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Adapting to Change: How the COVID-19 Pandemic has Impacted the Music Therapy Profession

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Article Info.

Abstract

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COVID-19 was declared a global pandemic on March 11, 2020. Since then, it has had an undeniable impact on many aspects of society, with far-reaching effects. The COVID-19 pandemic has likely affected music therapists in various ways, as they typically work in-person with their clients, often in healthcare related settings. This study aims to investigate the COVID-19 pandemic's impact on the professional practice of music therapists.

A questionnaire was shared online to certified music therapists around the world during the early stages of the COVID-19 pandemic. There were three broad areas of inquiry that the questionnaire covered, including the situational changes and/or practical adaptations that music therapists have seen in their clinical practice, music therapists' utilisation of technology in their practice in the transition to virtual therapeutic settings, and music therapists' current self-perception of their professional identity.

Results show that music therapists have adapted their professional practices in various ways, resulting in a diverse range of clinical settings. In some circumstances, music therapy has been deemed as an essential service, and music therapists have continued their practices in health care facilities. In others, music therapists have had to shift their practice to a telehealth model of care in order to resume seeing their clients in a virtual therapy setting. The divide between essential and non-essential music therapists is evident from the range of clinical settings reported, and stems further into music therapists' perceptions of their professional identity. Music therapists who have transitioned to a virtual practice reported some positive business-related outcomes, but also reported limitations to their approaches and use of specific interventions. Results also indicate that there is some hesitancy or uncertainty in regard to relevant data protection laws and their applications within a virtual music therapy practice.

1. Introduction and Background

COVID-19 was declared a global pandemic on March 11th, 2020. Music therapists around the world have been forced to adapt their professional practices in various ways, resulting in a diverse range of settings and situations for music therapists to practice in. Music therapy clinical practice is often characterized by its ability to adapt and change, because of the profession's inherent reflexivity, which allows the flexibility to meet clients' needs at a moment's notice during a session (Bruscia, 2014: 46-47). However, the COVID-19 pandemic saw the adaptive skills of music therapists tested on a much broader scale, potentially having a lasting impact on many aspects of clinical settings, professional practice and identity.

Bruscia provides this working definition of music therapy: 'Music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research' (2014: 46). Thus far, the definition of the profession of music therapy has remained consistent through the diverse range of settings that music therapists may work in, while utilising various approaches and methodologies to guide their practice. Some music therapists work in facilities such as hospitals, rehabilitation centres, schools, or long-term care homes. Some music therapists own their own business and work from their own music therapy clinic, or secure contracts in clients' homes or places in their communities. Music therapists work with clients of all ages, from paediatric to geriatric. As research in the field has progressed, music therapists have been able to add more clinical tools to their metaphorical tool box, which often come into use in moments of adapting or pivoting.

The profession of music therapy has evolved over time largely by responding to society's shifting needs, figuring out and developing the methods and applications in which they can fill a gap of care and provide something sought-after in trying scenarios (Byers, 2016: 121; Clair, 2007: 76). An example can be seen in the professionalization of music therapy, which was initiated in the United States after the end of World War II, when music was used in the Army's Reconditioning Program (Byers, 2016: 98). The development of the profession can be seen in line with social advancements in history. Moving to the present era, recent advances in technology have influenced clinical work and research in music therapy, allowing advancements in approaches such as Neurologic Music Therapy which uses EEG and fMRI technology in their research in order to better understand music's effect on neural networks (Byers, 2016: 102). Thus, in its evolution, music therapy practice and theory have been shaped in various ways by societal processes and occurrences (Byers, 2016: 98-103; Aldridge, 2005: 21-22).

The ability to adapt to current needs is characteristic not only of music therapy as a profession, but also of music therapists' practices. However, the characteristic qualities of music therapists and the collective identity of the practice must differ from the definition of the profession itself, according to Bruscia (2014: 192-193). Bruscia argues that 'the profession of music therapy has to define itself according to the discipline, rather than according to its socioeconomic or political environment' (2014: 193). It is important to consider that while global crises (such as the COVID-19 pandemic) may put to use music therapists' characteristic ability to shift and respond to what is needed in the moment, the definition of the profession itself remains consistent. This phenomenon, of

maintaining the defining pillars of a profession whilst pivoting practice in response to societal crises has the potential to shift the collective professional identity of music therapists.

That being said, it comes as no surprise that the COVID-19 pandemic likely has had an impact on music therapists' practice in one way or another, whether in regards to employment, therapy setting, clinical populations, or the necessary development of new clinical tools to adapt very quickly to a changing society. Consistent with general protocols to slow transmission of COVID-19, it is likely that music therapists working within a healthcare setting were wearing more PPE (personal protective equipment), sanitizing equipment more frequently, and maintaining distance where possible. There are several possible implications of how these practical measures could affect the ability and quality of the practice of music therapy such as vocal projection through a face mask, playing instruments with gloves on, distribution of instruments to clients, and mobility within the facility itself.

Social distancing measures were part of a global response to decrease human-to-human contact in the hopes of slowing down the transmission of COVID-19 (Public Health England, 2020). In an effort to facilitate social distancing conditions, it was recognized that telehealth could, and should play a crucial role in the delivery of healthcare (Smith, Thomas, Snoswell, Haydon, Mahrotra, Clemensen and Caffery, 2020: 309), and thus has seen rapid adoption across international healthcare organisations (Wosik, Fudim, Cameron, Gellad, Cho, Phinney, Curtis, Roman, Poon, Ferranti, Katz and Tchong, 2020: 957). The term telehealth relates to activities used in delivering care without face-to-face or physical contact with a patient (Wosik et al.; 2020: 957). As it relates to music therapy, telehealth's key strength is in its function to operate as a delivery tool for therapy, assisting in video consultations, ongoing care, and creating a perception of normalcy for its clients (Smith et al.; 2020: 310; Wosik et al.; 2020: 959).

Using technology as part of the music therapy process can be beneficial for numerous reasons, with various scholars reporting on its efficacy in different clinical settings. Given that a majority of music therapists reported using music technology as part of their clinical practice (Hahna, Hadley, Miller and Bonaventura, 2012: 460), this may suggest high relevancy as it relates to technology use and clinical competence. Krout reported positively on how the use of Skype can support song-writing experiences (2010: 84), while Magee argues that using music technologies provide an immediacy to engage the client (2014: 364). Nagler, (2014: 350) argues that the data created by using music technology in relation to clinical interventions can also function as replicable clinical data, giving the therapist a clear view into data most efficacious to practice (for example, a clients' preference in music for listening). In regards to the professional role of the therapist, Magee argues for the requirement of being flexible in one's role while using technologies, with the therapist functioning as teacher, consultant, or observer (2014: 366).

