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# Music Therapists' Global Perspectives on Telehealth Music Therapy: A Qualitative Interview Inquiry

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**ABSTRACT** Telehealth music therapy (TMT) grew exponentially during the COVID-19 pandemic and has continued to be integrated in music therapy praxis. This interview study, which is a follow-up to a large international study of 572 music therapists, reports the perceptions and experiences of 20 music therapists from 10 countries across 5 global regions. Five themes arose from the qualitative analysis, including (1) accessibility of TMT, (2) suitability of TMT, (3) safety within TMT, (4) technology within TMT, and (5) advancing the

practice of TMT. Several recommendations are provided for music therapy clinicians, educators and researchers to consider for the future of TMT including the inclusion of TMT theoretical and experiential training for preprofessionals, client perceptions, experiences and desires for TMT, and the role of caregivers in TMT provision.

**Keywords:** telehealth, music therapy, accessibility, therapist perspectives, interview

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There has been an upsurge of music therapy studies and descriptive literature on the practice of telehealth music therapy (TMT) since the start of the COVID-19 pandemic. The onset of the pandemic compelled therapists to venture into TMT to effectively deliver music therapy and consider the holistic well-being and needs of individuals, within the context of their own homes. Prior to 2020, music therapy was not practiced at an extensive rate via telehealth. Publications at that time included work with adolescents with Asperger's syndrome (Baker & Krout, 2009, 2014), children experiencing hearing loss (Fuller & McLeod, 2019), veteran and active military services (Levy et al., 2018; Lightstone et al., 2015; Spooner et al., 2019; Vaudreuil et al., 2020), parents of infants in the neonatal intensive care (Gooding & Trainor, 2018), and for individuals with Parkinson's disease via a prerecorded therapeutic singing program (Stegemöller et al., 2020). The rapid transition to TMT delivery during the pandemic has resulted in an emerging evidence base for various populations (Ahessy, 2021; Brault & Vaillancourt, 2022; Folsom et al., 2021; Molyneux et al., 2022), professional perspectives (Knott & Block, 2020) and the experiences of music therapy practitioners (Baker & Tamplin, 2021; Cole et al., 2021; McLeod & Starr, 2021; Wilhelm & Wilhelm, 2022) and researchers (Schmid et al., 2021).

The development of innovative approaches for the efficient provision of TMT arose to bolster client support, encompassing training and education in therapy, therapy administration, counseling, and other extended services to support family members who were present during therapy sessions or were needed to facilitate support to primary clients.

Several considerations must be made when delivering TMT including the technical, physical, and cognitive capabilities of the client (Knott & Block, 2020). Subsequently, the successful delivery of TMT is dependent on both therapist and user access to appropriate digital services and bandwidth, a private

space free from interruption and intrusion (Vaudreuil et al., 2020), and ensuring the devices used are configured to an optimal level (Folsom et al., 2021). One of the most widely reported limitations of TMT is high latency or noticeable delays in response time, which can inhibit groups from playing or singing together synchronously (Molyneux et al., 2022). While a challenge, latency issues can spur creative solutions, which present opportunities for problem-solving, developing patience and flexibility (Vaudreuil et al., 2020).

Geographic location, reduced mobility, increased cognitive decline, and unreliable access to transport are some of the barriers that hinder access to in-person and/or community-based music therapy services (Clements-Cortés et al., 2023). TMT has many key strengths including increased accessibility, expanded reach and flexibility, convenience, and cost savings, but requires “collaboration and investment by service providers and clients to navigate the challenges inherent in this form of service delivery” (Fuller & McLeod, 2019, p. 1). When delivered with the intention of integration, TMT can prevent isolation by promoting resilience in recovery processes and transformative adaptation through community engagement (Vaudreuil et al., 2020) and can expand access to those who may not be able to attend in the community (Molyneux et al., 2022).

The purpose of the current study is to expand on this growing body of literature and offer a global perspective of experiences and perceptions of TMT post the COVID-19 pandemic to provide music therapy practitioners with information that can be applied to current and future TMT practice.

## Methods

### Purpose of Study

This qualitative study, guided by phenomenology, is a follow-up to a survey investigation (Clements-Cortés et al., 2023), which gathered demographic data and information on the TMT therapeutic practice and perceptions of music therapists from the eight global regions of the World Federation of Music Therapy. Survey study participant inclusion criteria comprised the provision of a minimum of 10 TMT sessions by certified or equivalent credentialed music therapists; and ability to read and respond to survey questions in English. Participants were recruited from social media platforms including Facebook and LinkedIn professional music therapy groups, Twitter (now X), research collaborator distribution lists and via email invitation from a contact list of music therapists from the Certification Board for Music Therapists. The period of data collection was from January 13 to July 30, 2022. This study received ethical approval from the University of Toronto Research Ethics Board, approval #42035.

