MUSIC THERAPY ASSESSMENT AND ADOLESCENTS WITH CHRONIC ILLNESS

A Thesis

Presented to

The Faculty of the School of Music

Sam Houston State University

In Partial Fulfillment

of the Requirements for the Degree of

Master of Music

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by

Hillary Victoria Gómez

May, 2021

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APPROVED:

Amy Smith, PhD
Committee Director

Carolyn Moore, PhD
Committee Co-Director

Christine Neugebauer, PhD
Committee Member

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

ABSTRACT

Gómez, Hillary Victoria, *Music therapy assessment and adolescents with chronic illness*. Master of Music (Music Therapy), May, 2021, Sam Houston State University, Huntsville, Texas.

The purpose of this research study was to provide an overview of current music therapy assessment practice within the pediatric medical setting, specifically examining the psychosocial assessment of adolescents with chronic illness. A survey was conducted to ascertain the experiences of currently employed, board-certified music therapists working in this setting via questions regarding the psychosocial needs of adolescents, music therapy assessment tools, and the role of music therapy assessment during medical treatment.

The exploratory, descriptive study consisted of a 32-question survey emailed to 8,988 board-certified music therapists as identified in an email list purchased from the Certification Board for Music Therapists. The questions were divided into four categories: an overview of the adolescent medical population, music therapy assessment within the pediatric medical setting, psychosocial assessment and adolescents, and participant demographics. These categories were comprised of both multiple-choice and open-ended questions for the purpose of attaining descriptive data; of the 8,988 potential participants, 157 board-certified music therapists completed the survey.

Results of the study reveal that few music therapists utilize assessment tools specific to the adolescent population, despite an emphasis in assessing psychosocial needs that are prioritized when treating these patients. Music therapy interventions used in assessment include recreative and receptive interventions based on patient-preferred music. Participants also indicated challenges in the assessment of adolescents with

chronic illness, highlighting the difficulty in being familiar with patient-preferred music, building rapport with adolescents, and possible caregiver interference during sessions. Implications from the findings and future research were discussed.

KEY WORDS: Music therapy, Assessment, Adolescents, Psychosocial, Chronic illness

ACKNOWLEDGEMENTS

I would like to first thank the members of my thesis committee. Despite the long path to thesis publication, the members of the committee provided unwavering support that greatly helped me to continue and to grow stronger as both a researcher and as a clinician. I would like to thank Dr. Amy Smith for her guidance as she continually challenged me to think critically about this study while opening my eyes to wide variety of resources to better inform my research. I would also like to extend gratitude to Dr. Carolyn Moore who has greatly influenced my researching skills throughout the graduate program. I also would like to thank Christine Neugebauer, who has greatly shaped who I am as a music therapist and my perspective on the role of music therapy within pediatrics.

Next, I would like to thank Jeanine Wheeler for her invaluable support as my internship supervisor. Our discussions on the importance of assessment and the needs of pediatric patients encouraged me to think of ways to improve treatment outcomes, and I am grateful to her for always lending an ear to my ideas.

Finally, I would like to thank my family and friends. They have supported me throughout this journey, offering different forms of encouragement and providing enthusiasm even during moments when I was overwhelmed. Their support and love have made all of this possible, and I am grateful to each and every one of them.

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CHAPTER I

Introduction

Statement of the Problem

About 20% of adolescents have a chronic condition, affecting their physical, cognitive, and psychosocial development (Jin, An, & Wang, 2017; Yeo & Sawyer, 2005). Delayed puberty, loss of peer groups, and impairment of identity formation are some of the effects associated with the continued hospitalization to treat adolescents with chronic illness (Suris, Michaud, & Viner, 2004). The use of expressive therapies such as music therapy is used to treat these needs within a multidisciplinary team, however, current pediatric medical music therapy assessments are generalized to service a wide variety of ages, diagnoses, and lengths of treatment.

As such, domains are assessed under the general umbrella of "pediatrics" with likely no separation of needs specific to different developmental stages. The different developmental stages -such as infancy, early childhood, late childhood, and adolescence- have unique developmental tasks that a general assessment procedure may not be sensitive enough to address. One example is the developmental task of identity formation during adolescence. Developmental psychologist Erik Erikson (1963) situates identity formation as the center of all developmental tasks during this period; as such, inaccurate assessment during hospitalization that does not take this task into account may negatively warp the identity perception of an adolescent with chronic illness and ultimately contribute to ineffective music therapy treatment.

Additional developmental tasks that inform identity formation include resiliency, competency, and connectedness. The unique developmental tasks of adolescents which

emphasize psychosocial development are distinct from those of children (McFerran, 2010). Resiliency medical models such as the Pediatric Psychosocial Preventative Health Model (PPPHM), (Kazak, 2006), and the growth of trauma-informed care highlight the importance of integrating adolescent psychosocial needs into medical treatment. Adolescents with chronic illness are also distinct from child patients as they have a higher awareness of their medical treatment, which drastically increases stress and anxiety within the medical environment (Hannan, 2008). Stress and anxiety as a result of medical treatment may extend beyond hospitalization and impact long term psychosocial development (Zebrack et al., 2014).

Adolescents are known to have a deep connection to music as a form of identity expression and socialization (Miranda, 2019). As such, music therapy may be an ideal modality to assess the psychosocial needs during hospitalization. Adolescents utilize music outside of the pediatric medical setting as a means of exploring a sense of self, via the sense of community in listening to the same music (Krüger & Stige, 2015) or using music for the sake of emotional introspection (McFerran et al., 2015); during a period when these needs are amplified, pediatric music therapy provides a familiar and non-threatening modality within medical treatment. Additionally, the unique relationship between adolescents and music provides an opportunity to assess the tailored psychosocial needs specific to adolescents that may otherwise be overlooked in a medical setting.

Need for the Study

Theoretical Relevance

Much of the current literature on pediatric medical music therapy and adolescence centers on music therapy intervention outcomes (Johnson & Heiderscheit, 2018; McFerran, 2020; McFerran et al., 2018; Nelson, Adamek, & Kleiber, 2017). Very few studies currently exist regarding music therapy assessment of adolescent patients with chronic illness. This deficit in literature could suggest that there are gaps in our knowledge of assessing the needs of adolescent patients with a specialized tool as well as a gap in knowledge regarding the unique psychosocial needs of adolescents in the medical setting. This exploratory research will examine the current music therapy practice of assessing the psychosocial needs of hospitalized adolescents in order to gain a more comprehensive understanding of current music therapy assessments of this population and to identify areas of growth.

Practical Relevance

Music therapy professionals will benefit from this research by being able to adjust current assessment procedures to address the developmental tasks of adolescent patients. Medical teams that employ music therapists will benefit from the potential of improved music therapy treatment as a result of more sensitive assessments. More targeted treatment may contribute to improved medical outcomes. The development of targeted assessment tools for adolescents based on the findings of this study may allow for more collaborative efforts between music therapy and other professions. Improved collaboration and expansion of background information could positively alter patients' treatment experiences and potentially lead to increased positive treatment outcomes.

Purpose of the Study

The study will address the following questions:

1. How are adolescents with chronic illnesses currently assessed in music therapy within the pediatric medical setting?
2. Are these assessments reflective of specific psychosocial needs of adolescents?
3. Is there a gap in assessing adolescent patients based on their specific developmental needs?
4. How do music therapists use music to assess psychosocial needs of adolescents?
5. What adjustments -if any- do music therapists believe are needed in assessing adolescents in the pediatric medical setting?

