Perspectives of Music Therapists Working with Sibling Pairs with at Least One who is Neurodivergent

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Abstract

This thesis explored music therapists' perceptions of the benefits and challenges of working within a sibling structure, with at least one sibling identifying as neurodivergent. This research adds to the literature by contributing the perspectives of music therapists that work within this framework. Data was analyzed from two participants who completed a semi-structured interview focused on their experiences engaging in this work. Five primary themes emerged in the data: 1) training, 2) goal work, 3) session space, 4) therapist role, and 5) family. Overall, both participants shared similar experiences with their clients. The findings showed that music therapy is beneficial when working with siblings. However, due to the lack of research and minimal research participants, more research needs to be conducted in order to fully support these findings.

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Introduction

Motivation for Research

Throughout my professional experience, I've worked with neurodivergent clients who have neurodivergent and neurotypical siblings, and each one has a different style of relationship. There are some clients that don't even see their siblings or have minimal relationships while others have extremely strong bonds. I have always found the sibling relationship important in the development of both siblings because these individuals are typically the closest in age to each other and they experience growing up together in the same household. I've witnessed some neurotypical siblings grow resentment towards their disabled siblings, feel bad for their siblings, guilty, have a lack of interest, and/or embarrassment. I've also seen the complete opposite, where they show true support, love, and involvement in their siblings' lives.

I chose the focus of my study because of my own personal experience having a neurodivergent sibling. I was about eight years old when my brother was born four months premature. This caused him to have many health challenges and delays. I didn't understand the extent of the severity of him being born premature when I was younger. My life began to shift as I slowly realized that something was different about him. My parents never told us exactly what was happening. I think it was because of the lack of information that my sister and I felt anxiety and confusion. At the time, there was not a lot of support for my sister and me. There was a lack of programs and support groups. I continue to wish that there was more for me when I was growing up so I could have faced these emotions at an earlier age rather than carry them with me as I got older. Fortunately, my bond and love for my brother was strong and rather than falling into resentment, I tried my best to learn and grow with him. I kept myself involved in his life and programs he attended, which sparked the interest in and desire to do the work I do today.

Review of Literature

"Neurodiversity describes the idea that people experience and interact with the world around them in many different ways; there is no one 'right' way of thinking, learning, and behaving, and differences are not viewed as deficits" (Baumer & Frueh, 2021). Neurodiversity encompasses the range of diversity amongst all people regarding neurological processes. This term is used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as attention deficit hyperactivity disorder (ADHD) or learning disabilities. The neurodiversity social justice movement continues to be "increasingly important in how clinicians view and address certain disabilities and neurological conditions" (Baumer & Frueh, 2021). One of the many therapies that neurodivergent individuals engage in is music therapy. Music therapy can address goals that may focus on socialization, relationships, communication, motor planning, and cognitive development.

The research literature is continuously expanding our knowledge and understanding about neurodiversity. The two types of neurodiversity that I will focus on in this research are Autism and ADHD. Autism is classified as a developmental disability that involves "persistent challenges in social communication, repetitive behaviors, and restricted interests" (American Psychiatric Association, n.d.). ADHD is classified as a "disorder characterized by a pattern of inattentiveness, often with hyperactivity, and sometimes with concurrent impulsivity, which is of a persistent nature, that may cause subsequent difficulties in learning, behavior management, interpersonal relationships, and socialization" (Jackson, 2003, p. 303). Music therapists work with Autistic clients and ADHD clients, and this work has been the focus of research in a variety of ways. Most of this research is focused on individual music therapy (James, et al., 2014; Ke, et al., 2022). Some of the major goals for music therapy when working with Autistic and ADHD

clients are communication, socialization, emotional skills, cognitive functioning, reducing and regulating certain behaviors such as fixations, patterns, aggression, emotions, and musical skills (American Music Therapy Association, 2015; W, A., 2022). These services are based on the client's current abilities, needs, family values, beliefs, and priorities (American Music Therapy Association, 2015). Music therapy has shown to be a beneficial tool when consistently used with Autistic and ADHD clients. "Music is [also] an ideal medium to bring to the family because it is social in nature, and it is easily shared throughout the various systems of the ecological context" (Allgood, 2005, p. 93).

Improvisational music therapy is a common approach used for Autistic and ADHD people (Geretsegger, et al., 2015; Turry, 2017; Wigram, 2024). Improvisation is a method used in music therapy which involves spontaneous musical experiences created by the therapist and the client. The purpose of music therapy improvisation is "not to make good music, but to facilitate an intimate interpersonal relationship between therapist and client, through the music" (Pavlicevic, 2000, p. 272). Improvisation allows the client to express themselves through spontaneous music making. This form of music making can be made through vocalizations, body movements, affect, and instrumental play and can be adapted so all clients can participate equally. One of the goals in improvisational music therapy is communication and self-expression. Some ways that this can be achieved are through imitation, turn taking, affect sharing, and joint attention. As a result of practicing these skills through musical play, it is hoped that they will be transferred outside of the music therapy setting. The most common place for this to be encouraged and displayed is within the family structure.

It is important that the family is included and valued during the therapeutic process (Gottfried, 2017; Jacobsen & Thompson, 2017; Thompson, 2017). The parents of clients know

their child the best across various facets of their life. Parents may have a greater understanding of what their child is communicating through vocalizations and gestures and so may have more insight about whether or not their child is grasping what they are learning. They may also be able to utilize the tools being implemented within the session space in other contexts. Having the family involved may also provide the therapist with insights into the family structure. Understanding the family structure may help the therapist understand the client's habits, relationship capacities, and way of life. Also, including the entire family during the therapeutic process "allows everyone in the family to hear the viewpoint of the others, and allows the therapist to observe how the family interacts in real life, in contrast with individual therapies, where the therapist hears about family dynamics recounted by a single individual" (Psychology Today, n.d.).

Relationships are a major component of human flourishing. Strong relationships can affect mood, self-esteem, health, and trust. "Throughout your life, the number and strength of your relationships affect your mental and physical wellbeing. The benefits of social connections and good mental health are numerous. Proven links include lower rates of anxiety and depression, higher self-esteem, greater empathy, and more trusting and cooperative relationships. Strong, healthy relationships can also help to strengthen your immune system, help you recover from disease, and may even lengthen your life" (Department of Health & Human Services, 2017). For Autistic people, many of the building blocks of interpersonal relationships, such as communication, social cognition, and processing of emotional signals, differ from those of neurotypical people (Travis & Sigman, 1998, p. 65). One of the first relationships that an individual experiences is with their intermediate family. The family dynamic can provide a foundation for many life lessons. All families have their own style of functioning within the

home. This may present in “varying degrees of emotional closeness, cognitive engagement, physical health habits, social connectedness, communication styles, and expectations of each other” (Cridland et al., 2016, p. 196), which may influence flourishing for that autistic person.

It is important to look at the complete family structure, because ASD and ADHD do not just affect those who are diagnosed but those who are living around them. Through my experience, I have found that sibling relationships are necessary to consider when working with families and are unique for each family. In most cases, neurotypical siblings provide a model for their neurodivergent sibling to perform in ways that are helpful in predominantly neurotypical contexts. In a study by Celiberti and Harris, “neurotypical siblings were taught in their homes how to target play and play-based language, to reinforce positive behaviors, and to prompt their siblings with autism to promote responding. Including siblings as agents of change is a natural extension of the existing literature on peer-mediated interventions, which has been studied and shown to be effective for many decades” (Trinh & Celiberti, n.d.). Siblings can display modeling of certain age and neurotypical appropriate behaviors and be a basis for more peer interactions. Since siblings are closer in age to each other than their parents, the sibling is often pushed to have a bigger role in the family of a neurodivergent child than other children at their age. Of course, working with siblings also allows the neurotypical sibling to understand and relate to their neurodivergent sibling in new ways. “Children and teenagers learn by observing, listening, exploring, experimenting, and asking questions” (The Australian Parenting Network, 2022). In some cases they can experience and observe challenging family dynamics and strains on certain relationships. These factors may be challenging for the child’s development and understanding the possible differences of their family dynamics versus the family dynamics of their peers and why, if not addressed appropriately, these challenges can have a greater impact on the

neurotypical sibling than those in their peer groups (Kelly, 2022; Aksoy & Bercin Yildirim, 2008).