### The Research Team

The research team was composed of seven researchers from six countries representing four global regions according to the World Federation of Music Therapists (Clements-Cortés, 2015) all trained in a western model but also with experience working with various cultures and integrating other approaches into their practice. The research team was composed of seven cisgender researchers (six credentialed music

therapists and one Doctor of Medicine student) from six countries representing four global regions according to the World Federation of Music Therapy (Clements-Cortés, 2015). Trained in western models and approaches in music therapy practice varying from Neurologic music therapy to the Bonny Method of Guided Imagery and Music, our team also brings experience working with various cultures, age ranges and health care issues, and integrating other approaches into our practices. Four team members have over 25 years' experience in music therapy as clinicians, educators, and researchers and several hold additional professional credentials such as registered psychotherapist.

As the research team, we intended to engage in cultural humility through self-examination, recognizing that both we and the interviewees come from diverse backgrounds. All members became interested in or more engaged in telehealth during the COVID-19 pandemic and are part of a Special Interest Group in connection with the Association for Music and Medicine to further advance this method of service delivery, and to elevate the training and supervision practices to preprofessionals.

### Research Questions

1. What is the experience of music therapists in providing TMT services?
2. What factors contribute to successful implementation of TMT services?
3. What implications are raised that promote the advancement of TMT?

### Participants

A total of 572 respondents completed the survey study. At the conclusion of the online survey, participants were asked to share if they would like to participate in a follow-up interview study (the present study). Out of the 572 participants, a total of 160 indicated they were open to participate in a follow-up interview study. Of these 160 participants, researchers endeavored to interview approximately 15% (24) and 30 participants were contacted and invited to be interviewed based on their global region (country), theoretical orientation, years practicing and/or client/consumer groups served. This was done to ensure a representative sample from at least five global regions were interviewed (see Figure 1). When contacted, four out of 30 declined to participate, four did not respond to the email invitation or follow-up email invitations, and two who agreed to participate declined prior to the scheduled interviews. A total of 20 participants completed the interview (from October 2022 to July 2023), conducted by eight researchers primarily in English and also in Italian and Spanish.

### Data

Interviews were conducted using an *interview guide approach* (Patton, 2002) with flexibility on the part of the interviewer to reorder the questions in response to the participants' responses. Interview questions centered on the collection of information in the following areas: demographics; perceptions; training and skills; clinical practice; and research and ethics (see Supplemental Materials), and lasted approximately

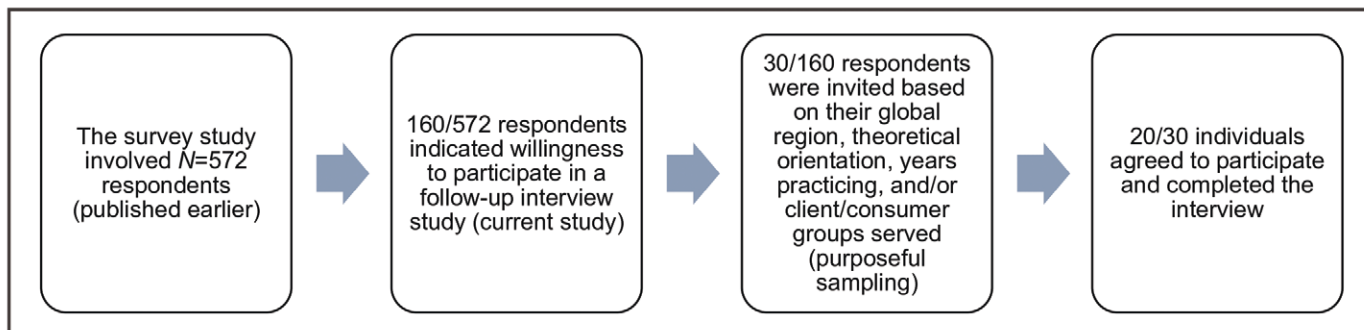


Figure 1. Participant Selection Process

60–75 min. Interviews were conducted and recorded via the Zoom platform and were transcribed using the functionality within the software. Interview responses were verified with each participant by the researcher who conducted their interview.

**Data Analysis**

Interview responses were collated into an extensive spreadsheet, utilizing color coding. After each interviewer completed their interviews, they reviewed and cleaned their data set for the next stage of thematic analysis by removing duplicate observations for each participant in any given section. A descriptive data analysis approach was used to facilitate the data reflecting the subjective nature of the problem and the different experiences of the participants (Bradshaw et al., 2017; Sandelowski, 2010).

Braun and Clarke’s (2006) thematic analysis approach was used which involved becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining the themes, and writing the report. Each member of the research team was involved in “generating initial codes,” followed by a coding team of three research members identifying the broader themes. After further exploratory engagement with the data, the coding team met to reconsider, reorganize, and exchange views on the interview responses and the process. The final five themes were then agreed upon. At all stages of the analysis process the coders engaged in an iterative reflexive process in order to explore and develop meaning from the data.