CHAPTER II

Review of Literature

Psychosocial Needs of Hospitalized Adolescents

Connectedness

Adolescence is a period of identity exploration and conceptualization prior to entering adulthood (Hockenberry & Wilson, 2014). However, adolescents suffering from chronic illnesses often struggle with this identity formation as their illnesses cause "significant disruptions in their education and work lives, isolation from friends and social groups, and challenges understanding medical information" (Zebrack et al., 2014, p. 1267). Given this change in both environment and access to peers, adolescents with chronic illness are more at risk for developing anxiety, depression, and other mental health issues during hospitalization (Zhong & Melendez-Torres, 2017).

Competency

At the outset of treatment, adolescents "may experience an increased level of anxiety" due to diagnostic testing and treatment planning; additionally, chronically ill patients may be subject to continuous changes in treatment regimens, providing uncertainty and environmental instability (Hannan, 2008, p. 107). Anxiety may be further heightened as adolescents struggle with the loss of autonomy within a hospital setting. Patients are subject to schedules determined by their medical team, as well as a loss of physical privacy as their bodies are exposed to medical staff members during a developmental period of body awareness and sensitivity (Jamalimoghadam et al., 2019).

Continual loss of privacy, autonomy, and perceived respect contributes to the perception of being treated as a child, subsequently leading to a loss of perceived dignity

for adolescents with chronic illness (Reed et al., 2003). Adolescent perception of self is often closer to adulthood than childhood and loss of dignity, real or perceived, contributes to the adolescent's emotionally negative treatment (Jamalimoghadam, Yektatalab, & Momennasab, 2019). Familiar tokens of identity used outside of hospitalization, such as self-expression and newfound responsibilities, are no longer available, which may have negative effects on long-term psychological well-being (Akre & Suris, 2014).

Resilience

Loss of autonomy contributes to a higher risk of depression for chronically ill adolescents. Coping skills developed outside of hospitalization may no longer be available as patients lose independence, resulting in psychosocial complications and maladjustment to treatment. Bonanno's stress coping model (2004, as cited in Zebrack et al., 2014) highlights that a loss of autonomy and overall disruption in "normalcy" may culminate in an increase of distress, with the risk of depression and anxiety (Zebrack et al., 2014). Furthermore, adolescents are developmentally more understanding of the medical ramifications of chronic illness than children, which may also contribute to the risk of depression (Apple, 2017).

Multidisciplinary Assessments

Many hospitals use a "care team" in order to address the various needs of adolescent patients with chronic illnesses. Utilizing a multidisciplinary approach provides better-informed care as health care workers share information relevant to their unique professional backgrounds and experiences (Ricadat et al., 2019). Most notably, the inclusion of psychologists, psychiatrists, and counselors is crucial in treating chronically

ill adolescents as they “almost always experience an emotional and/or psychosomatic component” during treatment (Apple, 2017, p. 501).

The integration of a trauma-informed framework at the onset of treatment -for example, as through psychological assessment- supports psychiatric integration within the care team and also provides an opportunity for expanded collaboration. Medical staff members recognize that a collaboration provides the best treatment through the sharing of information and sense of unity inherent to co-treatment (Ricadat et al., 2019). Although this team serves a primary goal of meeting the patient’s psychosocial needs, the reality is often multiple disciplines working independently in assessment and treatment (Kazak, 2016).

Collaboration among multiple disciplines includes an exchange of different interactions with the same patient, enabling the care team to have a better idea of the patient’s wellbeing and to determine treatment risk levels (Ricadat et al., 2019). Another means of determining the risk levels per adolescent patient is to identify the patient’s resilience, which is informed by social and behavioral dynamics that occur prior to and outside of treatment. Kazak (2016) suggests the determination of resilience through a socio-ecological scope, explaining: “[…] by viewing the child in the context of the family, ways in which the family may contribute to distress or dysfunction may be identified […]” (p. 384). In the determination of resilience factors through models such as the Pediatric Psychosocial Preventative Health Model (Kazak, 2005), the intention is to identify and mitigate risk factors for pediatric patients through psychosocial assessment. The factors assessed within that model are linked to patient resilience and treatment outcomes; if used as a preventative measure, psychological assessment of

adolescents could determine appropriate psychological support throughout hospitalizations.

Adolescents and Music

As a modality that provides psychological support, music therapy intervention relies on the unique relationship between adolescent development and music. According to McFerran (2010), music plays a significant role in the developmental tasks of identity formation, resilience, competence, and connectedness. In fact, music is utilized as an avenue for independence as some "adolescents not only decide to be exposed to huge amounts of music, they also self-initiate different uses for music […]" (Miranda, 2019, p.1). The decision-making in choosing music enables adolescents to knowingly decide what cultural and social factors they would prefer to shape their immediate environment as compared to their previous childhood being shaped by caretakers. In purposefully choosing these factors, adolescents begin to acknowledge how they wish to be perceived and which social communities they ascribe to (Krüger & Stige, 2015). Music provides adolescents this opportunity of control in social perception and sense of self, enabling a newfound freedom during a period of identity formation (McFerran, 2020).

Adolescents begin to grow more cognizant of emotional and cognitive regulation during this time. Music listening, adolescents' preferred means of music engagement, enables a reflection of emotional processing in a familiar way (McFerran et al., 2015). The specific act of listening to preferred music affords an opportunity to process complex emotions by relating to the portrayed emotions. Listeners are able to cognitively process any portrayed conflicts in a hypothetical setting (Miranda, 2019). However, this "relatability" also poses a threat to adolescents by reinforcing negative emotions and

thinking. In one study, it was noted that preferred music can induce negative emotions, indicating music as a potential threat to adolescents that may not yet be aware of the direct relationship between music and emotions and can unknowingly exacerbate maladaptive thinking or behaviors (Schubert, 2013).

Pediatric Medical Music Therapy Assessment

The potential for harm in unadvised music listening suggests the necessity of a professional in administering music therapy with adolescents, particularly in a high-stress environment such as a medical facility. Given the "increased exposure to uncertainty in diagnosis and course of treatment," adolescents are at risk for an increased level of anxiety that may be negatively impacted by ill-informed music engagement (Hannan, 2008, p.107). As a result, the assessment of stress and anxiety underneath the psychosocial domain is imperative in producing positive outcomes within the medical treatment (Davis, Gfeller, & Thaut, 2008).

Although these psychosocial needs are present throughout pediatric medical music therapy research, there are very few sources that directly address the assessment of adolescent psychosocial needs. Some pediatric assessments such as the NICU Music Therapy Assessment Summary tool are exclusive to infants; assessments such as this were developed on the basis of considerations for the developmental needs of infants (Hanson-Abromeit, 2003). As a result, NICU music therapists heavily rely upon developmental knowledge to assess infant behaviors and appropriate sensory stimulation (Hanson-Abromeit, Shoemark, & Loewy, 2008, p. 30).

The few generalized pediatric assessment tools that exist are utilized for both children and adolescents, relying on the therapist's knowledge of pediatric development

to adapt to needs specific to adolescents. The reliance of the therapist's skills and developmental knowledge enables a generalized assessment tools that can accommodate a wide span of ages, thus grouping developmental differences into one large generalization. Some pediatric assessment tools are created with this generalization for the sake of pragmaticism; given that a hospital's population is consistently in flux, it would be more feasible for the music therapist to create a single tool that can be used for any patient (Douglass, 2006).

Summary of Music Therapy Assessment for Adolescents Within Pediatrics

The hospitalization of adolescents with chronic illness poses significant risk to identity formation. Loss of autonomy, peer groups, and privacy affect the adolescent's development of resilience, competency, and sense of connectedness; without appropriate assessment of these developmental tasks, an adolescent patient is at risk for depression and anxiety.

Assessments developed with a consideration to the needs specific to adolescents contribute to the treatment of the medical team overall, not just that of the music therapist. The developmental considerations for tasks such as resiliency contribute to the psychosocial care of the adolescent by the care team as a whole. The sense of solidarity provides an opportunity to address the psychosocial needs throughout all modalities offered during hospitalization, creating a consistency that will assist in identity formation.