The age and the order the siblings are born in has been found to influence the roles and responsibilities of the siblings. “If the neurotypically developed child is younger in birth order, the relationship does not follow typical developmental stages, and puts the younger neurotypically developing child in a more dominant role” (Kelly, 2022). Interactions between the siblings have been found to display younger sibling dominance, while comparable interactions between typical developing siblings follow a pattern of older sibling dominance (Stoneman, 2001, p.137). The role for the younger sibling is greater in showing support for their older sibling and helping them reach their developmental milestones. In families with typically developing siblings, the younger sibling will have the older sibling as a role model and a guide to navigate life. However, in the case where the older sibling is neurodivergent, there may be points in time when the younger sibling may advance past the older sibling.

If the neurotypical sibling is born first to the child with ASD and ADHD, then their role is typically greater than other individuals with neurotypical younger siblings. There are more challenges and milestones that they face throughout their younger years. Pavlopoulou et al. (2022) found that “Various caregiving roles and responsibilities during school time were reported, including advocating for their brother with teachers and peers, liaising between the teachers and their parents, managing miscommunications, protecting their brother from bullies, and educating their brother about how to deal with other students.” In this specific situation, the sibling was put into a greater role than those of their peers. Teachers or authority figures may use their knowledge to support neurotypical siblings in understanding their neurodivergent sibling, rather than taking time to understand that the neurotypical sibling is experiencing their own

challenges and understanding of life and deserve to experience school like their peers, especially because their home life may be more demanding. It has been demonstrated that “Non-autistic siblings can have mixed attitudes and feelings about undertaking these various roles, resulting in some ambiguity about the responsibilities, and underlining both the benefits and challenges associated with these roles” (Pavlopoulou et al., 2022). One of these benefits include greater social communication skills as they typically understand and utilize “verbal and non verbal cues in social interactions”(Yee, 2020). However, one of the challenges neurotypical siblings face are, the feeling as “though they don’t receive as much social support or attention from their parents as their autistic siblings do” (Moller, 2024). It is important for authority figures and guardians to understand what roles are put onto siblings and how it may affect them in the present and the future.

Other factors can arise in the family structure when both siblings or more than one sibling is neurodivergent. Age, diagnosis, gender and severity are still factors in understanding the sibling relationship, however it may be challenging to work with these siblings together when intrapersonal challenges may need to be worked on first. Also, parent/guardian support may be a greater need and the therapist’s role may begin to shift towards the parents. When a parent has more than one child with a disability, fears about proper care and support may affect their roles as parents and may place additional strains on their relationships. “The pervasive and severe deficits often present in children with ASD are associated with a plethora of difficulties in caregivers, including decreased parenting efficacy, increased parenting stress, and an increase in mental and physical health problems compared with parents of both typically developing children and children with other developmental disorders” (Karst & Van Hecke, 2012). It is

important for therapists to work alongside parents in finding support systems so they can effectively care for their children and support them in working towards their goals.

Although there is still minimal research and evidence to support siblings of neurodivergent individuals, new studies are beginning to emerge. Researchers are beginning to guide neurotypical siblings on specific communication strategies/intervention skills designed to benefit their neurodivergent sibling (Wright & Benigno, 2019, p. 762). Douglas, Kammes, Nordquist and D'Agostino (2018) used a single subject design to train neurotypical siblings in using strategies related to choosing mutually enjoyable activities and optimizing communication opportunities. Their research explored the use of multiple modalities such as verbal and written descriptions, role-plays, and feedback. Reflecting on this study, Wright and Benigno (2019, p. 762) noted that the interventions were effective in increasing their use of appropriate communication strategies and higher levels of responsiveness during sibling interactions. This research showed the importance of providing support and guidance and life examples for neurotypical siblings to learn how to interact with their neurodivergent siblings, just as parents are given support on how to properly care for their neurodivergent child.

The impact of having a neurodivergent sibling may vary among children. The severity of the disability may have an impact on family function and daily interactions. Due to the lack of research, there is limited proof to support "interventions that may help ensure that positive rather than negative outcomes of sibling relationship development occur" (Tsao et al., 2012, p. 49). Siblings with a good understanding of their sibling's disability tend to have a positive sibling relationship. Other factors that come into play is when they see others having positive interactions towards their siblings, this may be parents, teachers and/or peers (Tsao et al., 2012, p. 48). When a child or adolescent is able to experience and witness their neurodivergent sibling

being accepted and treated as equal to others, it may produce a feeling of relief and joy. This may reduce their internalized feelings of being different to others, the feeling of being excluded and/or judged by others. Younger individuals tend to be impressionable and are influenced greatly by their peers and adult figure heads. They may also be embarrassed by others when they don't fit into a rigid box that society has created for them (Tsao et al., 2012, p. 48).

Sibling relationships vary from family to family. The age difference between siblings, neurodevelopment of each, and gender of each can all play factors when it comes to sibling relationships. They can strengthen or weaken the bond between the set of siblings. When one or more of the siblings has a diagnosis, some extra challenges may arise like the perceived qualifications of the superiority or inferiority of one of them (Aksoy & Bercin Yildirim, 2008, p. 771). If a child has a neurodivergent sibling, they may feel more pressure in their sibling role than their peers even if they are the younger sibling. Or, they have more pressure put onto them if they are the older sibling so as to be the best role model and potential caretaker they can be. As children with a disabled sibling are trying to navigate the "difference between them and their sibling, they may feel that they hold more responsibility than their peers" (Aksoy & Bercin Yildirim, 2008, p. 771). They may also experience feelings of neglect from their parents because their sibling's needs are pushed to the forefront. The disabled sibling may need support at home, like navigating the house, eating, walking, personal hygiene, and communicating. These tasks can be a strain on the parents, so their time is limited, and the other sibling(s) may be pushed to the side since they are typically more independent. According to family healthcare (Reichman et al., 2008), some parents may not see the effects that having a disabled sibling may have on their other child and this can lead to that child having various social and emotional challenges during their childhood and perhaps into the future.

When a child has a neurodivergent sibling, many different factors may impact their progression of learning about and acceptance of the unique ways that their sibling experiences the world around them (Aksoy & Bercin Yildirim, 2008, p. 771). The child must discover who they are and how their sibling may affect their daily life and their new role in the family structure. They may ask themselves, is their role the same? Will they need to support their sibling? Will their parents' way of navigating the world and their family change? Will their friends still want to be their friends? How will they be accepted by their sibling? Will they accept their sibling? Will they need to change anything about themself? All of these questions may come across this child's mind, and they need support in navigating them. The parents' acknowledgment of the "family structure, seniority of age, the gender of the siblings, and the personality of the children are among the primary factors in determining the harmony, interaction, and relations of the siblings, along with consideration to the type and degree of disability of the neurodivergent sibling" (Aksoy & Bercin Yildirim, 2008, p. 771). When parents address these factors at a more frequent and greater level, the more positive the child's level of acknowledgement and acceptance of their sibling (Aksoy & Bercin Yildirim, 2008, p. 771). With support from their parents, it can help the neurotypical child in understanding their neurodivergent sibling and how they can best accept, understand, and support their sibling. If a child is shielded or not educated on the needs and disability of their sibling, it can leave the child confused, stressed, angry, upset, or disinterested in wanting to know their sibling. They can become resentful of their neurodivergent sibling and/or their parents because their focus has shifted heavily towards their sibling, and they may not understand why.