**Results**

**Participants**

Interview participants included individuals from ten countries across five global regions, including Australia, Austria, Brazil, Canada, Italy, Lebanon, Malaysia, New Zealand, Spain, and the United States. Of twenty participants who completed the interview, 18 (90%) identified as female and two as male (10%). The mean number of years practicing as a music therapist ( $\pm$  standard deviation) was  $12.3 \pm 7.6$ , ranging from 1.5 to 27 years. Roughly half of the participants had more than ten years of working experience ( $n = 9$ ). Participants reported working with a range of populations, providing services across medical, private, and community settings. When asked about their highest level of education, 14 participants reported having a master’s degree (70%), four

Table 1. Demographic Information

Variables	Mean $\pm$ SD/ <i>n</i> (%)
<b>Sex</b>	
Female	18 (90%)
Male	2 (10%)
<b>Years practicing as an MT</b>	12.3 $\pm$ 7.6
Less than 10 years	11 (55%)
More than 10 years	9 (45%)
<b>Country of residence</b>	10
<b>Country per region</b>	
North America	8 (40%)
Oceania	6 (30%)
Europe	3 (15%)
Asia	2 (10%)
South America	1 (5%)
<b>Education level</b>	
Bachelor’s degree	4 (20%)
Master’s degree	14 (70%)
Doctorate	2 (10%)
<b>Theoretical orientation</b>	
Humanistic	9 (45%)
Eclectic and/or integrative	5 (25%)
Psychotherapy	2 (10%)
Nordoff-Robbins	1 (5%)
Behavioral	1 (5%)
Community Music Therapy	1 (5%)
Trauma Informed	1 (5%)

reported having a bachelor’s degree (20%), and two reported having a doctorate (10%). As in our survey study (Clements-Cortés et al., 2023), the top two responses regarding therapists’ theoretical orientations were humanistic (45%) and eclectic and/or integrative (25%). Finally, most participants reported not using TMT before the pandemic, while two reported limited experience (e.g., with one client, or for a single research project). Table 1 summarizes participants’ demographic information.

**Themes**

A total of five themes emerged during the analysis of the interview data: (1) Accessibility of TMT, (2) Suitability of TMT, (3) Safety within TMT, (4) Technology within TMT, and (5)

Advancing the Practice of TMT. These themes and resulting subthemes are visually represented in Figure 2.

### Theme 1. Accessibility of TMT

Comments on the accessibility of TMT were a key feature within the collected responses, often described as an “opportunity for access” [P.3] that has “expanded the scope” [P.10] of music therapy service delivery. P.12 noted, “service provision that’s possible through telehealth has definitely developed, it’s so much easier, and it’s so much more accessible.” Within this theme, several subthemes emerged including increased access, financial considerations, and increased awareness of the profession.

**Increased Access to Music Therapy Services.** Most participants commented on the accessibility of TMT being able to expand access to clients in remote areas but also for those that cannot attend in-person sessions for a variety of reasons including transportation, distance, health status, and safety. P.5 commented that TMT has provided “access to a service that clients didn’t have before,” and P.3 stated that TMT “is broadening our client-base, providing services to those who haven’t had access due to location.”

**Financial Considerations for Music Therapy Services.** P.16 noted that telehealth delivery had the capacity to alleviate some financial burdens for clients when they stated, “there is a tremendous ability to reach people who cannot afford the time or the money to travel.”

This was also mentioned by P.19 who uses a combination of both in-person and telehealth sessions to make it more financially viable for their clients. They stated, “telehealth is more affordable for clients due to lower overhead costs (e.g., no need to pay for travel time/transport as gas is now very expensive due to our economic crisis).”

While most participants indicated that their clients had access to suitable devices to engage with TMT, this presented a financial barrier for some clients: “having access to sufficient technology was an ongoing challenge, as many families did not have sufficient financial resources to purchase enough technological devices to cater to the needs of the whole family” [P.15].

Telehealth delivery has also resulted in increased accessibility for music therapists themselves: “[TMT] created a lot of

opportunities for me to reduce overhead costs and still engage and connect with people from different provinces... it’s created really beautiful growth for my practice, and accessibility in a way that wasn’t present before” [P.10]. This was also mentioned by P.20 who described TMT as more equitable for both the therapist and client. They stated, “I don’t have to pay for an office... I’m also able to accept more sliding-scale clients.”

**Awareness of Music Therapy.** Some participants were optimistic regarding the potential of TMT and noted how this mode of delivery could also raise awareness of the profession and lead to music therapy becoming more accessible for some communities. P.8 stated, “I’m excited for what this opportunity means for music therapy in the future and for underserved communities... it is a good silver lining for our profession and for our clients.” This was echoed by P.11 when they said, “[TMT] changed the way I advocate for music therapy... It also changed my perceptions towards telehealth, teaching me that apps and other technological aspects can make it easier to engage parents and help deepen their understanding towards music therapy.” The next theme of *Suitability of TMT* extends from *Accessibility* by continuing to focus on client benefit and outcomes.

### Theme 2. Suitability of TMT

The suitability of TMT for meeting the individual needs of clients arose as a prominent subtheme across the data, along with client engagement, and the role of the support person and their engagement during sessions.