However, such adaptations may pose challenges and risks to music therapy practice. Nagler (2014: 358) continues, stating that it is essential the therapist has considerable mastery of any device used in the therapeutic process as well as establishing best practice methods (for example, a regulatory framework) to maintain and store digital files. Similarly, Hahna et al. (2012: 462) reported a need for training in relation to clinical practice was needed. A challenge not unique to music therapy is the integration of telehealth software in a clinical setting, since

there is little standardized information as to how to establish it with common treatment protocols (Rowland, Fitzgerald, Holme, Powell and McGregor, 2020: 4).

If therapists are compelled to adopt telehealth technology as part of their practice, it is unknown, exactly, how disruptive it has been in integrating the technology as part of their practice, and what impact this has had professionally. This gap in the literature is substantial as previous research highlights risks in the use of technology interrupting a music therapy sessions' momentum (Magee, 2014: 362); increasing demands on the therapist to learn how to use technology while being flexible to adjust in their professional role (Nagler, 2014: 356); and navigating an ambiguous regulatory framework surrounding the use of technology in a clinical setting (Choi, Kim, Nah and Kang, 2019: 255; Rowland et al.; 2020: 4). Managing these unique challenges in music therapy practice during the COVID-19 pandemic may require updated methods of practice and treatment methods underexplored as part of the profession.

The purpose of this study was to investigate the COVID-19 pandemic's effect on the professional practice of music therapists. Specific research questions were as follows:

- How has the COVID-19 pandemic impacted music therapists' practices?
- Does a global pandemic change music therapists' self-perception of their professional identity?
- How has music therapists' use of technology in their practice changed during the COVID-19 pandemic?

2. Methods

2.1 Participants

Music therapists from around the world were invited to participate in an online survey focusing on the COVID-19 pandemic's effect on the practice of music therapy. The survey was shared primarily through social media outlets Facebook, Twitter, and LinkedIn, and was also shared via email to the researchers' global professional networks. The survey was distributed for four weeks from May 15, 2020 to June 12, 2020. A total of 77 music therapists consented to take part in the survey. Of the participants, 38.2% (n=29) were from the United States, 11.8% (n=9) were from Canada, 11.8% (n=9) were from the United Kingdom, 9.2% (n=7) were from Spain, and 30% (n=23) were from other countries (1 from Belgium, 1 from Chile, 2 from China, 2 from Estonia, 3 from Germany, 2 from Greece, 2 from Hong Kong, 1 from Latvia, 1 from Lithuania, 1 from the Netherlands, 3 from Norway, 1 from Portugal, 1 from Serbia, 1 from Singapore, and 1 did not indicate their country of practice).

2.2 Procedure

A cross-sectional descriptive survey design was implemented using a self-administered questionnaire that was developed by the authors. After development, the questionnaire was piloted to ensure clarity and to estimate the completion time frame for future participants. The survey included both open- and close-ended questions

regarding demographics, current employment situation, clinical setting, practical adaptations, data protection and confidentiality, telecommunications platforms, and professional identity. Consent was obtained after reading the privacy notice as provided by the University of Jyväskylä, and agreeing to continue with the questionnaire. Participation in the study was voluntary, and no personal identifying information or contact information was collected. It took approximately 15-20 minutes to complete the survey.

Webropol was used to collect the data and export data reports for analysis. Reports were exported into a Microsoft Word file. Researchers could then read all of the responses to gain a general understanding of the responses and verify the content of the data before continuing with further analysis. The researchers approached the thematic analysis inductively, by reading the open-ended responses multiple times in order to gain a deeper sense of familiarity of the content as a whole (Braun and Clarke, 2012: 57-70). Themes that reflected the underlying meaning of the text emerged, and were condensed to establish codes. Once the thematic codes were agreed upon by the researchers, the open-ended responses were coded independently by two researchers. Coding analysis was complete once an agreement was reached between the two researchers' coded data.