Proper education regarding disabilities is important to families who have an individual within the family who is disabled. Proper education can help families navigate their new family

structure. It is crucial that they receive support and continuously work on keeping themselves educated. Parents can reach out to schools and agencies to best provide direction. “With the family intervention, they are able to improve their awareness of problems, acquire efficient education strategies, initiate new friendships, improve conflict resolution” (Lara & de los Pinos, 2017, p. 418). Early intervention is always a possibility for young children with disabilities. Early intervention is provided for babies and children with developmental delays and disabilities before the age of three. It provides educational and therapy services for families to help “have a significant impact on a child’s ability to learn new skills and overcome challenges and can increase success in school and life” while helping to reach developmental milestones and prepare the disabled child for the future (Centers for Disease Control and Prevention, 2023). A goal of early intervention is to integrate the child into mainstream classes as they get older. Some of the areas of focus of early intervention programs are development of “physical skills (reaching, crawling, walking, drawing, building), cognitive skills (thinking, learning, solving problems), communication skills (talking, listening, understanding others), self-help or adaptive skills (eating, dressing) and social and emotional skills (playing, interacting with others)” (Morin, n.d.). Early intervention programs can also provide service and outlets for families to best help their neurodivergent child and neurotypical siblings.

When reviewing the literature, while there is mention of sibling work in the book, *Music Therapy with Families* (Jacobsen & Thompson, 2017), there was a lack of research in the area of sibling-based music therapy. Siblings are rarely the focus in family music therapy and are typically asked to join if they would like. Most of the research linked to family is between parent and child. “As family-based therapy models are becoming more prevalent and seemingly successful, there is a need to research the effects of including the sibling in therapy models”

(Montgomery, 2015, p. 2). The research may be limited because siblings may choose not to be involved in the therapy sessions and music making because of possible relational strains between them and their sibling. In my experience, while it is desirable to include the nondisabled sibling, and to work through any strains together, it is important that both individuals are willing to partake in the session and are being equally represented in the musical space.

Given the lack of research in this area, the purpose of this study was to explore music therapists' perceptions of the benefits and challenges when working within a sibling structure, with at least one sibling identifying as neurodivergent. The rationale for this study was to understand the possible benefits in the use of music therapy in understanding, supporting, and advancing relationships between siblings. The overall goal is that findings from this study will help music therapists as well as families who have children with disabilities.

Method

The design of this study was a thematic analysis of semi-structured interviews. A semi-structured interview is a data collection method which involves asking all participants open-ended questions as well as impromptu questions to further explore their responses and reasoning behind their answers. The flexibility of this method allows for further exploration of questions that may arise throughout the interview process. "Compared to structured interviews, semi-structured interviews can make better use of the knowledge-producing potentials of dialogues by allowing much more leeway for following up on whatever angels are deemed important by the interviewee. Also, the interviewer has a greater chance of becoming visible as a knowledge-producing participant in the process rather than hiding behind a preset interview guide" (Leavy, 2020, p. 437). This structure keeps the interviewer continuously engaged and reflective during the interviewing process.

Rationale and Recruitment Procedure

Family centered music therapy is a growing focus of music therapy and music therapy research although most of the research is centered around the parent-child relationship. The focus of this study, however, was centered around the relationships between siblings through the perspective of the music therapist. Thus, participants in this study had to have experience working with siblings in music therapy, with at least one of the siblings being neurodivergent. Rather than conducting a group discussion, I chose to conduct individual semi-structured interviews to allow each therapist to expand upon and provide detailed information from their sessions and their clients' experience together. Leaving the interviews open-ended allowed me to expand upon the information fluidly without a limited structure. I aimed to provide an exploratory space between me and the study participants to expand upon the information they were providing throughout the interview process.

The recruitment process involved posting a description of the study to Facebook music therapy groups and approaching music therapy companies whose work fit my criteria, as well as asking music therapy peers who work with neurodivergent clients for recommendations.

Participants Demographic / Place of work

The criteria for participation in this study was that each participant must be a qualified music therapist with at least two years of experience at the same facility. The participants needed to be working within a family-centered practice and have worked with a sibling dyad, where at least one sibling identified as neurodivergent. This meant that one sibling could be neurodivergent and the other neurotypical or all siblings could be neurodivergent.

Three participants took part in this research, although due to loss of data of one of the participants, unfortunately the experiences of only two will be shared. All the participants

worked within the framework of family centered music therapy with a focus on siblings. All three participants work with clients with diagnoses of ASD and/or ADHD. One participant worked with multiple families and each family had a different structural set up. Not only did they work with a pair of siblings where one identifies as neurodivergent and one identifies as neurotypical but, in some cases the participant would have multiple siblings in the session space and more than one would be identified as neurodivergent. For another participant, all the siblings were identified as neurodivergent. Since these participants have multiple clients, in this study I will only be focusing on the clients that were spoken about in greatest detail (see Table 1).

Table 1

Participant Demographics

	Place of Work	**Amount of Time Working with the Clients**	**Clients Diagnoses**	**Age Range of Clients**
Participant 1 Ericha	Music Therapy Private Practice	5+ years	ASD, ADHD	varied
Participant 2 Rajahna	(contracted to work in the home)	8.5 months	ASD	9-10 years old (twins)

Data Collection Procedures

Each participant met with me via Zoom to complete the semi-structured interview. Ericha's interview lasted for 41 minutes 56 seconds, and Rajahna's interview lasted for 28 minutes and 29 seconds. After briefly introducing myself and describing the research, I asked the participant to change their name on Zoom to the desired name of choice that they felt comfortable using in the study. After they chose a name and changed it on Zoom, I began recording. Throughout the interview process I allowed for the participants to ask questions or

expand upon their answers as needed. Since this study used a semi-structured interview format, I was able to ask further questions as they arose throughout the interview process. After the interview was completed, I completed a transcript from the video and sent it to them so that they could verify its accuracy. Throughout the transcription process I took detailed notes on information that was repetitive between both interviews and were informative to my research study.

Data Analysis

Once the interviews were complete, zoom created a transcription that I reviewed and revised for accuracy. Both interviews were recorded, so I was able to rewatch and listen to what was said and make sure that all of the information that was written in the transcription was correct. After the transcriptions were finalized they were sent to both participants to be approved. After the approval, I continued to reread the transcription as many times as I needed and I began to pull out key information and code them into categories. I created a google sheet separating participant 1 and participant 2 into different rows. My first step was to pull out sentences and put them into their own columns matching to the participant. These sentences provided the most information, unique experiences, similarities and differences between the two participants and information that elaborated answers to the questions I asked. After doing this I began to create descriptive codes that best fit the topic of the sentence. After these codes were created, I grouped ones that were similar into themes.

Ethical Considerations / Trustworthiness

Prior to conducting research, it was approved by the SRU IRB board. While there were no anticipated risks as a result of participating in this research, when interviews are recorded there is a minimal risk of breach of confidentiality. To mitigate against this risk, recordings will

be deleted as soon as the interviews are transcribed. Participants were informed of these risks through the consent form and were able to leave the study at any point. During the interview, the participants were able to select how they wanted to be presented in the study.

Once the interviews were transcribed and edited for accuracy, they were sent to both participants for member checking. Once I received their approval, I read the transcriptions multiple times and conducted reflective journaling. During this process, I met with Sue and shared my work to make sure my interpretations weren't biased. We worked together to make sure the themes I created were appropriate and fit together.

Findings

The purpose of this study is to explore the music therapist's perception of the benefits and challenges when working within a sibling structure. After both interviews were transcribed and coded, themes emerged and the information from both interviews were organized into themes. The five main themes that emerged were: 1) training, 2) goal work, 3) session space, 4) therapist role, and 5) family. There were several sub-themes within each theme as can be seen in Table 2.