**Client Individual Needs in TMT.** As participants considered their approach to using TMT within their current and future practice, it was noted that suitability was variable given a client’s experience of TMT. For example, P.9 commented, “it works great for some people and it’s really difficult for others,” while P.10 stated, “it can be both a beautiful, accessible resource as well as overwhelming.” P.10 added that the suitability of TMT could only be determined on a “case by case basis” further explaining that suitability was dependent on individual needs and goals. This was also mentioned by P.18 who added, “I think we need to have fast screening to see if the person would be a good fit.” They went on to note that factors within this screening approach would include assessing clients’ “level of autonomy” and their “level of symbolic

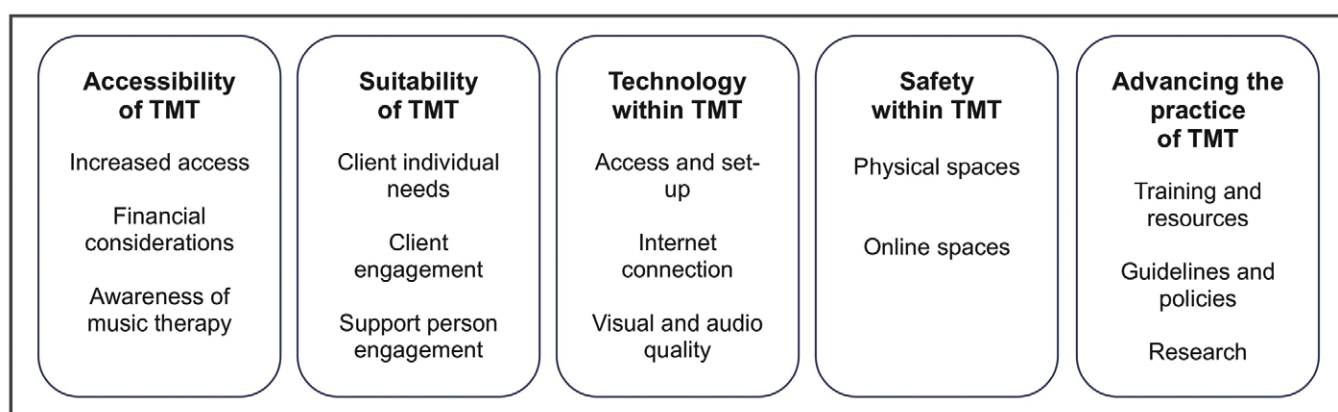


Figure 2. Themes & Subthemes

understanding.” P.20 noted that selecting TMT instead of in-person delivery should be a “clinical decision,” while P.12 described TMT as “a fantastic additional tool that we can be using when it’s necessary, and when it’s appropriate.” It was noted that TMT was not always suitable for addressing the client’s individual needs. For example, “what was most detrimental was not being able to soothe or help a client who was struggling to calm down or co-regulate with them effectively through the screen” [P.17]. Further considerations for age were noted by [P.13] who said, “I don’t think children would benefit nearly as much as adults would benefit because we saw that through school, they didn’t do well virtually and I think they need that in-person setting.”

**Client Engagement in TMT.** The client’s ability to focus their attention on engaging in music-making via TMT was evident as a key consideration when assessing suitability. For example, P.12 commented, “with a young lady with intellectual disabilities, it was a challenge to create a space that enabled sustained focused attention... when she disengaged, she turned the video off, or closed the laptop, so I had no chance to re-engage..” P.9 also described how some younger clients were unable to focus during TMT sessions: “it was very challenging to gain attention and to create that relationship that I’m used to creating with my clients in-person... it made engagement almost impossible.” Some participants noted the value of the computer/tablet screen when engaging with some clients during TMT. P.6 stated, “I think it’s less confronting than when I’m physically there in her space.” Others commented on the difficulties of engaging via a computer/tablet screen, for example, P.15 noted, “telehealth did not always work well for children with disabilities, particularly those with attention or sensory processing disorders... they found it hard to stay focused on the telehealth screen and were easily distracted.”

**Support Person Engagement in TMT.** Within the data it became evident that the suitability of TMT not only depends on the client needs and their engagement, but also on the in-person support available to clients during TMT. P.4 highlighted that “people with intellectual disabilities rely on other people to support them to participate” and P.17 stated, “the carers help me to interpret what is going on, they are the voice of the participants... so far I have not been able to work without carer support on the other side of the screen.” P.4 also noted that they did not believe the suitability of TMT was about specific population groups (and their needs), but more about support person engagement. They stated, “for me, [suitability] hasn’t so much been about the population, but it’s been more about the access to support that the person has..” This was echoed by several participants who indicated that parent/caregiver support was critical to the success of TMT, particularly for those with mobility or attention difficulties. Additionally, P.4 shared a beneficial innovation: “I developed a checklist to send to carers to follow.”