3. Results

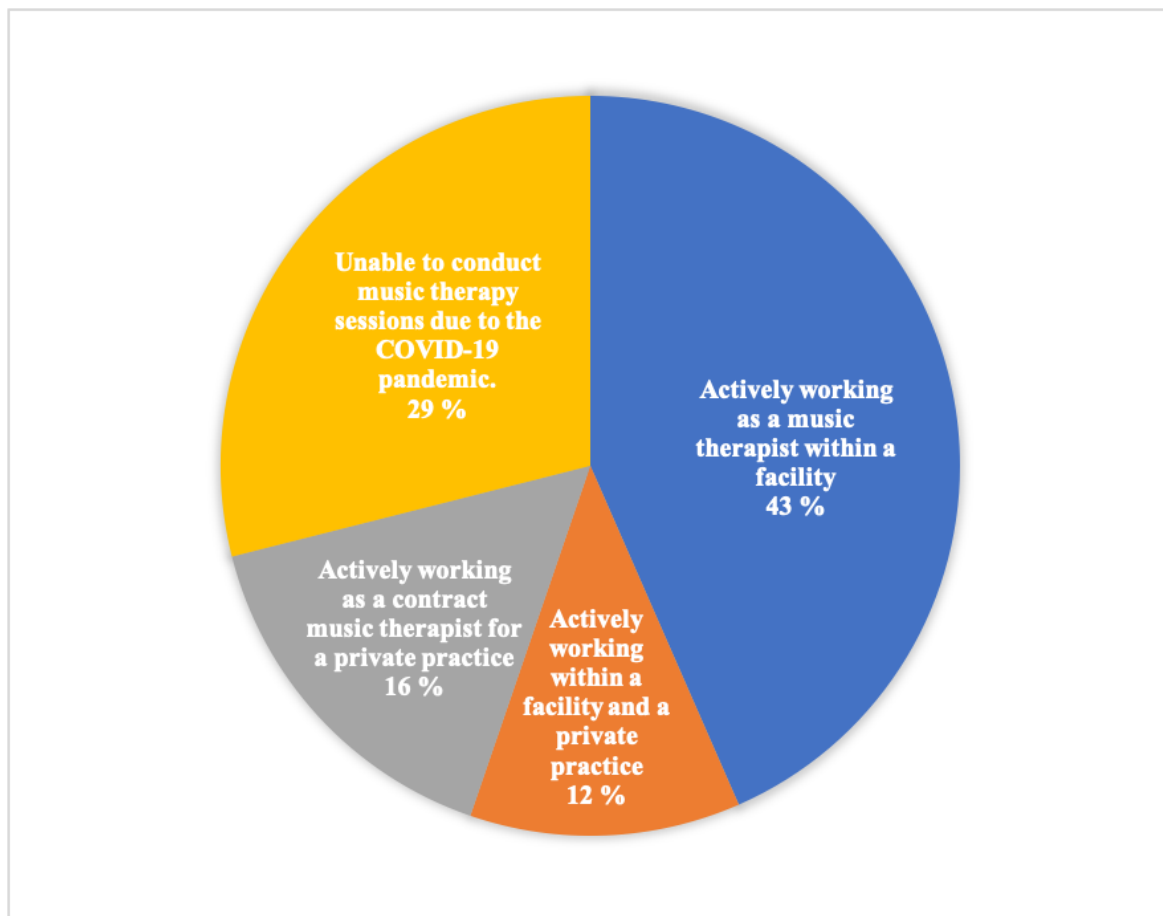
3.1 Demographics

As previously stated, 77 participants from 18 countries responded to the questionnaire, with the most represented country being the United States (n=29). In terms of highest level of education for participants, 59% (n=45) of participants held a Master's Degree, 29% (n=22) had a Bachelor's Degree, 8% (n=6) held a Doctoral/Professional's Degree, and 4% (n=3) held a College Diploma. When asked how long participants had been practicing music therapists, 38% (n=29) had been practicing for less than 4 years, 22% (n=17) were practicing for 5-9 years, 11% (n=8) had been practicing for 10-14 years, 9% (n=7) had been practicing for 15-19 years, and 20% (n=15) of participants had been practicing music therapists for 20 or more years.

3.2 Employment

At the time of survey distribution (between May 15, 2020 and June 12, 2020), 71% (n=54) of music therapists were active in practice, and 29% (n=22) were unable to work due to the COVID-19 pandemic. A complete breakdown of music therapists' employment can be seen below in Figure 1. The therapists who reported being unable to work due to the COVID-19 pandemic were asked a follow up question to briefly explain why they were not able to practice. Four main themes emerged from the responses: 1) externally enforced restrictions or closures prevented therapists from active work, 2) clinical populations (safety concerns working with patients in a vulnerable health state), 3) difficulty/inability for clients to transition to virtual therapy environments (access to the needed technology and internet connection), and 4) the therapist travelling/moving to quarantine elsewhere.

Fig. 1 Music therapists' employment situation during the COVID-19 pandemic

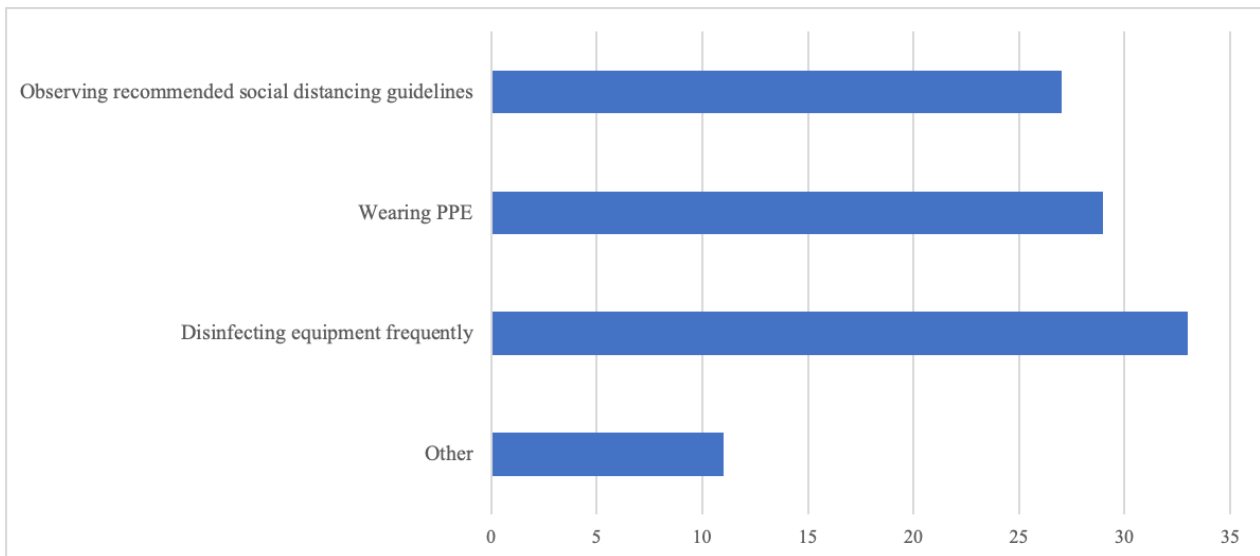


3.3 Clinical Settings

Of the therapists who were actively working within a facility at the time of data collection, 27% (n=12) were working in a psychiatric hospital, 24% (n=11) were working in a long-term care facility, and 22% (n=10) were working in a medical/rehabilitation hospital or clinic. Sessions within these facilities were primarily taking place in the client's room (n=16), a public room within the facility (n=16), music therapy clinic space/office (n=13), a private room (n=8), or virtually (n=6). Other responses indicated that sessions were also taking place in hallways, doorways, balconies, gardens, or other outdoor spaces. Virtual therapy sessions are largely taking place within therapists' homes, in a private room (n=21). Other virtual therapy settings selected by participants were in an open space within the home (n=4), in a clinic space outside of the home (n=3), and in an office outside of the home (n=6).