Table 2

Themes and Sub-themes

Training
• Additional Music Therapist Training • Education of Care Takers
Goal Work
• Awareness of Siblings • Joint Attention • Individualizing Goals • Communication
Session Space

• Session Structure • Learned Helplessness • Interventions • Adjustments • Progression of Session • Discharge
Therapist Role
• Referrals • Care Team • Therapist Roles • Assessment Tools
Family
• Families are the Experts • Family • Separation of Siblings • Fostering Relationships

Training

Training is a vital step in allowing all members of the care team to stay knowledgeable and up to date on the newest research. This theme includes 2 sub-themes: 1) additional music therapy training, and 2) education of care takers.

Additional Music Therapy Training. Training is an important process for music therapists to allow them to stay up to date and knowledgeable about developments within the field and diagnoses. Music therapy is constantly changing and developing so it is beneficial for all therapists to take trainings throughout their careers. Ericha stated that they provide and have taken the Parent-Child Interaction Training and the Sprouting Melodies training through Raising Harmony. Parent-child interaction therapy (PCIT) is an evidenced based short-term treatment designed to help young children with highly disruptive behavior and learn the ability to control their frustration. “This training works with parents to strengthen their relationship with their

child and build their confidence and ability to effectively guide and direct their child's behavior, set limits, calmly discipline and restore positive feelings to the parent-child interactions" (What is Parent-Child Interaction Therapy, 2023). "The Sprouting Melodies training provides therapists with an extensive background in planning for, creating and presenting music that is developmentally appropriate as well as engaging and motivating for children as well as families" (Sprouting Melodies Training, 2024). This training is continuously offered throughout the year. Both of these trainings provide vital information and support for families as well as continuous education and information for therapists, as this field is constantly expanding. Rajahna stated that they have not enrolled in any additional training. However, their company provides peer support groups once per month. Peer support groups are effective as they provide the opportunity for all participants to express themselves and their current challenges within the therapy space. Peer support groups give a sense of inclusion because there is a lack of a hierarchy between the members. Because of this, the members are more likely to have a common purpose and to learn from one another. This can provide encouragement to all participants to be open and honest about any challenges throughout their therapeutic process.

Education of Care Takers. When therapists provide education for caretakers, this allows for the parents to have continuous knowledge of up-to-date research relevant to their child's care. Ericha stated that most of their time is spent educating the parents or primary guardians of their clients. They noted that the goal for educating a client's parents is to build "family cohesiveness and the working alliance amongst them." Their clinic has a variety of neurodivergent associations or organizations within Minnesota for parent training. One specific parent and provider training that Ericha noted was beneficial for parents and caretakers is the Down Syndrome Association Training. This association provides workshops, parent support groups and

parent care meetings. Rajahna did not provide specific training for the families; however, shared that when she is trying to teach her clients new skills, she provides the same support and structure for the parents. Rajahna stated, “Through my own therapeutic approach, I always try to get an understanding of what the families are looking for. Then seeing if that matches up with, like the goal areas that I see in those clients. So really like collaborating from like visit to visit in terms of, you know is this still what you're looking for? How can I help you in these different areas like that was a really big piece for me.”

Goal Work

Goal work provides a foundation for therapists in their sessions. This section describes the process that these participants took in providing goals for their clients. This theme includes 4 subthemes: 1) the awareness of their sibling, 2) joint attention, 3) individualizing goals, and 4) communication.

Awareness of Sibling. Awareness of siblings in the session includes moments when the siblings are able to identify each other. Both participants noted that throughout musical experiences, one of the goals for sibling sessions is the ability for each sibling to identify each other and accept each other’s role in the musical environment. Ericha shared that she had a set of siblings that initially didn’t even recognize each other in the therapy space and together they had to slowly build upon being aware of each other. She says, “It's kind of like situational awareness or environmental awareness where we are encouraging them both to recognize that. I can choose to reciprocate or not reciprocate, depending on what's within my boundaries, and the age ranges that I get to serve are anywhere as young as 18 months, all the way up to 85 years old, and everything in between. So, these sibling sessions are kind of a variety, and it will depend on age and diagnosis.” Rajahna shared that she had the opportunity to work with twins who had their

own understanding of a partial conversation that the therapist didn't always understand but they did. When the siblings did engage in music together, at times there was competitiveness between the two. It was important for the therapist to acknowledge the competitiveness and work through it and make sure they both had equal time throughout the session and understood this dynamic. Every sibling dynamic is going to look different from person to person. However, Rajahna stated, "These 2 just happen to both receive music therapy and they just happened to be twins and the same age, and those goals for them were very similar." Working with twins with identical diagnoses and goals is unique to sibling work.

Joint Attention. Joint attention is when a client purposely directs their attention towards the same thing as someone else. Both people are able to intentionally focus on the same thing together. This can be initiated through gestures, eye contact and affect. When someone is lacking joint attention, it can appear as "distress to small changes, challenges with communicating, transitions, interactions, thinking patterns, the ability to view something from another perspective and developing relationships with peers and caregivers" (Ogundele M. O., 2018). Ericha stated that she mostly works with clients with a diagnosis of ADHD and ASD, and "we're really working on joint detention and being able to maintain attention long enough for the siblings to have an interaction." Ericha also stated that she had to break their sessions down to very basic interactions. She noted, "we are starting to work at the very basics, find an intervention, a music therapy intervention that is evidence-based that we can work together towards whether it be a purposeful, pause or a cause on effect type, instrument play, or improv." Some of these interventions included instrument play, improvisation or therapeutic listening to their favorite song.

Rajahna stated that attention seemed to be stronger without therapist intervention. “When it came more to them, like self-directing and engaging with each other, the attention seemed to be a lot stronger than if I were facilitating an experience for them. I would just say, like their relationship, I think it was definitely a lot stronger that way, and maybe it was because they required less communication than when I was communicating or directing something with them.” Rajahna stated that this is not the case for all clients and that this may have been an exception due to the clients being twins. Rajahna stated that when these twins collaborated on tasks, their sustained attention was for a maximum of 4-5 minutes per task. Individually, the sustained attention would be a bit higher at a maximum of 8-10 minutes for a preferred activity.

Individualizing Goals. Music therapy goals are specialized individual-based plans that are created by the therapist through proper assessments. These goals can focus on areas such as communication, academic learning, daily living skills, motor functioning, social skills, behaviors and mental health. Goal work is an important factor in music therapy. It provides a purpose for the sessions and a way to quantify clients’ progress. Even though one of the most common goals for music therapists when working with neurodivergent individuals is communication, Ericha expressed that a common goal that she has when working with siblings is the ability to recognize each other in the space. She stated:

> “It literally is recognizing and being able to recognize what each person's strengths are, each person's needs, and being able to define that in their own way. So that way it sticks, and it carries on. And then, having the adaptability to be able to know how to change that perspective, and that definition as time goes on, as the siblings are growing up, maturing, etc.”

It is an important skill to be aware of others in any space that a person finds themself in. However, before one person can build that awareness, they need to have self-awareness and understand their own autonomy and self-regulation. Ericha stated that in music therapy she works on supporting her clients in being able to recognize each person's strengths, needs, and how to find that in their own way. Ericha noted, "having the adaptability to be able to know how to change that perspective, and that definition as time goes on, as the siblings are growing up, maturing, etc. So it's really kind of helping them define in their own way what is happening." I believe building this foundation can help clients as they get older because it provides them with a baseline to fall back on when learning how to navigate new situations as circumstances change and things that are out of their control become different over time. One of the challenges for the therapist in a shared session space can be managing the needs of both clients and helping them both progress towards their goals at the same time. Ericha noted, "You can do one intervention, but then provide different opportunities for both." One of the opportunities that Ericha shared was a drumming experience and how that was something that can be easily tracked and done at the same time. She also noted, "But sometimes when you get a little bit more deeper, when you're talking about emotions or assessing emotions and expression of emotions, that can be a little challenging and a little bit harder to do at the same time."

