A Phenomenological Study of the Therapeutic Relationship in Tele-Music Therapy in the US

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A THESIS
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In Music Therapy
by
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THERAPEUTIC RELATIONSHIP IN TELE-MUSIC THERAPY

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A Phenomenological Study of the Therapeutic Relationship in Tele-Music Therapy in the US

By
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Abstract

The purpose of this study is to understand the therapist–client therapeutic relationship in music therapy practice that utilizes an Internet video conference system (tele-music therapy). The subordinate questions were as follows:

- How can music therapists establish a therapeutic relationship in tele-music therapy?
- How can music therapists be present in the tele-music therapy sessions?
- What are the strengths and challenges of tele-music therapy?

This study was conducted using a qualitative, phenomenological open-ended interview method. The sample consisted of three experienced music therapists who have practiced tele-music therapy for at least seven years. Two of them were analytical music therapists; another person was a music psychotherapist. Data were collected using video and audio recordings of interviews.

Through a phenomenological investigation, key findings from the study suggest the significance of these components of tele-music therapy: (1) psychotherapeutic aspects, (2) effective usage of technology, (3) opportunity for in-person meetings, (4) commonalities with in-person sessions, and (5) therapists’ adjustability to build and maintain a therapeutic relationship.

These findings may be used not only to encourage students, educators, and supervisors to start tele-music therapy practice but also to advocate that healthcare facilities start tele-music therapy services. It may also lead to further research on the clinical efficacy of tele-music therapy practice.

Keywords: music therapy, tele-music therapy, telehealth, telemedicine, e-health, therapeutic relationship, therapeutic presence, therapeutic alliance, psychotherapy, Internet
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Far From Home

The Internet has changed our way of interacting with others. I appreciate it because I can easily see my family and close friends who live far away, on the computer screen. In 2018, two years after I moved to the US from Japan to study music therapy, my father was hospitalized due to a hip injury. The hospitalization had become much longer than expected, during which time he weakened. I asked my mother to bring her iPad to the hospital so that my parents and I could have online video chats in my father’s hospital room. As my father was often too tired to manipulate the device, my mother set up the Internet connection and held the iPad during the video chats. When he seemed to have difficulty talking because of the pain and fatigue, I asked him to sing along to his favorite songs, such as “Kojo” (An Old Castle), “Waga Jinsei Ni Kui Wa Nashi” (No Regrets in My Life), and “Furusato” (Hometown). Seeing that my mother was listening to the music beside him, I moved my head along with the rhythm. Sometimes I sang along with him in a very soft voice so that I could hear subtle changes or nuances of his voice. My mother played the role of the audience, just as she did when I was little. While he was singing, his voice became stronger and louder, and he looked healthier because he showed more variety of facial expressions. By looking at him, my mother and I could feel relieved. A few days before he passed away, he sang “Yuki No Furu Machi Wo” (In a Snowy Town), a song that he often sang to me when I was little. The moment has become a lifelong memory for me. I can still hear his voice clearly, which significantly helps me to deal with my grief. It’s not only me, but my mom also appreciates the Internet. As a primary caregiver, she had to get through hard times, and Internet communication helped us to strengthen a family bond that enabled her to cope with
such a stressful situation. We still often have video chats through the Internet, which is essential for us to communicate with each other.

**The Role of the Internet in Music Therapy Treatment**

During my music therapy internship, I saw that many of the patients or their caregivers experienced FaceTime with other people who were not in the room. I was impressed to see that the people can be remotely involved and be present for the music therapy session with the assistance of FaceTime. One of the patients was an Indian immigrant who was at the end of her life. Whenever I visited her, her room was packed with many of her family members who came from all over the world. She sang along her favorite religious songs with not only her family members in the room but also with those who were connecting to the Internet from other places, including India. It was like a family reunion. In the last session, although she was conscious and smiling, she appeared to be too weak to sing along or to talk. The family members, including those present through FaceTime, chose the songs for her. By choosing songs, they shared their memories of their younger days when they were in India. I believe the Internet helped to strengthen their family bond.

