining and addressing our own wellness needs. Furthermore, as I read more, I realized that my experiences of burnout as a professional music therapist were unique compared to those of other helping professions. As a female, as a musician, and as the only music therapist in my facility and in my community, my experience with burnout was unique compared to that of nurses and psychiatrists, for example. Music therapists as individuals and music therapy as a profession in

and of itself is unique. Therefore, the motivation to develop a resource that was specifically designed for music therapists emerged.

As I was reminded of my own difficulty in identifying specific personal and professional factors contributing to my overall sense of wellness, I wondered if having a resource to help identify these areas would be helpful to practicing music therapists. I was also reminded of the valuable experience that I had while doing some introspective, self-reflection during supervision and my master's coursework and believed that if provided with the opportunity to self-reflect on their personal and professional wellbeing, music therapists could not only identify and treat their symptoms of burnout, but also prevent them.

So, I set out to develop a reflective wellness self-assessment tool as a resource designed specifically for music therapists. I decided to develop it based on research and literature from the field regarding music therapists and their experiences of burnout and burnout prevention. I felt that it was important for it to be evaluated by both advanced and entry-level music therapy professionals in the field who have either published on the topic of burnout or the development of assessments, or who are currently practicing music therapists. My intention for this self-assessment tool was not to measure, label, or diagnosis burnout, but to increase awareness and insight into areas that may be at-risk or need attention. I wanted it to be a personal, reflective, and subjective tool that carries preventative and ethical intentions.

Literature Review

Wellness

Wellness is a familiar concept and practice in most helping professions. Nurses and medical doctors support an individual's wellness by attending to the individual's physical needs. Therapists, psychiatrists, and social workers provide services and resources that primarily support an individual's emotional, psychological, and environmental needs. Clergy and spiritual leaders attend to an individual's sense of wellness by addressing the individual's spiritual needs. Each of these helping professionals promote healthy living and quality of life in their own way, often focusing on one or more specific areas of an individual's wellness. However, wellness is a holistic concept that encompasses multiple disciplines and is affected by multiple variables.

The World Health Organization defines wellness as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (World Health Organization, 2019). The National Wellness Institute defines wellness as "a conscious, self-directed and evolving process of achieving full potential" (National Wellness Institute, n.d.). Various wellness models over the last few decades have been developed to create an understanding of overall wellness and provide a resource for individuals and helping professionals to promote and work towards wellness. Various works of Sweeney, Witmer, and Myers will be reviewed here as these authors sought to understand and define wellness not only as a holistic concept, but also as a means of promoting positive change.

The Wheel of Wellness was developed by in the 1990s as a holistic way of understanding the individual (Myers, Sweeney, & Witmer, 2000). In this model, wellness is defined as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (Myers,

Sweeney, & Witmer, 2000, p. 252). Five major life tasks make up The Wheel of Wellness, with spirituality at the core and self-direction spokes radiating from the center, which include: sense of worth, sense of control, realistic beliefs, emotional awareness, coping, problem solving, creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity, which are all interrelated and interconnected. The outside wheel represents the life tasks: work and leisure, and friendship and love. Surrounding the individual in the Wheel of Wellness are life forces and global forces that also affect personal wellness, such as family, religion, education, politics, community, and other systemic forces. (Myers, Sweeney, & Witmer, 2000). See Figure 1 for a visual representation of the Wheel of Wellness.

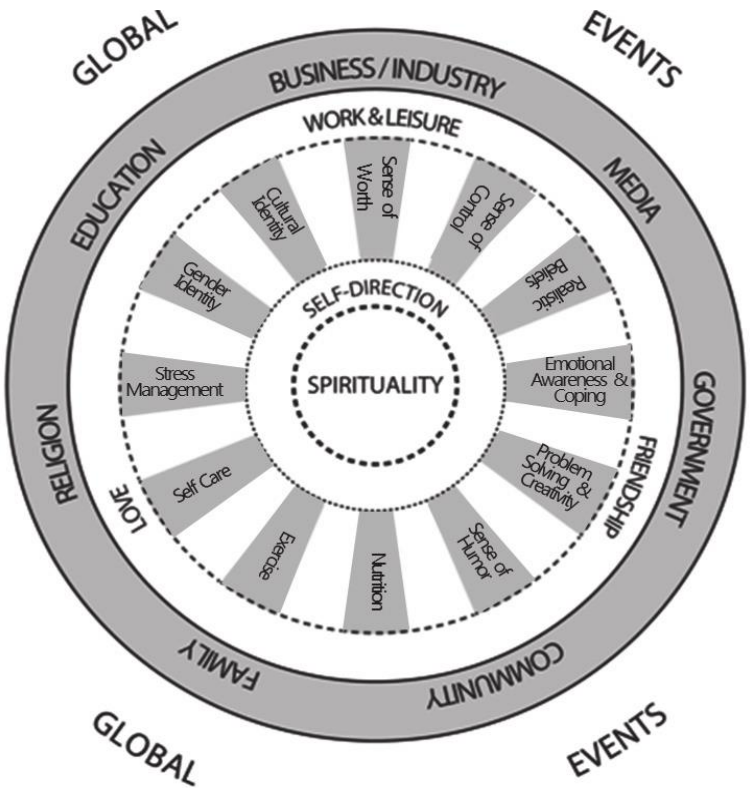


Figure 1: Wheel of Wellness (Myers, Sweeney & Witmer, 2000)

Based on the Wheel of Wellness, Myers & Sweeney (2004) went on to develop The Indivisible Self model after extensively evaluating and assessing the Wheel of Wellness model. The Indivisible Self model was still rooted in principles of Alfred Adler's theory of individual psychology and holism, which was the case for the Wheel of Wellness; however, it was restructured to represent an even more holistic and accurate representation of the individual and their concept of self in terms of wellness. In this model, the major life tasks of The Wheel of Wellness are reorganized into five components that cannot be understood separately but should be recognized as indivisible factors that make up a person and their overall sense of self. These components include: the "Essential Self" (including spirituality, self-care, gender identity, and cultural identity), the "Social Self" (including friendship and love), the "Creative Self" (including thinking, emotions, control, positive humor, and work), the "Physical Self" (including exercise and nutrition), and the "Coping Self" (including realistic beliefs, stress management, self-worth, and leisure) (Myers & Sweeney, 2004). See Figure 2.

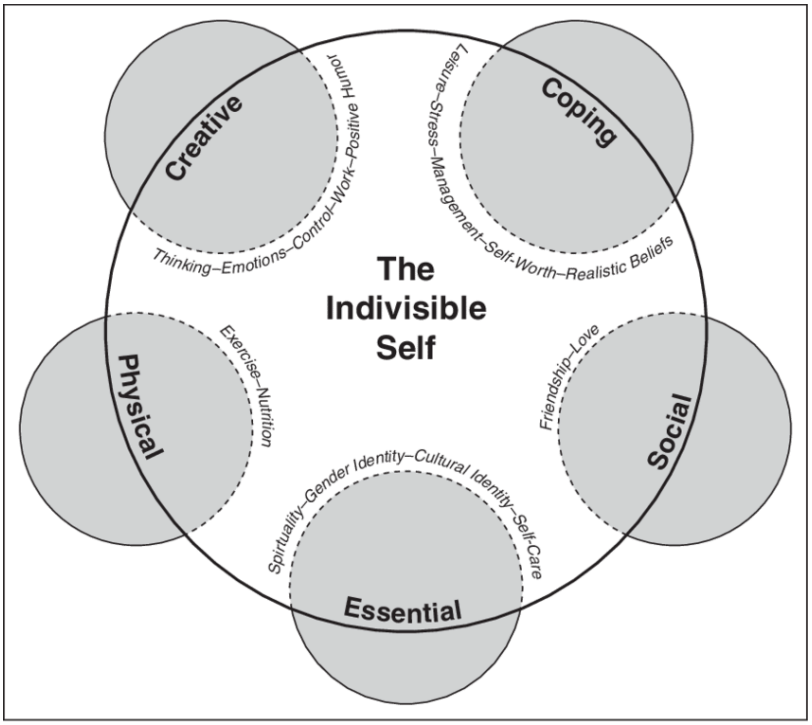


Figure 2: The Indivisible Self (Myers & Sweeney, 2004)

Myers and Sweeney (2004) continued to place a strong emphasis on contextual variables, stating that it is impossible to develop a complete understanding of an individual without incorporating and considering environmental factors as playing an active role in an individual's wellness. Additionally, The Indivisible Self model recognized that people change over time and that wellness involves the "acute and chronic effects of lifestyle behaviors and choices throughout a person's lifespan" (Myers & Sweeney, 2004, "Contextual Variables," para. 3). While having a similar foundation and purpose as the Wheel of Wellness model, the Indivisible Self model is evidence-based, theory-based, and is choice-oriented, meaning that a person's wellness behaviors reflect their intentionality in lifestyle decisions.

In both of these models, the implications for treatment in counseling include assessment of a person's understanding and sense of wellness, the identification of areas of improvement, the selection of one area to make a change, and the development of a wellness action plan in order to make that change (Myers, Sweeney, & Witmer, 2000; Myers & Sweeney, 2004). Because of the systemic and holistic nature of wellness, Myers, Sweeney, & Witmer (2000) stated that there is no need to try to change all areas simultaneously because 1) it is likely to be an overwhelming array of tasks, and 2) change in one area will cause changes in other areas. Having awareness into needed areas of wellness combined with change in any one area is likely to increase overall wellness, as well as wellness in specific areas of the models (Myers, Sweeney, & Witmer, 2000, p. 259).

Clinician Wellness

While wellness is a concept that is most often used in clinical work with clients, it is not and should not be applied exclusively to clients. Wellness is a concept that applies to all humans, regardless of their mental or physical health status, occupation, or role in the therapeutic

relationship. Therapists, in particular, need to understand, assess, and manage their own overall wellness because therapists act as role models for wellness for the people with whom they work (Venart, Vassos, & Pitcher-Heft, 2007). Understanding the multiple facets of a therapist's sense of wellness, including both personal and professional factors, is an important step in the development of the person of the therapist. A therapist's sense of wellness is the foundation of their work. Venart, Vassos, and Pitcher-Heft (2007) reported that research has consistently shown that the therapist's sense of self plays a more critical role in the therapeutic relationship than the therapist's assumed philosophy or theory to which they uphold. Therefore, therapist wellness should also be viewed systemically and holistically, just as the previously described models suggest.

In *Caring for Ourselves: A Therapist's Guide to Personal and Professional Well-Being,* Baker (2003) delineated three components of therapist self-care that are critical in the physical and psychological nourishment required to replenish and restore therapist wellness. These components include self-awareness, self-regulation, and balance (Baker, 2003). Baker suggests that the goal for therapists is to learn how to develop an "internal gyroscope" that allows the therapist to self-regulate. A therapist's ability to self-regulate increases when they are aware of their feelings, needs, and limits. In order to manage these needs, it is essential for the therapist to balance between body, mind, and spirit, in relation to self and others, and in personal and professional lives (Baker, 2003, pp. 13-23). In terms of professional wellness, Els and De La Rey (2006) indicated that acquiring wellness at work requires a total systems approach that focuses on personal and professional strengths, as well as influencing contextual variables both inside and outside of the working environment.

However, even with self-awareness, support, and balance, therapists are still vulnerable to personal and professional stress simply because of the work that they do and the people that they are (Cummins, Massey, & Jones, 2007). One cause of this vulnerability may be due to the reason that therapists get into the field. Barnett, Baker, Elman, and Schoener (2007) suggested that mental health professionals may have been attracted to the profession because it allows them to perpetuate an innate role as caregiver. Furthermore, therapists are trained to attend to the emotional needs of others and to create a façade of strong caregiver, and are therefore at an increased risk for overlooking, ignoring, or minimizing their own emotional needs and can lose touch with themselves (Barnett et al., 2007; Skovholt & Trotter-Mathison, 2016, p. 6).

As therapists begin to lose touch with themselves emotionally, for example, other areas of their personal and professional sense of self are at-risk. Baker (2003) reasoned that given the interactional mind-body connection, the sources and effects of stress overlap. The experience of stress in physical, emotional, mental, interpersonal, or professional ways contributes to the manifestation of stress and dysfunction elsewhere in the human system (Baker, 2003, pp. 13-23). Therefore, if a therapist is not taking care of themselves physically, for example, their professional relationships may suffer.

Personal and professional stress is inevitable for clinicians. It is part of the job, and part of the therapist as a person. However, when left untreated or ignored, it can lead to professional incompetence, maladaptive coping skills, unethical behavior, and personal and professional burnout (Barnett et al., 2007; Skovholt & Trotter-Mathison, 2016).

Burnout

Burnout has become an all too familiar word that is, unfortunately, becoming an all too familiar experience among helping professionals. Miller, Hubble, and Mathieu (2015) reported

that between 21 and 67 percent of mental health providers, specifically, experience high levels of burnout, causing work absenteeism, clinical ineffectiveness, high staff turnover, and physical, emotional, and mental distress. Burnout is typically measured by three factors: emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment (Maslach, Jackson, & Leiter, 1996). Deficiencies and depletion of emotional resources, negative attitudes towards clients, and negative personal and professional evaluation of oneself are characteristics of burnout and can significantly negatively impact the wellbeing of clinicians and the people with whom they work (Maslach, Jackson, & Leiter, 1996). Other manifestations of burnout include physical symptoms, such as headaches, insomnia, racing thoughts, poor focus, irritability, and susceptibility to illness, as well as psychological symptoms, such as reduced self-esteem, detachment from clients, poor boundaries, and feelings of helplessness and loss of control (Felton, Coates, & Christopher, 2015; Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012; Yeow, 2005).

Similar to burnout, compassion fatigue is characterized as a deep physical and emotional exhaustion that prevents a clinician from being helpful and empathetic towards their clients, family, and loved ones (Mathieu, 2007). It is a result from the repeated, continual exposure to stories or experiences of a traumatized or suffering person, and the stress from helping or wanting to help that person (Figley, 1995). Signs and symptoms of compassion fatigue are similar to those of burnout, and may also include irritability, a diminished sense of enjoyment, emotional hypersensitivity or insensitivity, increased drug/alcohol use, irrational or impaired thoughts and feelings, problems with personal relationships, and feelings of helplessness and isolation from supports (Figley, 1995; Mathieu, 2007*).* A systematic review of social work literature indicated that professionals experiencing compassion fatigue may become negative,

criticizing, and careless in their workplaces, while also hurting personal and professional relationships (Diaconescu, 2015, p. 60).

Maslach and Leiter (2008) identified seven areas in the workplace that may activate burnout and compassion fatigue symptoms: work overload, lack of control, insufficient pay, alienation/no sense of community, lack of fairness and respect, value conflicts, and job-person incongruity. Yeow (2005) added to this list by also identifying boredom of routine, stress at home, role conflict/ambiguity, the organization's system, and a lack of skills, education, supervision, support, and/or staff development programs as significant contributing factors to burnout in healthcare professionals. Multiple sources also indicate that prolonged work with emotionally challenging clients and/or exposure to trauma and clients' stories of trauma make healthcare professionals more susceptible to burnout and traumatic stress symptoms (Barnett et al., 2007; Ivicic & Motta, 2016; Jacobowitz, Moran, Best, & Mensah, 2015). For example, Rabu, Motu, Binder, and McLeod (2016) illustrated the ways in which the professional lives of senior psychotherapists have had burdening effects on their personal lives, impacting their physical, emotional, interpersonal, and overall sense of wellbeing. Other personal and professional contributing factors to burnout include time constraints and work demands (Felton et al., 2015), inability to separate between work and personal life (Rabu et al., 2016), inappropriate ways of "venting" work stressors and frustrations (Jenkins & Elliot, 2004), and significant life changes (Mathieu, 2007).