There was also acknowledgement from some participants that TMT can be a period of down-time for parents/caregivers. For example, P.9 commented, “I think it is a break for the parents, they see it as half an hour where they don’t really have to be in charge of the activity. They obviously have to be paying attention to the child’s safety.” Overlapping this subtheme of *Suitability in TMT* is the often discussed area of *Technology within TMT*.

### **Theme 3. Technology Within TMT**

The use of technology within TMT was evident throughout the interview data, with multiple comments on technology challenges included by all participants. P.5 commented on their challenges regarding the “lack of technology resources” for clients, and wished for “reduced latency” during sessions. In asking participants broadly about the challenges of TMT, technology featured prominently. In focusing on the experience for the clients, P.9 stated, “it works great for some people and it’s really difficult for others. If you’re working with older adults that have a grasp of technology, it can be really great,” and P.18 commented, “the biggest challenges were the technical challenges with interacting with people musically through an online platform.” P.1 experienced a decrease in clients during the lockdowns, noting due to technology “a few of my clients decided that it’s too much work.” While considering the music therapist’s experience, the following comment was noted by P.8: “I don’t love technology, the transition to relying so heavily on technology and learning different things was an adjustment for me.” Within this theme, subthemes on the challenges of access and setup; internet connection; and visual and audio quality were noted.

**Accessing and Setting Up Technology for TMT.** Accessing suitable technological hardware (e.g., video camera, audio interface) and setting up the technology (e.g., selecting the correct features using Zoom) was noted as problematic by some participants, indicating that this was often the most difficult issue to support. P.14 explained, “Because I work with children primarily, I’m working with the parents in order to set up the telehealth session, and that poses some challenges with patients who come from different backgrounds, or who speak different languages, or who have less knowledge about technology.”

**Internet Connection in TMT Provision.** It was noted that internet connection type, data plans, and speeds had a profound effect on the effectiveness and success of TMT sessions. P.11 stated, “the effectiveness of the telehealth session is dependent on the quality of WIFI signal.” This was supported by other comments, including P.3, who said, “very slow internet connection and connection issues,” and P.12 who commented, “in one place the internet connection was always terrible.”

**Visual and Audio Quality in TMT Provision.** During the interviews, participants spoke of the challenges of camera quality, and camera position during sessions. For example, P.11 stated, “some clients used their mobile phone but could not find the camera or did not know how to position the phone camera nicely to avoid weird angles” and P.12 said, “[My clients] screen would often slowly disappear due to the camera sagging, and if the carer hadn’t stayed I couldn’t see their responses.”

Challenges with regards to audio/musical quality were noted, and while participants mentioned that TMT is a welcome alternative option for service delivery, they also noted that audio quality issues are significant. For example, with regard to the ongoing issue of high latency (also spoken of as delay or lag), which was regularly reported during interviews, P.15 commented, “[technology issues were] definitely detrimental, some of the tech delay and delayed responsiveness can very much affect the clients, especially with little ones,”

and P.9 stated, “the complete barriers of lag, and not really understanding what they are hearing on their end.” In order to address the issues of latency, participants developed some necessary workarounds. For example, P.14 said, “I would turn their volume down really low, so that I could kind of block that out, and I could just focus on providing a robust and musical experience,” and P.16 stated, “it just takes some practice to try to ignore the lag.” Some participants admirably worked hard to continue playing live music simultaneously with their clients, despite the difficulties associated with high latency. P.12 believed they could work out the time delay and adjust their tempo accordingly, while also stating the challenge of responsiveness in using this approach: “It was much harder with the delays over the technology, when I was singing I could hear them a while later, so I could sort of respond.” P.15 noted that “for me learning how to play anticipating the lag, or use turn taking to bypass lag problems was one of the ways I overcame the internet lag.” With regards to suggestions for future TMT, P.19 stated, “if time lag could be resolved, that would be a major help.” Audio quality (including latency/lag/delay) and internet connection issues were often paired by participants when asked about any barriers experienced. For example, P.11 stated, “group telehealth was particularly challenging due to internet lag and connection issues,” P.7 commented, “the barriers were latency, freezing and not having high speed internet,” and P.6 said, “lag, lack of stability, and getting kicked out of Zoom.”

Some participants commented that the recent accelerated developments in technologies have improved the experience of TMT. P.12 mentioned, “service provision that’s possible through telehealth has definitely developed, it’s so much easier, and so much more accessible.” Following on from the *Technology in TMT* theme, the theme of *Safety within TMT* emerged as another significant area.

#### **Theme 4. Safety Within TMT**

The theme of safety while engaged in TMT surfaced across the majority of responses with participants noting the benefits of TMT and embracing the positives while also being cognizant of the safety issues. The safety subthemes identified during the coding process included safety and confidentiality within the physical spaces in use, and safety of online platforms and information storage.