Some of the goal work that Rajahna stated that she focused on with her clients included anxiety management, behavioral and emotional identification, turn taking, and transitions. She explained that turn taking is an important skill to develop because the clients don't necessarily need to learn to respect each other first in order to be able to take turns but more so they have learned the social structure of turn taking. She described that in the sibling dynamic she was focusing on that one naturally became more dominant and expected to go first when it came to

tasks and directives while the other learned to wait and go second. She shared that the session space was a good time to switch up what they had learned, and it provided a space for the other sibling to have a chance to get precedence that they don't normally get outside of that scenario as well as teaching the other about the importance of turn taking. This allowed them to explore these challenges in a structured environment.

One of the recurring interventions and goals for Rajahna's sibling pair was anxiety management. She stated:

> "Anxiety management skills, when I very first started working with [them] they did have a couple of tools, but they didn't actively engage in them, and by the end of our visits, although they didn't necessarily independently go for a certain coping technique or skill, they would engage in it if someone else prompted it."

The participants noted the importance of the use of repetition which allows the clients to be continuously exposed to utilizing their coping techniques. Rajahna notes that through this work the siblings were able to vocalize their needs through prompts. The relationship between the siblings allowed for safe expression within the session. Rajahna shared that "by the end of our visits they were able to start identifying things that they could do, maybe once per session, but again, that's good, another small step taking it away." Lastly, Rajahna shared that she and her clients worked together on creating songs that were structured around their daily living activities. These songs supported them through transition periods and these specific interventions were reoccurring throughout their time together. These songs helped establish a routine. They created, "a song about their morning routine. You know what they do in the morning to get ready. What they do when they are transitioning between home and school, and then again from school to home. As well as some different anxiety reduction songs, emotion songs. We had lots of sounds

like that to express you know how they're feeling or what they could do if they were feeling a certain way."

Communication. Communication was also mentioned by participants as one of the many goals in music therapy. Communication is both verbal and nonverbal and can be practiced throughout music therapy. It can provide a means by which clients can share emotions, intentions and meanings. One of the examples of communication that Ericha discussed was the use of an adaptive iPad. She shared that one of her clients would use the iPad as a means to communicate back and forth with their sibling. Ericha used the Social Communication, Emotional Regulation, and Transactional Support model, SCERTS model, which is a model for engaging children with ASD. "When properly applied it provides specific guidelines for helping a child become a competent and confident social communicator while preventing problem behaviors that may interfere with learning and the development of relationships" (Rudy, 2023). This model is "designed to help families, educators and therapists work cooperatively as a team, in a carefully coordinated manner, to maximize progress in supporting a child" (Prizant, Wetherby, Rubin & Laurent, 2006). Throughout Ericha's work she shared, "We've actually used stories, we've used scripts, we've used verbals, we've used non-verbals, we've used videos, we've used music, we've used songwriting. You name it, we've done it." When working on communication, Ericha shared that she did her best at modeling positive reinforcement. However, she said they don't always know what a compliment is. "So therefore, they are not motivated by that complement or the complement isn't used as a contingency, or a form of approval, or a form of receptive communication." While acknowledging the importance of communication as a goal, Ericha expressed that the primary goals for the siblings are recognizing each other in all aspects of life. Given that Rajahna was working with twins, communication throughout the session appeared

different than it may have with other siblings. She shared that the twins interacted with each other through partial conversations that the therapist didn't always understand but they fully understood. Rajahna shared, "Sometimes, like one would speak and the other would finish what they were saying. It was really interesting, but in terms of you know how they would talk to each other. I feel like, for the most part, it was directed like, 'Hey, I need you to go do something, and I want you to engage in this activity with me,' or it could have been a way of checking in on the other sibling especially during an emotional experience." If one sibling was struggling to regulate, the other might go and check on them and make sure they were okay. These siblings were able to support each other and have open communication. Their primary form of communication was through verbal communication. Due to their diagnosis of ASD, they had challenges with eye contact for long durations of time. Because of this, there was minimal nonverbal communication. Rajahna made sure I was aware that this was not a typical sibling dynamic and that she believed that their relationship and back and forth communication was so strong because they were twins.

Session Space

One of the roles of the therapist is to provide a safe, welcoming and encouraging environment for their clients to feel safe when releasing any form of expression. This environment would be the session space. This theme includes six subthemes: 1) session structure, 2) learned helplessness, 3) interventions, 4) adjustments, 5) progression of the session and 6) discharge.

Session Structure. The structure is important in session planning because it will always be relevant during the session and will keep a sense of direction at all times, even if there is a point where things go off course. Musical themes can be based around artists/genres, repetition

of similar music during the session, educational opportunities and reality orientation. When asked if Ericha had any recurring themes, she stated, “No, we've got one group that's obsessed with cocomelon. We've got one that's obsessed with the singing walrus. We've got one that's obsessed with the Beatles. One's obsessed with David Bowie.” No sibling session was alike and each one had their own structure and flow. “We did a lot of different types of music interventions. Whether it was moving to music, improvisation, therapeutic singing or instrument play,” stated Rajahna. However, for both participants there was a natural progression of building repertoire. Both participants utilized repetition for building upon goal work and expanding musical experiences. They created familiar structures to create a foundation for their clients to feel comfortable which allowed them to explore slight changes.

Learned Helplessness. Learned helplessness can look different from client to client. For some it can be shown as giving up trying to change a situation because they feel they have no control over it anyways so there is no use in trying. Others may have it appear in their decision making. By having other people constantly make decisions and doing necessary actions for them, they get complacent and don’t take actions themselves because they have learned that others will do it for them. Ericha stated, “We'll discover that it's really challenging for one to play without the other, because of this thing called learned helplessness. Where one of the siblings, and it doesn't matter if they're older or younger, I've seen it in both. Where they do the work for the other sibling. So as their therapist, we work on giving each other space, respecting each other's boundaries, asking permission before touching, all the things. And then yes, in music therapy we have found that of the ones that are musically motivated, basically motivated by music as the modality, there is progress.” Working through learned helplessness was not a primary goal for explored intervention that needed to take place for Rajahna.

Interventions. Although interventions can be pre-planned for sessions, they are often chosen or changed in the moment by the therapist and client together. The 4 interventions of music therapy are: receptive, recreation/precomposed, improvisation and songwriting. When deciding on the intervention to best fit your client, the therapist needs to decide which intervention will best support the client's needs, goal work and interests at that moment. Positive reinforcement, "that's what I model whenever we're working in the basic beginnings," Ericha shared in hope to boost self-confidence and self-esteem. "That comes once the self-confidence and self-esteem is boosted from that individual to be able to deliver that or the expressive communication skills to do that." Ericha noticed that she would sometimes hear their clients repeat or script positive affirmations. However, her clients with diagnoses of down syndrome, ADHD and ASD "sometimes don't understand why they have to say it, and whenever there isn't a purpose behind it, they will not do it and the sibling that's all they know." When Ericha begins to work with a new client or towards new goals, they might start at the very basics and find an intervention that best fits that client. They will find "a music therapy intervention that is evidence-based that we can work together towards whether it be a purposeful, pause or a cause on effect type, instrument play, or improv. We'll sometimes do that. Or maybe it might be therapeutic listening to their favorite song." As a therapist you need to find what works best for your client and continue with that form of intervention until they are ready to work towards a different goal or they may begin to phase out the music and start to generalize the skills they have learned into other domains. "Through constant repetition of interventions, levels of engagement, joint attention, parallel play and all other things begin to align or at least 80% of it is aligning," as stated by Ericha. Once they are getting above 80% in their assessments, Ericha will begin to tweak the inventions. This may consist of keeping the same concepts, like

hand-over-hand, or the same opportunities/expectations with a slight change. These changes may include changing the song but keeping the same melody. Ericha used the example of starting with a song to the tune of the "ABCs" and then transitioning it to "Baa Baa Black Sheep," "same melody, different words. But that's an idea of how we might change it, or we might not change the song, but we'll change the instrument at play." Ericha will repeat the interventions as much as they can with slight nuances throughout sessions until they are able to see progress. One of the many reasons for these changes is because real life is constantly changing, so they will be experiencing this in all entities of their life to prepare them when an unexpected change occurs.