Music therapy intervention is one such modality that expounds on the unique relationship between adolescents and music, providing a familiar means of social and emotional development that extends beyond hospitalization. Adolescents regularly utilize music as a means of peer connection and emotional regulation; during a time when both

are needed -such as frequent hospitalization- adolescents are able to rely on the familiarity of music to emotionally process the medical treatment while still meeting developmental tasks that may be precluded otherwise.

Despite the positive benefits associated with music, music likewise has the ability to harm an adolescent patient who is emotionally vulnerable. This constitutes the need for a music therapy professional with the knowledge and skills to provide music therapy intervention in a non-harmful manner as well as appropriate assessment to determine the patient's needs. Despite this, few music therapy assessment tools are specific to one developmental stage and fewer tools reflective of the psychosocial needs specific to adolescents. Generalized tools intended to be used with adolescent patients encompass developmental considerations of all pediatric patients between the ages of 1 and 18, prohibiting appropriate psychosocial assessment with adolescents. The generalization of psychosocial needs implies that music therapy treatment for adolescents with chronic illness is compromised, potentially contributing to a negative medical treatment and increasing the risk for harm to adolescent development.

CHAPTER III

Methods

Research Methodology

A survey research design was employed to explore the current use of adolescent specific music therapy assessments within pediatric medical settings. This research design aimed to describe the use, needs, and limitations of existent music therapy assessments for the psychosocial needs of adolescents.

Participants

Participants were recruited through email by using a distribution list of board-certified music therapists purchased from the Certification Board for Music Therapists (CBMT). Inclusion criteria included board certified music therapists, currently employed in a medical setting working with adolescent patients.

Instrumentation

The survey consisted of a researcher-developed, multi-question survey created and hosted via the Qualtrics survey platform. The survey was distributed via an email that contained an anonymous link to the survey platform as well as a description of the research problem. Upon opening the link, participants were notified of the anticipated benefits and risks associated with taking the survey and asked to indicate consent to participate. No benefits were anticipated in completing the survey, and no more than minimal risks were anticipated outside of a potential exposure of survey data via unintentional distribution to external groups.

Survey Questions

The survey questions consisted of multiple-choice and open-ended questions regarding the participants' experience assessing chronically ill adolescent patients. Questions were be grouped into the following categories: (a) demographics, (b) overview of adolescent medical population, (c) music therapy assessment within the pediatric medical setting, and (d) psychosocial assessment and adolescents. The purpose of these categories was to create an overview of current assessment practices by detailing music therapists' professional characteristics, current usage of pediatric assessment tools, perceived needs specific to the adolescent population, and the assessment of the psychosocial domain within this population.

Qualtrics

Qualtrics is a survey platform that is used for the purpose of developing various measurement tools, including surveys. This website was chosen as the host site for the survey instrument utilized in this research; participants gained access through anonymous link sent via email. The initial email was sent on March 24th, 2021, with a follow up email on March 30th, 2021. The survey remained open for almost 2 weeks, closing on April 5th, 2021. Certain open-ended questions were displayed through a specific answering of a multiple-choice questions but were not required to be answered to continue the survey.

Procedures

Participants were recruited from an email list purchased by the researcher from the CBMT directory that included 8,988 potential participants. This directory consisted of all board-certified music therapists within the United States who have opted to receive

emails regarding research studies. As the email list does not specify what populations are addressed by every music therapist, the introductory email outlining the research study specified a call for music therapists with current experience working with adolescents in a medical setting.

The introductory email contained a cover letter for the survey which was reviewed alongside the survey instrument by the Institutional Review Board (IRB) at Sam Houston State University. The cover letter outlined the purpose of study, a brief description of the types of survey questions, anticipated completion time, privacy rights, and the potential risks during participation. Potential participants were asked to indicate their informed consent by selecting either "Yes, I agree to participate" or "No, I decline to participate." To determine inclusion eligibility, participants were then asked to indicate their current experience working with adolescents in the medical setting by selecting yes or no. Those who indicated no regarding required experience were then taken to an end of survey page while those who selected yes continued to be taken to the remainder of the survey.

The researcher disseminated the initial email with the recruitment invitation and link to the survey on March 24th, 2021. On March 30th, 2021, a follow up email was sent to participants with a reminder to complete the survey as well as a thank you to those participants who had already completed it. The survey closed on April 5th, 2021.

Data Analysis

Data analysis was conducted via the Qualtrics tool and Excel for the purpose of descriptive statistics and thematic analysis. The former provided percentage data regarding the multiple-choice questions as calculated in the latter tool; in addition,

answers to the open-ended questions were listed on Qualtrics for the purpose of thematic analysis.

CHAPTER IV

Results

Sample

Of the 8,988 potential participants who received the initial email calling for survey participants, 188 responses were collected. Of those responses, 154 were utilized in data analysis, culminating in a completion rate of 82%. The remaining responses were found unusable due to non-consent and incompletion of the survey, providing partial information that was not relevant to the research questions. The 154 responses surpassed the researcher's expectations of participant response, based on a similar survey conducted by Knott et al., (2020) which identified a sample size of 220 current pediatric music therapists near the time of data collection and yielded a response rate of 53.6% with 118 completed responses.

Demographic Information

The average age of participants was 30 (min. 24, max. 68), with a majority of participants identifying as female (n = 71, 87.7%). A majority of participants identified as Caucasian (n = 69, 83.1%), with about half of the participants (n = 45, 54.9%), listing a Master's degree as their highest level of education. All AMTA regions in the United States were represented, in addition to some participants in Canada and Singapore, with most participants practicing in the Great Lakes Region (n = 21, 25.9%). A summary of collected demographic information is given in Table 1.

Table 1

Participant Demographics

Question	No. of responses	Frequency	Percent
Gender	81		
Female		71	87.7%
Male		6	7.4%
Non-binary/third gender		2	2.5%
Prefer not to say		2	2.5%
Race/Ethnicity	83		
African American/Black		2	2.4%
Asian/Asian American		5	6.0%
Caucasian		69	83.1%
Hispanic/Latinx		5	6%
Native American		0	0%
Pacific Islander		0	0%
Middle Easter or North African		0	0%
Other		2	2.4%
Highest level of education	82		
Bachelor's degree		35	42.7%
Master's degree		45	54.9%
Doctoral degree		2	2.4%

Professional Characteristics

All participants listed their current professional credential as Music Therapist, Board-Certified (MT-BC). Most participants have practiced music therapy for 1-5 years (*n* = 31, 37.8%), with over half practicing music therapy specifically in a pediatric hospital or unit for 1-5 years (*n* = 46, 62.2%). Of those music therapists, 51% are currently employed as full-time employees in this setting (*n* = 38). A majority of participants also listed their theoretical orientation as humanistic (*n* = 29, 36.3%), with 23.8% (*n* = 19) choosing to describe their theoretical orientation as "Other;" some participants opted to write in their orientation, with some responses being "eclectic" or a combination of the listed orientations. A summary of professional characteristics is given in Table 2.