The Uniqueness of Burnout in Music Therapy

The above descriptions are not unfamiliar to music therapists. They too are susceptible to the symptoms and experiences of burnout, compassion fatigue, and overall depleted sense of personal and professional wellness. However, due to the uniqueness of the music therapy

profession and the uniqueness of the music therapist as a person, research indicates that music therapists may experience burnout in ways that are unique and specific to the field.

Burnout has been described by music therapists as having low energy, decreased attunement towards clients and their needs, decreased self-confidence, and playing the same music for different clients (Kim, Jeong, & Ko, 2013). Several sources suggest that music therapists are more emotionally exhausted than the average mental health worker (Clements-Cortes, 2006; Rykov, 2001; Vega, 2010, p.171). This may be due to music therapists reporting that they have significantly higher levels of compassion for others than they do themselves (Rushing, 2017; Swezey, 2013), or an increased attachment to their clients than do mental health workers (Vega, 2010). In an interview of music therapists who work in an inpatient palliative care program, Clements-Cortes (2006) found that participants see themselves as suffering differently than other palliative care health care professionals due to the intimate workspace and interactions in music that take place. Similarly, Rykov (2001) states that there is an intensity and intimacy of the musical space, which contributes to the unique ways in which music therapists can suffer in the workplace.

Personality factors unique to music therapists may also contribute to their experience of burnout. In a survey among professional music therapists, Vega (2010) found that although music therapists had more confidence and success than mental health workers, they also scored high on anxiety levels, which is the personality factor that most significantly predicts emotional exhaustion. Additionally, the personality factors that most significantly contribute to longevity and burnout prevention, such as boldness, vigilance, dominance, and liveliness, were not among the highest personality traits of the music therapists surveyed (Vega, 2010).

It is difficult to say why music therapists experience anxiety in the workplace. Rykov (2001) suggested that the music therapist's formal music training has caused music therapists to "hide behind polished performances and pretty sounds" causing performance anxiety, conditional acceptance, and "chronic niceness" (p.189). Another cause could be the isolation and marginalization that many music therapists experience in the workplace.

It is not uncommon for music therapists to be the only music therapist in their work setting, especially for music therapists in rural settings. Music therapists can experience isolation, lack of support, and invalidation as the only professional of their kind in their work setting (Bybee, 2017; Clements-Cortes, 2006; Kim, Jeong, & Ko, 2013; Rykov, 2001; Swezey, 2013). As a commonly misunderstood profession, music therapists also have to constantly advocate for the work that they do. When a music therapist has to advocate for their position and their profession all on their own on a regular basis, they may be at greater risk for burnout (Chang, 2014). Many music therapists assume constant advocacy as part of the job; however, it can also be an indication of "occupational oppression" in the workplace (Bybee, 2013), which can also significantly contribute to the therapist's personal and professional sense of self.

Bybee (2013) described occupational oppression as a "system of invisible barriers created by those in power that reduces the professional's ability to perform work at the highest level" (p. 18). It is based on the assumption that certain professionals are inherently superior or inferior in a particular work setting. Multiple sources have indicated that music therapists often experience this type of invalidating perception of their profession in their workplace (Bybee, 2017; Clements-Cortes, 2006; Kim, Jeong, & Ko, 2013). Bybee (2013) went on to explain that music therapists are at a greater risk for experiencing marginalization in the work place because their position is typically less in numbers compared to other positions, the field is mostly made of up

females (who are paid less on average), and the profession is often viewed as less valuable compared to the medical models of other healthcare professions (pp. 45-51).

The common misperceptions and misunderstandings of music therapy can lead to many other stressors in the work place, such as role ambiguity and the expectation to complete non-music therapy jobs; inappropriate caseloads, paperwork, hours, and workspaces; invalidating and even disrespectful perceptions of music therapy from co-workers; lack of recognition and/or compensation for education or work experience; and difficulty finding and/or holding music therapy jobs in general (Bae, 2011; Berry, 2017; Bybee, 2017; Chang, 2014; Clements-Cortes, 2013; Darsie, 2009; Decuir & Vega, 2010; Kim, Jeong, & Ko, 2013; Murillo, 2013; Richardson-Delgado, 2006; Swezey, 2013). All of these workplace stressors significantly impact a person's sense of professional, and personal, wellness.

Music therapists are also at-risk for "clinification." Clinification is the shift from identifying as a creative artist and creative arts therapist to primarily a clinician who also uses the arts with clients (Allen, 1992). It is the result of abandoning engagement with one's own art as the therapist endures full-time work, and isolation and marginalization in the workplace (Allen, 1992). It is more common in creative arts therapists who are the only creative arts therapist in their facility, which is a common scenario for many music therapists. Because of this isolation, music therapists can start to gradually take on the characteristics of other clinicians, usually non-music therapists, abandoning their own style, theory, techniques, and philosophies (Allen, 1992, p. 25). This can also lead to a lack of engagement with one's personal art medium, both inside and outside of the workplace. According to Iliya (2014), personal creativity is what cultivates empathy, courage, and insight and when a clinician does not regularly engage in their personal art, they are at a greater risk of burnout and career change. When this clinification and

detachment from their art happens, music therapists lose their sense of self, their professional identity, and overall sense of wellness.

Burnout Prevention as an Ethical Issue

Music therapist wellness is not just a personal or a professional issue, it is an ethical issue. In *Ethical Thinking in Music Therapy,* Cheryl Dileo stated that a therapist's experiences with burnout, vulnerability, psychological impairment, routine professional self-care, and personal self-monitoring all significantly contribute to the therapist's competence as a clinician (Dileo, 2000, pp. 65-67). The American Music Therapy Association's Code of Ethics Preamble states that "ethical practice is more than following a list of rules. It is a commitment to virtuous, caring, courageous thinking that involves self-examination and the well-being of others as our highest intent" (AMTA, 2019). Self-examination, as mentioned here, includes not just an examination of clinical effectiveness, but also an examination of the therapist's personal and professional wellness required to practice ethically and competently. As the previously mentioned resources suggest, a therapist who does not attend to their own physical, emotional, psychological, social, spiritual, and cultural needs puts the people with whom they work at great risk. When a therapist is not taking care of themselves, they send a message to their clients stating that attending to personal wellness is not as important as attending to the wellness of others (Venart, Vassos, Pitcher-Heft, 2007). Therapists who are not in tune with or aware of their own personal and professional needs may also unconsciously and unintentionally neglect, exploit, or cause harm to their clients in an effort to meet their own needs for intimacy, esteem, or dominance (Baker, 2003). Therefore, the AMTA Code of Ethics outlines several principles to which the music therapist is expected to abide in order to remain an ethical and effective therapist. Of these principles, the ones most pertaining to therapist wellness include:

Principle #2. Act with Compassion

2.6 seek peer/professional supervision to assist with reflection and practice improvement.

2.7 practice self-kindness and mindfulness and extend compassion to self if faced with feelings of inadequacy or failure.

Principle #4. Demonstrate integrity and veracity

4.2 use resources available to them to enhance and better their practice (e.g., peer/professional supervision).

Principle #5. Strive for excellence

5.1 achieve and maintain professional competence through learning and personal growth and encourage colleagues to do the same.

5.2 strive to be self-aware and to continually improve skills and knowledge by integrating the best available evidence and findings from research to maintain best practices.

(AMTA, 2019)

Self-Reflection & Self-Assessment as a Tool for Burnout Prevention

Where there is a discussion of burnout, there is often a discussion of self-care techniques. Several music therapy studies have indicated multiple ways to move out of the rut that is burnout, such as using music as self-care (Chang, 2014; Clements-Cortes, 2006; Davis, 2013; Decuir & Vega, 2010; Fowler, 2006; Hesser, 2001); developing self-compassion (Rushing, 2017); and engaging in personal therapy (So, 2017; Sutton, 2002) and supervision (Allen, 1992; Sutton, 2002). In each of these examples, self-awareness and self-reflection became the catalyst to recovering from burnout, more so than the actual self-care technique. Dileo (2000) stated that

in order for music therapists to practice competently and ethically, they need to possess a great deal of self-knowledge, self-acceptance, and self-monitoring (p. 66). Self-reflectiveness builds clinical competence and is the basic cornerstone for the development of the professional self (Urdang, 2010). When therapists are self-aware, they are better able to attend to their own feelings and needs, as well as the feelings and needs of others, thus setting appropriate limits, recognizing early warning signs of distress, and maintaining wellness (Venart, Vassos, & Pitcher-Heft, 2007). Therapist self-awareness is one of the factors that most significantly contributes to clinical efficacy and positive therapeutic outcomes (Baker, 2003). Unfortunately, although music therapy researchers postulate that self-awareness and self-insight are the keys to preventing future burnout (Chang, 2014; Kim, Jeong, & Ko, 2013; Sutton, 2002), there is limited music therapy literature on the ways that that can actually be done.

In *Keeping Ourselves Well: Strategies for Promoting and Maintaining Counselor Wellness*, Cummins, Massey, and Jones (2007) wrote that in order for therapists to prevent burnout or compassion fatigue, they will need resources such as self-awareness assessment tools, effective supervision, and opportunities to reflect on their own issues. Self-assessment generally functions as a way to identify one's weaknesses as well as their strengths (Eva & Regehr, 2005). The clinical significance of self-assessment is that it allows for clinicians to set limits for themselves and acknowledge areas they feel confident in. Self-assessment holds more value in the clinician's ability to recognize and reflect on these areas, rather than assess their sense of clinical skill and effectiveness (Eva & Regehr, 2005).

In a comparative analysis of reflection and self-assessment, Desjarlais and Smith (2011) differentiated that reflection is a personal process that deepens one's understanding of themselves and can lead to significant discoveries and insights, while self-assessment is a

process that involves identifying strengths and areas of improvement based on predetermined performance criteria. Reflection often involves critical thinking and journaling on a past experience, while self-assessment involves proactively studying one's performance in order to improve it (Desjarlais & Smith, 2011). While these two concepts differ, both reflection and self-assessment are critical in the professional and personal development and maintenance of clinicians. Both self-reflection and self-assessment practices can help name a problem, which gives a person the opportunity to address it and limit its negative consequences (Skovholt & Trotter-Mathison, 2016, p. 102). Naming a problem and developing a wellness action plan, prior to being in a state of burnout, allows therapists to practice heathy and effective behaviors while they are in a well state, increasing the likelihood that they will use them while moving towards a burnout state (Cummins, Massey, & Jones, 2007). Therefore, there is a need for a tool that encourages therapists to both self-reflect on and self-assess areas of their personal and professional lives in order to proactively prevent burnout.

Therapists should conduct regular self-assessments as well as engage in ongoing preventative self-care practices (Barnett et al., 2007; Kunimura, 2016). Self-assessments should include awareness of and attention to personal and professional risk factors and warning signs, as well as reflect on areas that are positively contributing to the therapist's wellness and should be maintained. According to Myers, Sweeney, & Witmer (2000), the purpose of assessment is to "provide a basis for developing a personal wellness plan and begin the process of assuring that change is for the better, with any lifestyle changes designed to contribute to greater total wellness" (p.258).

Roscoe (2009) described several wellness assessment examples that have been useful in measuring therapist wellness, such as the Life Assessment Questionnaire, the Perceived

Wellness Survey, the Optimal Living Profile, the Wellness Evaluation of Life Inventory, and the Wellness Inventory. Each of these assessments explores variations of the interrelated nature of social, emotional, physical, intellectual, spiritual, occupational, psychological, and environmental wellness areas and have been proven valuable as ways to evaluate a person's overall sense of wellness (Roscoe, 2009). While the work of these wellness theorists and researchers provide a useful foundation for music therapists to understand and examine themselves, the music therapy research suggests that music therapists may benefit from an assessment tool that is specific to their profession and is based on research specific to music therapists' experiences of burnout and personal and professional wellness.

Unfortunately, there is no current tool specific to the field of music therapy that does exactly this. The AMTA's *Music Therapy Clinical Self-Assessment Guide* is the closest resource in our profession; however, its intention is to review the quality of one's own music therapy services and does not provide opportunities to reflect on the therapist as a person (AMTA, n.d.). In her eBook, *Resilience Over Burnout: A Self-Care Guide for Music Therapists,* Kunimura (2016) provided a brief "Burnout Factors Self-Assessment" to help guide readers in identifying sources of their burnout; however, the assessment has only a few categories, limited items within those categories, and does not include any contextual factors (p. 64). It does, however, serve its purpose within the context of her extensive self-care book and encourages readers to regularly reassess these burnout factors and self-care strategies.

Purpose & Rationale Statement

The purpose of this thesis is to develop a resource for music therapists that encourages them to reflect on areas of their personal and professional lives that may be positively or negatively contributing to their sense of wellness. The rationale for the development of this

resource is that burnout is an ethical issue that is prevalent in our profession and no other tool which encourages therapist self-reflection on this issue exists in the field of music therapy. In an effort to create a unique tool that is relevant to the uniqueness of the profession, the design and details of the assessment will be based on pre-existing research and literature specific to music therapists and their experiences of burnout and burnout prevention. Through the developmental and evaluation stages of the assessment found in this thesis, I will answer the following research questions: 1) *What might a comprehensive, accessible, holistic, reflective wellness self-assessment specifically designed for music therapists look like?* 2) *In what ways might a reflective wellness self-assessment tool be useful for music therapists*?

Method

The development of the wellness self-assessment tool for music therapists took place in four phases. The first phase involved an extensive investigation and organization of literature involving music therapists' experiences with burnout and burnout prevention. The second phase involved the development of the wellness self-assessment tool based on the results found in the literature. The third phase involved an evaluation process of the self-assessment by advanced and student professionals. And the final phase involved an examination of the evaluation results and making changes to the assessment based on those results. These phases were modeled after and adapted from the steps used to create a resource-oriented music therapist assessment tool (Economos, O'Keefe, & Schwantes, 2016), a scale to measure interest in music (Gold, Rolvsjord, Mössler, & Stige, 2012), and a music therapy assessment for severely emotionally disturbed children (Layman, Hussey, & Laing, 2002). The following describes each of these phases in greater detail.

Phase 1: Review of music therapy research and literature

The first step in the development of this self-assessment was to gather information regarding burnout for the purpose of creating the tool. While many helping professions have researched and published on the topic of burnout, music therapists have unique experiences that are specific to our field and therefore we may experience and/or deal with burnout differently. In an effort to create a tool that is specific to the personal and professional lives of music therapists, the literature that was used to create this tool was solely music therapy literature. Wellness models and research from non-music therapy professions helped to provide a foundation for this project; however, I believed that designing a tool specific to music therapists, based specifically on music therapy research, would make for a more valid and valuable resource that is unique to the profession of music therapy.