**E-Learning**

The Internet is used in society in various ways. For example, it has become common practice for colleges and universities to offer online classes as a learning platform for students. An online ethics class was one of my favorite courses in the music therapy program I took at Molloy College. We were assigned to write our opinion about various types of dilemmas on the online discussion board and to respond to at least two people’s posts every week. Such asynchronous communication enabled me to dig into my thoughts more deeply. Also, I could
read other people’s opinions repeatedly so that I could fully understand them. It was helpful for me as an international student because I could take as much time as needed.

**Online Music Therapy Study Group**

Before I came to the US, I used to join in the monthly meetings of “Nobana-no-Za,” the dialogical self-help and study group of the music–human related professions near Tokyo, Japan. The group is facilitated by Dr. Rika Ikuno, one of my biggest music therapist role models, and the majority of the other group members are music therapists. By attending the monthly meetings, I could learn the overview of a humanistic standpoint in the Japanese cultural context.

While studying music therapy in the US, I often struggled with cultural differences between the two countries. Thankfully, Nobana-no-Za started to use Zoom for the people who find it challenging to commute into the place where the meeting is held, and I could rejoin the group again. Although the subjects of the meetings varied from knowledge-based studies to peer supervision, the core policy of this group was to construct the gathering through the mutual support of the members, which was significantly therapeutic for me. I became able to see myself objectively and to balance between what I used to be and what I am going to be as an immigrant music therapist in the US. This personal experience made me start to explore the possibilities of using tele-music therapy for my clients.

**Online Group Mindfulness Program**

In June 2019, I moved to South Carolina from New York City. I have been stuck at home because there is almost no public transportation here and I do not have a driver’s license. It has been frustrating, and I feel alone and isolated. Soon after I moved, I participated in a live online mindfulness program for my self-care. The same 30 members gathered synchronously once a week for eight weeks. Each session had a discussion time, during which we were subdivided into
small groups that usually had four to five members. We could interact more casually that way, in such a small circle.

One day, L, one of the group members, talked about losing a family member, which reminded me of the loss of my father. As I looked at her about to cry on my computer screen, I felt like crying, too. I could not help saying, “I recently had a similar experience” and looked away from the camera just for a moment so that I could take a break off-screen, where people could not see my face and I could not see them. By doing that, I regained my composure and continued to participate in the discussion. I felt the Internet provided a safe space where I could feel free to go in and out anytime. Also, we often had time gaps in our conversation due to an unreliable Internet connection. Before having these sessions, I thought the silence due to technical issues would interrupt our communication. In fact, as I experienced such silence, I became used to it and realized that we could continue to engage in an active conversation despite having many pauses. I thought that the most important factor in maintaining our communication is our intention. When the interaction is beneficial enough for us to get over the technical issues, we are able to maintain our focus on the interaction.

One of the benefits of tele-music therapy may be that participants can control how much they want to disclose to the rest of the group, which might be beneficial for them to feel safe. For example, after a few weeks, M, another participant, revealed that he had been communicating from a hospital room, a fact I would not have noticed had he not wanted to share it. I suppose joining the mindfulness sessions with us might have helped him to feel connected to the world outside the hospital. In the hospital, M might primarily be “a patient,” but in the online sessions, he could focus on other aspects of his identity.
By the last session of the online mindfulness program, I found that we had developed group cohesiveness, even though we had never seen one another in person. Indeed, these sessions reduced my stress and depression arising from isolation, which opened my eyes to the viability of tele-music therapy. I became interested in music therapy practice that utilizes Internet video technology.

**Significance**

Based on this personal experience, I believe it is possible to maintain a therapeutic relationship without physical presence. The time lag seems to be a large concern when playing or singing together in a music therapy session. However, when I shared music with my father via the Internet, I did not care about this at all because I focused on receiving many other pieces of information, such as his voice tone, facial expression, silence, posture, and the overall environment of the room. Music was still powerful enough, even when we sang via the Internet. This experience makes me confident about the efficacy of tele-music therapy. I think tele-music therapy enables the establishment and maintenance of therapeutic relationships, so it is a viable way for clients to obtain music therapy.