Table 2

Professional Characteristics

Questions	No. of responses	Frequency	Percentage
Current MT credential	81		
MT-BC		81	100%
RMT		0	0%
CMT		0	0%
ACMT		0	0%
Years of practice	82		
1-5 years		31	37.8%
6-10 years		25	30.5%
11 or more years		26	31.7%

(continued)

Years of practice in pediatric hospital/unit	74		
1-5 years		46	62.2%
6-10 years		13	17.6%
11 or more years		15	20.3%
Theoretical orientation	80		
Cognitive Behavioral		13	16.3%
Holistic		9	11.3%
Humanistic		29	36.3%
Existential		1	1.3%
Neuroscience		5	6.3%
Psychodynamic		4	5%
Other		19	23.8%

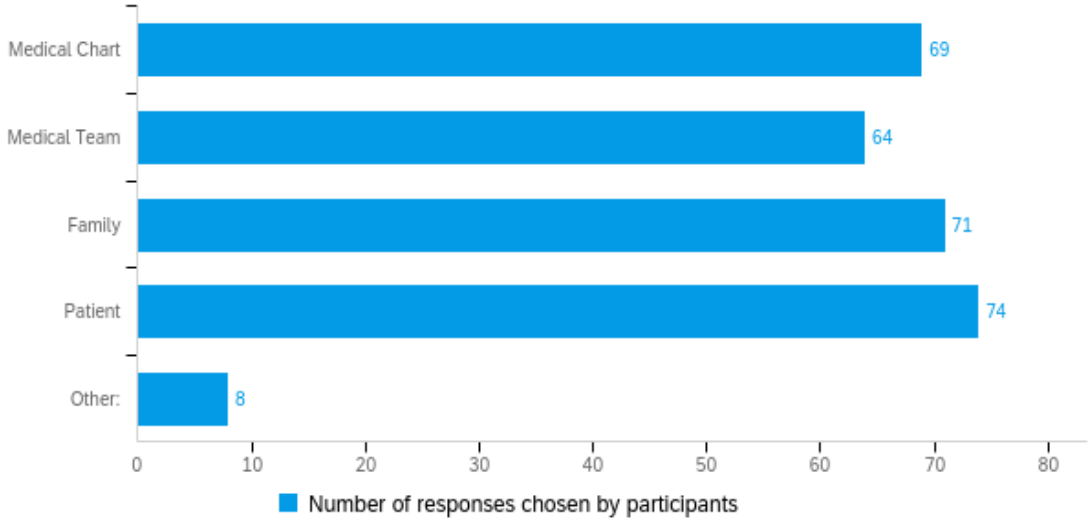
Research Question 1: How are adolescents with chronic illnesses currently assessed in music therapy within the pediatric medical setting?

The majority (*n* = 73, 88%) of participants indicated that they do not use a separate assessment tool for adolescents within the setting; of those respondents, only 19.7% have a dedicated section for the assessment of adolescents within their assessment tool (*n* = 14). About half of respondents employ non-music therapy screening tools in addition to their assessment tool (*n* = 45, 54.9%) such as the Wong-Baker FACES Pain Rating Scale (2018) and other pain scales. Additionally, participants could choose multiple background assessment answer options, with the results indicating that music

therapists heavily rely on the patients (*n* = 74, 25.9%) and family (*n* = 71, 24.8%) to provide background information prior to assessment.

Figure 1

Sources to gather assessment background information.

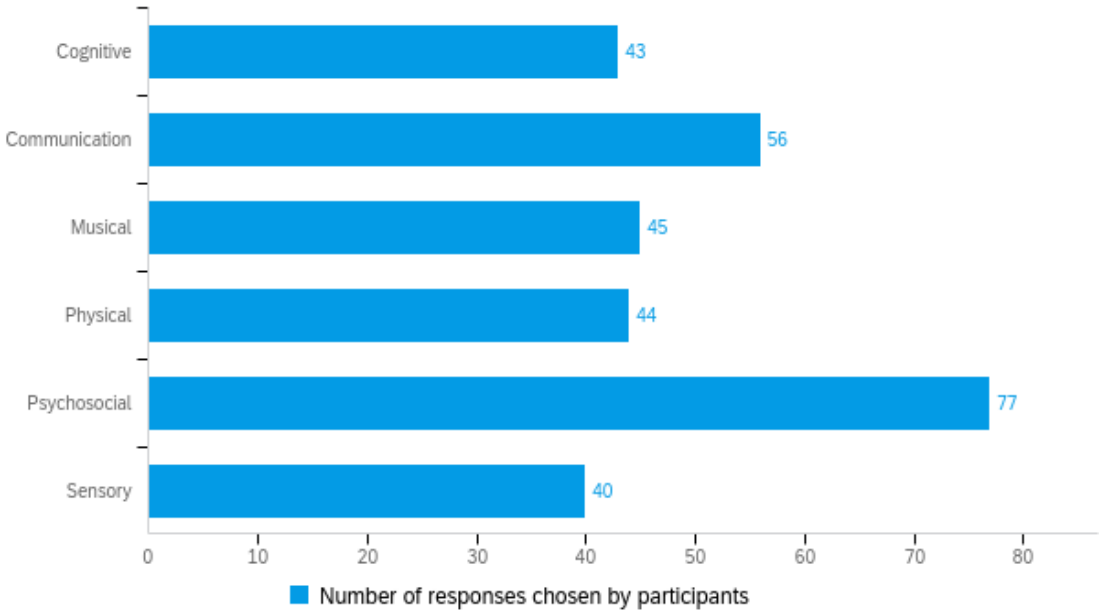


Research Question 2: Are these assessments reflective of specific psychosocial needs of adolescents?

Of the various goal domains addressed in the adolescent population, participants indicated the psychosocial as the most addressed domain as seen in Figure 2:

Figure 2

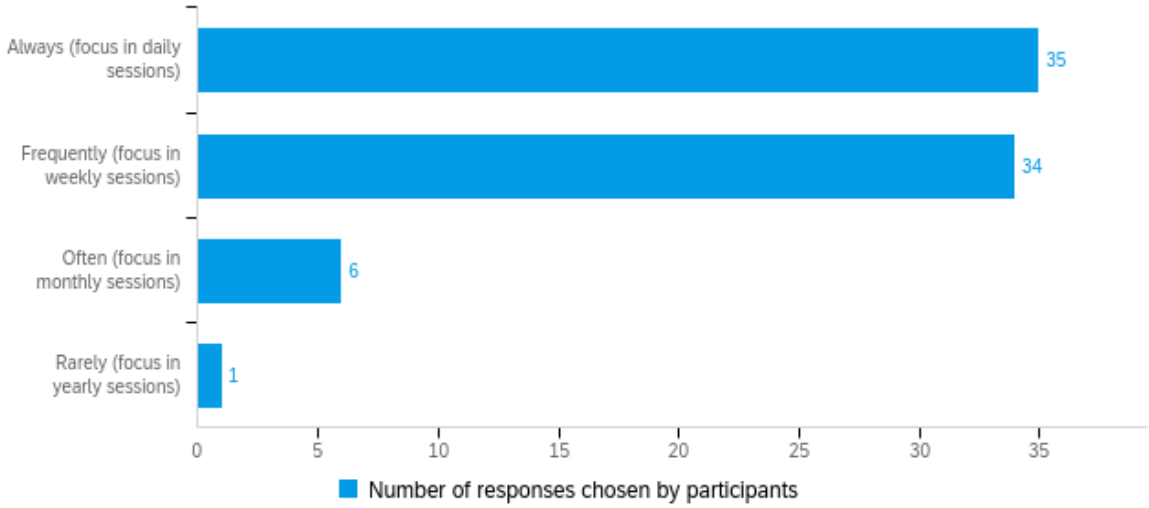
Goal domains addressed in population of adolescents with chronic illness.



In relation to this, psychosocial goals were similarly ranked high in assessment focus, with 46.1% of participants (n = 35) stating these goals as being the focus in daily sessions and 44.7% of participants (n = 34) responding as it being a “frequent” focus in weekly sessions.