This phase began with an extensive investigation of music therapy literature on burnout gathered from a variety of research databases and included sources such as professional journals and textbooks. Terms used in the article search included: *music therapy OR music therapist, AND burnout, compassion fatigue, job satisfaction, occupational stressors, self-care, workplace wellness.* Qualitative, quantitative, and mixed methods research studies were included, as well as position papers and book chapters. Articles from the United States and outside of the United States were included. With the exception of two articles (Allen, 1992; Oppenheim, 1987), all of the resources that were gathered and used were published no earlier than the year 2000. This selection criteria was intended to help identify burnout trends in the last 20 years of the profession, while also using research that was relevant to today's music therapist.

The literature was then thoroughly reviewed to identify contributing and preventative factors of music therapists' experience of personal and professional burnout. As the contributing

and preventative factors for burnout were identified, they were organized onto an Excel spreadsheet. The spreadsheet provided a quick and thorough overview of the results and helped me to identify themes and reoccurring results that could be consolidated into categories and items to be used in the assessment. Appendix A outlines the themes that were identified in each resource.

Phase 2: Development of the assessment based on the literature

I knew that in order to create a holistic self-assessment, I wanted two main categories on the assessment tool: Personal Wellness and Professional Wellness. My first step in phase two was organizing the literature results into these two main categories. Then I consolidated reoccurring results within each of those main categories and organized them based on the personal and professional areas that they addressed. Using various non-music therapy wellness models as a foundation, I then identified subcategories for each of these two main categories. I also created additional categories that were specific to music therapists, such as "Relationship with Music."

The identified subcategories for the Professional Wellness category included: Workload, Environmental/Ecological, Supports/Networking, Experience/Education, Attitude/Job Satisfaction, and Clinical Experiences. The subcategories under the Personal Wellness section included: Physical, Emotional/Psychological, Spiritual, Relationship with Music, Supports, Personality Factors, and Environmental/Cultural Factors. Refer again to Appendix A to see what resources determined the original layout of the self-assessment tool.

After identifying and organizing the categories, subcategories, and items to be included on the self-assessment, the design of the assessment needed to be determined. The intent of the self-assessment is to be a personal tool that is used by the music therapist to reflect and gain

insight; therefore, the design of the assessment needed to be inviting and encourage dialectical and critical engagement between the assessment and the music therapist. Wording was carefully selected to remain as neutral as possible in each of the items of the assessment. The assessment was organized with the aim to accommodate the vast number of items, but also be easy to read and understand.

A significant part of the design of the assessment included the way in which the assessor would rate their experiences. Based on the descriptions of wellness as a non-static, everchanging and evolving concept (Myers & Sweeney, 2004; National Wellness Institute, n.d.), and on the work-wellness model of Els and De La Rey (2006), continuum scales were incorporated into the assessment for the music therapist to reflect on their experiences of each particular item. The design of the continuum scales was also inspired by the scales used in Bruscia's Improvisational Assessment Profiles (Bruscia, 1987). The intentions behind using the continuum scales were 1) to not limit the assessor by having to make a specific selection, such as in a Likert scale, 2) to use descriptive words rather than numbers to describe the assessor's experience, and 3) to suggest that wellness is not a definitive concept, but rather something that is fluid and occurs more on a spectrum. Because this assessment is not intended to measure whether or not a person is burnt out, it seemed inappropriate to use numbers or a rating scale for the design of the assessment. Rather, this assessment is meant to be a tool that encourages self-reflection, and I felt that this could best be done through the reflective nature of the continuum scales and the descriptive words used on the scales. See Figure 3 for an example of the descriptive words used in the "Professional Supports/Networking" category in the original continuum scale design.

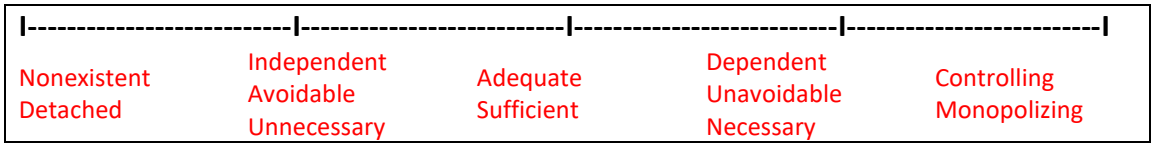


Figure 3: Example of original descriptive words on continuum scale for "Supports/Networking" category

The descriptive words and layout of the scales also modeled Bruscia's Improvisational Assessment Profiles scales (IAPs). In the IAPs, the most balanced and/or neutral state is in the center of the scale, with extreme polarities at the far left and far right of the scale (Bruscia, 1987, p.406). Similarly, in the original version of the self-assessment continuum scales, the center reflected a sufficient, adequate, and/or satisfactory experience, while the outsides of the scale reflect either an insufficient or excessive experience. Refer to Figure 3 to see an example of this original concept. In this example, "nonexistent" and "detached" represent insufficient forms of professional supports and "controlling" and "monopolizing" represent excessive forms of professional supports. The intention behind this layout was to suggest that markings that were in the center of the scale were most ideal and balanced, and markings on the outer extremes of the scales were areas that needed attention and/or were potentially putting the music therapist at-risk for burnout. Due to the comprehensive nature of the assessment, there was a large number of categories and items that needed to be included in the assessment. Because of this, the continuum scales needed to be reformatted from a line format (as depicted in Figure 3) into a table format (see Figure 4) in order to make the assessment easier to read and complete.

After this, the assessment was dispersed to my MMT cohort for initial feedback. Based on the feedback received, a few edits were made regarding simplifying some of the wording throughout the assessment. My classmates found that the descriptive words did not always apply to all of the items within a category and suggested that the descriptive words be simplified in order to be more accommodating and inclusive of all items. Figure 4 also demonstrates an example of this simplification in wording which was applied throughout the assessment.

Inadequate	Less than adequate	Adequate, Supported Acknowledged	More than adequate	Excessive

Figure 4: Example of table format of continuum scales and simplified words for "Supports/Networking" category

Another significant change at this stage was the addition of open-ended self-reflection questions after the "professional wellness" and "personal wellness" sections, as well as a section to create a wellness action plan based on the results of the self-assessment.

Phase 3: Evaluation of the assessment

The next phase involved the evaluation of the self-assessment. The first step in this phase was to create an evaluation tool that would help indicate the strengths, uses, and areas of improvements of the assessment. The evaluation was comprised of 10 Likert scale questions that asked the evaluator to reflect on the assessment's clarity, accessibility, comprehensiveness, validity, and usefulness. A space to write an additional comment was provided after each Likert scale question. The evaluation tool also included two open-ended questions that asked 1) *in what ways could this assessment be improved?* and 2) *in what ways do you imagine this self-assessment tool being used?* Two demographic questions were also included on the evaluation tool which asked the participants to answer 1) *how many years have you been in the music therapy field?* and 2) *what is your highest level of education?* The complete evaluation tool can be found in Appendix B.

After receiving suggestions and approval on the original self-assessment from my advisor and thesis committee, the next step in this phase was to have the assessment evaluated by professionals in the field who my advisor and I considered to be experts on this particular topic. A list was comprised of professional music therapists who had either 1) published or researched the topic of burnout and/or personal and professional wellness in music therapy, or 2) who had developed an assessment tool in the field of music therapy. Twenty-two professionals with advanced degrees were invited to participate in the evaluation of the self-assessment; 10 of which had experience researching burnout and 12 of which had experience developing an

assessment. An Invitation to Participate (see Appendix C) was emailed to each of these professionals. A total of 13 people responded to the invitation, 10 of whom initially agreed to participate and become evaluators of the self-assessment tool.

Upon receiving their agreement to participate, the evaluators were sent a PDF of the self-assessment and the evaluation tool to be completed on the assessment. The participants were given a two-week deadline to complete and return the evaluation. A reminder email was sent to participants who did not return the evaluation within the two weeks. Three participants ended up rescinding their interest to participate due to 1) lack of time to complete the assessment and evaluation, 2) feeling that they did not meet the criteria to evaluate the assessment, and 3) inability to access the assessment. The final number of advanced professionals who completed the evaluation was 7, four of whom had publications on burnout and three of whom had experience developing assessments.

In addition to the advanced professional evaluators, the assessment was evaluated by a group of music therapy graduate students. While burnout can happen at any time in a music therapists' career, research has indicated that professionals with entry level degrees and less than nine years of experience are more at risk for experiencing burnout (Clements-Cortes, 2013; Richardson-Delgado, 2006; Vega, 2010). Therefore, I felt that a group of music therapists who represent those who may most benefit from this self-assessment in the future might provide some valuable feedback in the evaluation phase. An invitation to participate (see Appendix D) was distributed to the group of students by their music therapy graduate professor. Completion and return of the evaluation represented their agreement to participate. Criteria for the inclusion of the students' evaluation results required that the graduate student had been practicing music

therapy professionally for at least one year. Thirteen evaluations were returned, and nine student professionals met the criteria.

Phase 4: Changes to the assessment based on the evaluation results

Because the evaluation contained both closed-ended and open-ended questions, the evaluation results from the advanced and student professionals required a mixed approach to organize, analyze, and understand the data. Results from the Likert scales were analyzed in a quantitative approach, whereas the answers from open-ended questions and comment sections were analyzed with a qualitative approach. An extensive synthesis of the two different types of data resulted in identifying themes and patterns within the evaluation results.

Themes were identified based on the number of reoccurrences that a particular topic or issue surfaced in both the Likert scales and the open-ended questions and comments sections. Because the additional comments sections after each Likert scale question were optional, the number of comments provided was also an indication that a particular question strongly effected the participants. Themes that suggested a level of confusion from the evaluators resulted in changes made to the self-assessment. Themes that indicated a level of satisfaction indicated the value and successful aspects of the assessment. The degree to which the evaluators disagreed with a particular statement on the evaluation tool was also cause for reexamination and consideration for changes in the self-assessment. These considerations and changes will be thoroughly discussed in the results sections.

After making changes, the assessment was re-sent to the music therapy burnout and assessment advanced professionals, describing the changes made and requesting any feedback they have on those particular changes. At this time, 3 out of the 7 advanced professionals have responded with positive, affirmative results that were in favor of the changes made.

Results

The tool used to evaluate the Wellness Self-Assessment for Music Therapists consisted of two demographic questions, ten Likert scale questions, and two open-ended questions. The results of the evaluations of the assessment are described here and were considered to make changes to the final version of the assessment. The results are delineated in sections pertaining to each question on the evaluation and depicted through charts, tables, and written descriptions. The results are divided into four sections: 1) demographics of the evaluators; 2) results of the Likert scale questions; 3) results of the open-ended questions; 4) a summary of the changes made to the assessment based on the results.

Demographics of evaluators

Demographics gathered on the evaluators were in regard to the number of years they have worked in the field and their highest level of education. Figure 5 illustrates the demographics of both the burnout and assessment advanced professional evaluators and the music therapy graduate student evaluators. Each evaluator has been assigned an evaluator number for confidentiality and organizational purposes.

Advanced Professional Evaluators:

Evaluator Number	Number of years in the field	Highest level of Education
1	4	Masters
2	13	Masters
3	30+	Masters
4	3.5	Masters
5	14	Masters
6	10	Masters, PhD student
7	28	Doctorate

Student Professional Evaluators:

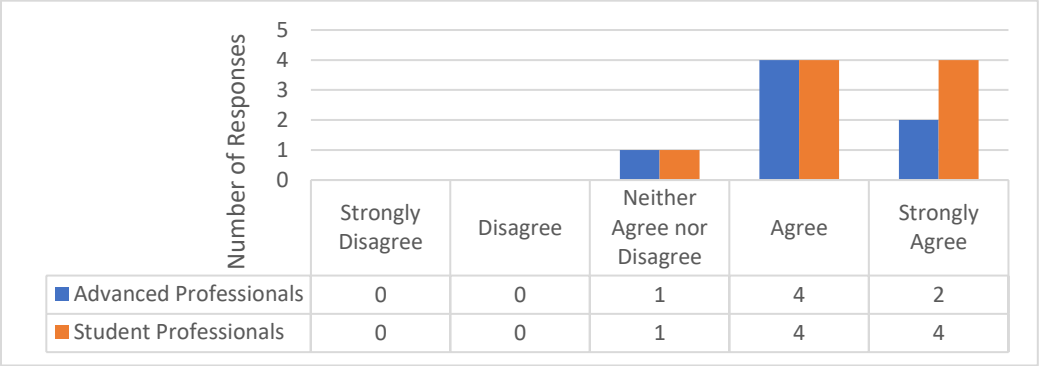
Evaluator Number	Number of years in the field	Highest level of Education
8	5	Bachelors
9	3	Bachelors
10	5.5	Bachelors
11	1.5	Bachelors
12	2	Bachelors
13	4.5	Bachelors
14	2	Bachelors
15	2	Bachelors
16	1	Masters (non-MT)

Figure 5: Evaluator Demographics

Results of Likert scale questions

The Likert scale evaluation questions asked the evaluator to indicate to what extent they agree or disagree with the ten statements regarding the wellness self-assessment after having completed the assessment. Each statement was also provided with a space to provide additional comments specific to that aspect of the assessment. The following charts describe the evaluators' responses to the 10 Likert scale questions. The charts are organized to differentiate between the responses of the advanced professional evaluators and the student professional evaluators. The responses include a total of 7 advanced professionals and 9 student professionals. Each chart is also followed by a table that displays that evaluators additional comments. If an evaluator did not provide a comment, they are not included in the table.

Question 1: The instructions for completing the assessment were clear.



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Advanced Professionals	0	0	1	4	2
Student Professionals	0	0	1	4	4

Chart 1: Results from Likert scale evaluation question #1

Evaluator Number	*Question 1 additional comments:*
1	The scale was a little confusing. Like anxiety-is left or right more or less?
3	Having no narrative description of each section allows the reviewer to interpret or misinterpret items. It is possible for therapists to have unrealistic expectations or skewed misperceptions of their personal life or work setting. When we are involved in unhealthy thinking or settings, we often make excuses or see things in this unhealthy perspective as normal/routine/ok or skewed overly negative. Perhaps having general guidelines or "healthy vs unhealthy" boundaries or definitions will alleviate this for clinicians.
4	Consider specifying the participant to use an "X" or whatever marking you prefer on the form. It may be beneficial to pare down the wording in the instructions (i.e. omit unnecessary/extra verbiage) to streamline for quick but clear understanding by the reader. Please note, this suggestion comes from an ADHD perspective and in no way reflects a negative perspective on the current wording.
9	It was mostly clear. I didn't totally understand using words of other marks. Some items could be clarified, e.g. what about my work space? Does my level of education qualify me for what? Can you describe or give example of stress mgt. resources?

Table 1: Additional comments for evaluation question #1

Of the 16 total evaluators, 50% agreed that the instructions for completing the assessment were clear, 37.5% strongly agreed, and 12.5% neither agreed nor disagreed. Based on the evaluators' additional comments, some of the instructions on how to complete the assessment were unclear at times. For the final version of the assessment, the feedback from these evaluators will be incorporated through additional instructions, rewording of items, and reformatting of the continuum scales.