**Physical Spaces Utilized in TMT Services.** Some aspects of this subtheme overlap with issues identified within theme two *Suitability of TMT*, particularly with regards to the carers/assistants that are with clients in their physical space during TMT. Quotes within this section are limited therefore to mention of the affordances of the physical spaces only and include the issue of confidentiality. P.15 summed this up by stating, “telehealth can be both a really beautiful way to reach clients and families in a new way, but can also be a challenge, because you are potentially meeting people in their own homes, which could be a very sacred and safe space for them.” P.10 elaborated by saying, “I think that active music making, improvisation, and related interventions were the most challenging from a confidentiality standpoint... some of my clients didn’t necessarily have a confidential space in their home to engage in sessions.” P.9 creatively addressed this issue: “I made a whole video on how to get your space ready for therapy, having them

in an area that’s closed off with no distractions with only the things they’re going to be using for therapy, turning off all other stimuli.” P.4 commented, “I am concerned about confidentiality, I can’t always see who else is in the room.” P.10 further elaborated on safety aspects when facilitating TMT with clients with complex mental health concerns: “I need to be able to see the client in their space, making sure it’s confidential, and safe if they are acutely at risk.”

**Online Spaces Utilized in TMT Services.** Linked with safety and confidentiality emerged the issue of storing client information. P.12 stated, “Previously I would write my notes in [the workplace] systems. They had to agree that I could write my notes at home, store them and send them via email.” While P.15 suggested, “it would be important to include information on security, as well as safety and confidentiality issues with regards to storing client information [in the development of TMT guidelines],” and P.16 noted, “with the ability to record sessions, it’s important to have something that’s really clear regarding what becomes of those recordings... how are they stored and when are they deleted?” Concerns about safety while using online platforms for TMT were evident, with therapists becoming increasingly aware of potential data issues. P.9 stated, “there can be some issues with [platforms] where people can come into your sessions, it is dangerous... they are able to hack into them.” Conversely, feelings of safety are increased for some clients during TMT. According to P.10, “the online space creates a beautiful symbolic distance... it is beautiful to see progress that can be made for clients where this approach really resonates with them and connects with them in a powerful way.” Several participants located within the United States of America mentioned the Health Insurance Portability and Accountability Act 1996 (HIPAA) when choosing online platforms within TMT, such as P.10: “ensuring that we’re connecting from a HIPAA compliant software.” Further, P.15 noted, “I also think it is really important for music therapists to be informed about how HIPAA is affected by telehealth.”

Additionally, participants commented that obtaining informed consent was different within TMT than in person: “understanding the consent process, and how that’s different virtually, it does require a different conversation around safety” (P.11). The final theme of *Advancing the Practice of TMT* encompasses some issues shared in the previous themes but with a future focus.

#### **Theme 5. Advancing the Practice of TMT**

Within the interview process, participants provided deeply thoughtful, creative and practicable suggestions on how the music therapy profession might work towards advancing the practice of TMT, with many commenting that TMT will remain an option for music therapy practice into the future. For example, P.14 stated, “Telehealth is now part of society and a necessity.” and P.5 said, “Telehealth is just a bit more of a normality now.” The subtheme of providing training and resources on TMT for music therapists and students was noted within the data, along with the need for the establishment of standardized professional TMT guidelines and policies, and suggestions for further TMT research.

**Training and Resources for TMT Provision.** The importance of training for music therapists and music therapy students was highlighted by comments made by P.10, who stated, “Music therapists need training on effectively engaging caregivers

with communication skills through telehealth. Therapists also need to learn more creative ways of engaging clients including using touch screen applications to capture attention especially when working with special needs children,” and P.14, who said, “Music therapists need lots of training in telehealth that is less theoretical and more hands-on.” There were numerous comments that TMT should be part of formalized education programs, for example, P.2 stated, “I think it’s important to have that as part of the main training for sure,” and P.10 said, “Music therapists need basic training in telehealth as part of their regular curriculum, especially to cater to future clients by increasing accessibility and widen outreach especially in areas where there are no music therapists or limited access to music therapy.” Some noted challenges with respect to the clients they work with for whom TMT is challenging, commenting on the importance for music therapists to develop foundational skills in training the on-site caregivers or staff on how to support clients during TMT provision. For example, P.10 stated, “Music therapists need training on how to effectively engage caregivers through telehealth.” Some participants offered suggestions for sharing learnings and resources in order to advance TMT, for example, P.15 commented, “setting up a central repository of music therapy resources for telehealth and a research sharing platform would be really helpful.”

**Guidelines and Policies for TMT Provision.** The need for clarity around national professional guidelines was highlighted within the responses to the question: *Does the professional practice code of ethics you follow include information on Telehealth practice?* P.20 said, “I’m not sure, I would have to double check, I know there’s been conversation around it, but I’m not sure of the current state,” and P.18 commented, “at present there is no proper regulatory process for music therapy such as a code of ethics in [my country]. Language accessibility and translation into other languages needs to be a telehealth code of ethics consideration.” It was also noted that some professional associations have been helpful in providing timely information to music therapists on TMT. Comments included: “[my professional association] has guidelines for telehealth which has helped me a lot” [P.11], “there is a new code for telehealth practice, it talks about clarity in terms of recording and privacy” [P.17], “our code of practice has been updated to include telehealth, but it is not super specific” [P.15], and, “I definitely think they are changing the code of ethics, and our scope of practice, they’re editing them to make them more current” [P.9]. In moving toward the next subtheme, however still fitting within this current subtheme, P.7 suggests that research is needed in order to “standardize, create guidelines, protocols and evaluation scales.”