Rajahna utilized all domains of music therapy to reach their clients and support them in reaching their goals of anxiety management and behavioral/emotional identification. When referencing her clients, Rajahna said, "they were really motivated by Down by the bay. So, it would really help me to get them to open up and participate in different things like that." Once they were able to open up, one of the main interventions that Rajahna shared when working with these clients was creating "different songs to go along with their activities at daily living, and those would come up pretty frequently. You know, to really establish a routine. A song about their morning routine. You know what they do in the morning to get ready. What they do when they are transitioning between home and school, and then again from school to home. As well as some different anxiety reduction songs, emotion songs." These musical interventions helped establish a routine for their clients to understand as well as supporting the parents in making day to day living more manageable. Rock and roll was the primary genre that the siblings both shared interest in so the therapist utilized that interest throughout sessions. This genre wasn't forced upon the siblings, but it was the genre that they both gravitated towards.

Adjustments. Musical adjustments are when you make any changes to the original musical structure. One of the reasons for adjusting musical variables can be because life outside of the music space has constant change. When you are making changes you are able to determine how much progress and generalizing will actually be happening and how much is being internalized. If there is ever regression when a variable is changed, the therapist is able to move backwards and try again in the future. In some cases, they might not show regression but were just not ready to move to the change in that moment. Ericha stated, “when we're changing all the variables, because in real life there's constant change. We'll be able to determine how much progress, and how much generalization will actually be happening, and how much is actually being internalized.” This will allow them to know if they need to go backwards because they were not ready for that adjustment or they are just not ready to move onto that specific change. At times the change that occurs may not be the necessary or most appropriate change so the therapist will need to make adjustments to what will best fit their client at that moment in time. One of the adjustments that Rajahna does throughout her sessions is presenting different musical elements for her clients to participate in. She will present these musical elements to see what best fits her clients at that moment. When referencing her clients she said, “they really enjoyed musical improvisation on the electronic keyboard. They also have toy drum sets or toy guitars. They even really enjoyed garage band, like electronics.” These options allowed the clients to experience different musical experiences and understand their role as well as their siblings' role in different situations. When engaging in music together at times there was “a little bit of competitiveness with one of the siblings.” During these times it was really important for Rajahna to make sure each sibling had equal time and adjustments were made in order to make sure both siblings had equal opportunities.

Progression of the Sessions. The purpose of having sessions is to have some sort of progression from session to session as developments are being made by the client. As sessions progress, the therapist should be continuously trialing new musical interventions as well as formulating new goals. Once all music goals are met within the music therapy space the termination process should be put into place. Both participants 1 and 2 have stated that one of the goals they worked on with their clients was to use the music space for teaching practical skills outside of the music therapy space. More specifically, Ericha said "we'll kind of work through that until we can phase out the music and then start generalizing it to other things." This would help establish a routine and support them in transitioning between home and school. For Ericha, one of the natural progressions that they encountered was their clients getting older. "When individuals get older and more hormones kind of take a play, or lifestyles change, and personalities change as they develop and mature, and other things come up." When this occurs, music therapy might not be the most beneficial resource for them at that point in time. However, they may rejoin music therapy at a later date.

Rajahna would create different songs that went along to their client's daily living activities and would come up pretty frequently. "You know, to really establish a routine. A song about their morning routine. You know what they do in the morning to get ready. What they do when they are transitioning between home and school, and then again from school to home. As well as some different anxiety reduction songs, emotion songs." This was consistent from session to session.

Discharge. Discharge occurs when the goals have been reached and there are no more goals left that are within the domain of music therapy. Discharge can also happen during the evaluation process when the client's needs are outside of the domain of music therapy. It can

happen with something as simple as the client and therapist or client and guardian having a poor interpersonal relationship due to differing personalities. The facility that Ericha works in has a 30-60 day trial for a participant to go through to test if music therapy is the correct service for them to partake in. So, they are working to see if music therapy is the correct modality. If music therapy is not the correct service for the client, referrals are made. “So we're not wasting anybody's time and then appropriate referrals are then made,” Ericha stated. It is important to know when to make these decisions for the benefit of the client. There also might be times when a client will return after discharge. Ericha commented, “when individuals get older and more hormones kind of take a play, or lifestyles change, and personalities change as they develop and mature, and other things come up, they may return to music therapy.” Rajahna was never fully able to fulfill all of the goals with the family she was working with because they were receiving music therapy based on a waiver and the waiver ended and the family was not able to continue. So, there was never a conversation in regard to discharge with this family.

Therapist role

Music therapists provide a music based treatment that fits into the clients needs and therapist created goals. They are able to treat their clients as well as their families throughout the treatment process. This theme includes 4 subthemes: 1) referrals, 2) careteam, 3) therapist role and 4) assessment tools.

Referrals. It is the therapist’s ethical role to have a list of resources and places for each client to be referred to if their needs are not being met in music therapy. Some examples of referrals may be occupational therapy, speech therapy, or physical therapy. Ericha has shared through her experience that they have referred their clients to outside physicians within other disciplines. One example that was given was when “one of the two had so much proprioceptive

seeking going on, that we weren't able to utilize the music in an appropriate way, to be able to make any progress, because we definitely needed OT. We needed occupational therapy to come in and to help. The occupational therapy needs were outnumbered. They were outnumbering the music therapy needs, and it's out of our scope. So I cannot work with that. So yeah, it was the only termination that we did." In some cases, after those needs are met they can return to music therapy to further work upon their goals. Another reason for referrals would be, "if the individuals are not motivated by the modality of music, it's not going to work because that's what we're trying to do. Then that's when I recommend and refer them to play therapy." Rajahna did not mention referrals in their interview because it was mentioned organically by Ericha through an answer to the previous question.

Careteam. Some music therapists work in a facility where there is a care team that includes an abundance of different services with one of them being music therapy. In these types of facilities, music therapists are able to co-treat and work together with different types of therapists in reaching similar goals. Ericha stated that she worked within an inclusive approach. "We have OT's, PT's, feeding therapists, play therapists, psychologists, psychiatric care, med management, primary physicians for all ages, because we work with such a wide variety of ages and diagnosis." Each specialist has the ability to communicate with each other and make referrals to clients within the care team that will most focus upon the client's needs within that moment. When a therapist does not work in a team like this one, it is crucial to have resources available for the client upon request for therapist referrals. Rajahna does not work in a facility where there is a care team or co-treatment.

Therapist Role. The therapist's role in music therapy is to provide the most effective form of treatment that is individually based on their client. The therapist's role is to understand

their client's needs and goals. They will use music as the primary factor in creating successful interventions for their clients. If they are not able to fulfill their client's needs, it is their ethical duty to provide services that will support their client's needs for that moment in time. When working with a set of siblings, the therapist needs to keep in mind that although they are working with both at the same time, primary gains are typically one-sided. It's very challenging as a therapist to be able to reach both of their clients' goals at the same time. Ericha stated, "So when we're working with both kids at the same time, it is very mentally draining because you're tracking two things at once, and if you can't multitask, you're not setting yourself up for success. So oftentimes I'll tell my therapist you're going to be toggling back and forth." A primary goal for the therapist is to learn how to best master providing opportunities for both siblings throughout the session and continuously shifting focus between the two. Ericha states, "we're here to break the box. We're here to not have checklists and to be able to work with what they have, because a lot of it for us as a therapist is discovering what family values are going on outside of the therapy session that we can learn and discover and work with." Rather, they should be able to work with the needs of the clients and how they are presenting in the session. "A lot of it for us as a therapist is discovering what family values are going on outside of the therapy session that we can learn and discover and work with." Therapists must incorporate a lot of moving parts to best support their client and their needs. As a therapist it is important to work in the moment and have realistic goals for your clients to reach. When a therapist is pushing a goal that is not reachable in that moment or appropriate for that client it is creating stress on the therapist, client and their relationship. "And really it's your own fault as therapists, because you are putting up this unrealistic expectation on the siblings to say good job, or to respond in a certain way or not, respond in this sort of way, or sit in a certain way, or move in a certain way,

and that's just not realistic", stated Ericha. So, at the end of the day, it is important that therapists put realistic expectations on their clients and their work within the session space. Rajahna also had a similar experience with tracking the needs of both siblings at once. She had to work within the siblings' pre-established relationship and understand their way of communicating with each other. Keeping these realistic goals in mind, Rajahna said, "So I really tried to have minimal parent involvement in terms of like redirection. But when it was teaching a skill to a parent, then I would have them more involved."