Figure 3

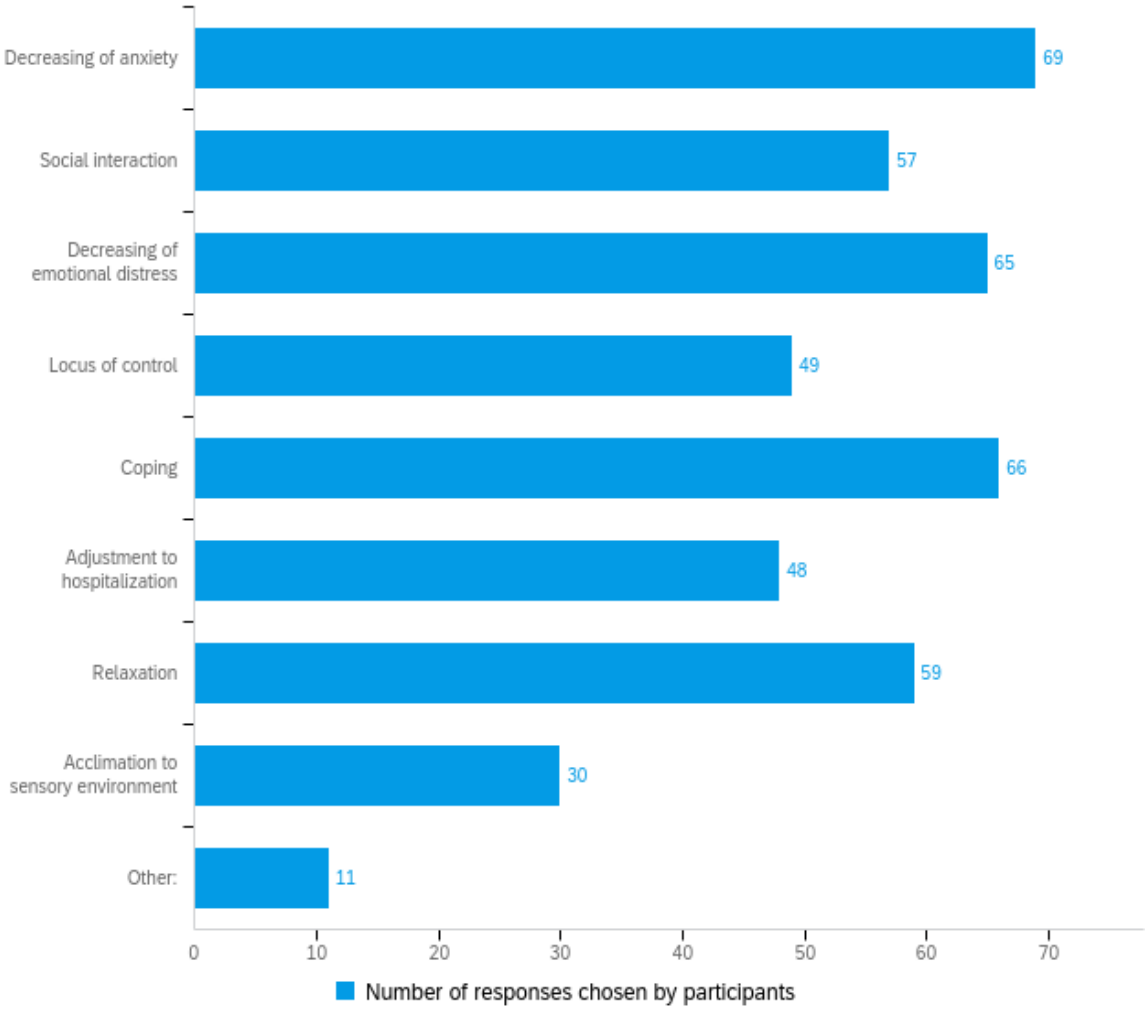
Frequency of psychosocial goals in sessions.



Participants indicated that the primary psychosocial needs of their adolescent patients evaluated during assessment centered on decreasing anxiety (*n* = 69, 15.2%), decreasing emotional distress (*n* = 65, 14.3%), and improving coping skills (*n* = 66, 14.5%) during hospitalization. Secondary psychosocial needs included relaxation (*n* = 59, 13.0%) and social interaction (*n* = 57, 12.6%), as seen in Figure 4:

Figure 4

Types of psychosocial needs assessed.



Research Question 3: Is there a gap in assessing adolescent patients based on their specific developmental needs?

Although participants responded as being comfortable (*n* = 83, 96.5%) and knowledgeable (*n* = 83, 96.5%) with working with adolescents with chronic illness, the also listed several challenges in assessing adolescent patients based on their developmental needs. One response summarized working with adolescents in a pediatric medical setting as a difficulty in: “Balancing age appropriate and developmentally

appropriate interventions." Specifically, a majority of responses yielded a general theme of autonomy as related to adolescent development, Of the responses, 24.6% (*n* = 15) participants described the challenge of engagement with adolescent patients when offered music therapy initially. Terms such as "resistance" and "buy in" were used to describe the challenge of an initial engagement, with one participant noting that adolescents often perceive music therapy as being "for younger children/babies." Other challenges to autonomy include caregiver interaction (*n* = 9, 14.8%), as described by terms such as "family dynamics" and "parental gatekeeping." One participant described the challenge of caregiver involvement and assessment as such:

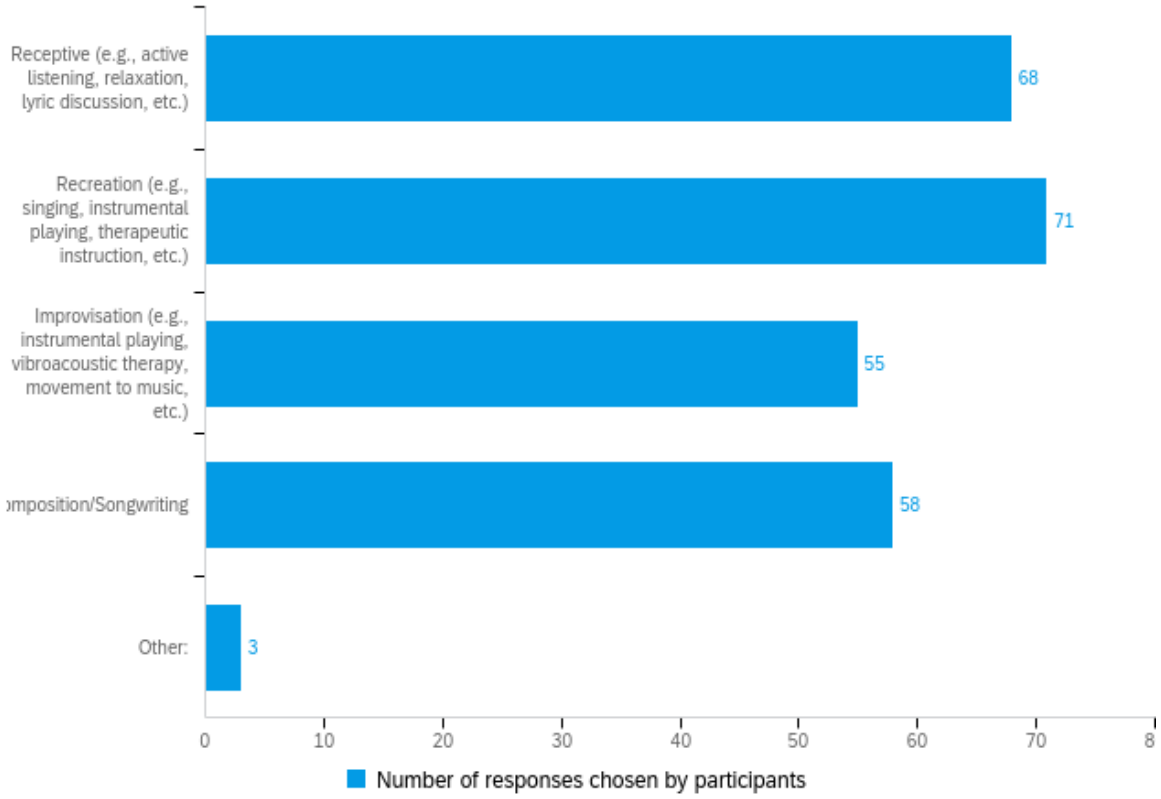
> "Sometimes parents can be overly involved when working with children who have chronic conditions which can be challenging between balancing expectations that the parents have for the patient during a session [,] meeting the patient where they are [,] and assessing what may benefit them most at that specific time."