In reference to Evaluator #3's comment, it would be difficult to remain neutral and accommodating to all music therapists' experiences if there were more specific narrative descriptions or expectations assigned to each of the categories. It will be important for the person completing the self-assessment to understand that their personal interpretations of their experiences are the essence of this self-assessment. There is no definitive "right or wrong" or "healthy or unhealthy" standard to which they are striving towards. Eva & Regehr (2005) state that rather than being confident that their students can accurately assess their overall ability, it is more valuable if they are able critically self-reflect on a specific moment in a specific situation. Therefore, the music therapist's personal perspective/experience of their work space, for example, is more critical and applicable to their sense of wellness than the actual reality of their work space. This assessment does not measure whether or not the work space is "good or bad," but rather how the person's perspective of that space is affecting their sense of wellness. It will be imperative that the assessor understands that aspect prior to completing this self-assessment.

Question 2: The format of the assessment is accessible and readable.

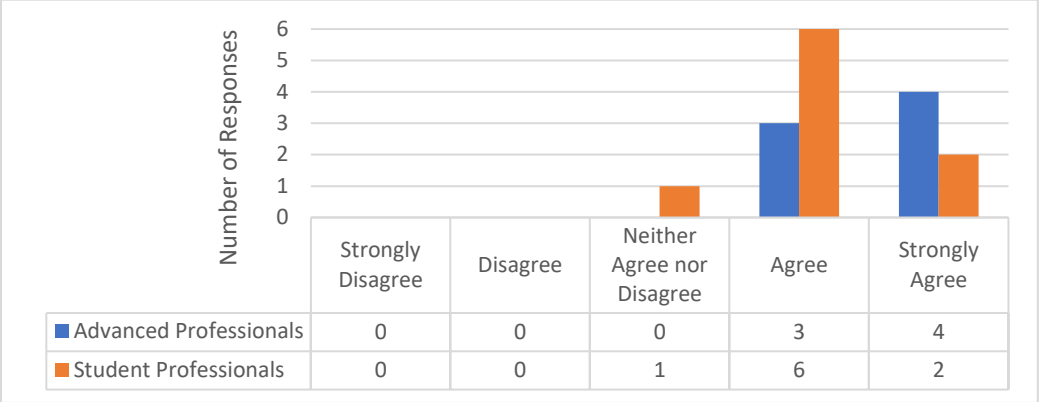


Chart 2: Results from Likert scale evaluation question #2

Evaluator Number	*Question 2 additional comments:*
8	The categories for continuum need to be darker because it is difficult to see.
9	Will there be an electronic version?
12	Yes-the boxes made it easy to read and complete. Descriptions of each section were clear.

Table 2: Additional comments for evaluation question #2

Nearly all of the evaluators (93.75%) felt that the self-assessment was accessible and easy to read. The comments suggest that the format was organized and clear. Evaluators #8 & #9 both received a printed copy of the self-assessment, rather than a PDF file, and therefore that may be the reason for the difficulty seeing some of the print. Additional formats, including electronic versions, will be considered for the future.

Question 3: The length of time it takes to complete the assessment is acceptable.

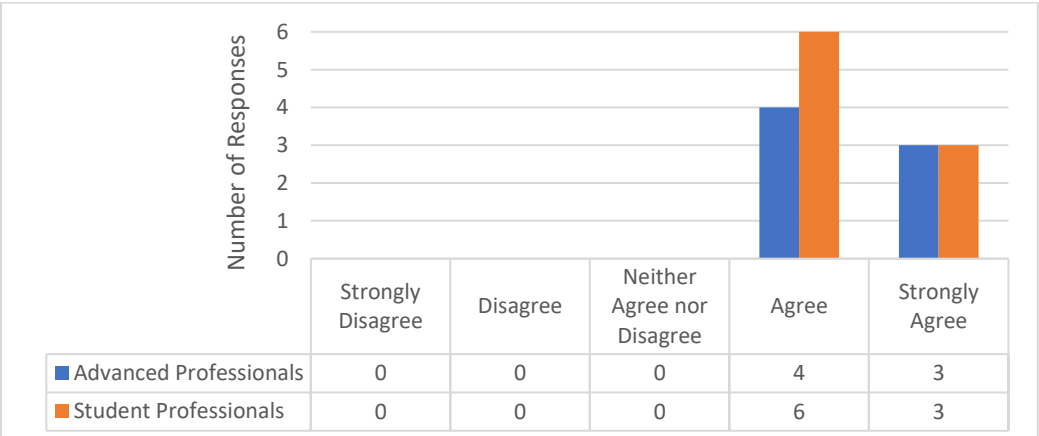


Chart 3: Results from Likert scale evaluation question #3

Evaluator Number	*Question 3 additional comments:*
4	Again, from an ADHD perspective, it took longer than current attention trends (in the media, for instance), but the topics were worth taking the time to include.
9	Took me 30-40 minutes.
10	Took me about 22 minutes
15	Good balance of rating & open-ended

Table 3: Additional comments for evaluation question #3

On average, the evaluators reported that the self-assessment took approximately 30 minutes to complete. All of the evaluators either agreed or strongly agreed that length of time to complete the self-assessment was appropriate. In the instructions for the final version of the assessment, the assessor will be encouraged to take their time completing the assessment so as to provide thorough and thoughtful responses. The assessor should feel free to take as much time as they need, and perhaps even complete the self-assessment in sections.

Question 4: The assessment is comprehensive, without being overwhelming.

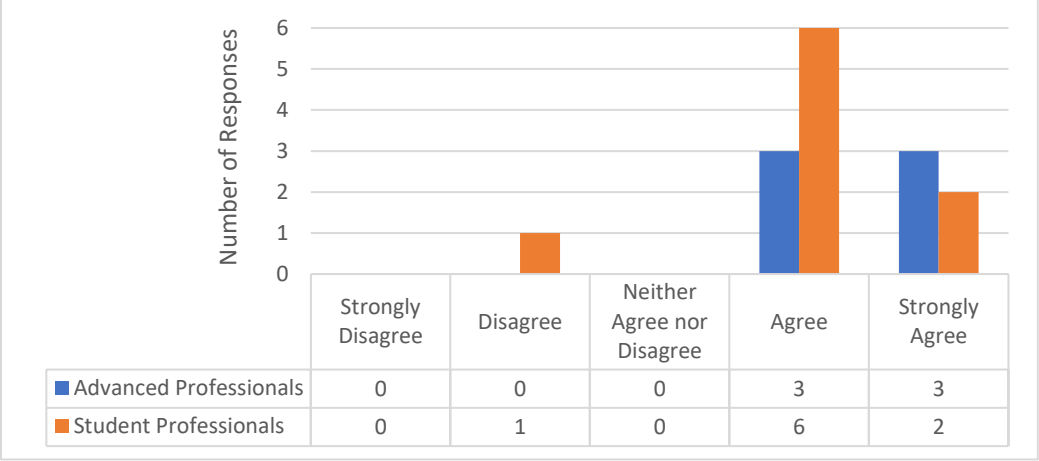


Chart 4: Results from Likert scale evaluation question #4

Evaluator Number	*Question 4 additional comments:*
3	Great categories and items for self-assessment!
4	I appreciate the coverage of all the personal and professional areas included. It helps bring awareness to the participant's whole self.
8	It was a little overwhelming because of the categories, the continuation education of level with masters, for example, was confusing. How is education defined?
10	As I completed it, it became easier.

Table 4: Additional comments for evaluation question #4

87.5% of the evaluators either agreed or strongly agreed that the assessment was comprehensive without being overwhelming. One professional evaluator did not make a

selection on the Likert scale. Although extensive, most evaluators felt that the number of categories and items covered a lot of territory, making for an overall complete self-assessment. Changes in wording, format, and instructions may make the assessment less overwhelming for some people.

Question 5: The continuum scales are beneficial.

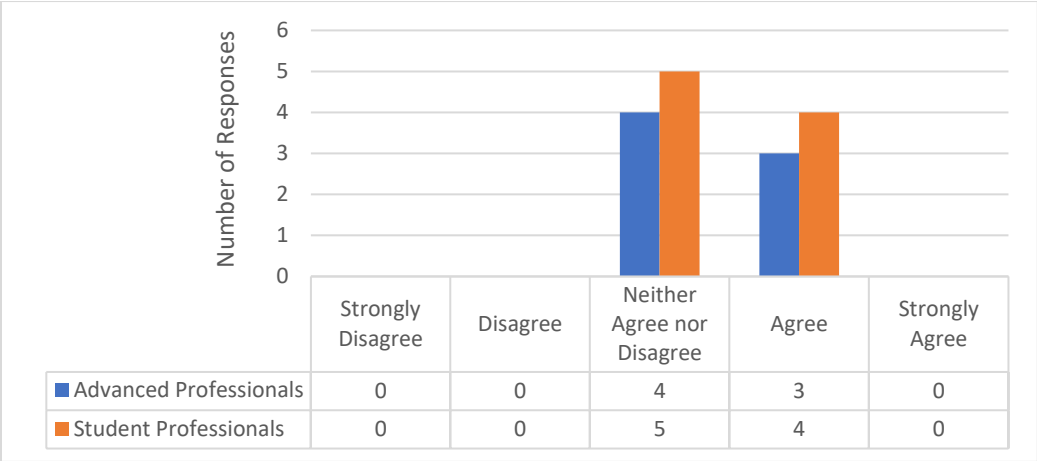


Chart 5: Results from Likert scale evaluation question #5

Evaluator Number	*Comments from question #5:*
3	See #1 – needs defined clarity. While vague ideas is good, it leaves room for misinterpretation of self.
4	I struggled to answer some of the items due to confusion about which direction from center was the most appropriate.
5	I struggled a bit with the continuum scale…and I know you discussed it in the instructions but I often had a hard time. In the instructions you mention that items too far to the right or the left would be areas that may need attention. However, if I believe my work supports me 110%, I felt weird marking it as "adequate"= 'average' instead of "excessive" = 'really great'. Or my office space is amazing, but marking excessive or adequate didn't feel right to me.
6	In terms of being user-friendly, I would prefer to use scales that are unhealthy at one end and healthy at the other, instead of both ends indicating "unhealthy."
7	Use of "excessive" seems inappropriate for questions/items
9	I got stuck in value judgements about extremes on the continuum as I answered because of the beginning description of extremes as "areas of improvement." Could that comment be at the end rather than the beginning? Or could an ending question be like, "what did you notice about your extreme low/high answers" like in the resilient practitioner book?
10	I understand them, but not typical bad --> good. Some of the words on the extremes made me second guess…"excessive?"
11	For some reason, I found the options to be limiting-many answers were in between the middle and either side… perhaps a line/scale to make instead of boxes would be more accommodating for the type/nature of this assessment.
15	Several sections I had to read it a couple times and felt a little confused by "excessive" and "insufficient" with prompts

Table 5: Additional comments from evaluation question #5

Out of the 16 evaluators, 43.75% agreed that the continuum scales were beneficial; while over half (56.25%) neither agreed nor disagreed, suggesting that the continuum scales needed revisited. Similarly, based on the number of additional comments for this question, compared to other questions, the continuum scales elicited the most confusion and/or discord for the evaluators. The problems with the continuum scales were not so much the scales themselves, but rather the wording and format of the scales. A more traditional continuum scale that has an "ideal" experience on one end and an "unacceptable" experience on the other may provide more clarity. Making this change and editing some of the wording on the continuum scales may make the scales more user-friendly. Interestingly, one evaluator felt limited by the boxes of the self-assessment and would have felt that a continuum line would be more appropriate. As I had originally conceptualized continuum lines rather than boxes, this feedback encouraged me to return to the idea of continuum lines.

Question 6: The self-reflection questions are beneficial.

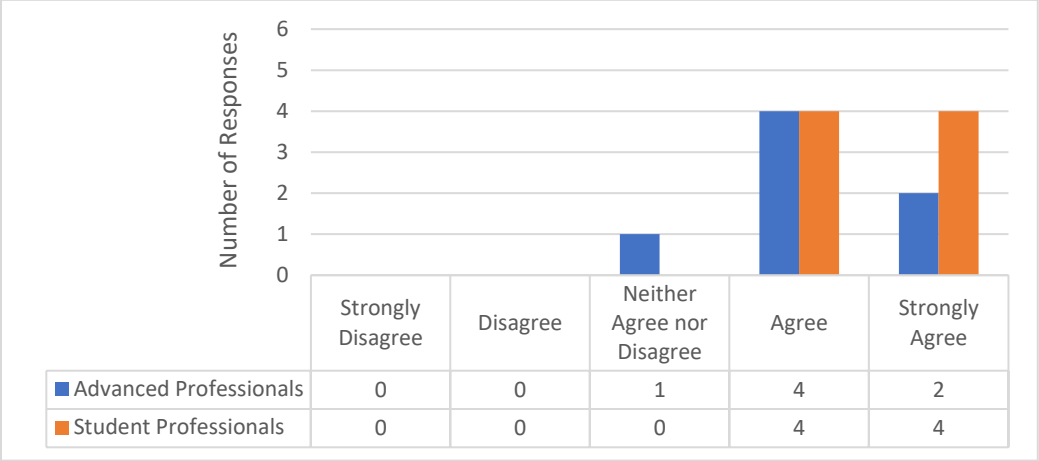


Chart 6: Results from Likert scale evaluation question #6

Evaluator Number	*Question 6 additional comments:*
3	Having a narrative of suggestions for what to do when things are in each question range may be beneficial for the clinician who is thinking in a rut or who cannot see out of a current situation.
4	Honest self-reflection can be difficult for helpers as they generally pay more attention to others than to themselves. While self-care is important, I would suggest including a few more questions specifically about self-compassion (self-kindness, self-acceptance, etc.).

5	It's a nice way to summarize what was marked above. Some of the items I didn't feel like they especially pertained to me, so I may have marked them low. Or maybe you could add a "does not apply". And some areas I was unclear as to how I could improve them, which felt even more difficult when I had to think about them. But, as you mention, that may be a great time to bring it up with my supervisor or do some peer supervision.
8	Nice to look back at what you choose and see where you are.
9	This opportunity for synthesis was the most helpful to me.
12	Yes-this further prompts the therapist to reflect critically and authentically
14	I liked that it asked which areas I feel are out of my control and encouraged me to reflect on how to change the things I can change (most things)

Table 6: Additional comments from evaluation question #6

50% of the evaluators agreed that the self-reflection questions in the assessment were beneficial, while 37.5% strongly agreed. Only one person neither agreed nor disagreed but did not leave a comment as to why. One student evaluator left a comment for this question without providing a Likert scale response. The majority of the comments suggest that the self-reflection portion of the assessment was a useful way to synthesize their results and critically reflect on themselves and their personal and professional lives. As suggested by a couple of the evaluators, suggestions and resources will be included in the Wellness Action Plan portion of the self-assessment to help guide the assessor in making positive changes and improvements.

Question 7: The wording on the assessment is easy to understand.