Thus far, most telehealth research has focused on technology, cost, and medical techniques. Even telepsychiatry, in which a therapeutic relationship is a critical factor, has not thoroughly investigated the ability to establish and maintain a therapeutic relationship, especially in the context of synchronous intervention in tele-music therapy. Also, most of the researchers utilize the Cognitive Behavioral Therapy approach that is highly structured. I believe in the client-centered humanistic approach, which recognizes the cooperative relationship between the therapist and the client as significant in creating conditions for growth. From a humanistic perspective, the exploration of the patient–therapist relationship in the less structured
intervention, which focuses on being in the moment and modifying the intervention by following
the client, is essential to seek the viability of tele-music therapy.

My theoretical orientation is music centered in that therapists utilize spontaneous clinical
improvisations to support clients in unleashing the creative resources for well-being, which
eventually enables them to achieve self-actualization. Thus, I am interested in how tele-music
therapy can use improvisation through the Internet, and if it were possible, how it would be able
to build and strengthen the therapeutic relationship.

**Needs for this Research**

The American Music Therapy Association (2019b) defined *music therapy* as “The
clinical and evidence-based use of music interventions to accomplish individualized goals within
a therapeutic relationship by a credentialed professional who has completed an approved music
therapy program.” Thus, the therapeutic relationship is an essential component of music therapy.

To maintain the therapeutic relationship, therapists need to be fully present with their clients
(Craig, 1986; Hycner, 1993; Robbins, 1998; Webster, 1998). Because therapists do not share a
physical space with clients in tele-music therapy, there would be some difference in the way of
communication, being present, and establishing and maintaining therapeutic relationships
between in-person sessions and tele-music therapy sessions.

A search of the literature using various databases showed that research on tele-music
therapy is quite scarce. Among them, only a few articles mentioned the client–therapist
therapeutic relationship. As computer technology is progressing rapidly, tele-music therapy is
expanding its potential enormously. Since the therapeutic relationship is a core component of
music therapy, therapeutic relationship in tele-music therapy needs to be examined more
thoroughly.
Review of Literature

Definitions of telehealth, telemedicine, and e-health

The terms, telehealth, telemedicine, and e-health, are often used interchangeably. Fatehi and Wootton (2012) investigated 11,644 documents in the Scopus database to examine the occurrence of these terms. They found that the definitions of these three terms were ambiguous.

The American Telemedicine Association (2019) published, “There’s no common definition of telehealth (and its many synonyms)…What was, until recently, referred to as telemedicine now encompasses a much broader array of services and technologies.” Indeed, the definitions of these terms vary from organization to organization. According to the American Academy of Family Physicians (2016), telehealth is different from telemedicine. Telemedicine refers specifically to remote clinical services, while telehealth can refer to remote non-clinical services. Another commonly used definition of telemedicine is provided by the Health Resources & Services Administration (2019) as “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.”

According to Glover et al. (2017), telehealth is categorized into four groups:

1. Live video (synchronous): A two-way interaction between a patient and a healthcare provider using audiovisual telecommunications technology.

2. Store-and-forward (asynchronous): The transmission of recorded patient health history through a secured electronic communications system. This technology is often used by health providers to consult specialists.

3. Remote patient monitoring: The collection of patients’ health and medical data is transferred electronically to the medical practitioner for monitoring purposes.
(4) Mobile health (mHealth): Healthcare services supported by mobile communication devices.