Research Question 4: How do music therapists use music to assess psychosocial needs of adolescents?

The majority of participants (*n* = 74, 77.4%) employ patient preferred music during assessment, often in the forms of recreative (*n* = 71, 27.8%) and receptive (*n* = 68, 26.7%) interventions. Figure 5 demonstrates participants' usage of different intervention categories during assessment:

Figure 5

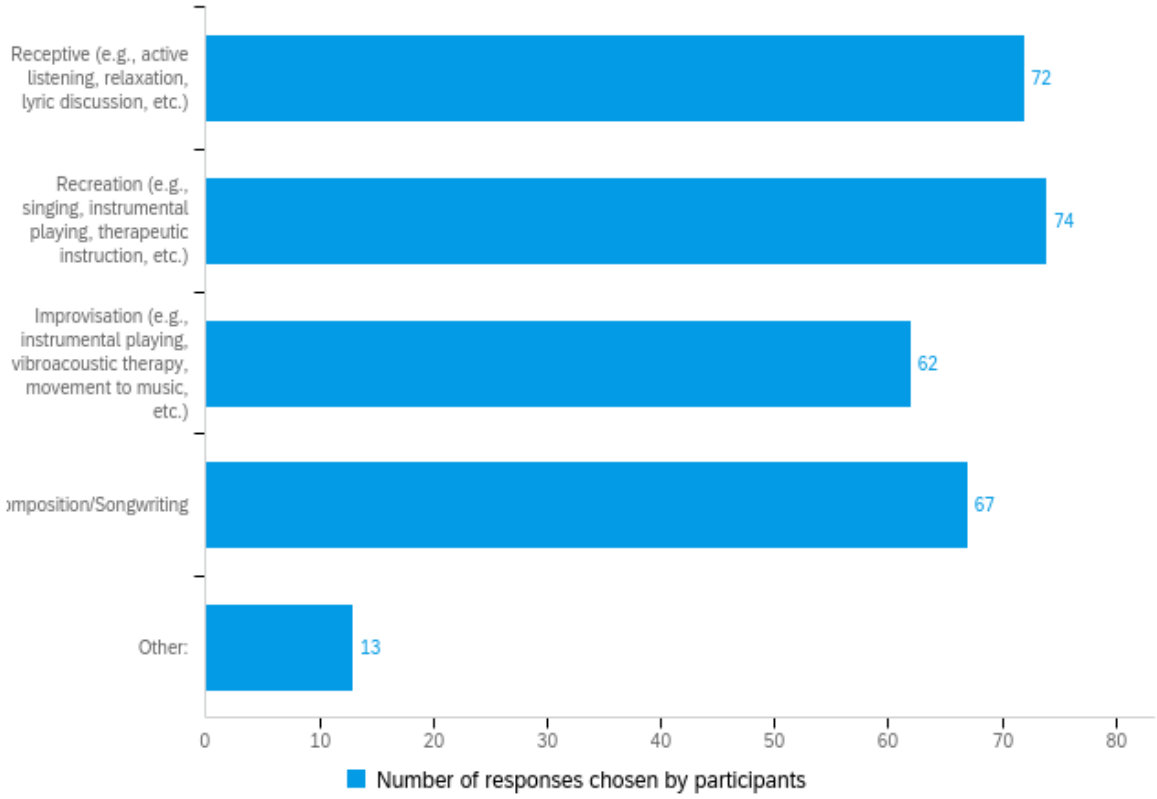
Types of music interventions used in assessment of psychosocial needs.



This is consistent with the use of the same types of interventions during music therapy treatment with this population, as seen in Figure 6:

Figure 6

Types of music therapy interventions used during treatment.



Despite the preferred use of receptive and recreative music therapy interventions during assessment and treatment, participants also noted the challenge of using preferred music when working with adolescents. Preferred music was listed as the second highest challenge when working with this population (n = 10, 16.4%), both in facilitation and therapist' knowledge. Responses such as the challenge of "staying current with all the new music, particularly at the rate at which its now released" was echoed by other participants, with some noting the difficulty in "facilitating the preferred genre live, depending on the genre (i.e., metal & hip hop)."

Research Question 5: What adjustments -if any- do music therapists believe are needed in assessing adolescents in the pediatric medical setting?

Other than familiarity with trending music, participants described changes in the assessment process itself in order to better assess adolescents in this setting. The necessity of a flexible assessment period was echoed by many respondents, as stated by one participant:

> "We are constantly assessing new needs as they arise with our chronic patients, […] we assess needs through the medical chart and various sources when we first get referred and continually throughout the admission as new events occur with the patient."

Other responses suggested the use of music therapy assessment as confirmation for the needs determined by assessments conducted by other medical team members, shifting the music therapy assessment as a planning session rather than an evaluator session. One participant described their experience as follows:

> "I work closely with staff psychologists and social workers, so often by the time I am referred to a patient for psychosocial needs, the needs have already been defined, so most of my assessment is for confirmation and determining which interventions would best address those needs, but not discovering the needs."

CHAPTER V

Discussion

The purpose of this study was to gain an understanding of current music therapy assessment practice towards adolescents with chronic illness in pediatric medical settings. Data was collected via an electronic survey disseminated to board-certified music therapists working in this setting. The results are discussed in detail in this chapter, noting the implications this research has for music therapy practice, its limitations, and future research based on the findings.

The results show that few music therapists utilize an assessment tool catered to meet the specific developmental needs of adolescents. Only 12.1% (n = 10) of music therapists affirmed that they use separate tools between adolescents and other pediatric patients. Of those therapists that use a single tool for all patients, only 19.7% (n = 14) have a separate section dedicated to adolescent assessment. This could indicate that adolescents and younger pediatric patients are being assessed with the same tool and as such are not being assessed in an accurate manner to reflect their specific developmental needs.

Pediatric music therapists frequently treat adolescents (n = 58, 65.9%), which denotes a high need for adolescent-specific treatment. Adolescents have unique developmental needs that are not found in children, requiring developmentally specific assessment to ascertain treatment (Reed et al., 2003). In particular, the primary developmental task of identity formation implies the prioritization of psychosocial needs during assessment in order to accurately plan treatment for adolescents (Stenberg et al., 2019). The application of a developmentally informed assessment tool would allow an

emphasis of meeting psychosocial needs, potentially decreasing anxiety, distress, and creating stronger coping skills for adolescents who have a greater comprehension of chronic illness than their younger counterparts (Apple, 2017).

Despite the frequency of adolescent patients and established psychosocial needs, the high number of non-adolescent specific assessment tools suggests that these assessments are not reflective of the specific psychosocial needs of adolescents. Participants emphasized the importance of assessing and treating psychosocial needs in adolescents, ranking it as the primary domain focus during assessment; however, the lack of adolescent-specific assessments contrasts with this demonstrated need.

That is not to say that current assessment tools do not accurately assess psychosocial needs of pediatric patients. Rather, the generalized assessment tools subsume adolescent psychosocial needs with those of younger patients and do not reflect the differences in developmental importance (Jamalimoghadam et al., 2019). For adolescents, meeting psychosocial needs support the primary developmental task of identity formation and the related tasks of connectedness, competency, and resilience (McFerran, 2010). Ineffectual treatment of these needs could ultimately lead to negative treatment outcomes, determining the patient's ongoing hospitalization due to chronic illness (Suris et al., 2004).