Assessment Tools. Ericha has shared that they are currently using the individual profiles and items to that regard to assess the individuals separately. She says, "I'm also looking for something that's not social skills based because the stuff that I'm finding are like social skills groups or mental health groups. But what I'm specifically looking for are sibling assessments." One of the many/few limitations of this study included the assessment tools needed for therapists when working with siblings. The research is limited and focus around sibling based music therapy is also limited. Something we discussed is using assessment tools that are beneficial and using the parts you are looking to focus on in your session and putting pieces together to create an assessment tool that works for you as a therapist. During the open-ended portion of the interview, Ericha asked me if I knew of any assessments that were sibling focused and shared that they were using the individual's profiles in order to assess the individual separately as they did not have a formal assessment that was sibling based. I shared that I did not know of any sibling-based assessments. This was one of their limitations when working with siblings.

Family

Understanding family dynamics may provide therapists a snapshot of an individual, their relationships and their lives. Each family is unique and should be treated that way by therapists,

they need to dissect and understand each individual's family dynamics. This theme includes 4 subthemes: 1) families are the experts, 2) family, 3) separation of siblings, and 4) fostering relationships.

Families are the Experts. Family members tend to know more about the client than the therapist will since they spend more time with them and see them within various settings. Therefore, it is crucial that the therapist uses that relationship and expertise and takes that information into account when making decisions regarding the client and in goal planning. Ericha stated that, “in the end they're the experts. They're the ones that know more than I do outside of this session, and sometimes I only get the opportunity to work with these individuals one time a week for 60 min. In my opinion not enough.” One of the typical requests from guardians that Ericha receives is the guardians wanting the siblings to just learn to work together. As far as specific or repeated intervention amongst all of their clients, Ericha states, “We don't have one because every single family is different.” Rajahna works within the family’s home, so families are typically involved to some degree in the session space. One of the main goals that this specific family wanted for their children was for them to learn turn taking, who goes first and who goes second, and understanding why. “That played a big part of their everyday life, too. Again, like being twins, the family really separated out like who is going first and who is going second in other areas of their life as well.” When working within the home it may be challenging creating a space that is private without interruptions from other family members. However, in this specific session Rajahna was able to utilize the support from the guardian that was in the home during the session when they needed that extra pair of hands. Rajahna states, “In terms of their roles though, the parents would give a little bit more additional prompting. If one of the clients is trying to elope from a session, then they would call them back and try to get them

re-engaged in the visit. I think maybe that they were just trying to be motivational for them, or to get them to sustain attention a little bit longer during a task they'd offer like verbal praise and stuff like that." Utilizing the parents in the session space may also support them in strengthening their relationship with their child. Even though these sessions are specifically focused on the sibling relationship, it is a form of family therapy, so family dynamics and other family members may have a role in sessions.

Family. Family is an important relationship for individuals to have because it provides connections, emotional support, learned behaviors, a feeling of identity and belonging, and building communication. Not everyone has the same experiences with family and family connections, so it is important to take note of and account for the client's relationships with their family before starting the therapy process. Changes in the relationships and dynamics between clients and their families should also be considered explored within the client's comfort level. Ericha expressed that every family they work with is different and their requests for their child's goals and interventions are also different and based on their needs and wants. However, "the parents or primary guardians usually are requesting, I just want them to play together. We'll discover that it's really challenging for one to play without the other, because there's what this thing called learned helplessness. Where one of the siblings, and it doesn't matter if they're older or younger, I've seen it in both. Where they do the work for the other sibling."

Rajahna does their best in understanding what the family wants but making sure that those desires match the client's goal areas. Since Rajahna works in the home, they can utilize family members and in some situations the family members can be used as a source of familiarity to keep their child on task when the therapist may be having challenges doing so. However Rajahna expressed, "in terms of their family values, I don't know, they just wanted

similar outcomes for their children. And sometimes they'd be more active, and sometimes they wouldn't. A lot of the time though I tried to direct that you know, as a therapist, I'm the one that needs to be directing. So, I really tried to have minimal parent involvement in terms of like redirection. But when it was teaching a skill to a parent, then I would have them more involved." They wanted to create clear boundaries and roles in the session. When there are too many people in charge and creating rules or demands it may be confusing for the one receiving the direction.

Separation of Siblings. Siblings may be separated when the individualized needs are greater than the group needs and those need to be addressed before bringing the siblings together. Ericha shared that there might be times that one sibling might not feel comfortable disclosing certain challenges/emotional struggles in front of their other sibling(s). This would be a time where siblings might be separated to work on their inner struggles before being put together. In some cases Ericha stated, "we will maybe have a sibling session once a month. We'll still meet on a weekly basis. But the sibling part will only happen once a month where the other 3 sessions will be working separately to kind of figure out." The therapist's role during this time will be to support the sibling's personal challenges that may be impacting the sibling relationship. Providing the siblings with private sessions as well as combined sessions with the sibling once a month allows for growth and potential progress while working through their inner challenges. A vital step when working with siblings is that they can identify their own inner challenges in order to focus on dual relationships. Rajahna shared, "instances where they separate their level of engagement would be a little bit different than when they were together. When the siblings were in sessions together, "one sibling was more dominant than the other, and it was consistently like the same sibling." That sibling was dominant in decision making and musical choices. As their therapist it was their job to make sure each sibling had equal opportunities within the session

space and educate the siblings on the importance of sharing and turn taking. Rajahna stated that it wasn't necessary that they needed to respect each other, but "more about accepting that it had to be a certain way. It can't always be one sibling going first to tasks and directives. So they just always had to take turns that way, not necessarily because they wanted to. More, just to get through that session, or just get through their day to day."

Fostering Relationships. Fostering a relationship requires an equal understanding of each other with the common goal of building a relationship with each other. Building positive relationships can provide clients with a strong sense of purpose. In most family situations, siblings are born into each other's lives, so they develop their interpersonal relationship from the beginning. However, there are some cases such as adoption and fostering where siblings start their relationships after already having a previously established life before each other. Ericha worked with clients who were experiencing these new relationships. She remarked, "There's only one occasion where I'll have a foster care situation where somebody was newly added to the family where we're working on a sibling session, and we're kind of working with a blank canvas, where we've got this family that's already established with this one child. And then all of a sudden, a new child comes along, and that's like, oh, okay, and now we're discovering this together." They shared that this was a challenge for the siblings because they were bringing a new child/sibling into their pre-established family. This can be a challenge for everyone in the family and everyone needs to work together towards creating this new relationship in order for growth to take place. Rajahna did not have a lot of focus on the fostering of the sibling relationship because they already had a pre-established bond. They believed it was such a strong relationship due to the fact that they were twins, with the same diagnosis and were the same gender.

Discussion

The purpose of this study was to find the music therapist's perception of the benefits and challenges when working within a sibling structure, with at least one sibling identifying as neurodivergent. This study was a thematic analysis of semi-structured interviews. The foundation of the research questions included: 1) Any additional training the music therapist has completed; 2) The work done with both of the siblings within the session space with specific examples; 3) The level of participation between the siblings and if it has changed over time; 4) Any recurring themes; 5) Examples of verbal and nonverbal communication; 6) If there are any therapeutic gains when working with the siblings in a shared musical space; and, 7) If there are any parental or familial influences on the sessions. After each response I had the ability to ask follow-up questions to further my understanding of the information that they have shared.