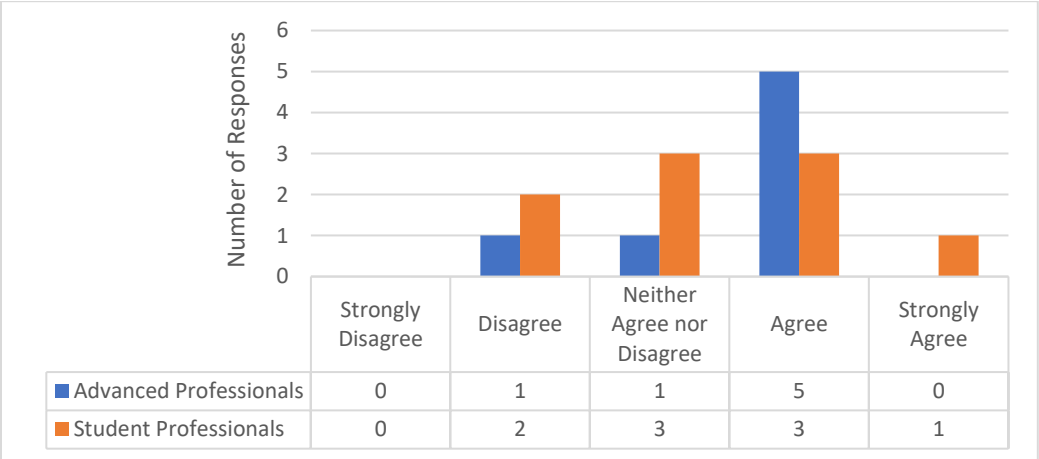


Chart 7: Results from Likert scale evaluation question #7

Evaluator Number	*Question 7 additional comments:*
5	There were a few items I had to think about what they meant, or how they pertained to my situation. (Degree of role ambiguity within organization/facility was one of them)
6	I found the meaning of "more than adequate" to be unclear. To me that means "extremely" healthy so I'm not sure why the end of the scale is "unhealthy." Perhaps the use of other words would be more appropriate. I

	realize the instructions state that users of the scale can substitute their own words but it would be nice to have clear words provided on the tool.
8	Sometimes it took me a while to think about it, but I understood.
9	Some descriptions in the continuum did not precisely fit the item. Some descriptions in the continuum sounded good/bad, e.g. when I wanted to say more than neutral as a good thing sometimes.
10	The scales threw me off a bit. Some of the upper extremes didn't make sense.
13	Sometimes I was unsure which aspect of my life to apply questions to. Additionally, as a MT with multiple jobs, it was hard to answer some questions. Things that were insufficient in one setting could be sufficient in another.
14	Confused about: 1) degree of role ambiguity within organization/facility; 2) opportunities for changes at work

Table 7: Additional comments for evaluation question #7

Again, wording on the continuum scales caused some confusion for the evaluators. While 50% agreed that the wording was easy to understand, 18.75% disagreed, and 25% neither agreed nor disagreed. The additional comments reiterated some of the confusion previously mentioned, which should be clarified once the scales are redesigned and wording is edited. Confusion over "role ambiguity" has surfaced a few times, and therefore will need clarification or reworded. In reference to Evaluator #13, an additional component will be added in the instructions that applies to music therapists with multiple jobs in multiple settings and how they may complete this assessment so that it best fits their needs.

Question 8: The wording on the assessment is unbiased.

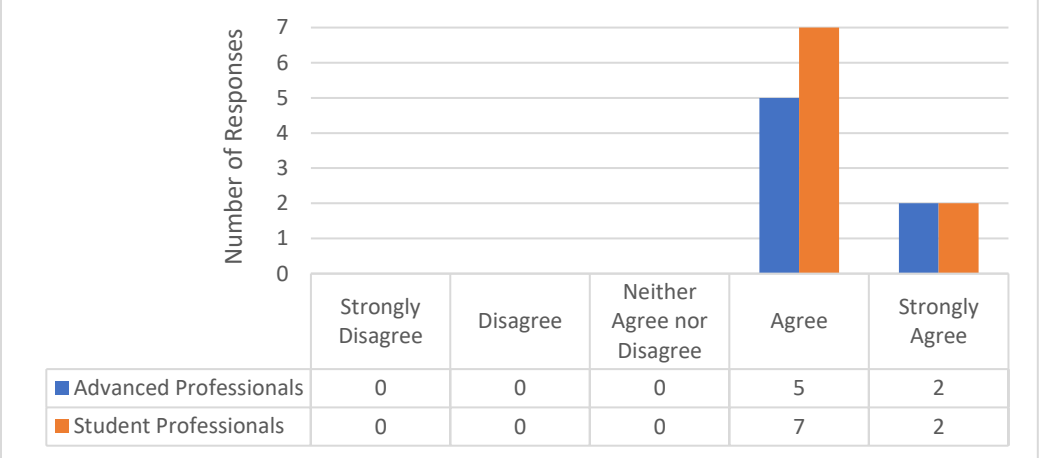


Chart 8: Results from Likert scale evaluation question #8

Evaluator Number	*Question 8 additional comments:*
5	I thought you did a really great job of pulling out specific concepts and making them neutral!
9	Everything is biased… but nothing here offended me or made me feel erased.
10	I felt conflicted answering the question about security/safety. I work in areas of high crime. Felt off saying "insufficient"-almost judgmental

Table 8: Additional comments for evaluation question #8

A sweeping 75% of the evaluators agreed that the wording on the assessment was unbiased, with an additional 25% strongly agreeing. A couple comments reminded this author that all words hold some degree of bias, regardless of the extensive efforts to remain neutral and objective. It will be important for future assessors to be mindful of the unavoidable bias that went into designing and developing this self-assessment and to be critically reflexive when completing it.

Question 9: The assessment measures what it intends to measure.

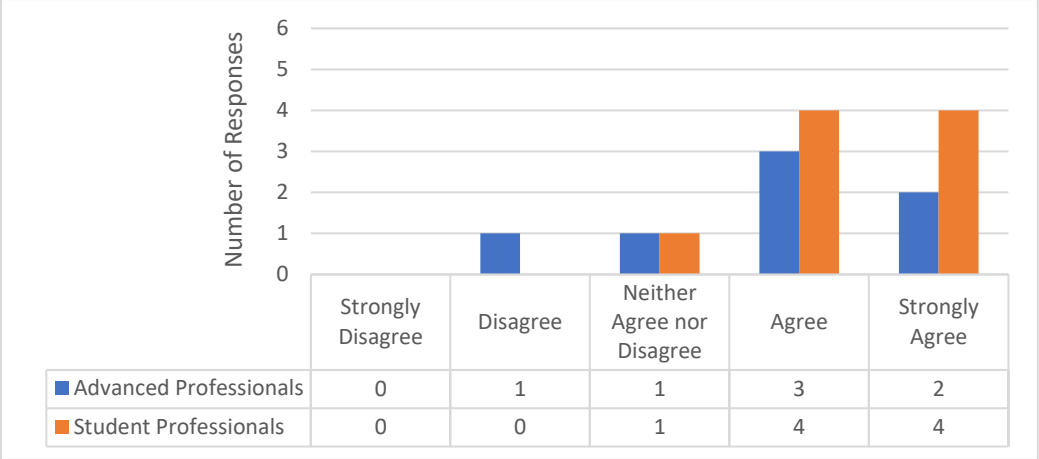


Chart 9: Results from Likert scale evaluation question #9

Evaluator Number	*Question 9 additional comments:*
5	I don't think it's really 'measuring' anything…there is no scoring. It's a nice way to think about factors that can contribute to burnout, especially when the general population of music therapists does not have this type of insight. However I was kind of hoping for some sort of scale to determine how burned out I am…it would be interesting to see how that changes over time. I see this as a great first step for conversations and to help music therapists identify areas that contribute to professional burnout. Acknowledging that burnout is real and there are many factors that are controllable is very important
9	What does it intend to measure? Is measurement the idea? I liked that there weren't totals being "measured."

Table 9: Additional comments from evaluation question #9

In hindsight, the word “measure” may not have been the best word choice to use on this particular question. While 81.25% of the evaluators agreed or strongly agreed that the assessment did what it was intended to do, it appears that some of the evaluators were disconcerted by the word “measure” and rated this question accordingly. As mentioned

previously, this assessment does not intend to "measure" anything, but rather inspire self-reflection and self-awareness. Should an assessor be interested in a particular "score," which may be helpful in comparing scores in the future, they may be inclined to create a number scoring chart that correlates with the continuum scales. However, because this is not the intention or nature of this particular assessment, scoring or measuring will not be a change or addition made.

Question 10: The assessment is a useful resource for practicing music therapists.

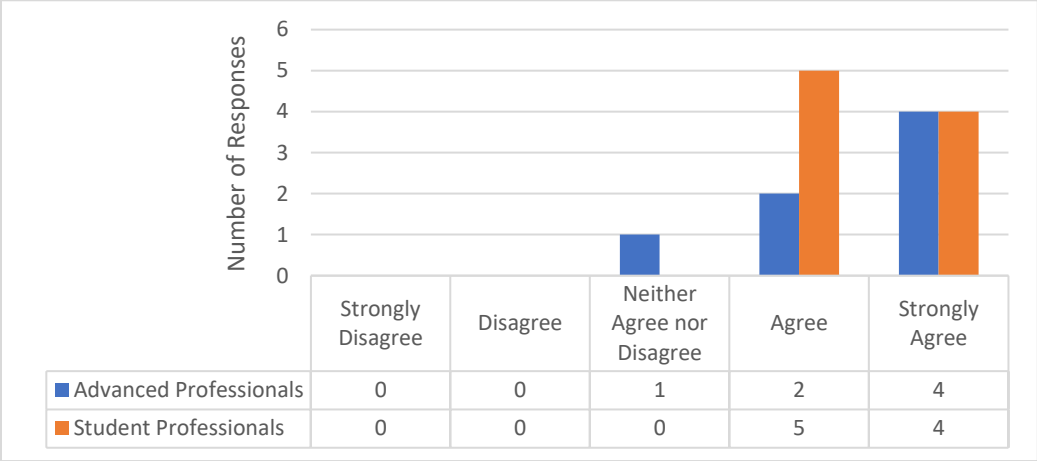


Chart 10: Results from Likert scale evaluation question #10

Evaluator Number	*Question 10 additional comments:*
6	This assessment is useful for music therapists, music therapy interns, and music therapy students.
8	This is really useful and should be taken many times throughout your life.
9	I could imagine giving this to my coworkers/supervisees
10	Covers a wide group of topics/items.
12	This should be required for all therapists to take within a certain time frame (every year, every 5 years, etc.)
14	Assess many areas specific to MT that other burnout assessments might not

Table 10: Additional comments for evaluation question #10

A total of 83.75% of the evaluators either agreed or strongly agreed that the assessment would be a useful tool for music therapists. Only one person indicated that they neither agreed nor disagreed and did not leave a comment as to why. The additional comments provided ways in which the tool would be useful, including to whom and how often it should be administered. Particularly notable was the comment that identified that this wellness self-assessment would

address many areas specific to music therapy that other burnout assessments might not, which was the main intention of the development of this assessment.

Results of open-ended questions

The evaluation of the Wellness Self-Assessment for Music Therapists also included two open-ended questions. These questions were: 1) *In what ways could this assessment be improved?* and 2) *In what ways do you imagine this self-assessment tool being used?* Appendix E is a table that displays each evaluators' responses to these questions.

There were five reoccurring themes that surfaced in the responses for the "ways to improve the self-assessment" question. These themes included: 1) confusion over specific and general wording; 2) confusion over the scale direction and wording; 3) making the continuum scale a line rather than boxes; 4) having a "not applicable" option; 5) adding suggestions on ways/steps to make improvements in the Wellness Action Plan section. Because of the reoccurring nature of these comments, both in the open-ended and in the Likert scale questions, these themes were cause for changes to be made to the Wellness Self-Assessment for Music Therapists. The comment regarding music therapists who work for multiple locations/facilities inspired an additional instruction to be included in the guidelines for completing the self-assessment.

The evaluators identified multiple uses for the Wellness Self-Assessment for Music Therapists. Several felt that it would be a useful tool to bring into professional music therapy supervision. Administering the assessment with interns and students was mentioned multiple times. Several evaluators felt that completing the assessment at regular intervals, whether annually or with every 5-year re-certification, would be useful to music therapists. The graduate students particularly felt that the self-assessment would be helpful at this stage of their career, as

many of them are within their first few years of professional practice. Additional uses that were mentioned included using the assessment for future research on burnout and music therapists and incorporating the assessment into music therapy curriculum.

Changes made based on the results

The results of the both the Likert scale and open-ended questions were thoroughly examined and considered when making changes to the Wellness Self-Assessment for Music Therapists. The changes that were made to the final version of the assessment include:

1. The reformatting of the continuum scale boxes into more of a continuum line. This change invites participants to make a selection that falls somewhere in between, rather than feeling like they have to choose a specific box.
2. The direction of the continuum scale. The original design was to have the most balanced selection in the center, with extreme polarities on the outsides. However, this design was confusing to many and occasionally caused uncertainty regarding wording and what selection to make. Therefore, the continuum has been changed to a more traditional format with the "inadequate/excessive" selection on the left, "adequate" in the middle, and "ideal" on the far right.
3. Wording. Some of the continuum words and directional statements before the categories were changed to be more nuanced and provide clarity. For the specific items that caused repeated confusion, the following changes were made:
    1. "Excessive" has been removed from many of the categories; however, it still remains in some because sometimes having "too much" of something can cause distress in one's personal and professional wellness. In the sections where it remains, it is on the far left side of the continuum and is written as

"insufficient *or* excessive." This change communicates to the assessor that both "too little" and "too much" of something can be detrimental to one's health.

2. The term “role ambiguity” created confusion for several evaluators. There is not space in the assessment to provide a definition for this term; therefore, it has been changed to “clarity of job responsibilities.”

4. The addition of a statement in the self-reflection questions asking the participant to reflect on areas that are positively contributing to their sense of wellness and that should be maintained. The original self-reflection questions only asked the assessor to reflect on areas that they feel are negatively affecting their sense of wellness.
5. More useful step-by-step resources were incorporated into the “Wellness Action Plan” section of the self-assessment. These steps were adapted from the self-care action plans found in *Resilience Over Burnout: A Self-Care Guide for Music Therapists* (Kunimura, 2016, pp. 51-57) and *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions* (Skovholt & Trotter-Mathison, 2016, pp. 258-270).
6. A more in-depth instructional page was created to provide a more thorough explanation of the assessment, its intention, and ways to complete it. It has been designed based on some of the questions and misunderstandings that a few evaluators had while completing the assessment. The *Guidelines for Completing the Wellness Self-assessment for Music Therapists* can be found in Appendix F.

The updated final version of the *Wellness Self-Assessment for Music Therapists* can be found in Appendix G.

Discussion

The developmental stages of this thesis project answered the question: *what might a comprehensive, accessible, holistic, reflective wellness self-assessment specifically designed for music therapists look like?* The evaluation stage of the assessment helped to identify changes that needed to be made in order to make the assessment more accessible, more accommodating, and more easily understood. During this stage, the evaluators also provided insightful and valuable comments that highlight the strengths of the tool and answered the question: *in what ways might a self-reflective wellness self-assessment tool be useful for music therapists*?