**The History of Telehealth**

The beginning of the interactive practice of telemedicine dates back to the 1960s. The psychiatrists at the University of Nebraska Psychiatric Institute and a patient at Norfolk State Hospital were connected by utilizing a closed-circuit television. Also, NASA developed telehealth to monitor astronauts’ healthcare in space (Mahar, Rosencrance, & Rasmussen, 2018). In the 1990s, the invention of the Internet brought a significant change to the world. In 1999, the American Telemedicine Association was established as a non-profit organization to advocate for telemedicine (American Telemedicine Association, 2019). In 1999, Medicare began reimbursing patients living in underserved rural areas for telehealth services. In 2009, the American Recovery and Reinvestment Act included health IT and telemedicine to stimulate business in the industry (Doarn et al., 2014).

Studies have shown that telehealth is most beneficial for patients who reside in rural communities (Board on Health Care Services & Institute of Medicine, 2012; Hung et al., 2016; Weintraub, Greenblatt, Chang, Himmelhoch, & Welsh, 2018). In 2016, the Health Resources & Services Administration received funding to expand the use of telehealth in rural areas. In 2018, the Bipartisan Budget Act authorized targeted expansions of telehealth in Medicare fee-for-service that remove geographic restrictions in terms of the eligible originating sites. In 2020, beneficiaries participating in risk-based programs will have access to telehealth services from additional locations, including their homes. Also, Congress expanded access to telehealth services for Medicare treatment of substance abuse disorders from their homes (Wynne & LaRosa, 2019).

**Definition of a Therapeutic Relationship**
Several meta-analyses (Horvath & Symonds, 1991; Martin et al., 2000; Shirk & Karver, 2003) demonstrated that a good therapeutic relationship has a positive outcome.

The early concept of therapeutic relationship is rooted in Freud’s (1959) theory of transference in which the client’s unconscious feelings and emotions are redirected and applied to the therapist. Freud described that the transference could be both a strong factor of a successful therapy outcome and a strong reason for resistance.

Rogers (1951) emphasized the therapist’s role in the essential components of the therapeutic relationship that include empathy (experiencing life from the client’s perspective), congruence (transparency and trustworthiness), and unconditional positive regard (nonjudgmental and respectful acceptance). On the other hand, Bordin (1979) proposed that a collaborative working alliance is the core component for the positive change of clients. He discussed that three elements—goal, task, and bond—are essential in a therapeutic relationship. The goal is the agreement on the goals of the treatment between the therapist and the client, the task means the collaboration on the tasks that need to be done to achieve the goals, and the bond means the therapist–client bond that facilitates the collaboration.

**Definition of Therapeutic Presence**

In his later years, Rogers (1980) referred to therapists’ presence as an important element that allows therapist-offered conditions to emerge. He described his experience of being present as a transcendental moment to connect his inner spirit and reach out to others’ inner spirit. Since then, many psychotherapists have described therapists’ presence as being fully present with the client at the moment (e.g., Craig, 1993; Robbins, 1998; Webster, 1998).

Erskine (2015) stated that involvement is one of the central components to effective psychotherapy and that therapeutic involvement such as acknowledgment, validation,
normalization, and presence help the client to diminish the internal defense mechanism. Presence is verbally and nonverbally provided through the psychotherapist’s sustained attuned responses to the client at the moment. The therapist is also required to de-center from the self and to center on the client’s process with respect and integrity.

Geller and Greenberg (2002) proposed that therapeutic presence is one of the essential factors developing a positive therapeutic relationship regardless of the discipline (e.g., humanistic, emotion-focused, Adlerian, and cognitive-behavioral). Later in 2011, Geller and Greenberg defined therapeutic presence as the state of having one’s whole self in the encounter with a client by being completely in the moment on a multiplicity of levels—physically, emotionally, cognitively, and spiritually.