The findings also reveal that this gap in assessment is partially due to the value placed on assessment itself. Music therapists noted the challenges in assessment in a single session, stating that previous examples of effective assessment occurred over a longer period of time in order to parallel ongoing medical events. Similar reports disclosed the difficulty in assessing an adolescent patient within an initial meeting;

stunted rapport prevents the music therapist from accurately understanding the patient's needs, as described by one participant: "I truly don't understand their form of communication and preferences until months after the assessment." The summation of similar response is that assessment in itself is a process and encompasses multiple interactions with the patient, family, and medical staff members.

Other responses discussed the role of music therapy assessment as confirmation for assessment conducted by other medical team members, particularly those of psychiatric professionals. Participants described using the music therapy assessment tool to confirm the psychosocial needs already established in these forms of assessment; the assessment session then transforms into a planning session in which music therapists ascertain how best to adapt treatment to meet the established psychosocial needs for that individual patient.

Adaptation of music includes the use of music and music therapy interventions, with the findings revealing that music therapists rely on patient-preferred music during assessment. Many therapists employ recreative or receptive music therapy interventions using patient-preferred music during assessment. However, participants also noted the challenges in using patient-preferred music due to unfamiliarity with current music. Many responses discussed this unfamiliarity alongside the difficulty in building rapport; given that adolescents use music as a means of establishing peer relationships and identity formation, familiarity with current music could be an indicated means of building rapport with an adolescent patient and improving engagement throughout treatment.

Implications

This study's findings have theoretical and practical significance on the development of assessment tools and the process of assessment in pediatric music therapy. Theoretically, the challenges listed by participants and the gap in adolescent-specific assessment address gaps in music therapists' knowledge and education in adolescent development. Regarding the practical significance, these findings could inform the development of adolescent-specific assessment tools and lead to a development of a standard assessment tool that is developmentally reflective of the various ages of pediatric patients.

Theoretical Significance

The multiple notes of the challenges of being familiar with "current" music indicate that pediatric music therapists require continual education regarding music. This music literacy is reflective of a need for music therapists to be aware of ongoing popular culture; in the same way that music therapists may inform themselves of popular children's movies and tv shows, so too must they become familiar with adolescent music.

The challenges of engaging adolescent patients are partially reflective of this pop culture illiteracy as music therapists struggle to connect with adolescent patients. The repeated responses of the difficulties in building rapport are something to also be addressed through continual education as music therapists may better educate themselves on the specific developmental needs of adolescents and the different ways of engaging them as compared to younger patients.

Similarly, the difficulties in parental gatekeeping during music therapy sessions also indicates further education in familial dynamics and the incorporation of such in sessions. Although board-certified music therapists have experience

Practical Significance

The overall findings of this research study lend itself to the development of an adolescent-specific assessment tool for the pediatric medical setting. Given the lack of assessment tools -but demonstrated differences in assessing adolescents and children- a pilot assessment tool could be developed to meet the needs of adolescent patients. This, in turn, may lead to the creation of developmentally specific assessment tools to be used with the different stages of pediatric patients such as infancy and toddlerhood, early childhood, middle childhood, and adolescence.

Limitations

There are several limitations in this study, with the most prominent being the specificity in inquiring participants' opinion on current assessment practice. Although the survey questions inquire participants' greatest challenges in working with this population -as well as additional information that they felt important to inform the research- the survey questions did not account for participants' opinions on the adequacy of current music therapy assessment practice and failed to conclusively answer Research Question 5.

The second limitation is in regard to what assessment tools are currently in use. The survey questions are solely focused on the existence of adolescent-specific assessment tools or sections but excludes the remaining assessment tools and what they are comprised of. There are no questions as to what music therapy assessment tools are

utilized, be it a standard tool, a tool developed for the clinical setting, or a tool created by the music therapist.

Future Research

The findings indicate that there is a gap in assessment of adolescents based on their specific developmental needs, however, further research is required to ascertain how best to assess adolescents to meet best-practice standards. Furthermore, there is no direct correlation between this gap and treatment outcomes; rather, this study demonstrated that music therapists prioritize the assessment of psychosocial needs of adolescents with chronic illness and that a majority of music therapists do not utilize a developmentally specific tool for adolescent patients.

This brings to question the importance of developmentally informed assessment tools and their efficacy in a pediatric medical setting. Future research may use these findings to study the relationship between developmentally informed assessment tools and music therapy treatment outcomes and the practicality of these tools in a setting that receives a large age range of patients. Related topics include the prioritization of different domains based on the patient's developmental stage and the use of music to address the different domains and developmental needs.

Conclusion

The purpose of this study was to explore current assessment practice towards adolescents with chronic illness in pediatric medical settings. The survey method was employed to answer five research questions, culminating in a 32-question survey comprised of both multiple-choice and open-ended questions. A thematic analysis of

these questions revealed challenges that current board-certified music therapists encounter when assessing this population.

The most reported challenge was that of familiarity with popular music in contrast to the use of patient-preferred music in a recreative and receptive manner; additional challenges include building rapport with adolescent patients and parental gatekeeping during sessions. The findings also revealed that although a majority of music therapists recognize and prioritize psychosocial needs of adolescent patients, there are very few assessment tools that reflect this prioritization.

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APPENDIX A

Email Invitation

Dear Board-Certified Music Therapist,

I am inviting you to participate in my research about psychosocial assessment of adolescents with chronic illness. I am hoping to gain a better understanding of current practice of psychosocial assessment by surveying music therapists currently employed in pediatric medical settings.

The following anonymous survey, which should take approximately 10 minutes of your time, asks questions about your experience assessing adolescents with chronic illness. There are also some demographic questions.

To qualify for this study, you must be a Board-Certified Music Therapist currently employed in a pediatric medical setting. This study is voluntary, and your participation will be anonymous - I won't even know who has taken the survey. If you would like to be part of my study, please click on the following link:

Take the survey

If you know anyone who would be interested in this research, feel free to forward it to them. Thank you for your participation**!**

Hillary Gomez, MT-BC
Candidate for Master of Music
Sam Houston State University, School of Music

APPENDIX B

Survey Tool

Survey Consent Form

Hello,

My name is Hillary Gomez and I am a student in the Music Therapy department at Sam Houston State University (SHSU). I am conducting a study under the direction of Dr. Amy Smith to explore psychosocial assessment of adolescents with chronic illness. I am asking board-certified music therapists currently employed in pediatric medical settings to complete a survey. The results will be reported in a thesis that I will complete as a requirement of my graduate program.

The following survey includes questions that ask you to describe your experience with psychosocial assessment of adolescents with chronic illness. You will also be asked to describe your **current practice of music therapy assessment**. The survey also includes questions about your age, sex, ethnicity, academic background, region, and philosophical orientation. It will take about 10 minutes of your time to complete the survey.
To qualify for this study, you must be a board-certified music therapist currently employed in a pediatric medical setting.

Your participation in this study is voluntary. If you decide to participate, your responses will be anonymous - that is, recorded without any identifying information that is linked to you. Your survey responses will be kept confidential to the extent of the technology being used. Qualtrics collects IP addresses for respondents to surveys they host; however, the ability to connect your survey responses to your IP address has been disabled for this survey. That means that I will not be able to identify your responses. You should, however, keep in mind that answers to specific questions may make you more easily identifiable. The security and privacy policy for Qualtrics can be viewed at: https://www.qualtrics.com/security-statement/.

If you have any questions regarding this survey, please contact me at hvg003@shsu.edu. If you have any questions regarding your rights as a human subject and participant in this study, or to report research-related problems, you may call the Institutional Review Board at SHSU for information, at (936) 294-4875, or irb@shsu.edu.

○ I Agree

○ I Disagree

Overview of the Adolescent Medical Population

Overview of Adolescent Medical Population

For the purposes of this survey, all questions are referring toyour experiences working with adolescents who have a chronic illness within a pediatric medical setting.

In this study "adolescents" refers to individuals between theages of 10 and 19 per the World Health Organization's (WHO) definition as of January 7, 2021.

In this study "chronic illness" refers to any and all medicalconditions that last 1 year or more, require ongoing medical attention, and/or limit activities of daily living per the Center for Disease Control's (CDC) definition as of February 5, 2021.

In your current role, do you work with adolescent patientswho have a chronic diagnosis?

- ○ Yes
- ○ No

How often do you work with this population?

- ○ Always (on my caseload daily)
- ○ Often (on my caseload monthly)
- ○ Frequently (on my caseload weekly)
- ○ Rarely (on my caseload a few times a year)

What form of music therapy services are offered toadolescent patients? (Select all that apply)

- ☐ Individual sessions
- ☐ Group sessions
- ☐ Telehealth sessions
- ☐ Other: :

What goal domains do you typically address with thispopulation (Select all that apply)

- ☐ Cognitive
- ☐ Communication
- ☐ Musical
- ☐ Physical
- ☐ Psychosocial
- ☐ Sensory

What types of music interventions do you typically use withadolescent patients? (Select all that apply)

- ☐ Receptive (e.g., active listening, relaxation, lyric discussion, etc.)
- ☐ Recreation (e.g., singing, instrumental playing, therapeutic instruction, etc.)
- ☐ Improvisation (e.g., instrumental playing, vibroacoustic therapy, movement to music, etc.)
- ☐ Composition/Songwriting
- ☐ Other:

How would you rate your comfort level in working with thispopulation?

Very comfortable	Fairly comfortable	Not at all comfortable
○	○	○

How would you rate your knowledge of adolescentdevelopmental milestones?

Very knowledgeable ○ Fairly knowledgeable ○ Not at all knowledgeable ○

What challenges do you face when working with thispopulation?

Music Therapy Assessment Within the Pediatric Medical Setting

For the purposes of this survey, all questions are referring to your experiences working with adolescents who have a chronic illness within a pediatric medical setting.

In this study "adolescents" refers to individuals between the ages of 10 and 19 per the World Health Organization's (WHO) definition as of January 7, 2021.

In this study "chronic illness" refers to any and all medical conditions that last 1 years or more, require ongoing medical attention, and/or limit activities of daily living per the Center for Disease Control's (CDC) definition as of February 5, 2021.For the purposes of this survey, all questions are referring toyour experiences working with adolescents who have a chronic illness within a pediatric medical setting.

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What sources do you use to gather assessmentbackground information? (Select all that apply)

- ☐ Medical Chart
- ☐ Medical Team
- ☐ Family
- ☐ Patient
- ☐ Other:

Do you have a separate assessment tool for adolescents?

- ○ Yes
- ○ No

If no, do you have a dedicated section for the assessmentof adolescents in your assessment tool ?

- ◯ Yes
- ◯ No

Do you use non-music therapy screening tools in additionto a music therapy assessment tool? (E.g., Wong-Baker FACES Pain Rating Scale)

- ◯ Yes
- ◯ No

If yes, what screening tools do you use?

Psychosocial Assessment and Adolescents

For the purposes of this survey, all questions are referring to your experiences working with adolescents who have a chronic illness within a pediatric medical setting.

In this study "adolescents" refers to individuals between the ages of 10 and 19 per the World Health Organization's (WHO) definition as of January 7, 2021.

In this study "chronic illness" refers to any and all medical conditions that last 1 years or more, require ongoing medical attention, and/or limit activities of daily living per the Center for Disease Control's (CDC) definition as of February 5, 2021.For the purposes of this survey, all questions are referring toyour experiences working with adolescents who have a chronic illness within a pediatric medical setting.

How often do you focus on psychosocial goals in thispopulation?

- ○ Always (focus in daily sessions)
- ○ Frequently (focus in weekly sessions)
- ○ Often (focus in monthly sessions)
- ○ Rarely (focus in yearly sessions)

What psychosocial needs do you assess with your currentassessment tool? (Select all that apply)

- ☐ Decreasing of anxiety
- ☐ Social interaction
- ☐ Decreasing of emotional distress
- ☐ Locus of control
- ☐ Coping
- ☐ Adjustment to hospitalization
- ☐ Relaxation
- ☐ Acclimation to sensory environment
- ☐ Other:

What types of music interventions do you use in assessment of psychosocial needs? (Select all that apply)

- ☐ Receptive (e.g., active listening, relaxation, lyric discussion, etc.)
- ☐ Recreation (e.g., singing, instrumental playing, therapeutic instruction, etc.)
- ☐ Improvisation (e.g., instrumental playing, vibroacoustic therapy, movement to music, etc.)
- ☐ Composition/Songwriting
- ☐ Other:

"I use patient preferred music when assessing psychosocialneeds."

- ○ Always
- ○ Frequently
- ○ Often

Is there anything else you would like us to know about yourassessment of psychosocial needs of adolescents with chronic illness?

Demographic Questions

What is your age?

What is your gender identity?

- ○ Male
- ○ Female
- ○ Non-binary / third gender
- ○ Prefer not to say

What is your race/ethnicity? (Select all that apply)

- ☐ African American/Black
- ☐ Asian/Asian American
- ☐ Caucasian
- ☐ Hispanic/Latinx
- ☐ Native American
- ☐ Pacific Islander
- ☐ Middle Eastern or North African
- ☐ Other:

What is the highest level of education that you havereceived (in any academic discipline)?

- ○ Bachelor's degree
- ○ Master's degree
- ○ Doctoral degree

What is your current MT credential?

- ○ MT-BC ○ RMT
- ○ CMT
- ○ ACMT
- ○ Other:

In what music therapy region do you currently practice?

- ○ Great Lakes Region (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) ○ Mid-Atlantic Region (Delaware, District of Columbia, Maryland, Nebraska, New Jersey, New York, Pennsylvania, Virginia, West Virginia)
- ○ Midwestern Region (Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Wyoming)
- ○ New England Region (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
- ○ Southwestern Region (New Mexico, Oklahoma, Texas)
- ○ Southeastern Region (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee)
- ○ Western Region (Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah, Washington)
- ○ Outside of the United States of America:

How many years have you practiced as a music therapist(in any setting)?

- ○ 1-5 years
- ○ 6-10 years
- ○ 11 or more years

How many years have you practiced as a music therapistin a pediatric hospital or unit?

- ○ 1-5 years
- ○ 6-10 years
- ○ 11 or more years

How many hours do you practice music therapy within apediatric hospital or unit?

How would you describe your music therapy theoreticalorientation?

- ○ Cognitive Behavioral
- ○ Holistic
- ○ Humanistic
- ○ Existential
- ○ Neuroscience
- ○ Psychodynamic
- ○ Other:

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VITA

Hillary Gómez, MT-BC

Education

Master of Music, Major in Music Therapy at Sam Houston State University, August 2017-Present. Thesis title: Music Therapy and Adolescents with Chronic Illness

Bachelor of Music, Major in Piano Performance at Ave Maria University, Minor in English Literature, Cum Laude with Honors, May 2014.

Employment

Music Therapist, The House of Music Therapy, February 2020 – Present

Music Therapy Intern, Covenant Children's Hospital, July 2019 - January 2020

Graduate Assistant, Music Therapy Department, Sam Houston State University, August 2017 – May 2018