With the exception of one, all evaluators agreed or strongly agreed that the Wellness Self-Assessment for Music Therapists would be a useful resource for practicing music therapists. The evaluator who did not agree selected "neither agree nor disagree" and did not provide a reason as to why. Several uses of the assessment were identified and suggested by the evaluators, including: bringing results into individual, group, or peer supervision; administering it to interns and students; completing it at regular intervals (i.e. 5-year re-certification); using it for future research on music therapy burnout; and incorporating it into the music therapy curriculum. The evaluators also identified that the strengths of the assessment were that it is specific to the field of music therapy, it is holistic and comprehensive, and it inspires critical and valuable self-reflection. The following section further describes these strengths and potential uses of the Wellness Self-Assessment for Music Therapists, as well as highlights the limitations and considerations to be examined for the future.

Bringing assessment results into supervision provides music therapists with support and resources in identifying ways to change and/or maintain areas of their personal and professional wellness. One evaluator stated that *"some areas I was unclear as to how I could improve them,*

which felt even more difficult when I had to think about them. But, as you mention, that may be a great time to bring it up with my supervisor or do some peer supervision." The intention of this self-assessment, including the wellness action plan at the end of it, is not to provide answers, but to inspire critical self-reflection and awareness. When self-reflection and self-awareness are incorporated into professional supervision, a more ethical, competent, and overall well therapist will emerge (Baker, 2003; Cummings, Massey, & Jones, 2011; Dileo, 2000; Venart, Vassos, & Pitcher-Heft, 2007).

As with most things, when a therapist regularly practices self-reflection and self-awareness, it becomes more routine and organic. In the case of both professional music therapists and student music therapists, the evaluators suggested that participating in the self-assessment would not only help one practice skills in self-assessing and self-reflecting, but also would promote discussion on the topic of burnout and self-care within the field. Evaluator #16 states, "*I hope it gets used for students and early professionals, especially so that we/they can start off on the healthiest track possible in terms of self-care and practitioner burnout/etc. This is too under-taught in the helping professionals and society in general."* This comment strongly aligns with the research that indicates very few entry level professional music therapists are explicitly educated on burnout prevention, warning signs, and remediation in their undergraduate studies (Chang, 2014). This is unfortunate as the research also indicates that entry level professionals are most at-risk for burnout (Clements-Cortes, 2013; Richardson-Delgado, 2006; Vega, 2010), possibly because they were not provided with the specific education and resources about it. Incorporating and adapting this self-assessment for undergraduate curriculum and internships would start this conversation early and possibly work as a preventative measure for burnout.

Retaking the assessment throughout one's career could also prove as valuable because a person and their environment is constantly evolving (Barnett et al., 2007). Overlooking changes in one's environment and in oneself can, overtime, cause a depletion of wellbeing and a loss of identity in the therapist. Evaluator #3 and #4 state, respectively, *"we do not focus on ourselves enough and need to remember this as we work, no matter how experienced or novice in our profession and lives"* and *"honest self-reflection can be difficult for helpers as they generally pay more attention to others than to themselves."* These comments support the insights of Skovholt and Trotter-Mathison (2016) who state that therapists are often other-focused and do not pay enough attention to their own needs. Therefore, engaging in a self-reflective self-assessment at regular intervals, such as every 5-year re-certification cycle, could not only help the therapist identify areas that are at-risk for burnout, but could also help identify patterns of behaviors, common pitfalls, and trends in their personal and professional lives, and ultimately gain better awareness into burnout prevention.

Engaging in a self-reflective self-assessment that is holistic and comprehensive in nature is necessary in gaining this awareness and understanding of the whole person as a therapist. The Wellness Self-Assessment for Music Therapists does this by addressing multiple areas of one's personal and professional lives. Evaluator #4 stated that the categories and subcategories that made up the assessment *"helped bring awareness to the participant's whole self."* Additionally, the design of the self-assessment which included both continuum scale ratings and open-ended reflection questions "*provided a good balance"* for self-reflection. This aligns with the Myers, Sweeney, & Witmer (2000) definition of wellness as a holistic integration of a person's mind, body, spirit, and contextual factors, and the work of Els & DE La Rey (2006) who incorporate a systemic perspective into their holistic wellness model. By exploring the workload,

environment, relationships, clinical experiences, and attitudes of the therapist's professional self, and the physical, emotional, spiritual, social, musical, and contextual aspects of the therapist's personal self, the Wellness Self-Assessment for Music Therapists adopts a holistic, systemic, and comprehensive approach to music therapist wellness.

One of the most prominent strengths of this tool is its uniqueness to the field. Evaluator #14 specifically stated that this assessment addresses *"many areas specific to music therapy that other burnout assessments might not."* As the research suggests, music therapists experience burnout differently than other helping professions (Bybee, 2017; Chang, 2014; Clements-Cortes, 2006; Kim, Jeong, & Ko, 2013; Rykov, 2001; Swezey, 2013; Vega, 2010). Whether that is due to the emotional intimacy created by music in the therapeutic space (Clements-Cortes, 2006; Rykov, 2001) or to the personality factors common among music therapists (Vega, 2010), having a resource that encourages reflection of these specific areas is critical in the maintenance of the therapist's personal and professional self. While other non-music therapy burnout assessments exist and would be helpful for music therapists (Roscoe, 2009), many of these assessments would be generalized to all helping professionals and not address the specific areas that music therapists often experience.

Additionally, other burnout assessments are intended to measure whether or not a person is experiencing burnout. While this could be an end result of the Wellness Self-Assessment for Music Therapists, this is not its intention. The intention is to inspire critical self-reflection of the music therapist's own personal and professional sense of wellbeing. The evaluators supported this intention in their comments regarding the reflection questions on the assessment, stating *"this opportunity for synthesis was the most helpful to me"* and *"this further prompts the therapist to reflect critically and authentically."* This opportunity for self-reflection is more

useful and valuable than a number or score one might receive on a typical burnout assessment (Baker, 2003; Dileo, 2000; Urdang, 2010; Venart, Vassos, & Pitcher-Heft, 2007).

Limitations and Future considerations

First and foremost, it should be explicitly stated that at this stage of development, the Wellness Self-Assessment for Music Therapists is not a validated tool and therefore cannot be used for future research or diagnostic purposes. The tool has not been tested for validity and reliability and at this time is meant to only be a resource for personal use. However, further analysis, using a more expansive pool of music therapists, and controlled studies may be explored in the future to make the tool a more valid and reliable resource.

Also, at this stage of development, the evaluators represented a small sliver of the music therapist population. Changes made and implications considered were based on the small number of evaluators that were hand-picked by me in consultation with my advisor. Although I did not personally know any of the evaluators, I knew their work and had a general understanding of their philosophy regarding the topic. Administering the assessment and evaluation questions to a more randomized group of the music therapists would have provided different responses that may or may not have affected that outcome of the final version of the assessment. This may be considered for future development of the assessment. Furthermore, the topic of burnout in music therapy has been and will continue to be an ongoing topic of research in the profession. As new research emerges, the wellness self-assessment for music therapists may need to be updated and/or revised to accommodate new insights and information relevant to today's music therapist.

In the final version of the Wellness Self-Assessment for Music Therapists, there was some missed opportunity to reflect more on one's relationship with their sociocultural identities,

how they intersect with their systemic environments, and how that may play a role in the music therapist's sense of wellness. Authors have stated the importance of exploring the roles of contextual and environmental elements in a person's sense of self (Els & De La Rey, 2006; Myers & Sweeney, 2004). While this is briefly touched on in "Environment/Ecological" sections of this assessment, there is room for this to be explored more in-depth. The work of Beer (2015), Bybee (2017), and So (2017) are critically helpful resources that explore how one's cultural identities and relationship with their cultural environments impacts a music therapist's sense of personal and professional accomplishment. These resources, along with my social justice focused MMT program, inspired the addition of the Environment/Ecological sections of the assessment. However, my privilege as a white, heterosexual, non-disabled therapist of middle-class socioeconomic status continues to contribute to a limited understanding of these areas. As a holder of privilege in many of these areas, I failed to spend adequate time reflecting on how my own sociocultural identities contribute to my own sense of wellness; and therefore, I had a narrow idea of how to incorporate these aspects thoroughly into the assessment. As it stands currently, the Wellness Self-Assessment for Music Therapists is already a lengthy and extensive document. While more items could be included to more thoroughly reflect on sociocultural issues, the complexity of these issues is so expansive that it may be more beneficial to develop an assessment that solely focuses on these areas.

Not only did my personal cultural identities play a role in the bias in this assessment, but my personal relationship with burnout also contributed to the bias that was present throughout this process. Although I was cognizant and mindful of these potential biases, they were still prevalent at times, despite my efforts to minimize them. The inspiration for developing this assessment, the information I extracted from the research, the way I organized the information,

and the specific wording that I chose on the assessment all came from my personal experiences with burnout. I believe that basing the assessment on pre-existing research helped to minimize personal bias and influence. I also believe that the collaborative involvement with my advisor, cohort, thesis committee, advanced professionals, and graduate student professionals helped to neutralize and generalize the wording and design of the original assessment. However, because of my personal relationship with burnout and location within this research, it is likely that my personal bias is still prevalent throughout it.

Conclusion

The purpose of this thesis was to develop a resource for music therapists that encourages them to reflect on areas of their personal and professional lives that may be positively or negatively contributing to their sense of wellness. The rationale for the development of this tool was that 1) awareness and management of burnout and clinical wellness is an ethical issue in our field, and 2) no other tool which encourages self-reflection on therapist burnout exists in the music therapy field. In an effort to create a unique resource that was relevant to the uniqueness of the profession, the *Wellness Self-Assessment for Music Therapists* was based on pre-existing music therapy research and literature specific to music therapists and their experiences of burnout, burnout prevention, and burnout remediation. This self-assessment was also designed and evaluated by music therapists, thus further grounding its roots within the field of music therapy. The *Wellness Self-Assessment for Music Therapists* not only serves as a springboard for self-care and effective practice, but also promotes overall clinician health, thus preserving our field and our positions within the professional community.

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Appendix A:

Themes identified in music therapy literature regarding burnout and wellness

Professional Factors

Workload

- Expected to complete non-music therapy duties as a regular part your job (Bybee, 2017; Kim, Jeong, & Ko, 2013; Kim, 2016; Oppenheim, 1987; Richardson-Delgado, 2006)
- Work hours (Bae, 2011; Clements-Cortes, 2006)
- Number of clients/groups per day (Berry, 2017; Kim, Jeong, & Ko, 2013)
- Number of clients in a group session (Berry, 2017)
- Amount of paperwork (Berry, 2017; Bybee, 2017; Kim, Jeong, & Ko, 2013)
- Amount of time to complete work duties (paperwork, assessments, sessions, meetings, etc.) (Bae, 2011; Bybee, 2017; Clements-Cortes, 2013; Kim, Jeong, & Ko, 2013; Richardson-Delgado, 2006)
- Multiple roles/role ambiguity (Chang, 2014; Clements-Cortes-2013; Swezey, 2013)
- Lack of resources to effectively complete your job (Clements-Cortes, 2013; Richardson-Delgado, 2006)
- Work space (physical environment, interruptions, etc.) (Bybee, 2017; Clements-Cortes, 2006; Kim, Jeong, & Ko, 2013)
- Limited breaks/vacations/taking time off (Chang, 2014; Clements-Cortes-2006)
- Lack of control over scheduling and/or work tasks (Kim, Jeong, & Ko, 2013; Kim, 2016)

Environmental/Ecological

- Co-workers' understanding of and attitude towards music therapy (Bybee, 2017; Chang, 2014; Clements-Cortes, 2006 & 2013; Kim, 2012; Richardson-Delgado, 2006)
- Advocacy of music therapy in your workplace (Bybee, 2017; Clements-Cortes, 2006)
- Others' recognition of your music therapy education & experience (Clements-Cortes, 2013)
- Role & value of music therapy in your facility/organization (Bybee, 2017; Clements-Cortes, 2006; Kim, Jeong, & Ko, 2013)
- Compensation/reimbursement for your work load & skill level (Bae, 2011; Bybee, 2017; Chang, 2014; Clements-Cortes, 2013; Decuir & Vega, 2010; Kim, Jeong, & Ko, 2013; Oppenheim, 1987; Richardson-Delgado 2006)
- Your work commute (Kim, Jeong, & Ko 2013)
- Physical & emotional safety (Berry, 2017; Kim, 2016)
- Alignment of personal therapeutic approach/philosophy with workplace & co-workers (Allen, 1992; Berry, 2017; Clements-Cortes, 2006)
- Opportunity for advancement and/or achievement towards professional goals (Bybee, 2017; Clements-Cortes, 2013; Decuir & Vega 2010)
- Opportunity for clinical and musical skill growth (Kim, Jeong, & Ko, 2013)
- Job security (Bybee, 2017; Kim, Jeong, & Ko, 2013)
- Job opportunities to work with desired setting/population/methodology (Berry, 2017)
- Acknowledgement and respect of personal cultural identities in your workplace (Beer, 2015; So, 2017)
- Alignment of personal cultural values with your work environment (Beer, 2015; So, 2017)
- Opportunities/ability to make changes at work (Chang, 2014)
- Oppression and/or marginalization in the work place (Bybee, 2017)

Supports, Networking

Respect, understanding, & acknowledgment from your administration (Clements-Cortes, 2006; Kim, 2016; Oppenheim, 1987; Richardson-Delgado, 2006)

Respect, understanding, & acknowledgment from your work supervisor (Bybee, 2017)

Relationships with your co-workers (Bae, 2011; Fowler, 2006)

Professional, clinical music therapy supervision (Allen, 1992; Kim, 2012; Kim, Jeong, & Ko, 2013; Sutton, 2002; Swezey, 2013)

Collaboration with other creative arts therapists in your work setting (Sutton, 2002)

Collaboration with the multidisciplinary team in your work setting (Chang, 2014; Hills, Norman, & Forster, 2000; Rykov, 2001)

Isolation and/or misunderstanding of music therapy in your work setting (Bybee, 2017; Clements-Cortes, 2013; Kim, Jeong, & Ko, 2013; Rykov, 2001; Swezey, 2013)

Sense of belonging/involvement in your professional organization (i.e. AMTA) (Bybee, 2017; Kim, 2012)

Sense of belonging/involvement in regional and national music therapy conferences (Fowler, 2006; Kim, Jeong, & Ko, 2013)

Music therapy peer support (Allen, 1992; Kim, 2012; Kim, Jeong, & Ko 2013; Swezey 2013;)

Advocacy for employee wellness in your workplace (Hills, Norman, & Forster, 2000)

Experience, Education

Your current degree level (Richardson-Delgado, 2006)

Years of your clinical work experience (Clements-Cortes, 2013; Kim, 2012; Vega, 2010)

Your training in advanced competencies (Clements-Cortes, 2006; Richardson-Delgado, 2006)

Your training for a specific population/setting (Clements-Cortes, 2006; Richardson-Delgado, 2006)

Competency in your most used methods/techniques (Berry, 2017; Clements-Cortes, 2006; Richardson-Delgado, 2006)

Education on burnout symptoms & self-care as part of your clinical training (Beer, 2015; Chang, 2014)

Amount and intensity of your clinical training program (Chang, 2014)

Formalized training in professional non-music therapy skills (i.e. communication, networking, time management) (Bae, 2011; Clements-Cortes, 2013; Kim, 2012)

Sensitivity and/or responsiveness to your cultural identities in your training (Beer, 2015)

Self-awareness and self-reflection experiences as part of your clinical training (Beer, 2015)

Performance anxiety (Rykov, 2001)