Throughout the interview process, both participants provided unique first-hand information about their experiences when working with siblings. Some of the key points that seemed salient that stemmed from the subthemes were: the families are the experts, the adjustments of musical variables to the needs of the session space, the creation of client centered realistic goals, the sibling relationship dynamics, and the awareness of oneself.

From what the participants shared, it was evident that the families are the experts; they spend the most time with the client outside of the session space, so they tend to have the greatest understanding of their child's tendencies and interests. The participants shared views that align with several of the authors in the *Music Therapy with Families* book. The therapist will have a deeper understanding of the client within the session space and can provide the parent/guardian with further knowledge of their child when needed and vice versa. These two different viewpoints will provide a more complete picture of the client when working towards the

therapist's created goals. When working within a family centered approach, it is vital to have a cohesive team between the therapist and the parent/guardian. Music therapy can also be a vital step for a family because it may support the families in repairing bonds and creating potential growth and development of the family/sibling relationship. Music therapists are an integral part of educating care takers. They promote a beneficial and cohesive working relationship between the parents and therapist. With continuous education, the parents may have the ability to strengthen relationships within their family dynamics as well as their own personal relationships. Ericha and Rahajana both found that educating the parents was beneficial throughout the therapeutic process. Ericha also shared programs for parents to further their knowledge and support systems. However, in my findings how these educational supports translated into the outside world were not discussed to the extent that Pavlopoulou et al. (2022) had explained in their essay.

Constantly changing musical variables in session space are beneficial because in life things are always changing. New skills need to be developed as the clients are meeting different developmental points in their lives. Music therapy is a controlled environment that allows for change to take place as well as the ability to go back to the original state when the client may not be ready to move forward. The therapist can try different variables with their clients to practice for when there may be a change in their life outside of the session space. One of the goals of music therapy is to develop the clients as self-actualized individuals, so that they are more readily equipped to face the current challenges of the world. This finding supports the information from The American Music Therapy Association’s research when they listed a whole plethora of life skills that can be set as goals as areas for clients to improve upon. A commonality that is seen within clients is the tendency to get stuck within routine. If music therapy sessions do

not change, then the sessions just become another stagnant component to their daily lives. Changing what happens in sessions is a way to develop this skill over time. When changes occur, siblings have the ability to work through them together because they tend to be going through similar changes as they are also developing. Siblings can be used as peer support or a role model because their parallel growth may cause their input to be more effective than that of an authority figure.

Goals should be client centered and realistic. It can be common for therapists to focus on aspects of therapy that may not be important in growth or towards goal work. It is easy to expect a lot from a client in every session and for them to reach their goals quickly. Goals need to be created in steps and be realistic for their clients to meet. Once that goal is met then the clients can begin to expand and work on the next. Also, lofty goals can lead to frustration from the families since their child will seem to go extended periods of time without reaching their goals even if progress is being made. This may lead to a strenuous relationship of the family/sibling dynamics and the siblings may blame themselves or each other for not reaching their goals. Both participants shared the common goals of their clients, their goals were different because they were focused on what was needed for their clients. Although specific trends occurred in both of their experiences when working with siblings, their primary goals were not the same.

Understanding the current needs of each sibling individually may be a difficult task for the therapist to follow, but it is a crucial skill for them to learn and master. My findings from Ericha and Rahajana supported the ideas found in Aksoy & Bercin Yildirim (2008). They both understood the importance of tailoring each sibling's experience to fit their needs. Their mentioning of all of the factors that must be accounted for when creating a session/goal plan indicate that they agree that client individuality must come first before a group plan can come

into thought. One of the factors that the therapist needs to understand in a sibling session is when they need to be done individually before they can be done together. Some factors that may influence the separation of siblings are if they are beginning to build codependency that may lead to the inability to be independent or when one of the siblings needs to work on personal challenges that can't be met in a group setting. The neurotypical sibling may also need to be given tools to interact with their neurodiverse sibling since the experience may be something that they have never come across in their lifetime. In their work, Wright and Benigno (2019) also mention how parents are often given guidance on how to deal with neurodiverse children since they are the caretakers but siblings often are unintentionally left to navigate this new obstacle alone. When these challenges are not present, sibling relationships can be some of the strongest and most useful relationships for a person to have.

On some occasions, some siblings need to understand themselves in the session space before they can participate in sessions with their siblings. Independently with a music therapist, they could be working on many different aspects such as self-regulation, emotional regulation, communication and the exploration of why sibling therapy can be important. The therapist should be supporting the clients in recognizing their own personal strengths, needs and how to find that in their own way. If they are not able to have inner balance and understanding of themselves, it can be challenging to work on interpersonal relationships. As stated above, although sibling relationships can be greatly beneficial, it is important for the client to build their own identity and inner regulation independent of others in hopes to seek the benefits of sibling music therapy. Some of these benefits include fostering relationships, communication, peer support, family cohesiveness, turn taking and emotional understanding of others.

Limitations of Study

During the recruiting process, I posted on music therapy two Facebook pages, “Music therapy and Autism Network” and “Music Therapists Unite.” I also reached out to different music therapy companies across the United States where I thought that people who would fit my selection criteria might work. I reached out to about five different companies and only received a response from one person who did participate in the research. Having limited responses and participants created limitations in the amount of data I could pull from. Not being able to provide direct experiences from a higher number of therapists that work within this form of music therapy limited the depth of material I could analyze. Research has shown that there are music therapists who work within a family centered approach, however, not many of these therapists work solely with siblings in sessions together without parent or guardian involvement.

Originally, my study included three participants. However, after the third interview the recording was lost, and I was not able to have a transcript to analyze. Unfortunately, despite my continuous efforts to look for more research participants I was not able to find another participant. Due to these factors, I was only able to have information from two participants.

Throughout the interview process I was able to ask further questions as they arose throughout the interview process. However, after analyzing the interviews there were moments that I wished I asked further questions about relationships or the parents' involvement/feedback from the sessions. I wanted to elaborate further on my findings, but I did not ask the questions or have the information to provide answers for the questions that came up.

Another major obstacle in this field of research is the lack of pre-existing studies on the topic. After reviewing the literature, it was clear that there was a lack of research surrounding the area of sibling-based music therapy. Tsao et al. (2012) also mentioned that due to the lack of

research there is limited proof to support positive sibling relationship outcomes. Ericha then pointed out that she has yet to find an assessment tool that is specific to sibling music therapy. The lack of research has created limitations in finding suitable ways for music therapists to effectively work and document goals/progress in sibling music therapy. Within my findings, Ericha and Rahjana have shared through their personal experiences/discoveries that there is work out there that can help defend the idea of sibling-based music therapy, but it isn't being presented. With their findings, I am hoping that my study can help bridge this gap and provide more clarity in the field going forward.

Future Research

Future research could continue to explore the work that therapists do when working with siblings. Since there are limitations in the number of therapists who work within this framework, I hope that the therapists who do this work begin to conduct their own research. This may encourage and expose other therapists to the potentials in the field. It would be interesting for researchers to explore the siblings' personal experiences from receiving this style of therapy. If possible, research should include their personal experience and emotions before, during, and after receiving music therapy. I believe that gathering client experiences will provide music therapists greater insight into what may or may not be working within therapy. Another additional focus for future research in this area would be including the perspectives of parents/guardians who could reflect on any changes they observe from their children as a result of receiving music therapy. More research could further examine music therapy as a modality in supporting siblings' relationships as well as providing music therapists with knowledge in this form of music therapy. A goal and potential outcome from this research may be having more therapists and music therapy companies provide sibling-based music therapy.

In addition to music therapists, future research can include perspectives from other professionals. These professions can include occupational therapists, art therapists, dance therapists, and talk therapy. Including other professions can broaden the scope and may provide different perspectives and insight to this topic. In addition another change can be the length of time the therapist is working at their company to expand upon the participants that are eligible to participate.

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