**Research Specific to TMT Provision.** Participants provided comments on research needed including P.11 who said, “[we need] research that is more specific to local regions, assessing music therapists’ telehealth experience as well as the approaches they used and levels of awareness of telehealth among music therapists,” and P.10 who said, “I hope that a push for research can move us forward as a profession, because I have seen it work.” Consistent with the published literature for the most part is the lack of focus on the client within the research thereby missing the opportunity to understand their perceptions and experiences. P.17 commented, “I think it would be interesting to know from the user’s’ perspectives

how effective TMT really is compared with face-to-face,” and P.14 stated, “I think that research relating to the effectiveness of music therapy sessions provided via telehealth help from the patient or the client perspective.” Importantly the issue of safety also arose within this theme. P.12 stated the need for research on safety and gave a scenario: “There were a number of times when I could see something happen that needed intervention - and I was calling out, *Is there staff in the room? Can you please go in?* Research around safety is needed for sure.”

The importance of music therapists nurturing their growth-mindset for the benefit of clients was noted within the interviews. P.6 stated, “Music therapists need to be open-minded to upskill themselves, research and invest in better devices for connection stability to create a clearer and more well-connected online environment, as well as obtain training on how to leverage the benefits of telehealth,” which leads into the discussion section of this paper.

## Discussion

In our earlier international survey study (Clements-Cortés et al., 2023), we gathered information on music therapists’ perceptions and experiences in TMT provision from 572 respondents and this follow-up interview study allowed for a more in-depth exploration of benefits and challenges of TMT from the music therapist’s standpoint. While survey responses were collected in early 2022 and allowed us to identify the key elements associated with transition to telehealth, the interviews represent a culmination of experiences with TMT. Although we employed a purposeful sampling process, our sample was skewed toward North American respondents. It is possible that individuals from non-English speaking countries were less inclined to participate despite their initial interest in participating. Participant demographics related to theoretical orientation and years of work experience were similar to our survey study with the top two orientations being humanistic and eclectic and/or integrative and with roughly half of the participants having less than 10 years of work experience.

The five broad themes that emerged aligned with the considerations that are expressed across TMT literature. Many of the comments regarding accessibility highlighted the implications for TMT for clients with declining health status, similar to what Molyneux and colleagues (2022), and Clements-Cortés and team (2023), noted. Participants expanded on the accessibility of TMT as a tool to reach clients in remote areas as well as those that have mobility challenges or challenges accessing transportation as noted by Clements-Cortés et al. (2023); Baker and Tamplin (2021); and Cole et al. (2021). This finding further aligns with increased client access which was also identified as a key benefit of TMT in our survey study (Clements-Cortés et al., 2023). Client safety was another theme that surfaced in terms of the environment where clients experience TMT. For some, offering TMT in the client’s home fostered increased comfort that they would not have experienced had it been offered only in person in another setting. Music therapists expressed that this opportunity to reach clients that was not explored in-depth prior to the COVID-19 pandemic made them hopeful that this widespread reach would not only help support more clients but also raise awareness of the discipline.

Nonetheless, as shared by P.4 and aligned with the work of [Knott and Block \(2020\)](#), music therapists should continue to assess the suitability of TMT on an individual basis to ensure there is an appropriate level of in-person support rather than assuming suitability depending on the client population or their location. Music therapists' perceptions on caregiver involvement continue to be an important consideration in TMT provision as highlighted by [Baker and Tamplin \(2021\)](#), and [Wilhelm and Wilhelm \(2022\)](#). In our survey study, the majority of the respondents (63.5%) shared that they strongly agreed or agreed with the statement that caregiver involvement in TMT sessions was beneficial; however, the extent of caregiver support should be continuously assessed.

The expanded reach and awareness of music therapy, as well as the specific demands of telehealth assessment and delivery ([Cole et al., 2021](#)), solidified the idea in participants that TMT training would be necessary to facilitate the growth of the profession. On the one hand, some participants found TMT to be a great addition to their practice that suited the needs of their clients. One participant even noted that working within the telehealth space changed their overall opinion of TMT from negative to positive. These positive experiences with TMT stemmed from situations where TMT was suited for the specific client. On the other hand, some participants noted the challenges they faced when the TMT modality was not suited for their clients. One challenge for clients that was mentioned included creating a space in the home environment that was private and could enable sustained, focused attention. Some challenges for providers included clients having the ability to disengage quickly by ending the call and lacking the ability to soothe or help clients calm down in moments of struggle. Finally, the prevailing drawback of TMT, consistently mentioned during interviews and across other studies, pertains to technology ([Agres et al., 2021](#)). While the technology supporting TMT delivery has greatly improved since the transition to telehealth due to COVID-19 pandemic, challenges with latency, internet connection, and audio-visual quality continue to be present. The authors are aware of two TMT projects ([Fuller, 2023](#)) currently investigating the use of "hardware plus software" options for low-latency TMT delivery. While the preliminary data is promising, this presents a further barrier, given the client would need to acquire and set up additional technology devices at their location. Progress towards low-latency "software only" TMT solutions is underway and will represent a significant advancement for the benefit of TMT clients in future.