Attitude, Job Satisfaction

Self-motivation (Clements-Cortes, 2013)

Commitment to clients/setting (Clements-Cortes, 2013)

Attitude towards clients, work situations, experiences (Clements-Cortes, 2013; Swezey, 2013)

Assessment and handling of stressful situations (Fowler, 2006)

Emotional exhaustion (Clements-Cortes, 2006)

Feelings of accomplishment and value (Clements-Cortes, 2006; Fowler, 2006; Kim, 2012; Richardson-Delgado, 2006)

Job satisfaction/work enjoyment/intrinsic rewards (Fowler, 2006; Kim, 2012; Richardson-Delgado, 2006)

Levels of energy (Kim, Jeong, & Ko, 2013)

Levels of creativity (Allen, 1992; Kim, Jeong, & Ko, 2013)

Clinical

- Attachment towards clients (Berry, 2017; Clements-Cortes, 2006 & 2013; Swezey, 2013; Vega, 2010)
- Compassion towards clients (Berry, 2017; Clements-Cortes, 2006 & 2013; Swezey, 2013; Vega, 2010)
- Presence in therapeutic interactions (Berry, 2017; Clements-Cortes, 2006 & 2013; Swezey, 2013; Vega, 2010)
- Conflict with clients (Bae, 2011; Beer, 2015, Clements-Cortes, 2006)
- Conflict with family members (Clements-Cortes, 2006)
- Understanding/training in dealing with countertransference issues (Clements-Cortes, 2006)
- Feelings of helplessness in clinical situations (Clements-Cortes, 2006)
- Growth and positive change in clients/therapeutic relationship (Decuir & Vega, 2010)
- Rewarding musical interactions with clients (Kim, Jeong, & Ko, 2013)

Personal Factors

Physical

- Ability to identify physical symptoms of stress/burnout (Chang, 2014)
- Ability to assert & pursue your physical needs (Chang, 2014)
- Engagement in regular exercise habits (Bae, 2011; Clements-Cortes, 2008 & 2013; Fowler, 2006)
- Nutrition and eating habits (Clements-Cortes, 2008 & 2013; Fowler, 2006)
- Sleeping habits (Fowler, 2006)
- Regular, physical relaxation exercises (Swezey, 2013)
- Access to resources to manage stress (Bae, 2011)

Emotional/Psychological

- Capacity for self-awareness/reflection/insight (Chang, 2014; Kim, Jeong, & Ko 2013; Sutton, 2002; Swezey, 2013)
- Ability to identify emotional & psychological symptoms (Chang, 2014)
- Ability to assert & pursue emotional & psychological needs (Chang, 2014)
- Resources & coping strategies to work through stress and countertransferences (Bae, 2011; Fowler, 2006; Rykov, 2001)
- Regular, emotional self-care practices: journaling, relaxation techniques, etc. (Bae, 2011; Berry, 2017; Clements-Cortes, 2013; Richardson-Delgado, 2006; Swezey, 2013)
- General attitude (Fowler, 2006)
- Balance between work & personal life (Clements-Cortes, 2006; Trondalen, 2016)
- Problem solving skills (Bae, 2011)
- Confidence levels (Kim, Jeong, & Ko, 2013)
- Feelings of vulnerability & self-doubt (Beer, 2015)
- Relationship with self, self-acceptance (Beer, 2015)
- Attitude towards and/or participation in personal therapy (So, 2017; Sutton, 2002; Swezey, 2013)

Spiritual

- Ability to identify your spiritual needs (Chang, 2014)
- Ability to assert & pursue your spiritual needs (Chang, 2014)
- Engagement in regular prayer, mediation, centering, grounding practices (Clements-Cortes, 2006; Richardson-Delgado, 2006)
- Spiritual connection to music (Decuir & Vega, 2010)

Relationship with Music

- Using music as self-care (Bae, 2011; Chang, 2014; Clements-Cortes, 2006; Davis, 2013; Richardson-Delgado, 2006; Trondalen, 2016)
- Using music for self-discovery/self-reflection/self-exploration (Hesser, 2001; Iliya, 2014; Trondalen, 2016)
- Engagement in the arts outside of work (Brown, 2008; Davis, 2013; Fowler, 2006; Iliya, 2014)
- Regular active music-making for fun (Hesser, 2001; Swezey 2013)
- Regular music listening, music-assisted relaxation (Bae, 2011; Swezey 2013)
- Participation in musical group experiences outside of professional work (Hesser, 2001; Iliya 2014)
- Development & expansion of skills & repertoire on major instrument (Hesser, 2001)
- Learning to play new instruments (Hesser, 2001)
- Participation in music therapy as a client (Hesser, 2001; Iliya, 2014; Swezey, 2013)
- Utilization of music in music therapy supervision (Hesser, 2001)
- Exploration of personal growth & development through music with colleagues (Hesser, 2001)
- Engagement in activities that increase your passion for music (Davis, 2013)
- Engagement in activities that promote artistic & professional musical growth (Davis, 2013)

Supports

- Spending time with partner/family/friends (Clements-Cortes, 2006; Richardson-Delgado 2006; Swezey, 2013)
- Family & friends' understanding of your profession (Beer, 2015)
- Access to a supportive network of people to talk & share experiences (Bae, 2011; Clements-Cortes, 2013; Fowler, 2006; Kim, Jeong, & Ko, 2013; Richardson-Delgado 2006)
- Seeking professional help when needed (Chang, 2014)

Personality Factors

- Alignment of your ideal self & your clinical work (Clements-Cortes, 2013)
- Your artistic qualities (i.e. expressiveness, creativity, originality) (Orkibi, 2016)
- Your inclination for socialization (Orkibi, 2016; Steele & Young, 2008 & 2011; Vega, 2010)
- Self-confidence (Vega, 2010)
- Flexibility (Kim, Jeong, & Ko, 2013)
- Anxiety, insecurity, self-doubt (Beer, 2015; Vega, 2010)
- Reliance/dependence on self (Beer, 2015)
- Reliance/dependence on others (Beer, 2015)
- Sense of and formation of personal identity (Beer, 2015)
- Your inclination for self-expression (communication, emotional expression) (Beer, 2015; Orkibi, 2016)
- Compassion for self (Rushing, 2017)
- Compassion for others (Rushing, 2017)
- Sense of humor (Swezey, 2013)

Environmental/Cultural

- Experiences of oppression, marginalization, microaggressions (Beer, 2015; Bybee, 2017)
- Acculturation to your environment (Beer, 2015)
- Congruence of personal and environmental characteristics/values (Orkibi 2016)

Appendix B: Evaluation Tool

After completing the Wellness Self-Assessment for Music Therapists, please indicate to what extent you agree or disagree with each of the following statements. A space for additional comments is provided for each statement. Evaluation responses will remain anonymous and may be included in the results and discussion sections of the final thesis. Please return the evaluation to Janelle Chambers, jpc1588@sru.edu, no later than **_____**.

Demographics: How many years have you been in the music therapy field? _____
What is your highest level of education? _____

1. The instructions for completing the assessment were clear.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

2. The format of the assessment is accessible and readable.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

3. The length of time it takes to complete the assessment is acceptable.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

4. The assessment is comprehensive, without being overwhelming.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

5. The continuum scales are beneficial.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

6. The self-reflection questions are beneficial.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

7. The wording on the assessment is easy to understand.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

8. The wording on the assessment is unbiased.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

9. The assessment measures what it intends to measure.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

10. The assessment is a useful resource for practicing music therapists.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Comments:

Additional Questions:

In what ways could this assessment be improved?

In what ways do you imagine this self-assessment tool being used?

Thank you for your participation! ☺

Appendix C: Invitation to Participate (for advanced professionals)

Greetings!

I am a Master of Music Therapy student at Slippery Rock University. I am contacting you as an invitation to participate in my thesis as the final requirement for my degree. My thesis is on the development of a wellness self-assessment tool for music therapists which measures areas of their personal and professional lives that put them at-risk for or are contributing to their experiences of burnout. You are personally being contacted to participate in the evaluation of this assessment tool because you: 1) have researched and/or published on the topic of burnout, wellness, and self-care in music therapists, and/or 2) have developed an assessment tool in the field of music therapy.

At this stage of my thesis, the self-assessment tool has been developed. This was done by synthesizing information from numerous research studies, publications, literature, etc. regarding burnout, wellness, and self-care in music therapists, specifically. All elements of the assessment came from pre-existing literature and research within our field. This was done in an effort to create a more valid assessment that is applicable specifically to music therapists and their unique experiences in the clinical field.

Should you agree to participate, your role would be to complete an evaluation of the assessment. At this time, I am not interested in your personal results of the assessment, but rather your experience of taking the assessment. The information I receive from your evaluations will be included in the results and discussion sections of my thesis and ultimately used to improve the quality of the assessment. The assessment should take approximately 30-45 minutes for you to complete, and the evaluation no longer than 10 minutes. Upon receipt of the assessment and evaluation, I will ask that you complete and return the evaluation to me within 2 weeks.

There is no compensation for your completion of the evaluation of this assessment, other than knowing you are contributing to the development of a unique and useful resource for music therapists. Because this assessment is still in development, this letter also asks that should you agree to participate and receive the assessment that you do not distribute or use the assessment outside of this context at this time.

Please consider participating in the development of this self-assessment tool for music therapists. Your unique expertise and contributions will be of great value to this thesis project. Your response in the affirmative to this email will indicate your consent to participate and your understanding of the above information. **Please respond by Wednesday, October 31**. And do not hesitate to contact me with any questions or concerns you may have. Thank you!

Sincerely,

Janelle Chambers, MT-BC
jpc1588@sru.edu

Appendix C: Invitation to Participate (for student professionals)

Greetings!

I am a Master of Music Therapy student at Slippery Rock University. This letter is a formal invitation for you to participate in my thesis as the final requirement for my degree. My thesis is on the development of a wellness self-assessment tool for music therapists which measures areas of their personal and professional lives that put them at-risk for or are contributing to their experiences of burnout.

At this stage of my thesis, the self-assessment tool has been developed. This was done by synthesizing information from numerous research studies, publications, literature, etc. regarding burnout, wellness, and self-care in music therapists, specifically. All elements of the assessment came from pre-existing literature and research within our field. This was done in an effort to create a more valid assessment that is applicable specifically to music therapists and their unique experiences in the clinical field.

Should you agree to participate, your role would be to complete an evaluation of the assessment. At this time, I am not interested in your personal results of the assessment, but rather your experience of taking the assessment. The information I receive from your evaluations will remain anonymous and may be included in the results and discussion sections of my thesis and ultimately used to improve the quality of the assessment. The assessment should take approximately 30-45 minutes for you to complete, and the evaluation no longer than 10 minutes.

There is no compensation for your completion of the evaluation of this assessment, other than knowing you are contributing to the development of a unique and useful resource for music therapists. Because this assessment is still in development, this letter also asks that should you agree to participate and receive the assessment that you do not distribute or use the assessment outside of this context at this time.

Please consider participating in the development of this self-assessment tool for music therapists. Your personal expertise and perspectives will be of great value to this thesis project. Your acceptance of and engagement in the self-assessment and evaluation questions will indicate your consent to participate and your understanding of the above information. Please do not hesitate to contact me, or Dr. Susan Hadley, with any questions or concerns. Thank you!

Sincerely,

Janelle Chambers, MT-BC
jpc1588@sru.edu

Appendix E: Results from open-ended evaluation questions

Evaluator	Improvements	Uses
1	The scale may need tweaking. From not enough to excessive means there isn't a good option to say more -and it's awesome -is suggesting it's becoming overwhelming or invalidating	For professionals-maybe in supervision or self-care environment.
2	1. A "Not applicable" or n/a box might be helpful, or instructions to leave an item blank if it does not apply to an individual. There are some items that might not be applicable to everyone. For example, the work environment items are geared more towards MTs who are employees, and MTs in private practice might not relate to some of the items. 2. The terms in the continuum could be simplified or made more clear. There is a possibility for confusion with "manageable/adequate" and "more than manageable/adequate" when someone might feel like they are doing better than average. This scale doesn't leave room for someone who feels like they are doing better than adequate. If they felt like they are excelling in an area, it might be validating and important to be able to indicate that. 3. Certain terms through the assessment might need to be defined or explained - such as role ambiguity, intrinsic rewards – to be clear in what's being measured. 4. With the reflection questions it might help to also reflect on areas they are doing well in and want to maintain. 5. At the end of the assessment, some suggestions for support might help. I really liked that you mentioned that this assessment could be helpful to take into supervision, and that could be mentioned again. Also, with the wellness action plan brief step by step instruction how to make a plan could be helpful. It also might be useful to have to ask the individual to identify patterns of where change is needed. 6. In the instructions it might help to mention that MTs are not expected to maintain all of this at an adequate level all the time, and that it's natural to not operate at the ideal with everything all the time. Brining in a sense of non-judgment and permission to be imperfect might help an individual give more honest responses.	This would be a great assessment tool for interns to help them become aware of these different areas of wellness and to build their own awareness and self-reflection skills. This would also be an excellent tool for MT supervision to evaluate and reevaluate progress, identity, and wellness. This might be especially good in group or peer supervision. I see the potential for this as a downloadable online resource!