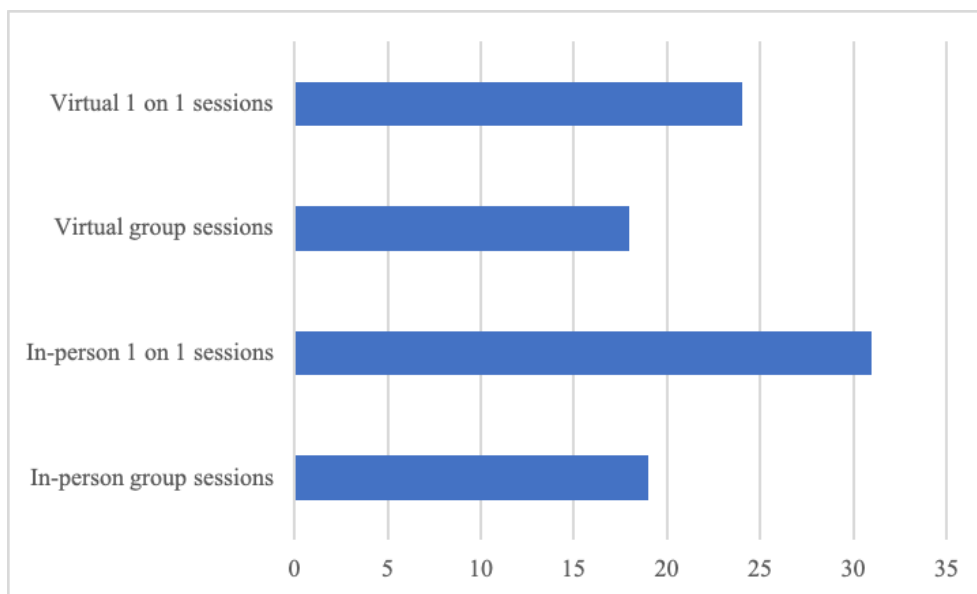
Therapists who were actively working within a facility at the time of the survey, during the COVID-19 pandemic, had to make several practical adaptations to their practice in order to prevent the spread of the virus. Respondents (n=37) were able to select all applicable answers to this multiple-choice question. Results are presented in Figure 2, below. Other responses (n=11) show limiting materials/instruments that are being used in sessions, and a move away from group sessions all together.

Fig. 2 Practical adaptations made to practice within a facility



The types of sessions that were being conducted during the pandemic, were primarily individual sessions, either in-person or virtual. Below, Figure 3 shows the types of sessions that music therapists were conducting during the COVID-19 pandemic. Participants could select all applicable answers.

Fig. 3 Types of sessions conducted during COVID-19



3.4 Case Loads

It appears as though there is not a specific clinical age group that was neglected due to the COVID-19 pandemic. Figure 4 (below) shows the clinical age groups that therapists were working with during the COVID-19 pandemic. Participants could select all applicable answers.

Fig. 4 Clinical age groups seen for music therapy sessions during COVID-19

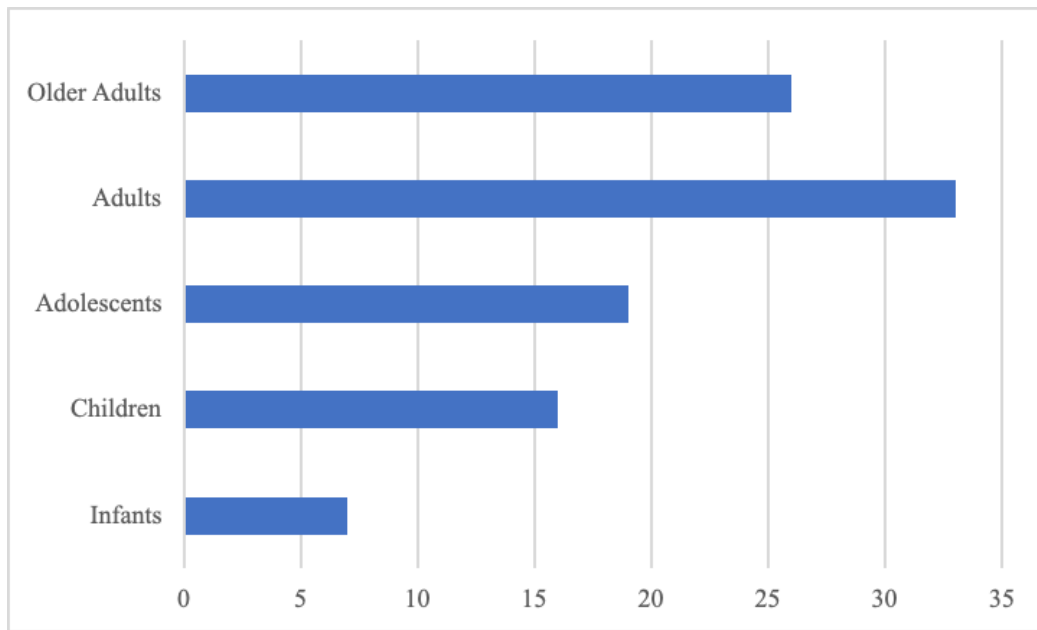
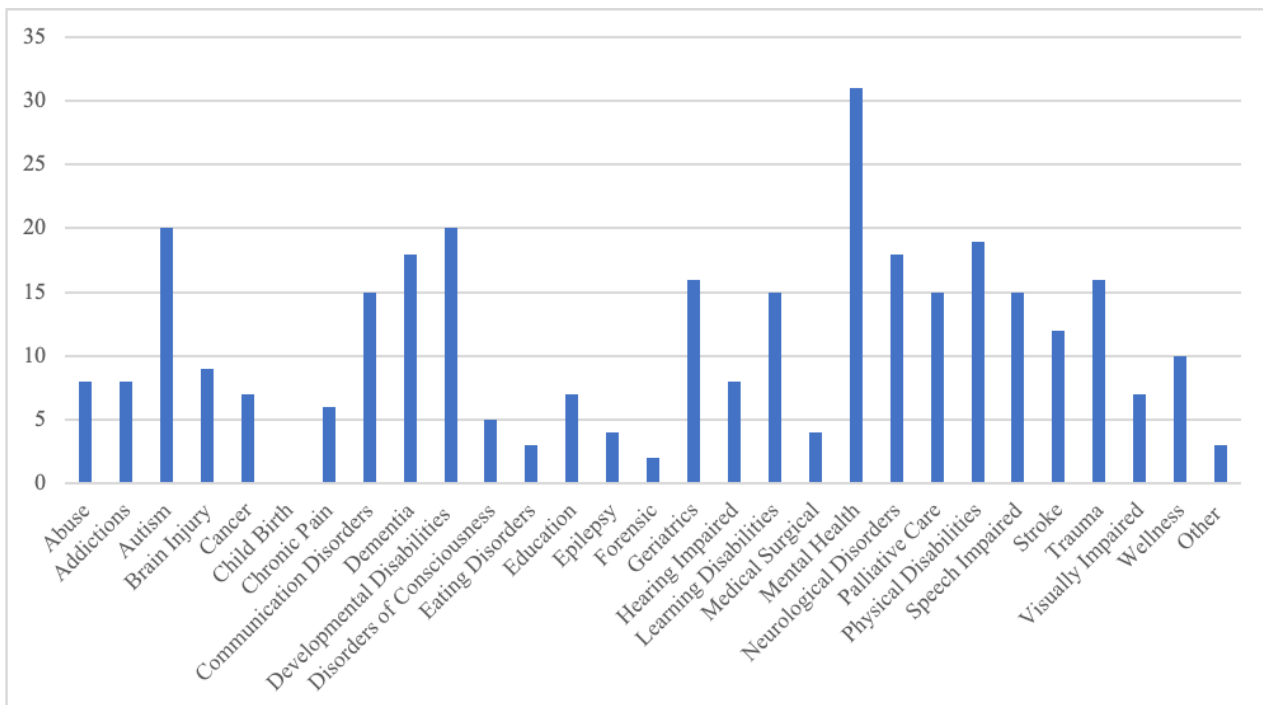


Figure 5 (below) shows the clinical populations that therapists were working with during the COVID-19 pandemic. Participants could select all applicable answers.

Fig. 5 Clinical populations seen for music therapy sessions during COVID-19



The majority of participants (61%, n=32) reported seeing fewer clients than before the declaration of a global pandemic on March 11, 2020. 28% (n=15) are seeing the same number of clients in their caseload, and

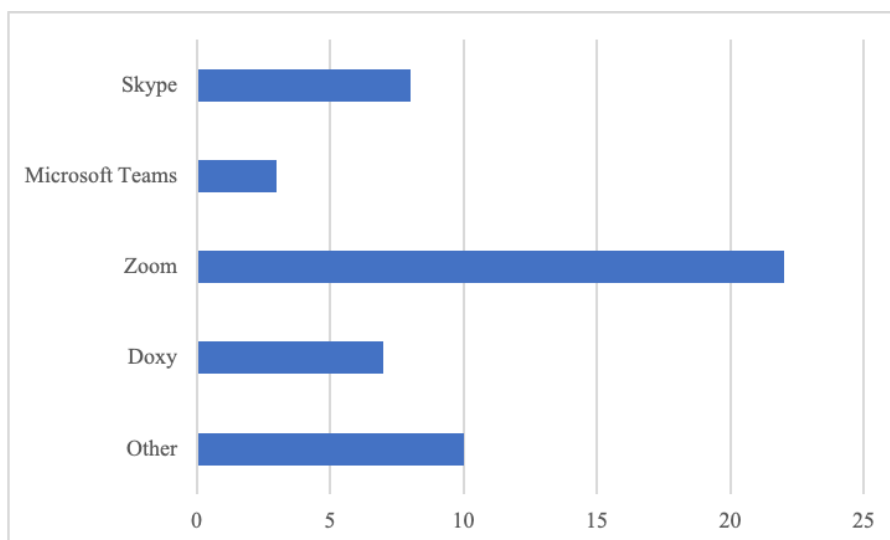
11% (n=6) are seeing more clients than before the pandemic. In terms of referrals, just 11.5% (n=6) of participants had seen an increase in the number of usual referrals since the declaration of the pandemic. 35% (n=18) saw no change to the number of referrals, and 54% (n=28) of participants were receiving fewer referrals, or a stop in referrals entirely since the start of the pandemic. Though 71% of respondents (n=35) did not see a change in the types of referrals they were receiving, those who had seen a change in the type of referrals (29%, n=14) cited differences in clinical populations, changes in referral procedural protocols, or different types of referrals due to the availability and accessibility of virtual work.

It appears as though music therapists were generally not working with clients who had tested positive for COVID-19. Participants who responded that they had worked with clients who had tested positive for COVID-19 (n=5), were asked to briefly describe the primary aims and objectives for these sessions. Of the coded responses, 44% were mental/psychological aims such as addressing anxiety, fear, trauma, and providing stability and security, 31% related to social aims in regard to reducing isolation and loneliness, and 25% of coded responses related to physiological aims, which included substance detox and palliative needs. Some music therapists (17% of respondents, n=9) had conducted music therapy sessions for other health care professionals. Aims for sessions with other health care workers centered around 1) mental health support, with respondents describing anxiety management, grief work, and addressing trauma, 2) preventative aims, primarily in regard to burnout, and 3) staff wellness, often to encourage a sense of unity and increase morale.

3.5 Virtual Music Therapy

Music therapists who were conducting virtual music therapy sessions were asked which telecommunications applications they were using for their sessions. Figure 6 below shows the responses. Therapists could select all applicable answers. Responses under the “Other” category included other professional/business teleconferencing applications such as WebEx and Confrere, personal video/audio calling applications including FaceTime, WeChat, and WhatsApp, and Google software for video conferencing: Google Meet and Google Hangouts.

Fig. 6 Telecommunications platforms used for virtual music therapy sessions



In order to accommodate the use of video conferencing applications as virtual therapy settings, music therapists have made a variety of practical adaptations. Four overarching categories emerged as themes from responses of music therapists (n=28): 1) session planning 2) communication 3) intervention adaptations and 4) skill acquisition (learning technology needed to conduct virtual sessions). Many respondents described using fewer instruments, changing the format of sessions (more, shorter sessions with smaller groups), and making physical adaptations to their therapy space. An increase of communication was seen with clients or clients' caregivers in regard to session planning, or ensuring audio/visual quality. Intervention adaptations included receptive approaches and a move away from collaborative music making.

Many of the same themes were seen in descriptions of how technology has impacted therapists' practice of virtual music therapy. Responses revealed that the impact was seen in four areas of therapists' practice: 1) communicative/connection – therapists commented on a general struggle to establish connection, or to interact in familiar ways with their clients, leading to a change in communicative methods within sessions, 2) visual limitations – because of the restricted view, therapists are only able to view what is in the frame of the client's camera. In addition, poor quality of video connection can make it difficult for therapists to view more subtle responses or facial expressions. 3) Business – results indicate that technology has had a positive business impact, by making it possible for many music therapists to continue seeing their clients. And 4) intervention-specific impacts (see above).

Music therapists who had been conducting virtual music therapy sessions were asked to share positive and negative outcomes that they had noticed. In terms of positive outcomes, four themes emerged from the data: 1) private practice/business practicalities, 2) clinical observations/therapeutic outcomes, 3) external feedback, and 4) personal reflections of the therapist. Therapists saw increased attendance and retention rates, as well as a savings in travel costs and time. They report their clients as feeling more comfortable in their own spaces, leading to higher engagement and fewer distractions in sessions. Therapists responded that co-workers, other staff members, and caregivers who have been more involved in the virtual music therapy sessions have learned more about music therapy and have offered positive feedback. Personal reflections were mainly aimed at qualities music therapists have gained by adapting to a virtual therapeutic environment, and being able to offer a safe place to continue therapy.

The responses for negative outcomes revealed four broad themes: 1) quality of interaction, 2) technology difficulties, 3) private practice/business practicalities, and 4) therapist fatigue. Many therapists noted that the quality of interactions themselves seemed poorer than what they would experience in-person, due to communicative difficulties, and an inability to interact cooperatively with live music. This was often paired with the theme of technology difficulties, those of which included audio latency, poor connection issues, and visual delays. In terms of private practice/business practicalities, music therapists noticed some clients were unable or unwilling to take part in virtual music therapy sessions for various reasons, and an increase in scheduling/administrative tasks. Many respondents commented on a sense of fatigue, due to the increased screen time, and physical strain on posture and the voice.

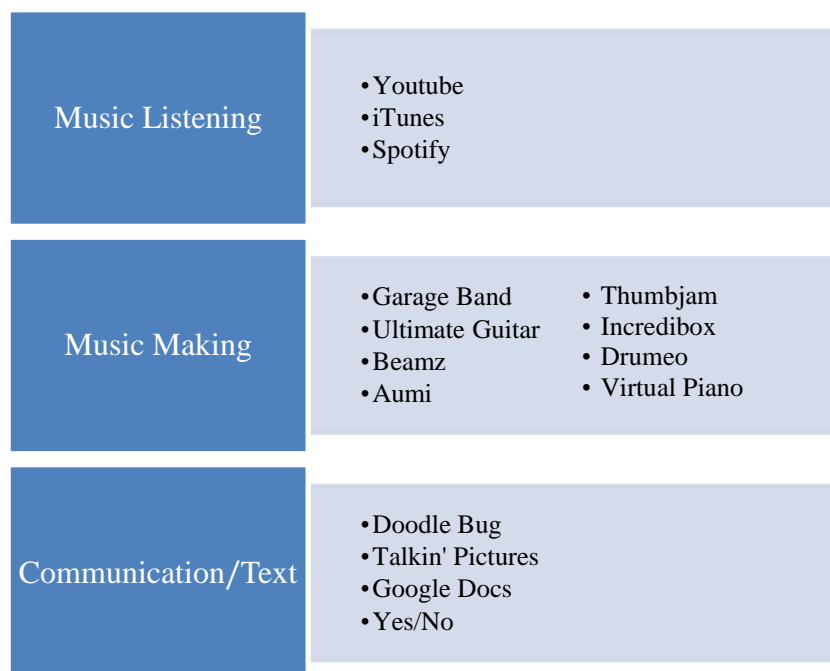
The majority (65%) of respondents (n=19) were following guidelines concerning online work provided by their professional association. Professional associations had not provided such guidelines according to 28% of respondents (n=8), and 6.9% (n=2) stated that they were not following the provided guidelines. When asked to briefly list the guidelines being followed, responses from therapists include guidance from a specific professional board or association such as AMTA, BAMT, CAMT, or the HCPC (Health and Care Professions Counsel), platform specific guidance such as HIPAA compliant or encrypted platforms, additional consent documentation, or practical/physical adaptations to the therapy space.

Specifically, in terms of relevant data protection laws, such as HIPAA (Health Insurance Portability and Accountability Act), HIE (Health Information Exchange), or GDPR (General Data Protection Regulation, 67% (n=20) of respondents have taken into account these precautions for their virtual practice, while 33% (n=10) have not. Music therapists were asked to describe additional precautions made to their practice to ensure relevant data protection laws were being followed while practicing virtually. Four categories emerged from the responses: 1) Environmental adaptations, 2) cybersecurity/encryption/password use, 3) telehealth/organisational compliant software, and 4) additional consent/online agreement.

3.6 App Usage

Whether because of the transition to a virtual therapeutic environment, or using less instruments in sessions for sanitary reasons, some music therapists indicated using apps as clinical tools. Music therapists shared the apps that they were currently using, and those responses are included below in Figure 7 as a resource for readers.

Fig. 7 Reported apps used as clinical tools



3.7 Music Therapists' Professional Identity

Professional identity was defined within the questionnaire as describing “a collective understanding of a profession as well as an individual’s sense of self within the professional role”. Results indicate a divide in the profession, with 43% (n=23) feeling as though their professional identity as a music therapist had changed since the declaration of the COVID-19 pandemic, and 57% (n=30) of respondents feeling as though their professional identity had not changed. Music therapists were asked to share some words describing their current perception of their professional identity, and the responses were analysed to reveal six themes: 1) feeling/fulfilling a different role/profession, 2) music playing a different role within therapy, 3) no change, 4) positive, 5) limited/negative, 6) client-specific/therapeutic aims. Examples of responses are included in Table 1, below.

Table 1 Respondent's current perception of professional identity

Theme	Example Quotes
1) Feeling/fulfilling a different role/profession	‘I honestly feel more like an entertainer than a therapist’ ‘I feel like parts of my role include social work as well as music therapy’
2) Music playing a different role within therapy	‘I have defined my practice as active music making, which I am unable to safely do in the current situation. I have expanded my sessions to incorporate other expressive activities to enhance music listening experience and moved to more receptive experientials and away from directives.’
3) No change	‘I believe strongly in a strengths-based, relationship centered approach to music therapy. Although the virtual space does not always allow me to use the same approaches I use in person, I don’t believe that my professional identity must change.’
4) Positive	‘One aspect of my professional identity has been further reinforced and secured during the pandemic is that music therapists are on par with other mental health professionals. Many colleagues, friends, and members of the public have highlighted the impact of the pandemic on the mental health of society as a whole and I see so clearly how music therapy can assist some people during this time.’
5) Limited/Negative	‘... I haven’t been able to function as a music therapist and [it] is a profession that becomes fragile when you can’t meet your clients.’
6) Client-specific/Therapeutic aims	‘I need to address societal traumas in sessions on a regular basis to support patients during times of increased stress on society.’

Of the respondents who were working as a part of a team of health care workers (n=38), 53% (n=20) reported feeling as though their role within the healthcare team had changed due to the COVID-19 pandemic situation. The changes described were found to belong to three general themes: 1) cross-functional role, 2) interaction/collaboration with colleagues, and 3) limitations. Music therapists feeling that their role within the team has changed to that of a cross-functional one, are adapting their work to respond to the needs of the team as a whole, including tasks typically outside music therapists’ scope of practice. Responses indicated that interdisciplinary collaboration had increased, and music therapists within a health care team are feeling more

valued, recognized, and needed by their team. On the other hand, some respondents (n=4) experienced limited hours or a cut in services and reduced collaboration.

4. Discussion

4.1 Therapeutic Environments

The settings that music therapists were working in, during the COVID-19 pandemic, had undoubtedly changed, both in terms of physical location, and in the equipment or materials that make up the therapeutic environment. The results indicate that these kinds of practical changes were applicable whether therapists were working in-person or virtually. Though the majority of sessions within a facility were being held in a public room, the client's room, or a music therapy clinic/office space, it was interesting to find out that music therapy sessions were also being conducted in hallways, doorways, and outdoor locations such as balconies or gardens. Presumably these non-traditional therapeutic environments took shape out of necessity for following certain physical distancing guidelines. The use of PPE during sessions, especially face masks, appeared to lead to some symptoms of therapist fatigue such as vocal strain, as mentioned in many therapists' reflections. Therapists who wore facemasks also commented on changing the nature of their facial expressions - making them more obvious and using their eyes more expressively – since the mouth is covered. Though not directly expressed in the results of the questionnaire, from these changes and challenges to the therapeutic environment working in-person with clients, it is plausible to presume there were subsequent alterations to the clinical interventions, approaches, and/or techniques used in sessions.

In terms of virtual music therapy sessions, one may consider the therapeutic environment as having multiple settings - the physical space that the therapist is working in, the telecommunications platform environment, as well as the physical space that the client is located in – each with their own components of equipment or materials. The physical space requires consideration on the parts of both therapist and client, primarily for reasons of confidentiality, but it should also be a space in which both parties feel comfortable and safe to conduct their work. While it is not known from the results of this survey where clients were participating in virtual music therapy sessions, some music therapists reflected that their clients seemed more comfortable and less distracted in their own spaces, and this resulted in some positive therapeutic outcomes.

Availability and accessibility of instruments and other materials that therapists and their clients may have been accustomed to using in their sessions likely was part of the reason that many therapists reported changing their approaches to interventions. However, the most cited reason for adapting interventions or approach to music therapy as a whole was to accommodate the virtual environment – the telecommunications platform itself. Audio delay was a frequent complaint in the questionnaire results, regardless of the telecommunications platform used. Some music therapists reported workshoping with peers to determine the lag, and consciously played behind the beat of their clients to remedy the problem, while most seem to have abandoned collaborative music making all together, opting for more call-and-response or turn taking interventions, pre-recording music components of sessions, or transitioning to an entirely receptive approach to therapy. The difficulties posed by the virtual

platforms has certainly shifted the role of live music within music therapy sessions, a quality that is typically the core of many therapists' practices.

4.2 *Navigating Virtual Music Therapy*

The use of telehealth technology is recognized as crucial to the delivery of healthcare during the COVID-19 pandemic, ensuring adherence to social distancing conditions while maintaining ongoing care as facilities closed/were partially restricted for use. Despite results demonstrating the increased accessibility and ability to implement the delivery of music therapy during the COVID-19 pandemic, the challenges reported to overall practice outweigh positive responses. While the use of telehealth technology enabled therapy to continue, the external demands (adaptation in professional role, need for technological competence, lack of instruments to use) and internal demands (therapist fatigue, lack of connection with client) suggest challenges to practice. Conversely, therapists also reported positively on operational outcomes while using telehealth technology, illustrating a benefit to workflow.

While the present study is unprecedented due to music therapy being conducted using telehealth technology during a global pandemic, the results are consistent with current literature regarding telehealth in general. Smith et al. (2020: 310) and Wosik et al. (2020: 957) argue that telehealth's strength supports communication by video consultations, and creating a perception of normalcy for clients, as reported in the present study. Moreover, findings by Magee (2014: 363) in relation to how music technologies encourage cross-functionality of the therapists' role (for example, becoming a teacher, consultant or observer while using technologies) is asserted in these findings. Further, the inclination that technology requires a high degree of competence to use is consistent with Nagler's (2014: 356) findings. Similar to research by Hahna et al. (2012: 462), there is an indication in the present study that the practical training of music therapists on the use of telehealth technology would be beneficial.

The study shows an apprehension regarding use of organisational guidelines related to online clinical practice. The evidence is curious, as it may reflect poor clinical practice, or factors within organisational guidelines not adequately associated with the implementation of online music therapy. In a study regarding clinical practice guidelines in occupational therapists, Stergiou-Kita (2010: 84) states there is no evidence to support use of one implementation strategy over another due to factors within guidelines, patient requirements and clinical settings. It follows that, as music therapists adapted their interventions and clinical spaces due to the COVID-19 pandemic, adhering to organisational guidelines may have proved impractical. Speculatively, established guidelines may have not accompanied music therapists' transition to online practice, and were therefore not implemented by some. Consequently, in light of the COVID-19 pandemic, the evidence suggests organisational guidelines may require updating to augment robust online music therapy practice.

4.3 *Ethical Considerations*

In addition to navigating the practicalities and accommodations associated with establishing a virtual environment for music therapy, there are accompanying ethical considerations. There is very little

guidance in music therapy literature regarding the ethical concerns around using technology in practice and how to resolve the ethical dilemmas surrounding technology use (Bates, 2014: 136). Ethical codes or guidelines of music therapy associations (for example, AMTA, CAMT) seldom directly mention the use of technology in practice, and neither of these examples address virtual therapeutic environments specifically. However, three primary areas of concern broadly covered in these ethical guidelines are those of confidentiality, protection under applicable laws, and competence.

Questionnaire responses indicated that many music therapists had taken the additional step of preparing an additional consent document with specific reference to transitioning to an online, virtual therapeutic environment. This, for example, successfully meets the AMTA code of ethics item 1.6, which calls to protect and respect the client's confidentiality, follow applicable laws and institutional regulations, and to inform the client of limitations to confidentiality (American Music Therapy Association 2019). However, our results also indicated that a third of respondents were not following applicable data protection laws and regulations, which is concerning, given that these regulations are referred to in the AMTA and CAMT ethical codes. AMTA code of ethics item 1.7 refers specifically to the Health Insurance Portability and Accountability Act (HIPAA) (American Music Therapy Association 2019), and CAMT item II.18 also refers to the precautions set in place by law and institutional regulations to ensure the confidentiality rights of clients (Canadian Association of Music Therapists 1999). Based on the results of this study, there is evidence to suggest that data protection laws within virtual music therapy face challenges in implementation, and that adherence to data protection laws in music therapy were found primarily in downstream processes (for example, password use, requiring additional consent) (Terry, 2017: 21).

Even if national or regional music therapy associations have not released explicit guidelines to ensure its professionals are following the applicable laws and regulations in terms of data protection as it pertains to virtual music therapy practice, it is absolutely crucial that music therapists do their own due diligence to ensure the utmost safety and protection of their clients' personal health information. Many professionals (not only music therapists) are navigating uncharted territory right now, with the transition to virtual therapies and telehealth. Research by Choi et al. (2019: 255) and Rowland et al. (2020: 4) affirm this ambiguous regulatory framework to be navigated by any practitioner using technology in a clinical setting, and report that clinicians lack the necessary training to counsel patients on important factors such as data privacy, and highlighting the lack of clear guidance on how to integrate digital technologies into established treatment protocols. It is important that as healthcare professionals, music therapists take the initiative to educate themselves on the applicable data protection laws for their own region, country and/or state or province in order to be as well-equipped as possible in navigating this new area of practice.

Being well-equipped in terms of knowledge of data protection and applicable laws is just one area of competence, which is another item covered in ethical codes that applies to the transition to virtual care. Though conducting virtual music therapy likely is not a course that is available in training programs (yet), one can see the relevance in item II.6, for example, of the CAMT code of ethics, which states therapists

should only perform services for which they have established competence through sufficient training and supervision practices (Canadian Association of Music Therapists 1999). Competence is a far-reaching element in ethical practice. This can be seen through the defined boundaries of offered professional services as set by the area of expertise or scope of practice (Bruscia, 2014: 65), to competence in and of the tools and materials themselves that music therapists use in their practice. Nagler (2014: 358) claims that it is essential the therapist has considerable mastery of any device used in the therapeutic practice. Bates (2014: 138) insists that therapists who use technology in practice must be competent in all aspects, including computer and internet technology, data security, and client record confidentiality. With no existing benchmark of achieving competence in this area, music therapists must now be reliant on self-education and peer supervision resources. Looking forward, one can see the need for implementing virtual music therapy as a topic to music therapy education and training programs.

4.4 *The Essential/Non-Essential Divide*

With the rise of the COVID-19 pandemic, many governing bodies deemed different categories of professions as ‘essential’ or ‘non-essential’ to ensure the public’s safety and reduce the spread of COVID-19. The profession of music therapy, however, seems to have been divided as well, between music therapists deemed as essential in their work place(s) and those who have been deemed non-essential workers. Though defining workers as essential and non-essential was a necessary step in preventing the spread of COVID-19, one must wonder how these labels have affected music therapists, seeing as the results from this study demonstrate a clear divide. The researchers believe that this divide is seen in the results not only in employment status and workplace environments, but through to music therapists’ professional identities. Looking at professional identity as both an individual’s sense of self within the profession and a collective understanding (Bruscia, 2014: 192-193; Feen-Calligan, 2012: 150), we must consider whether this divide of the essential and non-essential worker will have a lasting impact on our collective understanding of the profession.

Open-ended responses of the survey showed stark contrast between those who felt a sense of recognition, of being needed by clients and co-workers in crisis situations, and those who felt neglected, or overlooked as a healthcare professional and thus unable to provide care. Optimistic respondents commented on increased collaboration with co-workers in order to accommodate the changing needs of the work environment and their clients/patients. There were multiple responses referring to co-workers or managers understanding and recognising the benefits of music therapy, and feeling on par with other mental health care workers. Other respondents noted the limitations to the profession that COVID-19 had uncovered, commenting on the fragility of the profession – knowing that clients needed care but being prevented from actually providing that care. Only time will tell how music therapists transition out of the COVID-19 era, and perhaps future studies can inquire if the essential/nonessential divide had a lasting impact on the collective understanding of music therapists’ professional identities.

4.5 *Limitations*

This was an online survey involving self-reporting, thus the accuracy and subjectivity from participant reports may have led to limitations in the results. Due to the limited data collection period, some may consider the participant sample as relatively small, however it is important to note the relative size of the profession on a global scale as well. The researchers found the sample size and global representation to be acceptable. Given that the survey was distributed during the early stages of the COVID-19 pandemic, it is quite possible that certain responses will change over time, as society adjusts to the constantly shifting pandemic situation. Follow-up research would be valuable to determine how these adjustments and alterations to practice have had an impact over time.

5. **Conclusion**

In a time of global uncertainty and crisis, it is tempting to focus on the challenges of the era. However, one can see many positive implications for the field of music therapy from the results of the current study. Though some music therapists were unable to practice during the height of the COVID-19 pandemic, many of those who were practicing (in-person or virtually) felt recognized. As a profession who prides itself on its constant advocacy, education, and promotion in order to be recognized as a valid and valuable healthcare profession, there was an underlying tone of relief in many responses – of finally being understood by co-workers, managers, nurses, families. If we are to take some positivity out of this global pandemic, perhaps it is that in some cases, music therapy was valued as a valid and effective form of care during a health crisis - that music therapy had a role to play during a global pandemic. Music therapists who were working as part of a health care team proved the profession's adaptability and functionality, and as part of the crisis-response mentality of 'all hands on deck', were able to function in a cross functional role. Family members of clients who had to assume the role of therapy assistants were able to witness first-hand progress made towards clinical aims. The implications of this renewed recognition in multiple settings are seemingly endless. In healthcare facilities especially, exists the potential for continued collaboration among health care teams, increased music therapy referrals, and interdisciplinary practice and research opportunities.

Looking forward, this surge of telemedicine and the proven necessity of having such options available, has pointed to the need of updating educational curricula and training programs in many disciplines to accommodate these needs and ensure safety, security, and competence in practice. Previous literature has called for more education for music therapy students regarding the use of music technology in practice (Hahna et al.; 2012: 463; Magee, 2014: 38-40), and we hope that the current situation and results of this questionnaire will expand that call to include the use of telecommunication software in music therapy practice as well.

Despite the changes and challenges that the field of music therapy has had to face due to the COVID-19 pandemic, it is fair to say that the definition of the discipline itself has remained consistent, though

many aspects of practice have been adapted to suit the current situation. As Bruscia stated, ‘music therapy can no longer be defined in terms of what I do, or in terms of what you do – it is what we all do, and it is constantly growing’ (2014: 193). The multiple adaptations and changes to music therapy practice have all contributed to a recent growth of the profession, and it will be interesting to see which factors remain an influence long after the COVID-19 pandemic is over. What is known, however, is that the characteristic ability of music therapists to adapt and pivot in response to the moment, has been sufficiently tested and proven on a much broader scale in this era of COVID-19.

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