Taken together, these contrasting examples highlight how the suitability of the TMT modality for a client can impact the overall therapeutic experience and special considerations should be made for each client to see if the TMT setting would be suitable. On that note, our findings suggest that music therapists' perceptions of TMT should not be overlooked. Indeed, our earlier study ([Clements-Cortés et al., 2023](#)), found moderate-to-strong positive correlations between music therapists' telehealth perceptions, perceived likelihood of using telehealth in the future, and their ability to administer assessments. Further associations were found between therapists' positive perceptions of telehealth, more years of work experience, and higher education levels. These findings point to the link between music therapists' perceptions, training, and

perceived ability to provide TMT, thus underscoring the significance of TMT-specific resources that would enable music therapy students and professionals to acquire the relevant competencies.

### Limitations

This is a small study which does offer some international perspectives on this topic; however, we recognize several limitations within this work. Interviews were only conducted in English, Italian and Spanish, and participation from African, Southeast Asian, Western Pacific, Mediterranean and Latin American regions was limited. Additionally, the research team was exclusively trained in Western models of music therapy, and the study participants were primarily trained in the same models. This alignment with Western perspectives may be considered a limitation to the study findings. Participants who responded may be more comfortable navigating telehealth practice and subsequently open to sharing their experience, while other participants have shifted away from telehealth practice which may have impacted their answers.

The findings in this study are consistent with other studies that highlight several ethical challenges and legal issues related to the practice of these services during the COVID-19 pandemic, that remain unsolved and need adequate regulation. Further the study's findings are not able to indicate a clear delineation between the state of TMT practice during and after the pandemic. Future studies may consider exploring how TMT practice has evolved and changed, and what TMT practices have remained consistent. Considering the disparities in healthcare systems worldwide, limited conclusions can be made regarding the effectiveness of TMT across settings where music therapists practice, such as private and medical settings.

### Recommendations for the Profession

The following is a nonexhaustive list of recommendations, offered as a contribution to the profession for the advancement of TMT practice globally.

- (1) Include foundation and core skill training in TMT within the curriculum for preprofessionals. This includes how to logistically manage TMT and how to therapeutically navigate sessions through practical steps including:
  - (a) Offer technology literacy resources to help navigate selection and optimization of suitable hardware and software components, including low and ultra-low latency technologies;
  - (b) Offer additional training on building therapeutic rapport and facilitating safe care environments; and
  - (c) Offer practicum or internship opportunities to ensure newly developed TMT skills are applied and not solely theoretical.
- (2) Heighten awareness and develop tools to ensure data security and confidentiality are attended to in TMT sessions.
- (3) Continue to integrate cultural responsiveness to ensure best-practice and suitable service provision to communities from diverse cultural backgrounds.

- (4) Conduct research specifically contributing to the further development of the TMT evidence-base, including:
  - (a) Research with clients to determine the efficiency of service provision for different populations;
  - (b) Research to assess training needs of in-person support;
  - (c) Research investigating factors influencing individuals' receiving care or support willingness to adapt to the new technology; and
  - (d) Research that explores artificial intelligence implications for TMT.
- (5) Develop assessments and guidelines specific to TMT including:
  - (a) Guidelines on advising potential clients, and/or parents/carers on their suitability to engage in TMT, or alternative hybrid models;
  - (b) Guidelines to assist music therapists to become familiar with the laws in their area for ensuring compliance; and
  - (c) Guidelines and resources to help music therapy practitioners at risk of experiencing burnout from stressors associated with TMT.
- (6) Develop models for expanding TMT into current health system workflows and explore different approaches to onboarding of TMT platforms into mainstream face-to-face practice according to the needs of different settings, so that TMT can be seamlessly integrated into current healthcare practices.

### Conclusion

TMT is an area that continues to evolve where more research is needed to assess suitability and explore areas for increased access, safety, technology and ways to advance the practice. Of particular interest to the authors and the profession more broadly will be the development of TMT during the next 5 years, and if there is an increase in this delivery format and/or an increase in hybrid formats. Additionally, ongoing technological advancements addressing the challenge of latency during TMT will be of great importance for the sustained use of TMT as an ongoing and viable delivery model. While this study and the preceding large international study reported on the experiences and perceptions of music therapists, we also need the voices of students and early career music therapists to share their perceptions and experiences. Of even greater importance is the need to include client and caregiver voices in research design and consultation on how to implement TMT. Further considerations are noted for cultural responsiveness, artificial intelligence and the adherence to privacy, ethical and legal regulations in the various global regions.

### Supplementary material

Supplementary material is available online at *Music Therapy Perspectives*

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