3	Narrative discussion for how to complete and how to evaluate. I understand it's difficult to quantify some areas, but having suggestions or sample ideas helps clinicians to understand when they may be unaware or unable to think outside their individual box. Also, if I score in areas of needing improvement – having external suggestions in the assessment tool may be helpful for an employer, significant other or peer supervisor to assist in healthy changes.	This looks like a great measure for self needs with work and clinical health issues. We do not focus on ourselves enough and need to remember this as we work, no matter how experienced or novice in our profession and lives. Thanks for taking on this task!
4	1. Because of the wording of the continuum scales (mostly in the personal wellness section), I wasn't always clear whether to answer left or right from center. It would help to have the wording of the items coordinate better (grammatically) to the continuum options. 2. For extra comments relating to specific items, it may help to either number each item and provide a comments section at the end of the assessment (or at the end of each segment); or, provide a separate comments option after each item.	I think this would be a great tool for annual/bi-annual check-ins regarding the balance between professional quality of life and personal well-being. Once it has been used enough, and the assessment is deemed valid and reliable, the resulting data could be used to help MTs identify areas of concern and provide a springboard for improving overall well-being.
5	I wonder if it might be helpful to have an accompanying 'guide' that can be used after the assessment has been taken. It could discuss some of the research that talks about why these things are important. For me, I rarely do music for myself because it is taxing on my body (My main instrument is piano and since having kids my carpal tunnel is really bad…which is only amplified by playing piano)…so playing stuff for me is more emotionally frustrating and painful than helpful. But I'm curious why it is on this assessment and if there is research to support that playing music for yourself can help reduce burnout? Most of my music therapy friends also do not play music for themselves because we do it so much for work that when we get home, the last thing we want to do is music. Or having a 'here are some key areas that contribute to burnout and ways you can help yourself' As I mentioned above, is there a way to 'score' this assessment? Is there a point where "too many" on the far right or far left indicate burnout? Do some points carry more weight than others?	As you pointed out in your instructions….I think that using this in professional supervision or even in counseling would be a great way to use this. It's a really nice check list of things that can contribute to professional burnout. It's a great way to get the conversation started.
6	As stated in the above comments, having scales with unhealthy at one end and healthy on the other would be easier to understand. Changing	Music therapists, music therapy interns, and music therapy students can use this tool on a regular basis (every 4-6 months) to self-assess their levels of wellness. It would be beneficial for the self-

	the words used in the scales would also be helpful. I don't completely understand the section on Experience and Education. For example, am I evaluating if I feel my current degree level is adequate? I don't understand how quality of coursework and years of clinical work experience relate to wellness.	assessment to be introduced during music therapy training.
7	Provide some qualitative examples for the main categories we are to choose from.	Create an app to allow for a more stream-lined format. Some areas are less relevant to some people. Maybe start with more broad queries in each area and then go into further detail if identified as an area of concern. If used as an actual tool, there needs to be a rubric and some sort of summary of findings as well as recommendations.
8	Reword some of the things because they are a bit confusing	-interns -new professionals -every several years take it -supervisors should take it while working with students to better help with burnout, then their students should take it
9	Clarify language in particular items and in how the scales are worded. Take out the judgements about extreme answers.	I could imagine giving this to my coworkers/supervisees
10	Adding "if applicable" to the item about collaboration with other creative arts therapists; reviewing the words used on rating continuum	-clinical supervision; goal setting -reflexivity
11	Edit the boxes to a line option	When an MT is wondering whether or not they're burned out and/or if something needs a change
12	There were aspects of cultural awareness throughout, but there could be an entire section on it	This could be used when MTs are ready for re-certification every 5 years as a method of self-reflection. It could obviously be used sooner, but I think it should be required at least every 5 years.
13	Rewording or making questions more specific to be more applicable to MTs who may work in multiple places.	In determining how the profession is doing within each region. Helping music therapists to begin thinking of a more critical in-depth level in regard to self-care.
14	Possibly some wording (see #7)	-definitely useful for new professionals -would be interesting to offer it every 5 years when we recertify or something-not sure yet, just a thought
15	The section on personality factors has a column labelled "insufficient, healthy." Did you mean unhealthy?	I think this would be helpful to learn about additional risk factors and identify early warning signs for therapists
16	I almost wish it was just a line continuum rather than boxes. It was challenging to think I could be in-between 2 categories	I hope it gets used for students and early professionals, especially so that we/they can start off on the healthiest track possible in terms of self-care and practitioner burnout/etc. this is too under-taught in the helping professionals and society in general.

Appendix F:

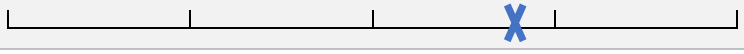
Guidelines for Completing the Wellness Self-Assessment for Music Therapists

Intention:

This self-assessment is designed to be a resource to encourage you, the music therapist, to reflect on areas of your personal and professional life that may be positively or negatively influencing sense of wellness. It is based on pre-existing research and literature specific to music therapists and their experiences of burnout and burnout prevention. The intention of this self-assessment is not to measure, label, or diagnosis burnout, but to increase awareness and insight into areas that may be at-risk or need attention. It is designed to be personal, reflective, and subjective. Because wellness is an ethical issue, this self-assessment may also be a helpful resource to take into professional supervision.

Suggestions & guidelines to completing the self-assessment:

The assessment is divided into two main sections: professional wellness and personal wellness. Each section is organized into 6-7 categories that explore various areas of professional and personal wellbeing. Each category includes a continuum scale that ranges from an unsatisfactory to a satisfactory to an ideal experience. The continuum allows you, the assessor, to indicate where you believe your experience lies, but does not limit you to a specific box or descriptive word. Therefore, you should feel free to make a mark somewhere in between if you feel that is the most representative of your current experience. For example, someone who experiences their work hours as manageable but less than ideal, may indicate on the continuum as follows:

	Inadequate Unmanageable	Adequate Manageable	Excellent Ideal
Work hours			

While the wording on each continuum scale is generally similar between categories, they may be interpreted differently depending on the section, category, item, and music therapist completing the assessment. It is important that you carefully read the directional statements of each category, as they prompt you to reflect on each item differently. Additionally, if helpful, you may want to add your own words to best describe your experiences and perceptions in the various areas and sections. If there is an item that does not apply to you, simply skip it or draw a line through it. A space for self-reflection has also been provided at the end of the professional and personal wellness sections to help identify themes, patterns, and/or significant changes that may need to be made.

If you work in multiple settings, you may want to select the place that is causing the most distress and complete the assessment based on that experience. It may be helpful to complete some sections multiple times to reflect on the multiple places in which you work and then compare and contrast your experiences. Or, you could combine your various work settings into one collective experience, meaning that as a whole, how does working in multiple places affect your sense of professional and personal wellness?

If completed in one sitting, this self-assessment could take approximately 30-45 minutes to complete. However, in order for this assessment to be meaningful, you should take your time to reflect and provide thoughtful responses, and therefore you may need more time or may need to complete the assessment in stages. It is encouraged that this self-assessment be completed multiple times throughout your career so as to act as a preventative and proactive tool that promotes personal and professional wellness.

Appendix G:

WELLNESS SELF-ASSESSMENT FOR MUSIC THERAPISTS

Professional Wellness Section

Workload

Use the continuum to rate how you perceive and/or experience the **manageability of the following areas of your professional work:*

	Unmanageable Unacceptable Insufficient	Manageable Acceptable Sufficient	Excellent Ideal Perfect
Work hours			
Number of clients/groups per day			
Number of clients in a group session			
Amount of paperwork			
Amount of time to complete work duties (paperwork, assessments, sessions, meetings, etc.)			
Non-music therapy duties as a regular part your job			
Number of roles within organization/facility			
Clarity/demands of various roles within organization/facility			
Breaks/vacations/taking time off			
Control over scheduling and/or work tasks			

Environmental/Ecological

Use the continuum to rate the how you perceive and/or experience the **manageability of the following areas of your physical work environment:*

Physical Work Environment	Unmanageable Unacceptable Insufficient	Manageable Acceptable Sufficient	Excellent Ideal Perfect
Personal work space (i.e. your office)			
Clinical work space (i.e. therapy settings)			

Security/safety of structural environment (i.e. your facility's building)	
Availability of resources to effectively complete your job	
Your work commute	

Use the continuum to rate the how the following relationships & opportunities in your work environment effect your sense of **validation & acknowledgment:*

Relational Work Environmental	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Co-workers' understanding of and attitude towards music therapy			
Advocacy of music therapy in your workplace			
Others' recognition of your music therapy education and experience			
Role and value of music therapy in your facility/organization			
Compensation/reimbursement for your work load and skill level			
Opportunities to make changes at work			
Opportunity for advancement and/or achievement towards professional goals			
Opportunity for clinical and musical skill growth			
Job opportunities to work with desired setting, population, and/or methodology			
Sense of job security			
Alignment of personal therapeutic approach/ philosophy with workplace and co-workers			
Alignment of personal cultural values with your work environment			
Acknowledgement and respect of personal cultural identities in your workplace			
Acknowledgement of oppression and/or marginalization in your work place			
Acknowledgment and priority of physical and emotional safety			

Supports, Networking

Use the continuum to rate how you perceive and/or experience **support, acknowledgement, and inclusion from your professional resources:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Respect, understanding, and acknowledgment from your administration			
Respect, understanding, and acknowledgment from your work supervisor			
Relationships with your co-workers			
Advocacy for employee wellness in your workplace			
Collaboration with other creative arts therapists in your work setting			
Collaboration with the multidisciplinary team in your work setting			
Sense of belonging/involvement of music therapy in your work setting			
Sense of belonging/involvement in your professional organization (i.e. AMTA)			
Sense of belonging/involvement in regional and national music therapy conferences			
Professional, clinical music therapy supervision			
Music therapy peer support			

Experience, Education

Use the continuum to rate how your education & clinical training experiences contribute to your **sense of feeling professionally qualified as a music therapist:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Current degree level			
Years of clinical work experience			
Training in advanced competencies			
Training for a specific population/setting			

Competency in your most used methods/techniques	
Education on burnout symptoms and self-care as part of your clinical training	
Quality of coursework	
Quality of clinical experiences (i.e. practicums and internship)	
Engagement in continuing education	
Access to continuing education in areas of interest	
Formalized training in professional non-music therapy skills (i.e. communication, networking, time management)	
Sensitivity and/or responsiveness to your cultural identities in your training	
Self-awareness and self-reflection experiences as part of your clinical training	

Attitude, Job Satisfaction

Use the continuum to rate how you perceive the quantity and/or quality of the following areas effecting your **sense of job satisfaction and effectiveness in your work setting:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Self-motivation			
Energy			
Creativity			
Commitment towards clients			
Attitude towards clients			
Commitment towards work setting			
Attitude towards work setting			
Enthusiasm to assess and handle stressful work situations			
Energy to assess and handle emotional exhaustion			

Feelings of accomplishment and value	
Job satisfaction/work enjoyment	
Intrinsic rewards (i.e. sense of purpose/value at work)	

Clinical

Use the continuum to rate how you perceive your **clinical tendencies in the following areas of your clinical experiences in your workplace:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Attachment towards clients			
Compassion towards clients			
Presence in therapeutic interactions			
Engagement with clients			
Engagement with family members			
Engagement in clinical supervision			
Clinical effectiveness			
Quality of growth and positive change in clients and/or therapeutic relationships			
Quality of musical interactions with clients			

Professional Wellness Reflections:

Summary of areas that are positively contributing to your sense of professional wellness and should be maintained:

Summary of areas that are negatively contributing to your sense of professional wellness and may need attention and/or improvement:

Identify the areas that you feel are out of your control:

Identify the areas that you feel you could change for the better under the right circumstances:

Personal Wellness Section

Physical

**Use the continuum to rate how you perceive and/or experience the following areas of your personal physical health and wellness:*

	Inadequate Insufficient Excessive		Adequate Sufficient Moderate	Excellent Ideal Perfect
Awareness/knowledge of physical symptoms of stress/burnout				
Attending to physical needs and symptoms				
Engagement in regular exercise habits				
Quality of nutrition and eating habits				
Quality of sleeping habits				
Use of routine physical relaxation exercises				
Access to stress management resources				
Access to health insurance/health care services				

Emotional/Psychological

**Use the continuum to rate how you perceive and/or experience the following areas of your personal emotional health and wellness:*

	Inadequate Insufficient Excessive		Adequate Sufficient Moderate	Excellent Ideal Perfect
Level of self-awareness/reflection/insight				
Recognition of emotional and psychological symptoms				
Attending to emotional and psychological needs				
Resources and coping strategies to work through stress and countertransferences				
Regular, emotional self-care practices (journaling, relaxation techniques, etc.)				
General attitude/outlook on life				
Balance between work and personal life				
Use of problem-solving skills				
Level of self-confidence				
Level of self-acceptance				
Level of vulnerability				
Attitude towards and/or participation in personal therapy				

Spiritual

**Use the continuum to rate how you perceive and/or experience the following spirituality areas, if you feel spirituality is applicable to your wellness:*

	Inadequate Insufficient Excessive		Adequate Sufficient Moderate	Excellent Ideal Perfect
Recognition of spiritual needs (if applicable)				
Addressing spiritual needs (if applicable)				
Participation in activities/therapies that bring significance/meaning to your life				

Engagement in regular prayer, meditation, centering, grounding practices, etc.	
Engagement in regular philosophical activities/practice	
Spiritual connection to music	

Relationship with Music:

**Use the continuum to rate the quantity and/or quality of the following areas addressing your personal relationship with music:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Use of music as self-care			
Use of music for self-discovery/self-reflection/self-exploration			
Engagement in the arts outside of work			
Regular active music-making for fun			
Regular music listening, music-assisted relaxation			
Participation in musical group experiences outside of professional work			
Development and expansion of skills and repertoire on major instrument			
Learning to play new instruments			
Participation in music therapy as a client			
Utilization of music in music therapy supervision			
Exploration of personal growth and development through music with colleagues			
Engagement in activities that increase your passion for music			
Artistic and professional musical growth			
Management of performance anxiety			

Supports

**Use the continuum to rate the quantity and/or quality of the following areas addressing your personal supports:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Time spent with partner (if applicable)			
Time spent with family			
Time spent with friends			
Degree of family and friends' understanding of your profession			
Access to a supportive network of people to talk and share experiences			
Willingness to seek professional help when needed			

Personality Factors

**Use the continuum to rate how you perceive and/or experience the following personality factors that may contribute to your personal wellness:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Alignment of your ideal self and your clinical work			
Confidence in artistic qualities (i.e. expressiveness, creativity, originality)			
Inclination for socialization			
Self-confidence			
Flexibility			
Anxiety, worry			
Insecurity, self-doubt			
Reliance/dependence on self			
Reliance/dependence on others			

Sense of and formation of personal identity	
Proclivity for self-expression (i.e. communication, emotional expression)	
Compassion for self	
Compassion for others	
Sense of humor	

Environmental/Cultural Factors:

**Use the continuum to rate how you perceive and/or experience your environment and cultural factors as they influence your personal wellness:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Involvement in and/or connection to your community and its resources			
Awareness of oppression, marginalization, and microaggressions			
Management of oppression, marginalization, and microaggressions			
Adaptation and acculturation to your environment			
Congruence of personal characteristics/values with those of your environment			
Relationship with your personal identities (race, gender, sexuality, age, class, disability)			
Relationship with the intersectionality of your personal identities			

Personal Wellness Reflections:

Summary of areas that are positively contributing to your sense of personal wellness and should be maintained:

Summary of areas that are negatively contributing to your sense of personal wellness and may need attention/improvement:

Identify the areas that you feel are out of your control:

Identify the areas that you feel you could change for the better under the right circumstances:

Wellness Action Plan[1]

The following section is designed to initiate steps towards making positive changes in your personal and professional areas of wellness. Myers, Sweeney, & Witmer (2000) state that there is no need to try to change all areas simultaneously because 1) it is likely to be an overwhelming array of tasks, and 2) change in one area will cause changes in other areas. Therefore, the following action plan is a recommendation for you to identify one area from each main section of the assessment to reflect on at this time. Try to set goals that are both action-oriented (specific and measurable) and mindset-oriented (positive, supportive, mantra-like). It will be particularly helpful to present your responses to this section to your personal support team, such as family, friends, and professional supervisor and/or peer supervision group.

[1] Adapted from the self-care action plans found in:
Resilience Over Burnout: A Self-Care Guide for Music Therapists (Kunimura, 2016, pp. 51-57)
The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions (Skovholt & Trotter-Mathison, 2016, pp. 258-270)

Wellness Action Plan

Based on your previous reflections, identify a professional issue that is most salient to you, meaning it is affecting you the most significantly at this time: _____

Identify an action-oriented goal for this particular issue:

Identify a mindset-oriented goal for this particular issue:

Identify potential barriers to achieving these goals:

Brainstorm ways to navigate these barriers:

Identify someone or something that will keep you accountable in working towards and maintaining this goal:

Based on your previous reflections, identify a personal issue that is most salient to you, meaning it is affecting you the most significantly at this time: _____

Identify an action-oriented goal for this particular issue:

Identify a mindset-oriented goal for this particular issue:

Identify potential barriers to achieving these goals:

Brainstorm ways to navigate these barriers:

Identify someone or something that will keep you accountable in working towards and maintaining this goal: