

NAVIGATING ETHICAL DILEMMAS EXPERIENCED DURING THE MUSIC
THERAPY INTERNSHIP: A PHENOMENOLOGICAL INQUIRY

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James W. Bogs

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James W. Bogs

APPROVED:

Carolyn Moore, PhD
Committee Director

Deborah Popham, DMA
Committee Member

Emily Heilman, DM
Committee Member

Ronald E. Shields, PhD
Dean, College of Arts & Media

DEDICATION

This work is dedicated to the next generation of music therapist. Always remember that you have a voice. Yours is the power to use that voice according to your conscience for you may not only speak for yourself, but for us all. “Speak up for those who cannot speak for themselves, for the rights of all who are destitute.” Proverbs 31:8

ABSTRACT

Bogs, James W., *Navigating ethical dilemmas experienced in the music therapy internship: A phenomenological inquiry*. Master of Music (Music Therapy), December 2021, Sam Houston State University, Huntsville, Texas.

The American Music Therapy Association's (AMTA) Code of Ethics ("Code") applies to all students enrolled in AMTA-approved programs regardless of whether they are AMTA members and understanding and following the code is considered an entry-level competency. Despite the connection between the code and students, very little is known about how music therapy programs teach and reinforce throughout their curriculum the code and subsequently, the nature of students' experiences navigating and resolving ethical dilemmas during their educational experiences. This gap in knowledge about music therapy students' experiences applying the code to ethical dilemmas extends to the music therapy interns who are simultaneously students while working, typically full-time for six months, in a clinical setting.

The purpose of this study was to explore how music therapy interns navigate ethical dilemmas during their internship. As a qualitative study grounded in a phenomenological paradigm, the researcher conducted individual, semi-structured interviews with recent music therapy interns and then engaged in a process of thematic analysis to better understand their experiences navigating an ethical dilemma during their internship experience. The three main themes that emerged from data analysis include: 1) recognition and intuition; 2) intern ethical dilemma processing; and 3) supervisors and modeling ethics and perceived success of interns. Theoretical and practical implications of findings, as well as avenues for future research, are presented.

KEY WORDS: Music therapy, Ethical dilemma, Internship, Training, Ethics

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Thank you to my colleagues and friends who adopted me into their college socials, student organizations, and into their hearts. Thank you for the laughs, the hugs, and most importantly the music we shared together. Thank you to my internship supervisor Grant Howarth. You volunteered to take me in and challenged me to see who I was becoming as a therapist. Finally, I would like to acknowledge my family. Thank you to my mother Linda and my father James for brining me up to ask questions and giving us a place to stay during this life change. To my wife Kim and son Will, thank you for allowing me to follow my calling by enduring through my absence and welcoming me back as a better man. God is faithful in His words that say, “we know that all things work together for good to those who love God and are called according to His purpose.” Romans 8:28

PREFACE

Driving home from my internship site on that August day I felt as if the world was on my shoulders. My colleagues' words rang in my ear giving truth to the fact of what I already knew. "Do you not see what is going on here?" "Are you not concerned with the education that I, and you should deserve to be getting?" Covid-19 was in full swing. I should be grateful that I even have an internship. This may be my one and only chance to find a job in the area close to my family. Why was this happening? I felt like I had been betrayed, lied to, and that I was somehow complicit in causing harm to my fellow intern and friend. It had become painfully clear that her assessment was correct. She was able to see me as the proverbial toad in the water slowly coming to a boil and she jumped in to pull me out.

What do *I* do? What can *I* do? This was my ethical dilemma: do I choose to see and respond to the internship crumbling around me, or do I keep my head down and weather the storm? The next day the ambiguity of my decision was ripped away from me by an event that left me disgusted and determined to do what was right. The ethical violation witnessed was so egregious it left us shaken, angry and scared. This was no longer about quality of training, but about safety of clients; child clients, some of whom had no voice of their own. I stood with my colleague, for those clients, and we were promptly removed from the internship by our university for our safety. The repercussions of these events still echo today even as I write this more than a year later. Some of those repercussions were tragic, others were lifesaving. It is here that I felt an overwhelming sense of duty to explore what other interns would do in ethical situations.

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CHAPTER I

Introduction

Music therapy is a relatively new helping professional field that uses music as a catalyst to achieve nonmusical goals. Like all modern helping professions, music therapy has a history of development and growth, an evolution of theory and practice, and professional organizational structures. Central to any professional organization's evolution are the development and refinement of policies, procedures, and values that encompass the mission set forth by the members of the profession. Music therapy pioneers set out to establish the validity of music therapy in the United States by creating national organizations, training procedures for future professional music therapists, and outlining a code of ethics. Over time, these organizations and guidelines have been revised and evolved to grow as the profession grows.

In terms of a code of ethics, having a living document that meets the ethical considerations of a rapidly changing society is important for any helping profession. For this reason, the American Music Therapy Association's original Code of Ethics (AMTA, 2018) was recently revised to move from a code that is focused on articulating what "to do" and "not to do" to an "aspirational code" (AMTA, 2019). The aspirational code is focused on upholding core values such as kindness, social responsibility, dignity and respect, equality, accountability, excellence, integrity, and courage. These values are reflected in the application of five ethical principles which include: (1) respecting the dignity and rights of all; (2) acting with compassion; (3) being accountable; (4) demonstrating integrity and veracity; and (5) striving for excellence (AMTA, 2019).

Need for the Study

AMTA is tasked with not only providing guidance on professional standards but also on the aspirational interpretation of the code of ethics. In the United States, the AMTA's Code of Ethics applies to all students and interns enrolled in approved programs who take part in clinical supervision regardless of their membership status in the organization (AMTA, 2019). In other words, all students and interns, including both those who do and do not hold AMTA membership, are expected to behave in a manner congruent with the Code of Ethics. Moreover, all AMTA-approved training programs' curricula are based on the AMTA Competencies which require that music therapy students learn to, "Interpret and adhere to the AMTA Code of Ethics" (AMTA, 2013, Competency 11.7). Thus, education in professional ethics, as well as engagement in ethical behavior, are both required components of the music therapy education and training process.

Despite the relevance of the code to education, training, and practice, a lack of data exists concerning how music therapy ethics are taught and subsequently, how music therapy students experience the process of recognizing and navigating situations that may involve application of the code of ethics to guide decision-making. Without clear knowledge about how ethics are taught and how students then go on to apply the code to real-life ethical dilemmas, there is no clear evidence that students are being provided adequate learning opportunities that will translate from education and training into professional practice.

The music therapy internship is a particularly important milestone for student music therapists. Many opportunities for hands on experience can only occur when

actively being a part of the professional environment. Through navigating these experiences and with the guidance of an approved supervisor an individual is transformed from a student to a professional. During these experience, a sort of leaving the nest happens because music therapy students may encounter risks or situations that were not otherwise present in their academic programs, and they may be tasked to assume increased responsibility to determine the correct course of action. Interns turn to their supervisors as models of decision-making and behavior and are influenced by their supervisors' procedures, expressed lived experiences, and most importantly, ethical behavior and thinking reflective of the profession. Understanding interns' experiences within this period is necessary to identify the effectiveness of this system of training.

Gaps in knowledge exist regarding how educators teach and reinforce the code and students' experiences applying the code in clinical situations calls into question interns' possible preparation for addressing ethical dilemmas they may encounter during internship and more specifically, the factors surrounding their recognition of, and action taken toward resolving ethical dilemmas (Dileo, 2000). For this reason, the purpose of this study is to describe the circumstances surrounding recent music therapy interns' experiences navigating an ethical dilemma during internship.

Implications of the Study

Theoretical Implications

It is possible that information regarding development of interns' awareness of ethical dilemmas could be obtained through this study. We may learn more about their decision-making process and about how the application of ethics is navigated while under direct supervision shape real life experiences during internship. This study may inform how interns use ethical decision making while transitioning from an intern to independent practice. We may also gain insight into interns' perceptions of preparation when entering the professional world.

Practical Implications

Those involved in educating future music therapists, including professors and clinical supervisors, may find benefit in understanding interns' experiences navigating ethical dilemmas during their internship. This understanding may help to inform curricular adjustments, enhance conceptualizations of what entry-level competence in terms of ethics "looks" like, and guide discussions about music therapy students and ethics. Organizational leaders from professional organizations and certification boards may use the information gleaned in this study to inform future policy development in relation to national accreditation of music therapy education programs and certification board exam content questions.

CHAPTER II

Review of Literature

This chapter reviews research literature pertaining to ethics in music therapy. The first section reviews the history and formation of a standard code of ethics. The second section reviews how music therapy trains future music therapists to apply and interpret the code of ethics. For the purpose of this study, research will be limited to content related to the American Music Therapy Association (AMTA) and other allied health professions located in the United States.

History of Music Therapy Ethics Education and Training in the United States

Professional ethics are behaviors and conduct regulating professional practice and create a standard of clinical practice which is found in a code of ethics (Wheeler, 2015). Ethical thinking must not just exist in the ethereal realm but should be manifested in tangible or practical ways so that the operational practices can be repeated and standardized. All helping professions have a type of scaffolding, or skeleton that can be the basis for all members of the profession to uniformly have a place to start when considering ethics. AMTA is the governing body of music therapy professionals in the United States and is the source of providing legitimacy in accrediting music therapy institutional training, continuing professional development, and research (AMTA, n.d.). Music therapy has undergone a refining process that has led to much discussion and interpretation of how professional ethics are practiced as well as taught to music therapy practitioners. To understand how the AMTA Code of Ethics is applied into practice today, we must look to the formative years of the profession and gain some insight from the source of our ethical development.

The Role of Ethics in Music Therapy Professional Organizations, 1950-1998

While music therapy's establishment as a professional discipline occurred when the National Association for Music Therapy (NAMT) was established in 1950, codified ethics standards were not introduced by a professional music therapy organization until 1975, when the American Association of Music Therapy (AAMT) published a description of "Basic Music Therapy Competencies." However, NAMT's early recognition that music therapy needed formal music therapy governance and standards outlining practice ultimately led the way for the development of professional ethics codes in later years (Register, 2013). For this reason, developing an understanding of NAMT's and AAMT's timelines of professional activities supplies a framework for contextualizing how and why the field's professional code of ethics came to be.

Leaders in NAMT included Ray Green who handled the organization's formation, adopted a constitution, formed goals, made various committee appointments for research, and developed membership requirements at the first annual conference in Washington D.C. in 1950. (Davis, 2008). The organization continued to enhance music therapy as a credible profession by focusing on the education of current and future music therapists and taking steps to support a certification of music therapist practitioners. As professionals were continuing to network and form their identity, ideas and research were beginning to be shared by professional publications. In 1964 the *Journal of Music Therapy*, edited by William Sears, was born out of a desire to compile these publications and bring attention to research being conducted in the field (2008). During the mid-20th century, E. Thayer Gaston, chairperson of the Music Education Department of the University of Kansas, considered one of the most prominent figures in NAMT, created

the first internship training site in the U.S. found at the Menninger Clinic in Topeka, Kansas as well as the first graduate music therapy program in the U.S. (2008).

As the organization grew, so did the number of professionals and opportunities to work within various populations. To continue to promote credibility, NAMT established a credential that was approved and supported by the National Association for School of Music (NASM) called the Registered Music Therapist (RMT) credential (2008). These concerns with clinical training and exacting standards of educational training resulted in a formal credential demonstrating an emergence of accountability and moral compass. As the number of RMTs grew, so did the recognition of differing approaches to meeting the needs of clients in these various populations. In 1971, a second organization, the American Association for Music Therapist (AAMT) had differing ideas about policies regarding training, education, and certification. Despite this split of ideology, each organization continued to strengthen music therapy credibility leading to the Board Certification Exam in 1985, administered by the Certification Board of Music Therapy (CBMT) and later the credential of Music Therapist – Board Certified (MT-BC) (2008). It is important to note that CBMT has its own code of ethics and governing bodies separate from the AMTA organization (CBMT, n.d.)

Like most developing professions, music therapy looked to other helping professions to formulate their identity. NAMT and AAMT were influenced by the code of ethics established by other related fields such as psychology, health care professions, and other creative arts therapies or from the institutions at which music therapy was being taught (Dileo, 2000). In 1981, Maranto began to investigate the NAMT code of ethics compared to other professions and determined that there were several notable

differences and that some critical areas addressed by other professions were not addressed by the NAMT version. These included continuing education, fees, advertising, and private practice (Maranto, 1981, 1984, 1987).

Maranto hypothesized that there was a lack of attention to music therapy ethics due to four inaccurate assumptions of the profession. These assumptions included the thought that treatment using music would not invoke ethical problems or that the music therapist is not ever involved in ethical or legal decisions. Further research found that there was a belief among music therapist that the existing code of ethics was complete and substantial in supplying guides of ethical decision-making and that music therapist were inherently good people who are naturally inclined to correct ethical thinking (Maranto, 1987). These investigations lead to a revision of the NAMT code of ethics and a recommendation that there be continued diligence in making sure that the code of ethics was kept current and relevant (Dileo, 2000). In January 1998 NAMT and AAMT joined to create the American Music Therapy Association (AMTA) and music therapy continued to refine its professional, education, and ethics practice (Davis, 2008). AMTA established the AMTA Ethics Board, a standing committee of eight professional MT-BC leaders that are selected from the organizations' elected members. The goal of the Ethics Board is:

"To improve and advance the use of music, in both its breadth and quality in medical, education, and community settings for the betterment of public health and welfare establishing, maintaining, and improving standards of ethical conduct for music therapists." (AMTA, 2019)

Ethics in the American Music Therapy Association, 1998-Present

In 2014 the AMTA Code of Ethics was developed by these committee members and guided by organizations such as the American Occupational Therapy Association, American Physical Therapy Association, American Psychological Association, American Art Therapy Association, the Art Therapies Credential Board. The committee also considered research lead by professionals outside of music therapy such as the Josephson Institute of Ethics and music therapist researchers such as Dileo. (AMTA, 2019). In 2018, the Ethics Board voted to revise the code of ethics to affirm an aspirational interpretation. Updates were made that provided a clarification of ethical business practice specifically regarding the 2014 code of ethics which were found to be in violation of the Sherman Act (Shultis, 2020). Language that would cause legal ramifications was softened and policies that may have been considered illegal regarding business practice were removed.

Aspirational Code of Ethics. There are ten parts of the AMTA Code of Ethics listed in the table of contents on the AMTA website. The first section holds the preamble and addresses the purpose of the document. Within the preamble we learn that AMTA members are held responsible for adhering to these professional codes that are formed on a set of eight core values and five ethical principles. The preamble gives a list of resources to music therapists who may encounter ethical dilemmas while in practice, followed by an admonishment that music therapists recognize personal responsibility for adhering to any laws or policies outside of AMTA that supersede this document. The preamble also mentions keeping the client's interest at the forefront of all decisions (AMTA, 2019). This portion of the document concludes by stating its purpose is to act as a guide to music therapists in practicing ethically. It also informs those outside of the

profession of the organizations' values and standards. A notice of applicability is presented stating that any MT-BC credentialed and professional member of AMTA, as well as any student or intern under clinical supervision are to practice according to the standards of the Code of Conduct (AMTA, 2019).

The next section lists the eight core values of kindness, social responsibility, dignity and respect, equality, accountability, excellence, integrity, and courage (AMTA, 2019). Music therapists are then encouraged to apply these values when making ethical decisions. This section lists the definitions of these terms in an attached glossary located in the document's appendices (AMTA, 2019). The bulk of the document is contained within the Principles for the Ethical Practice section. Each of the five principals are listed and expounded upon by using subheaded points used to operationalize each principle.

The first principle is respecting the dignity and rights of all and focuses on the music therapist's interaction with others. Principle number two informs the music therapist how to act with compassion. This compassion is primarily directed at the client, but also extends to colleagues, and even to oneself. Principle three challenges the music therapist to be accountable, dutiful in fulfilling obligations, and continuing to instill trust with clients, colleagues, and society (AMTA, 2019). The fourth principle requires the music therapist to demonstrate integrity and veracity. The root of this principal is acting not out of self-preservation, but for the good of others. Honesty in practice and in financial and business practices must be done so with utmost integrity. The fifth and final principle is the call for a music therapist to strive for excellence. Personal growth in the form of continuing education and supervision as well as self-reflection and evaluation are to be employed as professionals. This section ends with a couple of sentences that remind

the readers that it would be impossible for every reality to be covered by the AMTA Code of Ethics, and that music therapist should consider looking to others and their experiences to supplement this document (AMTA, 2019). The document lists the references for its development as well as the current ethics board members. There are three appendices included in the document beginning with a glossary and list of resources, an appendix containing ethical decision-making models, and an appendix describing the implementation and enforcement of the AMTA Code of Ethics (AMTA, 2019).

Ethical Dilemmas and Decision-Making in Music Therapy

Having a defined and agreed upon standard of practice of ethical behavior is just the beginning when it comes to practicing ethical behavior as a music therapist. AMTA's ethics board understood that not every scenario could be spelled out into a single document and borrowed principals from philosopher Rushworth Kidder who identified two types of decision-making (AMTA, 2019). Decisions based on right vs. wrong, and whether they align with the core values and principals identified by the code of ethics would be in the category of Moral Temptations (Kidder, 1996). Research is plentiful in exploring such topics as dual relationships (Foster, 2007), oppression in the workplace (Bybee, 2013) HIPPA compliance in music therapy (Bates, 2014) and other business practice questions that have been cleared through the update to the code of ethics in 2019 (Pizzi, 2020). A music therapist can easily refer to the code of ethics and clearly decide the correct course of action based on music therapies' core values.

Often the music therapist will encounter scenarios that may contain gray areas or are not specifically mentioned. These vague, blurred line situations are called ethical

dilemmas. Kidder defines ethical dilemmas as “right vs. right” due to the nature of the decision as a choice between one side or the other is both supported by basic core values (Kidder, 1995). An individual is often asked to make a correct choice using a method of prioritizing or ordering the consequences of such a decision in relationship to the core values (Ling, 2016). Examples of these types of ethical dilemma can be found in research that ask pertinent questions and may challenge the status of the music therapy profession. Music therapists serve clients from diverse backgrounds, yet a lack of multicultural competencies (Kim, 2015). Music therapy being practiced with cultural sensitivity, yet not addressing some issues in education and training (Ahessy, 2011), and the inclusion or veiling of the therapist's personal spiritual beliefs (Potvin, 2020). These questions are very real and require an in-depth process of evaluating variables to find the best possible outcome.

The AMTA Code of Ethics not only supplies guidance on ethical dilemmas that are commonly met by music therapist and their stakeholders but provides several examples of how to guide one through the process of making an ethical decision by using a decision-making model (AMTA, 2019). Resources listed in the appendix of the AMTA Code of Ethics include a 12-step model for ethical decision-making model from Dileo. This model provides a detailed guide starting at the identification of the problem, moving through observations about the problem and the stakeholders involved and then moving on to generating solutions and following through with these decisions (AMTA, 2019). Another model presented is the RIPS Model which outlines four broad steps. This model is used by physical therapist and includes recognizing the ethical issue, reflection, deciding the best course of action, and then implementing the action (AMTA, 2019).

AMTA provides a detailed explanation of making an ethical decision by supplying ten steps that are derived from these models (AMTA, 2019).

Potvin used a decision-making model called the Potter Box. This model provides six steps including putting the situation into context, naming stakeholders, finding any obligations that might affect the process, frame the course of actions based on core values, produce consequences and actions, then implement it (Potvin, 2020). Ethical decision making is a skill that must be developed over time. The ability to recognize some ethical dilemma may only come with maturity and experience (Dileo, 2000). It is important that future music therapists and current practitioners are aware of not only what is stated in the code of ethics, but how to apply them in clinical practice.

Teaching and Learning Ethics in Music Therapy

In the United States, the American Music Therapy Association's Code of Ethics applies to all students and interns enrolled in approved programs who take part in clinical supervision regardless of their membership status in the organization (AMTA, 2019). In other words, all students and interns, including both those who do and do not hold AMTA membership, are expected to behave in a manner congruent with the Code of Ethics. Moreover, all AMTA-approved training programs' curricula are based on the AMTA Competencies which require that music therapy students learn to, "Interpret and adhere to the AMTA Code of Ethics" (AMTA, 2013, Competency 11.7). Thus, education in professional ethics as well as engagement in ethical behavior are both required components of the music therapy education and training process.

The AMTA Advanced Competencies expounds on the importance of continuing education and graduate level course work related to ethics (AMTA, Advanced

Competency 8.11). Graduate students are encouraged to practice only in one's area of competence, protect clients' rights, and maintain confidentiality (Goodman, 2011). These competencies support an ethical responsibility for institutions and music therapy training programs to develop methods of teaching ethics to students (Dileo, 2000). CBMT includes questions about the AMTA Code of Ethics and even supplies situational scenarios during their certification exams (CBMT, n.d.). Faculty and clinical supervisors are expected to model ethical behavior and adhere to the professional code (Dileo, 2000). In Dileo's "Ethical Thinking in Music Therapy" an entire chapter is dedicated to the ethical dilemma that may occur in music therapy education and supervision, listing everything from advertising, to recruitment, to dual relationships (Dileo, 2000). What is lacking is data concerning how music therapy ethics are taught to students at any level of learning as well as the lack of detailed ethics competencies (Maranto, 1986).

The requirement for students to be aware of the code of ethics and to practice ethical thinking is present in the competencies, a part of all supervised practicum (Maranto, 1989), and their practical knowledge is assessed during the certification process (CBMT n.d.). One of the many challenges associated with ethics training is attributed to the diversity and number of programs and institutions. Without a clearly prescribed method of teaching ethics these institutions are left with the responsibility of implementing ethics training in their already stretched programs (Goodman, 2015). Recent research has begun to question not only music therapy instruction based on the AMTA competencies, but on music therapy teaching itself as compared to international perspectives (Goodman, 2015). At the 1999 9th World Congress for Music Therapy many topics were discussed regarding training models and ethics were considered (Sandness,

1999). Professionals are beginning to raise concerns about the status of ethics education and recognize that a commitment to expanding knowledge and skills in this area is an organizational as well as a personal pursuit (Hicks, 2020). Research into competency training in general, let alone into specific ethics, needs to be promoted and published (Schwartzberg, 2011).

With institutions questioning how to instruct students in fundamental music therapy practices as well as differing philosophies one would assume that the topic as broad as ethics would be subject to many types of methods (Graham, 1974). An article published in *Music Therapy Perspectives* acknowledged the challenges of undergraduate educators being able to address the “volume of competencies and course content” as well as appeasing accreditation and institutional bodies” as they prepare future music therapist for practice (Lloyd, 2018). Do programs integrate ethics education into broader classes? If so, what type of methods are used to convey this information? Do programs institute a stand-alone class over music therapy ethics like other professional programs? What are the means to assess students' knowledge of ethical thinking? The question is still how ethics is defined and applied within the context of a music therapy students' education (Hicks, 2020).

Internship

All music therapy training cumulates with an AMTA approved internship either accredited through the organization or an AMTA approved programs university affiliated internship. Most music therapy students will earn their required 1200 hours of supervised clinical training using the latter (Goodman, 2011). Music therapy internship is governed by the standards of AMTA providing that there be an agreement between the university,

students, and internship site, as well as a requirement that students are supervised by an MT-BC with at least two years of clinical experience and that adequate supervision be provided weekly based on the number of hours worked in the week (AMTA, 2010).

According to Karen Goodman, a leading author of music therapy education, internships may vary in structure, population, clinical orientations, and differing theoretical models of supervision. (Goodman, 2011). During the internship process, students experience phases of development (2011). According to AMTA these five phases include dependency, autonomy, conditional dependency, the fourth month blues, and independence stage (AMTA, 2010). Although AMTA informs the educational process for interns, leaning heavily on competency-based education models, the structure of teaching these competencies allows for flexibility in structure.

Research is beginning to show that this flexibility in internship training may lead to discrepancies in emphasis of competencies, including ethics competencies, and gaps in accountability in adherence of the AMTA Code of Ethics (Goodman, 2011). Just as there are no two interns alike, neither are there two internship directors or program directors making each internship site, whether AMTA affiliate or university affiliated, unique in their educational value to students (Tanguay, 2008). Unlike traditional educational programs, music therapy has not constructed a scope and sequence in delivering the required competencies which may leave students and supervisors unsure of the preparedness for internship (Gault, 1978) (Knight, 2008) (Brookins, 1984) (Choi, 2008). Factors such as the development level of the students, the student's emotional intelligence (Fitch, 2013), experience of the supervisor, population of clients serviced and personal values of all these stakeholders inform the opportunities of ethics competency education.

How does one engage in ethical training within an internship? Supervisors are tasked with providing hands on clinical experience and ensure opportunities for their interns to practice using the knowledge and skills in practical settings. It is expected that a student will encounter instances where music and therapeutic competencies will be utilized within a session and can be easily created in a hypothetical artificial simulation experience. Students will naturally encounter decision making when it comes to navigating an unethical problem. This is not the case when dealing in the shades of gray ethical dilemmas. Although the likelihood of encountering ethical issues in internship increases, those that emerge while under supervision are unpredictable and may not present themselves in a manner that can provide meaningful educational value (Dileo, 2000). Simulating or intentionally causing a real-life ethical dilemma would be a violation of the code of ethics itself. Supervisors are left to provide their interns with reinforcement of ethical thinking as opportunities arise after the fact and enforcement of the professional code (Dileo, 2000).

The lack of data concerning how music therapy ethics are taught and the lack of detailed ethics competencies (Dileo, 2000) may call into question the ethical dilemma of our method of training in general. Without clarity of ethical training for music therapist, personal lived experiences of interns and supervisors will be the primary source of learning about navigating ethical dilemmas. Examples of these dilemmas can be found in various research articles addressing concerns from interns and supervisors ranging from topics about dual relationships and social media (Lassco, 2013), to unpaid internships (Burke, 2013), to stress related to feelings perceived by music therapy students as being ill prepared for internship (Walker, 2012) (Wheeler, 2002). Interns also find themselves

in a position where there is a perceived lack of equity relating to supervisors. Fear of ridicule (Clements-Cortes, 2015), ethical violations of supervisors (Crall, 2001) and lack of role clarity during internship (Clements-Cortes, 2019) add to the ethical concerns of our method of instructing music therapy students.

A study published in *Music Therapy Perspectives* in 2008 surveyed AMTA-approved university/college program directors and found that most are using a university-affiliated option (Miller, 2008). The survey also found that the procedures in establishing these internships are not consistent and may vary (2008) meaning university affiliated internships may or may not be consistent with the requirements set forth by the AMTA's Standards for Education and Clinical Training (2008). AMTA members are bound by the organizations Code of Ethics, but some university affiliated internships supervised by MT-BC music therapist that are not affiliated with AMTA. An ethical dilemma may present itself in a sort of conflict of interest when students and program directors are bound by the AMTA code of ethics, yet their internship directors are not.

Factors such as supervision training and current clinical expectations are also topics of ethical concern as it relates to the responsibility of AMTA and university affiliated programs in providing responsible and capable music therapists as supervisors training future music therapists (Rushing, 2018). This should be treated as one of the highest responsibilities of the music therapist in providing a balanced and healthy supervisory dyad between music therapy supervisor and the intern (Salmon, 2013). If this trust is violated or improperly handled students may experience negative effects and may feel afraid to speak out on their own behalf for fear of retaliation in the form of inferior performance reviews and jeopardizing the start of their career. It is important that the

music therapy profession ensures equitable quality training representative of our own core values. Music therapy should be a profession that not only considers the ethical treatment of clients but also empowers future music therapists to be critical ethical thinkers as modeled by accountable supervisors.

Summary of the Literature Review

From its foundation music therapy has continued the pursuit of legitimacy as a profession. The founding members of the governing organizations from the beginning understood that in order for the music therapy profession to be considered a viable helping profession, standard of training and practice must be developed. Over time, these standards have been applied, studied, and when necessary, challenged resulting in what is put in to practice today. AMTA and CBMT are the gate keepers of music therapy in the United States and its members are continually shaping the profession. This has been demonstrated by the inclusion of ethics competencies in educational institutions as well as in the content of the CBMT certification exam. The latest iteration of the AMTA code of ethics using a more aspirational application demonstrates the progressiveness of the profession.

Understanding and recognizing ethical dilemmas and how to navigate decisions around such experiences should be a part of the skill set of every music therapist. There are many types of situations that a professional may experience with some being obvious in how to process and then others are not so clearly defined. There may not always be a “one size fits all” answer to how to navigate some situations. Music therapy practical application of the code of ethics must be understood by the practitioner.

Research has proven that ethical dilemmas do occur during work. Many papers are

dedicated to specific instances of individual situations that a music therapist has encountered such dilemma. It has shown how necessary that during a music therapy students' training that competency requirements must include ethical guidance. Even with the competency literature and the hypothetical questions it is difficult for a student to simulate an actual ethical dilemma experience without creating its own ethics violations.

As the profession wrestles with the organizational standards of ethical thinking it must also consider the values and needs of the future clients and therapists entering the field. What is not known is how students develop the professional maturity of ethical decision making and nor how this is developed. Are they only able to grow if given exposure to real life where stakes are real, or is there some way to simulate without violating ethics an education experience in ethical decision making? It may be best for us to listen to the stories of those who have been there. We may learn best from individuals with unique lived experiences who have undergone the process of navigating the waters of ethical dilemmas.

CHAPTER III

Method

Participants

According to Creswell (2013), phenomenological studies typically reach data saturation with three to ten participants. For this study, I selected six individuals to participate in the study. The inclusion criteria required that participants were current music therapy interns or post-internship professionals who attended an American Music Therapy Association (AMTA)-approved music therapy college or university program and began their internship on or after February 1, 2019. The reason for this requirement was to ensure all participants completed their internship under the most up to date iteration of the AMTA Code of Ethics. Participants were English speakers and have agreed to be audio recorded.

Recruiting

In recruiting participants, I posted an introduction to the study in social media forums geared toward music therapy interns and new professionals. Interested individuals completed a brief screening questionnaire to ensure they met criteria. I used purposeful sampling to select participants from a pool of those who completed the questionnaire. An email was sent to those invited to participate containing the consent form and more information about the study. Once the participant completed the consent form, I scheduled an individual Zoom meeting with the participant. A few days prior to the interview, I sent the participant a guiding prompt/primer with information to think about in preparation for the interview. The participants then took part in the semi-structured Zoom interview. Following the interview, I presented the participants with semi-polished

findings allowing the participants to review them for accuracy and to provide additional input as necessary (i.e., member checking). Recruiting-related materials and semi-structured interview questions are included in Appendix A and C, respectively.

Analysis

This research is qualitative in nature, so no statistical analyses were used. Instead, I used a variety of techniques for thematic analysis, which helped to identify and describe various aspects of the participants' experiences with an ethical dilemma during internship. The semi-structured interview questions broadly seek to uncover answers to the questions related to how factors or elements influenced interns' recognition, response, and resolution when encountering an ethical dilemma.

Data Collection

The data collection process began with subjects answering a screening questionnaire to ensure that they met the participant criteria. Those that were selected received question prompts at least a day before the interview. The interviews were conducted as semi-structured over zoom and transcribed. After completing the transcriptions, it was sent to the participants, and they were able to utilize member checking to ensure the data that they provided was accurately interpreted. This provided an extra step in ensuring the participants anonymity was protected as they were able to redact any identifying information as needed.

The estimated time of participation in the study was approximately 1 hour and 30 minutes. Questions primarily prompted the participant to discuss and describe the phenomenon of experiencing an ethical dilemma during the internship. After each interview was complete and each interviewee had an opportunity to member check their

transcription, I read over the document and looked for any emerging themes or commonalities that appeared among all the experiences from the interns. Using coding, the themes started broad and informed how sub-themes or codes developed in the review of the shared stories.

Using the review and comments feature on Microsoft Word, I read through each transcript and marked commonly appearing words, phrases, and emotional overtones. After each document was screened, biographical data about the participants, the answers to the research questions, and information about how each intern arrived at those answers were coded and put into a Microsoft Excel document. This tool featured information regarding the emotive as well as cognitive responses, sources of events that triggered an ethical dilemma, and the current state of mind of the participants. This data was then compiled into the themes presented in the results.

CHAPTER IV

Results

I (the researcher) will refer to myself in the first person. The primary purpose of this study was to understand the processes used by music therapy interns to navigate ethical dilemmas experienced during their music therapy internship. Participants' feedback and experiences added insight to the research questions posed in this study. By listening to and analyzing the experiences of these interns, valuable information was obtained about the interns' ability to identify ethical dilemmas, perceptions of their ability or inability to resolve dilemmas, educational readiness regarding ethics training, as well as interns' perceptions of how their supervisors, both in college and on the internship site, used ethics modeling for learning and teaching purposes. In this chapter, the five research questions are addressed with supporting evidence, including quotations from the participants and emergent themes.

Demographic of Participants

The results of this qualitative study are based on interviews of six music therapy interns participating in music therapy internship sites located in three different regions of the United States. All interns voluntarily participated in the study. Interns were initially solicited through various social networking outlets. Interested parties completed an initial SurveyMonkey survey to identify eligibility to participate in the study as well as provide their contact email. Sixteen individuals completed the initial survey with seven individuals scheduling an interview with me. Out of the seven interviews, one interview had to be left out due to self-disclosure. The final six participants identify as female and ranged in age between 22 and 28 years old during their internship.

Participants interviewed for this study attended a variety of AMTA approved music therapy education programs prior to their internship. Two participants attended a four-year university music program for all their undergraduate education. Two participants were enrolled in a two-year community college institution before transferring to a four-year university music therapy program. One participant was enrolled in another four-year university before transferring to a four-year university with a music therapy program and one participant was participating in a bachelor's equivalency program. The music concentration of participants also varied. Three students were instrumental majors (wind or orchestral), while three had concentrations in voice.

All participants were exposed to the AMTA Code of Ethics during their music therapy program. Four participants stated that their ethics education consisted of discussion during a lab class. One participant stated that they experienced two different approaches from both of their university program experiences with one being discussion based and the other a facilitation of in-depth role play. One participant had a credited course in ethics required by their degree program. All participants expressed a feeling of preparedness before going into their internship. During the interview, three participants reflected feelings of inadequacies in musicianship skills and then overcoming them after going through their internship.

The six participants in this study participated in six different internships in four different states. All participants' internships began after February of 2019 and were completed by August of 2021. Three of these internships were AMTA National Roster internship sites and three were university affiliated internship sites. Internships consisted of populations of all ages with two settings in inpatient psych, two settings in hospice,

one setting in medical, and one setting in public school. Each participant attended their internship for six to eight months with schedules ranging from a thirty to forty-hour work week. Of the six total participants, four considered their internship setting and population as their first choice, while two participants considered their internship setting and populations as what was available.

Due to the COVID-19 pandemic, five participants spent a portion of their internship working from a virtual platform while two of those five participants required extra time to experience in-person client contact. Four participants had one direct supervisor that they reported to. The other two described working with a team of two or more supervisors. Participants experienced several types of ethical situations during their internships with some witnessing or experiencing blatant ethical violations performed by persons or institutions that were in perceived positions of power over the intern during their internship. Using the ethical dilemma definition for this study it is important to note that, although the intern may have experienced these very different ethical situations these were not the ethical dilemma navigated by the intern. In five out of the six participants interviewed, the ethical dilemma involved whether or not to address or speak up about perceived ethical violations committed by persons or institutions of power. The remaining participant faced an ethical dilemma related to clinical decisions to meet the needs of an individual or group.

Each participant was interviewed over Zoom. The virtual format was an effective and necessary way to communicate with participants because of their location in multiple states. Zoom interviews also allowed for convenient transcription of recorded interviews. Interviews were transcribed within a couple of weeks of occurrence, after

which participants were able to review, change, and/or verify their comments through member checking. Interview times varied and were scheduled at times convenient for both the participants and I. All interviews were conducted during the months of April, May, June, and July of 2021.

Research Questions and Thematic Results

Five primary research questions guided this study:

- What factors or elements influenced interns' recognition that an ethical dilemma existed?
- Upon their recognition that an ethical dilemma existed, what actions did the intern take, if any, to address the dilemma?
- If the intern did not act to address the dilemma, what factors influenced this decision?
- What is the nature of the responses the intern encountered during the process of addressing the ethical dilemma?
- How do the participants perceive the resolution or outcome, of lack thereof, of the ethical dilemma?

In this chapter, I will present the results of the data analysis process, connecting identified themes to the guiding research questions. The themes that emerged during the data analysis process that relate to understanding potential answers to the research questions included the following:

1. Recognition and intuition
2. Intern ethical dilemma processing
3. Supervisors and modeling ethics and perceived success of interns

Theme 1 aligned with the first research question, while Theme 2 related to all the questions and revealed a scaffolding of processes that were common among all the participants. Theme 3 addressed the fourth and fifth research questions; What is the nature of the responses the intern encountered during the process of addressing the ethical dilemma, and how do the participants perceive the resolution or outcome, or lack thereof, of the ethical dilemma? Each theme and its relationship to their associated research questions is discussed in further detail below. Participants selected pseudonyms to protect their identities. The names listed in the following discussions are not the participants real names.

Theme 1: Recognition and Intuition

When soliciting participants for research interviews, I provided in my social media posts a working definition of ethical dilemma. In my view, ethical dilemma was defined as a situation or question that would present no clear moral or ethical answer and would be a gray area in how to find a resolution. During their interviews, I asked all participants preliminary questions to gain understanding about their demographic characteristics. Before the interview transitioned into the research questions, I asked them

to explain in their own words their definition of an ethical dilemma. Three of the six participants gave definitions that reflected the research parameters. Specifically, Nicole claimed, "There is a choice. Either one could be correct, but you have to prioritize which course of action or way of analyzing things is preferred." Andante stated, "... ethical dilemma is like there are two paths or multiple paths and you are not sure which to take." Pearson defined ethical dilemma as "a situation where there may be multiple correct answers depending on who is looking at it and their perception."

The remaining participants' definitions reflected more about a clear ethical violation witnessed or experienced by them as opposed to the gray area of a dilemma. For example, Emily described an ethical dilemma as, "something that can work negatively towards a person or harm them, whether it be, not understanding their background [such as] socioeconomic, religious, or racial background....it could be [being in] a dual relationship and hurting [an] original relationship that was created." Ann stated, "'Where people are not being treated correctly or things are mishandled. I think that's an ethical dilemma.'" Shelly claimed "An [ethical dilemma] is a problem with the rules and procedures of a situation."

The recognition process of an ethical dilemma navigated by a music therapy intern was fluid in nature. Andante and Shelly had recognized at the beginning of the interview that an ethical dilemma was not the act of violation witnessed or experienced but rather related to the intern's response. Andante shared, "I questioned how I should have handled the situation better." Shelly stated "...was there something that we could have done? Should we have asked them to not activate her at that time? Should we have said we can't participate because of our concerns? Even if we had said let's think about

this for a minute, would they have listened? The dilemma was, if no one speaks up who will and who knows what speaking up will do?”

After being asked the interview questions, the remaining participants discovered that their ethical dilemma was the nature of their response and not the ethical violations that occurred. Nicole expressed internal conflict with her response: “I don't know...I guess maybe I just don't want to talk about it and bring it up, because I am appreciative to be here [internship] and I don't want to sound like I'm not.” Emily said “... this is what happened. I took what they were saying in that moment [to] navigate what was the best way for me to go about [contacting] my school. I questioned if it was better for me to write it out so that I could express my emotions that way.” Ann wrestled with the idea of speaking up. “In the last minute I printed out the [site evaluation] that was less [detailed]. I was still truthful, but it was less than what I wanted to say. I felt I got a little bit of resolution because I did tell her. It was hard to say this because I'm scared of her... it's just hard to sit there and tell somebody what you wish they would have done.” Pearson stated “I thought about telling my supervisor during supervision, but I was afraid... It's just that it's an uncomfortable subject. Once I was given the opportunity by different staff members who were not in my direct line of supervision, I felt a little more open to talk with them.”

There were two types of ethical dilemmas experienced by the participants. Andante faced a question about appropriate clinical decision making. “I made the clinical decision of going against this one patient's preferred music. The group wanted slow music [and] she wanted fast music. I opted with the majority, so we started with the slow music and that patient got up and left the room. Later I was told that the patient self-

harmed.” The remaining participants, although experiencing different ethics violations, all faced the same ethical dilemma. Participants would have to wrestle with how they would respond to a perceived clear ethical violation. Although this dilemma was the most common, the triggering pin or ethical violation varied in nature, severity, and in target. Three of the six participants witnessed perceived ethical violations committed against clients during their internship. Shelly experienced a perceived systematic ethical violation against a client during her hospice experience. “Was it ethical for her to be on hospice if there is a chance that she would have survived? She was a ward of the state, so it could have just been that no one was there to advocate for her and [medical staff] said let's put her on hospice...not have this expense given to us.” Pearson witnessed perceived discrimination of a client. “I was in an office and a supervisor (not my direct supervisor) came in and talked about how a client at a different program in the same company had asked the staff to use they/them pronouns ...The staff member talked about this client as if they made it up [and was] looking for attention... and talked about how much work it was to try to accommodate by using they/them pronouns when talking about them. The supervisor was misgendering the client and using a pronoun that they no longer wanted to use.”

Nicole, Emily, and Ann had all experienced perceived ethical violations committed against the interns personally by their internship supervisors. Nicole described what happened as “the supervisor went back on their word. I was required to move, and expectations were changed that caused financial hardships and stress after the terms of the internship were agreed upon.” Emily experienced a case of dual relationships and ableism. “The supervisor invited me to what was supposed to be a staff meeting, but

something happened, and it changed [and] was going to be just like a regular social event. I was like, this is not the same.” “...my supervisor stated that my disability would hold me back due to the modifications I needed to make to play instruments.” Finally, Ann faced several ethical violations committed by her supervisor including abuse of power and breach of trust. “During the interview I made sure to ask if I would be able to have clients in the area where I lived. My supervisor stated that they would place each intern in a thirty-mile radius of where they lived. I explained that I had anxiety while driving and that with these assurances I would feel comfortable taking the internship. I also asked for a weekend during the internship to travel to see family. I was led to believe that these requests would be honored. I ended up having to drive as far as an hour and half away from my home. After I had already bought the plane ticket [I] was told that I could lose my internship for leaving for a weekend. Later I would have to stay four extra days in my internship to make it up.” “She made me feel like I wasn't allowed to have lunch, so I did not eat. I lost so much weight in my internship.” “.... I'm singing a song in a session, and she was in my pocket on the phone virtually like listening because she had to stay home and so she was using me to do all her work. The session went really well. The husband was tearing up. He and everyone around loved the song. When I got out of the session, she stated something about not making the session a performance.” “...In the next supervision meeting I opened up to her about how I was insecure. She would then use it against me in the next meeting. She would say I know you're insecure about this so that's probably why you're doing this.”

Table 1*Types of Ethical Dilemma Experienced by Participants*

Name	Ethical Dilemma	Ethical Violation
Andante	Appropriate clinical decision-making group vs. individual needs	N/A
Nicole	Appropriate response to clear ethical violations.	Breach of trust – personally experienced
Emily	Appropriate response to clear ethical violations.	Dual relationship, ableism – personally experienced
Ann	Appropriate response to clear ethical violations.	Breach of trust, unclear boundaries, abuse of power – personally experienced
Pearson	Appropriate response to clear ethical violations.	Discrimination based on orientation – witnessed
Shelly	Appropriate response to clear ethical violations.	Organizational incompetency – witnessed

Participants who had to navigate particularly egregious ethical violations reported trauma and emotional injury. Ann expressed, “When looking back, it honestly feels like one of those abusive manipulative relationships.... and I started justifying my supervisor saying what if she probably had a reason to say this. I’m scared of my supervisor... I’m still scared to this day that somehow she's going to ruin my job that I’m about to go into.” Emily stated, “It's definitely.... I'm sorry I'm getting a little tearful... I'm definitely frustrated because of my past experiences with how people treat people like me or people with disabilities in general. it's frustrating, but it's something that keeps you from succeeding.” Nicole shared, “and so I think ... just having it all at once was very disheartening. It made me feel like I wasn't doing something right. It was a lot of extra

work, a lot of extra time, and a lot of extra everything. It made me feel like I'm not a good enough therapist.”

There appeared to be a correlation between recognition and the target of the ethical violation. Participants who witnessed violations against clients recognized immediately the nature of the violation. Pearson stated “misgendering a client even behind their backs is still not trauma informed and asserting that they made this up or saying that their therapist told them that their identity was a certain way was invalidating.” Shelly said, “another red flag was the distress the patient was in. That was the glaring light [signaling] that this is not right...the only thing to do at that time would have just been to have yelled stop...”

Conversely, participants who were the target of the ethical violation, especially from someone in power, questioned themselves and their emotions. Nicole said, “You know I don't think I realized it because I took the blame. Initially, I didn't realize that [this] was something that I had to like question and like decide what my next course of action was.” Ann said, “I was looking at it as I'm just feeling sorry for myself. I need to be thankful for this extra work. I never saw it as my supervisor was the issue. I thought I was the issue.”

The commonality among all participants recognition of an ethical dilemma came from a place of intuition. Participants all stated an event or series of events stirred their inner conscience and alerted the participant to potential red flags and was usually expressed in similar emotional reactions, even if they were not sure where the feeling was coming from. Nicole stated, “I immediately felt like upset and disappointed.” Emily stated, “I just didn't feel comfortable” Ann said, “I just knew something didn't feel right.”

Andante said, "It was just instinctual... it was definitely something that made me uncomfortable." Pearson stated, "it was extremely uncomfortable to be in that position." Shelly said, "We both kind of looked at each other kind of shell shocked then felt numb."

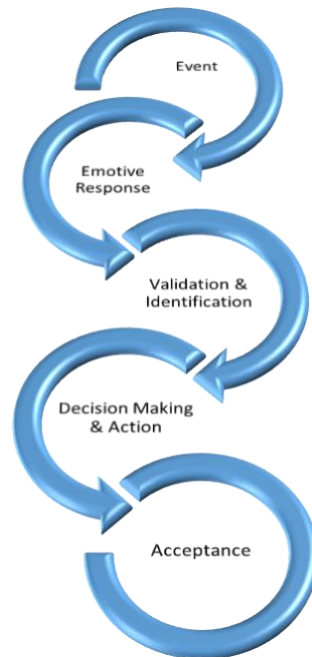
Participants were asked if they were consciously aware of the AMTA code of ethics during their revelation. All the participants responded by saying the AMTA code of ethics had not helped determine either the recognition of ethical violations or the intern's ethical dilemma. The two most common responses to what factors helped in recognition came from validation from others and past lived experiences. Nicole said, "yeah, so it was my mom, and she's like the one that really encouraged me to go talk to my program director she was like, well, this isn't fair. For me I think it was a lot more of my psychology experience than anything else." Emily stated, "I understand that this was crossing some sort of barrier...but they weren't spelled out as well as like the AMTA code of ethics for me to point to." Ann reached out for any support she could find. "Mom started to sympathize more.... I was just trying to talk to anybody I could." Andante stated, "I use my internship supervisor to really process what could have gone wrong, what I could have done differently, and what my plan is moving forward. I think people are resources too, so I really used [my supervisors]. They both helped me navigate not only my feelings, but what I should be documenting moving forward." Pearson stated, "I think my strong support of people who are in the LGBTQ community, which is a value of mine, and that definitely helped me to realize that there was something unethical happening. I probably talked to my friends that day who also validated me. I also had a practicum experience where I was instructed to have an intervention that was gender based and I wasn't exactly comfortable with it..." Shelly shared, "We [supervisor] did not

talk about the ethics between us we just said I don't know what I should have done and we kind of just left it at that. I talked about it with my internship director as well.”

Theme 2: Navigating Ethical Dilemma Processes

Understanding human behavior, especially when it comes to complex, nuanced, individualized experiences can be tenuous. In qualitative inquiries there appears to be a dual presentation. One that presents individual experience and one which is inferred by the research through coding and assimilation of phenomenon that appears in the data. Extracting the necessary data without oversimplifying a lived experience comes with its own set of ethical questions. In this section I will attempt to generalize the processes in a manner that allows for nuance.

As each transcript was reviewed there appeared a series of processes that each participant experienced at some time on their journey of navigating an ethical dilemma. Although the processes were similar and almost exact in each participants' experience, the duration and trajectory of each participant varied. These steps were not linear but could be revisited by the participants. This circular pattern of processes led me to look for an illustration that conceptualized a cyclical yet flowing process. Microsoft word provided a template design that I feel captures the essence of how these experiences may be navigated by music therapy interns (See Fig.1). The open circle design with a connection to the next level below each circle may help the reader to conceptualize these processes.

Figure 1*Processing Cycles of Navigating Ethical Dilemma*

The text in each cycle of the process had a familiar design and a striking similarity to another complex human experience. As an intern, I was assigned to a hospice setting and participated in group and individualized bereavement sessions. In these sessions we provided grief education to those who had lost loved ones or who were experiencing anticipatory grief. My internship supervisor provided me with information regarding Kübler's Five Stages of Grief (Kübler, 2005) and explained that the bereaved may experience some or all of these stages at various times and in intensity due to the personal nature of grieving. The chart below illustrates the five stages of grief drawing a

comparison made to the navigating ethical dilemma processes diagram, even borrowing some of the same language of the grieving process.

Table 2

Processing Cycles of Navigating Ethical Dilemma Compared to Kübler's Five Stages of Grief and The Kübler-Ross Change Curve

Processing Cycles of N.E.D.	Kübler-Ross Grief/Change
Event	Denial (Shock)
Emotive Response	Anger (Frustration, Depression)
Validation and Identification	Bargaining (Experimentation)
Decision Making and Action	Decision
Acceptance	Acceptance (Integration)

Cycle 1. Event: In each participants' iteration of their experience the process of navigating an ethical dilemma began as a singular event or series of events. This is in comparison to the shock and denial stage of the grieving processes. These triggering events manifested in many ways either as a direct experienced or witnessed ethical violation or presented because of an act of or by the participant. These experiences were noted in theme one.

In every case, the event was the origin of an initial "intuition" or "gut feeling" that caused the participant to relive, rationalize, and in some cases deny the ethical dilemma existence. During the event stage three participants experienced shock. Nicole stated, "I just felt like it was all at once." Andante said, "I was really surprised that this had happened." Pearson said, "so I was shocked I felt shocked, and I felt a little bit concerned

in that situation.” In other cases, the participants reported feeling uncomfortable, and wronged. Emily said, “I just didn't feel comfortable.” Ann stated, “I just felt from day one I was lied to...so that kind of already set it off wrong.” In one case the participant stated that they felt numb. Shelly stated, “We were just numb. It took walking to the car for things to really sink in.” It is in this stage that these participants are in the genesis of forming opinions and narratives that lead to the emotive responses in the second stage.

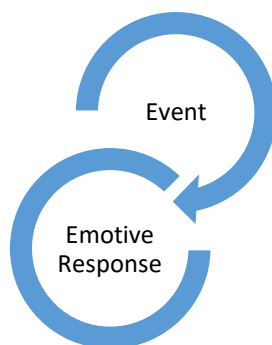
Cycle 2. Emotive Response: After the first initial reaction, the participants always replayed the event in their minds and attempted to make sense of what they experienced. In this internal processing, stronger more intense emotions were developed. These emotions would steer the participants in one of two directions. The first direction would lead the participant to the next cycle either immediately or after a short time of inner reflection. Emily said, “...there's also [a] separation barrier that I felt that I needed to keep for me not to have any gray area outside of my clinical hours. [This was] for me to maintain my mental health and not focus on anything that might negatively impact my work, my supervisor, or my grade based off of what any extra conversations we might have.” Pearson stated, “It moved to discomfort as I thought about it through the conversation.... The next day...I probably processed and was able to put words...to it. I think initially it all was definitely there, but I was just uncomfortable probably most of all.”

The second direction would lead back to the event stage of the process then closing a circuit back to the emotive response. In the figure below this is represented in a possible “figure eight” (See Fig. 2) or infinite back and forth of reliving the event and

developing strong emotional responses to the event. It is this set of cycling that varied the most among participants.

Figure 2

Event and Emotive Response Feedback Loop



Nicole said, “with the negative thoughts or the exaggerated thoughts that I was having, but also how you pointed out like they’ve never said those things to me..., but I was still having like these, you know, negative dramatic thoughts and stuff. And so, I think, recognizing [this]I was like, okay I feel like that's a bit of an overreaction...” Ann stated, “I started to just feel sorry for myself andat the time, I was looking at it as I need to be thankful for this extra work. I just have someone pushing me harder. I would sometimes think [of] it as my supervisor was not the issue. I thought I was the issue. These thoughts would come around every time I dealt with my supervisor.” Participants would relive these experiences and emote over and again, even sometimes within the interview.

Two factors determined the participants duration of this duality of cycles leading to compromised emotional health. The first factor was the perceived moral egregiousness of the event. The more the participant felt that there was a violation against themselves, others or communities the longer the cycle would last. Pearson gave a candid example of

this. . . [I felt] unsafe as to what the response would be in that professional setting. I felt guilty because I didn't want to make it about myself. I wanted to focus on the client because that's what it was about. It took me about a month to gather the courage to speak up.” The second factor that triggered this dualistic loop had to do with interns who were forced to endure an ethical violation from someone who was in authority or in power over them. This will be examined further as part of theme three. Participants who were caught in this loop may have experienced trauma and distress that carried over into the interview. Ann stated, “I have had to block it out specific things she said and instances so I’m trying to remember, but it's stressful reliving those things. I want to tell you everything that she [supervisor] did because I feel like I need to be justified. Something insane like this happened every day.”

Cycle 3. Validation and Identification: Once a participant had an opportunity to experience the event and emotive cycles the turning point in the process that directed the participants to the end of the process. All participants sought out trusted friends, family, and other influential individuals to find validation and support. These individuals most often were program directors from their university program. Emily said, “I set up a meeting with my program director and basically told them what my experience was and I asked them what are some steps that I should take in order to maintain a safe relationship.... It is just the start of my internship. How can I make sure that this is successful for the next six months?” Sometimes it was the supervisors. Andante stated, “I talked to two supervisors I had a conversation directly after my session. We were cleaning up and we had a discussion. I went to another supervisor and then that's when I processed what happened. I broke down and was feeling terrible, but the supervisors were

amazing and helped me through it.” Shelly shared, “We talked a lot about how it brought up a lot of personal issues for each of us involving death. We have practiced and supported people who have passed and how that has affected our own lives.” Still others confided in their family. Nicole said, “It was my mom. She’s actually the one that really encouraged me to go talk to my program director. She explained that this [situation] isn’t fair. I think for her the main thing was the housing. How do you find housing for someone for a month?”

During this cycle the participants began to see past the event and emotive responses and move to the cognitive plane. After being heard and verbalizing their concerns, participants were able to label what the conflict was and refined their concept of the ethical dilemma. The interns realized that the event nor the emotions surrounding the first two cycles were the ethical dilemma but was in fact their response to the event. This brought a sense of relief and began to lead to the next cycle in the process.

Cycle 4. Decision Making and Action: Once the participants were able to process through their feelings and tell their story those systems of support began to encourage the participants to look inward for some type of resolution. This is where the intern decided how they could respond. These decisions then lead to the actions the interns took to justify their emotive response to the event and hopefully bring about change. These actions varied in perceived effectiveness. In some cases, the program directors acted as mediators and directed a response. Emily stated, “We came up with a game plan. My program director would contact my internship supervisor [and discuss] how I felt about how the internship was proceeding. I would focus on making sure that

I'm cordial throughout my internship, following procedures, and learning as much as I can.”

In other instances, the way one would respond would be a personal call for making systematic change. Pearson said, “I created a project for my internship as part of the requirements that was based on LGBTQ education. I told her [supervisor] that the reason why was because I thought... this site could use more education around this really important community in America. [I stated] I’m going to create a resource. That's when I [told] her. [As] a defense for my project.” Other participants internalized their actions and moved to the next cycle of acceptance. Nicole stated, “When it happened to me... I'm a very spiritual [and] religious person so in my mind, this was God's way of telling me to broaden my horizons. I need to consider other populations or other jobs in general that I haven't necessarily considered before.”

Cycle 5. Acceptance: During this cycle, participants reflected on their actions and found some type of resolution about the situation even if the situation itself was unresolved. Nicole stated, “I feel like there is some value in what I did in talking to my supervisor. Yes, absolutely.” Emily said, “there has definitely been more talk about what's going on at the location. I haven't heard any personal information from any of the therapist or my supervisor and I have been able to maintain my own personal information without divulging too much, but also maintaining a good relationship with them.” Pearson said, “Of course we're hard on ourselves, but I feel like ethically I should have stood up for the client in that moment.... I'll be hard on myself and say that I should have said let's be respectful of what they've asked.”

In other instances, regardless of the outcome of their action the participant acted on a decision and reported some type of growth or lesson learned to better themselves as a person and to better equip themselves for future ethical dilemmas experienced in their career. Ann stated, "I got some closure with those conversations, but just taking the time to sit down and really think about what I did gain and learn from this internship.... I'm a firm believer in thinking you go through everything for the reason.... Maybe later down the road, I [am] going to deal with some affirmation issues in my real job or maybe in the future I'll be put into the same type of situation." Andante said, "I think that each ethical dilemma that I faced.... accurately represented my transition from a.... new out-of-undergrad experience to.... how I progressed as an upcoming music therapist." Shelly stated, "I wrote a song about it personally with her [supervisor] so we talked about it probably for like a week after and then laid it to rest. Talking about it is still kind of a rough resolution for me now. I think I'm going to talk about it or think about it for a while before I feel it's fully resolved." Everyone experienced a particularly unique way of finding acceptance after experiencing an ethical dilemma.

Theme 3: The Effects of Supervision on Ethical Dilemma Navigation

After navigating the ethical dilemma process it is important to note one factor that determined the outcomes and responses either positively or negatively. The internship supervisor was the single most important factor in how an intern navigated dilemma and perceived growth during their internship. Given the rigor of their music therapy programs, participants expressed an expectation that an internship would be a challenging yet rewarding experience. Applying to internship sites with extensive application and interview processes almost all but solidified the idealism of the professionals working in

those spaces. In the mind of the intern, an MT-BC is someone that has arrived at professionalism and is living the life the interns want to aspire to.

When interns witness a supervisor facing ethical dilemmas, a disillusionment takes place and reality sets in that even though music therapist are professionals, they are also human. Ann experienced perceived incompetence from her supervisor, “I don't want to talk terribly about her. I think she's a good person but she's not a good supervisor.” Nicole and Emily experienced inexperienced supervision. “The second supervisor.... I don't think that she had ever worked that closely with an intern before.” “My internship site was new, and I was one of the first interns. They were still learning so my program director had to have a conversation with my supervisor on like what professional boundaries between a supervisor and an intern should look like.”

Participants Andante, Pearson, and Shelly experienced supervisors being in powerless positions themselves when systematic ethical violations occurred. These supervisors experienced the same processes of navigating ethical dilemma sometimes walking through them with the intern. Andante shared an example saying, “We [supervisor] talked about it briefly actually and remember it vividly. I [questioned if] this [was] ethical for us to be going in there and stimulating him even though his prognosis is so bad. She [said], not really. I asked is it ethical for us to be going against the family's will and she [said] not really. We were... torn on what to do.” Pearson stated, “I know [supervisor] said several times during internship that considering diversity was a strength of mine. I think she voiced her support that way saying that I was actively engaged in those conversations and that it was a strength of mine. She didn't share her personal thoughts at all. She just was listening, and I think that was more her style anyway.”

Shelly experienced processing with her supervisor. “We packed everything up, went to her car out of this big hospital and we were just silent for ten minutes. We talked for about an hour about it. It was a very personal conversation because we talked about what we could have done differently and how icky we felt. She had never experienced that before. She gave me guidance on how to move forward and provided comfort in that moment.”

Depending on the modeling and influence of their supervisors, interns reported a pivotal moment of growth or an obstacle of self-doubt. Those that experienced positive and professional supervision benefitted from the later. Andante stated, “I absolutely felt supported by my supervisors. They were my resources to go to whenever I needed guidance. I learned that I cannot change the past, but I can document growth in the future. It’s ok to make mistakes as long as you’re also making progress.” Pearson stated, “I think that my internship was a good place it just showed one situation where there’s room to improve such as power dynamics within internships, but it’s still good place to work. I learned that I should always stand up for my community.” Shelly said, “I loved my internship and internship director. They helped me realize that I should trust my instincts and not to feel overwhelmed by systematic issues. I start by doing what I can do in the capacity I am able.”

Nicole at the time of the interview was in a place of neutral reflection because she was still in her internship. “I’m just a little frustrated especially because otherwise, both supervisors have been like super awesome. They’ve been super supportive and encouraging. ...then out of nowhere, I felt confused... I felt something was wrong with me.” In contrast to feeling supported, those who’s supervisors were a hindrance during

the internship reported self-doubt and despite their experience reported some growth. Emily said, “this... damaged our relationship. We're more distant. When someone says someone like me with disabilities will potentially be held back in this profession, I feel like that is something that isn't talked about a whole bunch. In general. It is something that I will bring up when I end my internship as in feedback to the internship site.” Ann stated, “My supervisor kind of messed it up for me... I hesitated there as I was saying that, because I still have problems with placing all the blame on her. I want to somehow believe it was my fault, because she manipulated me into thinking everything was my fault. I'm sure I played a part in some things going wrong, but she was just a hard supervisor to deal with who played narcissistic mind games. It was just very difficult for me to keep going. She made me question my ability to be a music therapist. After finding support from other individuals, I realized this was not my fault and I can hope that I went through it all for a reason.”

In many ways the information brings light to the importance of the leadership and training an intern receives from their internship supervisor. The testimonies above provide substantial support that a major contributing factor of perceived success in the music therapy internship rested with the influence and guidance of the supervisor. It is concerning that of the six participants, half, or one in two, were subject to abuse of power and other ethical violations directly from their internship supervisor. Interns repeatedly stated that they felt “powerless to speak up out of fear of retaliation.” This and other concerns are addressed in the Discussion chapter.

CHAPTER V

Discussion

Discussion and Future Research

It is important to note that five of the six participants attended their internship during the Covid 19 pandemic. Many music therapy internship sites were subject to Covid 19 mitigation actions such as masking and social distancing. Participants reported long periods of time where they were working virtually from home. Some supervisors and internship sites had to not only ensure that supervised interns were adequately trained but that these local and national mitigations were met. This may have caused undue hardship on the sites and affected the outcomes of the individual experiences of the intern. Further research on how music therapy conducts internships during a worldwide crisis may answer questions such as what are the lasting effects of interrupted education and access to clients due to the pandemic?

The reports of interns experiencing ethical violations during their internship committed by the individuals in power over the intern is alarming. The music therapy profession faces its own ethical dilemma in navigating how to provide a safe and effective music therapy internship experience. AMTA could benefit from future research directed at how supervisors are trained and held accountable for the interns they serve. There may be a need to implement a resource for interns to feel safe in reporting such ethical violations without the fear of retaliation. Providing an ombudsman that could act as a sounding board or advocate to help interns who are experiencing problems with those in positions of power have a voice during their internship experience may be a solution. Unpaid internships, non-uniformed requirements, and a lack of adequate

training of supervisors and the lasting effects on interns entering the profession should be researched to get a better understanding of how these types of circumstances may produce barriers for students, especially those of marginalized communities.

Participants who were exposed to particularly difficult issues within their internship assignment experienced a “loop” recreating the event in their mind and then developing deep emotional responses. This was always reported with a sense of distress and lasting trauma in cases where the intern felt they were not able to speak up about their experience. Further research in this phenomenon is important to educate interns how to healthily navigate through the rest of the process. These questions raise serious and concerning identifiers about the status of how future music therapist are trained in the music therapy profession. This study has shown that knowledge of the AMTA Code of Ethics only informed participants of expectations of their future professional selves. Further research into how to better prepare application of ethics, ethical thinking, and understanding of the ethical dilemma navigation process is suggested.

This chapter began with a discussion of the findings of the study and then outlined implications for various stakeholder groups, including interns, supervisors, clients, professors, and policymakers. The chapter also made some recommendations for future research in the areas of training supervisors in their role as models of ethical decision makers. Additional research is needed to determine if there is a need for an ombudsman or independent contact to support interns if they feel that they cannot confide in their internship supervisor. Further studies that evaluate these topics will be essential toward promoting and improving music therapy internships and music therapy ethics education.

This study concluded that music therapy interns use their past experiences and

personal values when experiencing an ethical situation. There emerged a cycling process that naturally occurred after an ethical event. These students reported overall that the internship supervisors had a strong impact on perceived growth and development during the internship. These reports were consistent regardless of the type of internship setting, population, or personal experience.

This study brings to light the personal experiences and processes that are used in navigating an ethical dilemma during the music therapy internship. However, it is only a start to what hopefully will be a series of ongoing studies that examine the process in which the music therapy profession effectively trains and advocates for not only our clients, but our future music therapists.

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APPENDIX A

Social Media Solicitation for Participants

My name is James Bogs. I am a music therapist and master's student at Sam Houston State University. For my master's thesis, I am interested in exploring music therapy interns' experiences navigating an ethical dilemma during internship. For purposes of my study, I conceptualize ethical dilemmas as a "gray area" scenario where the various ways one could respond or approach the situation are both potentially right, and that require the intern to engage in a decision-making process involving application of professional core values/ethical principles.

To participate, you must be a current or recently graduated intern who studied at an AMTA-approved college or university music therapy program and whose internship began after February 1, 2019 (when the most current AMTA Code of Ethics went into effect). You do not need to be a current or former AMTA member to participate.

Research participants will be asked to consent and participate in one semi-structured interview conducted over Zoom, which will be recorded and used for data analysis. These interviews will be kept on a secure server, transcribed, and then analyzed for emergent themes or concepts.

There may be questions or prompts that bring up difficult past experiences and may make you uncomfortable. If you participate, you will have the opportunity to discontinue the interview if you encounter such feelings. Additionally, I will provide you with the interview questions ahead of time so that you can think about what you would like to say. You can choose not to provide specific details about people, places, or other information that you wish to remain private. When I transcribe the interviews, I will change or redact information that could reveal your identity or the identity of others before my thesis committee members engage with the data for data analysis or thesis supervision purposes. I will not use any information that could be identifying in the final work.

If you are interested in participating, do not comment on this post. Instead, please fill out this survey. I will then select a sample from the pool of interested parties:

<https://www.surveymonkey.com/r/VYQHWGQ>

Thank you for your time! Please email me with questions at jwb047@shsu.edu

James Bogs, MT-BC

APPENDIX B

Initial E-mail to Participants

Dear participant,

Thank you for your time and for contributing to the research. Please read the instructions below:

1. Read over the consent form. You do not need to sign or return the form
2. Read over the interview questions and be familiar with the topics
3. Please use the zoom link below to access your appointment time

Prior to beginning and recording the interview, the researcher will ask the participant to select a pseudonym and their name, in the Zoom space, will be changed to reflect the pseudonym. In the transcript and the recording, the participant's name will then reflect the pseudonym and not their actual name. During the interview process, any information that could reveal the participant's identity or the identity of other people will be changed or redacted in the transcript. As a part of the participant-checking process, the participant will have a chance to review the transcript and can request changes or edits to help further conceal their identity or the identity of those they mention.

Thank you again for your participation,

James Bogs, MT-BC

APPENDIX C

Semi Structured Interview Questions and Prompts

I. Warm-up Questions

- A. What interested you in music therapy
- B. Your music therapy education program
- C. Your internship experience overall
- D. What does ethical dilemma mean in your own words?

II. What factors or elements influenced intern's recognition that an ethical dilemma existed?

- A. What signals or red flags or alarms that helped you realize something was wrong?
 - 1. If so, can you describe those feelings or thoughts?
 - 2. When did you recognize the dilemma? (Immediately, or did your awareness develop over time? Describe process and timeline)
- B. Did some outside influence help you recognition of the dilemma?
 - 1. If yes, was that an influence a person? How do they fit into the picture?
 - 2. Do you feel your educational or experience helped you in recognition? If yes how, if not why?

III. Upon their recognition that an ethical dilemma existed, what actions did the intern take, if any, to address the dilemma? (If the intern did not act to address the dilemma, what factors influenced this decision?)

- A. What actions if any did you take after you became aware?
 - 1. Tell me about that course of action.
 - 2. Do you feel the action you took was effective? If yes how, if no, what do you think you could have done differently?
- B. Did you use any resources provided by your internship site, AMTA Code of Ethics, etc.?
 - 1. If so, what?
 - 2. If no, were you not aware of those resources?

IV. What is the nature of the responses the intern encountered during the process of addressing the ethical dilemma?

- A. How did the parties involve respond?
 - 1. If they were supportive how did that manifest?
 - 2. If they responded negatively how did that manifest?
- B. What were your thoughts and feelings about that dynamic?
 - 1. Did you find support from your education program?
 - 2. Were there any other institutions or individuals that you reached out to with your own processing?

V. How do the participants perceive the resolution or outcome, of lack thereof, of the ethical dilemma?

- A. Do you feel like this experience has come to a resolution or had a particular outcome?
 - 1. If yes, how?
 - 2. If no, what feels unresolved?
- B. Having had time to think about and process your experience....
 - 1. Is there anything you would change?
 - 2. Is there anything you wish you would have known then that you know now?

Is there anything else you would like to say about this experience or ethical dilemmas in general?

VITA

James W. Bogs MT-BC

Education

Master of Music, Major in Music Therapy at Sam Houston State University,
August 2018 - Present. Thesis title: Navigating Ethical Dilemmas Experienced
During the Music Therapy Internship: A Phenomenological Inquiry
Bachelor of Music, Major in Music Education at East Texas Baptist University,
May 2004.

Awards

Selected for the Southwestern Association of Music Therapy Passages
Presentation Presenter, 2019

Organization

American Music Therapy Association (AMTA)
First Baptist Church, Mt. Enterprise TX

Employment

Music Therapist with Successful Sounds of Tyler LLC., April 2021 - Present.
Music Therapy Intern, Heart to Heart Hospice, September 2020 – April 2021.
Graduate Assistant, CAM Creative Community, Sam Houston State University,
August 2019 - May 2020.
Director of Bands, Beckville ISD July 2012 – June 2018.
Director of Bands, Daingerfield-Lone Star ISD July 2007- July 2012.
Fine Arts Teacher, Northside Christian Academy July 2004 – July 2007