The Therapeutic Relationship in Telehealth

There is a large and growing body of literature that uses clinical, technological, or economic approaches to understanding the quality, outcomes, cost, and organizational impacts of telehealth (LeRouge, Mantzana, & Wilson, 2007). However, research focusing on communication patterns and therapeutic relationships in telehealth is limited (Bashshur, 1995; Demiris, Edison, & Vijaykumar, 2005; Henry, Block, Ciesla, McGowan, & Vozenilek, 2016; Miller, 2001). In addition, Sucala et al. (2012) conducted a systematic review to investigate the therapeutic relationship in e-therapy. They found a limited number of studies investigating the therapeutic relationship. Of the 840 reviewed studies, only 11 (1.3%) addressed and investigated the issue of the therapeutic relationship, and of these, only 6 investigated the therapeutic relationship as a primary topic.

Of the 47 participants, 24 had access to the Internet. The study reported that participants were often overwhelmed by the enormous amount of health information they can obtain on the Internet; practitioners showed their concern for IT literacy and patients’ inappropriate self-diagnosis. However, most patient participants show their trust in practitioners. At this point, the researchers suggested that the use of the Internet would bring subtle changes in the relationship between healthcare practitioners and their patients, rather than a dramatic transformation. This research was conducted in 2004 when the Internet had emerged. Since then, technology has developed dramatically.

In a systematic literature review, Henry et al. (2016) identified interpersonal health care provider behaviors and attributes related to provider–patient interactions during care in telehealth delivery. The study found six themes:

1. Pre-interactional (attitudes, competencies, and cultural awareness)
2. Verbal communication (behavioral skills, timing, and types of talk)
3. Nonverbal communication (eye contact, visual cues, and gestures)
4. Relational (rapport and relationship building)
5. Environmental (physical surroundings and privacy)
6. Educational (pre-professional or continuing development, evaluation of interpersonal skills with provider–patient interactions)

Also, they found that four factors were important: (1) perceptions of the utility of telehealth; (2) differences in communication patterns such as pace and type of discourse; (3) reliance on visual cues by both the provider and the patient, especially in communicating empathy and building rapport; and (4) confidentiality and privacy in tele-healthcare delivery. In terms of verbal communication between clinicians and patients, the types and quality varied from study to study.
Henry et al. (2016) suggested that a new educational protocol to develop clinicians’ communication skills in telehealth settings would be needed.

Heckemann, Wolf, Ali, Sonntag, and Ekman (2016) conducted qualitative research to seek socially desirable non-video telehealth services from a person-centered perspective. They recruited 20 telehealth providers and had semi-structured focus group interviews. The study reported that the non-video telehealth environment promoted a non-judgmental attitude and an environment where patients feel comfortable to disclose their information and thoughts. However, the patient assessment was hampered without visual clues. The researchers concluded that extended theories on person-centered care delivery over a distance need to be developed to achieve long-term relationships between care providers and patients with a chronic illness.

Toh (2016) emphasized the positive patient–doctor relationship as an essential factor in telehealth that eventually leads to better health outcomes. They divided the physician’s approach into two components: emotional care and cognitive (or informational) care. They stated, “A physician who can connect with patients both verbally and nonverbally will generate the kind of positive therapeutic relationship that optimizes whole-person care and patient satisfaction” (Toh, 2016, p. 961). Within nine works of literature, they identified nine important forms of nonverbal communication: (1) strong eye contact, (2) voice intonation, (3) respectful touch for both social and diagnostic purposes, (4) body posture and gestures, (5) emotional expressiveness and perceptiveness, (6) professional appearance, (7) appropriate use of physical space, (8) conversation behavior, and (9) effective time management. They stated that even in telehealth settings, most of these communication mechanisms could be conveyed.

Torous and Hsin (2018) proposed a complementary concept of the “digital therapeutic relationship” in the context of virtual clinics that utilize smartphone apps and remote-sensing
technologies for health. They also wrote, “The digital therapeutic relationship is not 100% virtual but rather a new hybrid that intertwines face to face and digital care” (p. 2). For example, doctors at the clinic see patients in person for new intakes but then prescribe apps that are monitored by clinicians. They state, “while remote and digital care would be encouraged, in-person care would never be withheld and is necessary to some degree in order to maintain a strong relationship” (p. 2). I believe that exploring the patient–therapist relationship is essential to explore the viability of tele-music therapy in the less structured intervention that focuses on being in the moment and modifying the intervention by following the client’s lead.

**Music Therapy and Technology**

Technological development greatly contributes to music therapy practice. To establish and maintain a therapeutic relationship, Scope of Music Therapy Practice by the American Music Therapy Association (2015) lists three professional competencies and two advanced competencies focused on “Electronic music technology” as follows:

- **Professional Competency C.10.6** Use of current technologies in music therapy assessment, treatment, evaluation, and termination.

- **Professional Competency C.13.14**: Maintain a working knowledge of new technologies and implement as needed to support client progress towards treatment goals and objectives.

- **Professional Competency C.17.16**: Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.

- **Advanced Competency I.C.5.2**: Utilize current educational resources in music therapy (e.g., equipment, audio-visual aids, materials, technology).

- **Advanced Competency II.B.8.9**: Identify new applications of technology or
develop new technologies for use in music therapy practice.

These descriptions encourage music therapists to use tele-music therapy platforms when it is appropriate.

In response to COVID-19 pandemic, the American Music Therapy Association (2020) announced the Telehealth/Therapy Statement: “The American Music Therapy Association (AMTA) supports the use of telehealth/therapy as a means to provide music therapy interventions when beneficial to clients.” The Statement also provides the guidelines stating:

- Telehealth/therapy is subject to the same AMTA Standards of Clinical Practice established for face-to-face music therapy, including consent, assessment, and documentation. Discretion and critical decision making are necessary to discern whether telehealth/therapy services are appropriate for individual clients. Adherence to the AMTA Code of Ethics is expected as it outlines professional conduct principles for all music therapy interventions, whether provided face-to-face or through telehealth/therapy.

The American Music Therapy Association (2020) also provided useful resources for tele-music therapy practice, such as how to set up the computer and external devices, the sample format for the consent forms for tele-music therapy, the intellectual videos, information about the regional licensures, and the website links of official rules and laws about telehealth.

Magee (2006) conducted a survey of music therapists’ attitudes toward and experiences with applying electronic music technologies in clinical work. The report identified several categories of technologies they apply, such as Soundbeam, MIDI, software with special input devices, amplification equipment, recording technologies, and vibro-acoustic therapy equipment. The results clearly show the profession is open to using electronic music technologies. However, 69% of responders (n = 78) stated that they had never used music technology in their work.
because of the lack of training, the cost of technology, the unreliability of technology, and lack of access.

Following Magee’s (2006) research, Hahna, Hadley, Miller, and Bonaventura (2012) also conducted a survey about technology usage in music therapy. Six hundred music therapists in the US, Australia, Canada, and the UK answered quantitative and qualitative inquiries. The report indicated that many music therapists (71%) applied technology, such as amplification equipment, recording technologies, electronic MIDI instruments, and vibro-acoustic therapy equipment; 61% said they had learned it by themselves.

Knight and Krout (2017) categorized technology usage in music therapy into four groups: (1) Stand-Alone Products (digital drums, MIDI controllers, MP3 players, Wii Nintendo, etc.), (2) Software (GarageBand, Finale, and music learning and instruction software), (3) Electronic Keyboards, and (4) App for Tablets (ABC Songs, BeatWave, MadPadHD, etc.). The researchers evaluated each resource, determined how to use them in clinical work, and observed and recorded clients’ responses.

Even though these articles do not directly address how technology enhances the therapeutic relationship in tele-music therapy, the research shows the effective use of new technology in music therapy.

**Therapeutic Relationship in Tele-Music Therapy**

Music therapy in telehealth is one of the newest areas of therapeutic practice. Thus, there seem to be many ethical concerns and questions. In New York, the Office of Professions that oversees Licensed Creative Arts Therapists defines *telepractice* as “the use of telecommunications and web-based applications to provide assessment, intervention, consultation, supervision, education, and information across distance and with specific
guidelines” (New York State Education Department, 2013). They also state, “Telepractice issues of concern to practitioners include the therapeutic relationship, specifically, one’s ability to maintain an effective working relationship in spite of physical distance” (New York State Education Department, 2013).

In addition, Bates (2014) explored the benefits and risks of using technology in music therapy and provided guidelines that promote ethical thinking and habits. In terms of the therapeutic relationship, Bates questioned, “Could a full music therapy assessment be adequately completed without the music therapist’s physical presence?” She addressed the limitation of what the video camera can capture and expressed concern about music therapists’ viability to provide clients with adequate support via the tele-music therapy platform. She also mentioned the legal and jurisdiction issues that relate to licensure for interstate practices, technological competence, confidentiality, and how music therapists can respond to the patient’s crisis.

Lightstone, Bailey, and Voros (2015) reported on tele-music therapy by conducting a case study of a military veteran with a long-standing history of post-traumatic stress and major depressive disorder. They co-facilitated 24 sessions of music therapy with a clinical psychologist who had seen the patient for eight years. The patient had participated in a face-to-face music therapy session previously. Although the patient had a major therapeutic breakthrough and had a strong desire to continue music therapy, he had to give it up due to the geographic distance. After two years’ absence, he resumed music therapy by utilizing video conference technology of the Ontario telehealth network that is far superior to Skype on a broadband internet connection. The music therapy interventions primarily used improvised music and verbal interactions about the musical experience. The client made significant therapeutic progress during the treatment period that had not occurred during the previous eight years. The clinical psychologist who co-
facilitated the sessions noted that before the participant could meaningfully explore his traumas, he needed to experience a wide range of emotions, both negative and positive. The non-verbal nature of music helped the participant to express such a wide range of emotions, which facilitated therapy in a powerful way. The researchers concluded that using videoconference technology did not seem to hinder the treatment efficacy in this case.

Baker and Krout (2009) had a case study that compared online songwriting interventions via video conferencing software (Skype) with a face-to-face session. The result showed that the patient was highly engaged in the session by offering more eye contact and creative lyrics, and was more confident in offering statements of disagreement. The researchers suggested that it would be useful for the therapist and client to use two webcams each so the face, the whole body, and the movement can be shown at the same time.

The Department of Veterans Affairs is acknowledged as a global leader in telehealth. As of 2016, approximately 12% of the 9 million veterans enrolled in the Veterans Health Administration received some aspect of their care via telehealth (Department of Veterans Affairs, n.d.). Spooner et al. (2019) utilized a secure telehealth network technology of the Department of Veterans Affairs medical center in the southeastern United States and presented case studies of veterans. One study focused on “Sam,” a 40-year-old veteran who had grown up in a musical family and identified himself as a musician. Initially, he was hesitant about how music therapy via the Internet would work due to skepticism associated with sound latency issues. However, once Sam processed his feelings regarding technical matters by shifting focus from the potential challenges to the actual benefits of the Internet, he began showing positive changes to learn new coping skills. The researchers suggest a possibility that telehealth can be used as a bridge between clinical care and community integration and wrote that it is natural to
include creative arts therapies in the telehealth evolution.

Tamplin, Loveridge, Clarke, Li, and Berlowitz (2019) conducted a study that explored the feasibility of real-time group-singing therapy that utilized avatars instead of live cameras. The study mainly focused on technological aspects. The researchers collected qualitative and quantitative data from the participants. The researchers considered that a virtual-reality setting might hamper social connections due to less ability to read facial expressions and nonverbal cues. However, many participants stated that they felt less inhibited to sing in the virtual-reality setting.

**Problem Statement**

The purpose of this study is to understand the therapist–client therapeutic relationship in music therapy practice that utilizes an Internet video conference system (tele-music therapy). To establish a therapeutic relationship, the therapist needs to be fully present with the client at the “here-and-now” moment. This study explores how therapists can be present without a physical place that they can call “here” and discuss the strength and challenges when the therapists try to establish a therapeutic relationship in tele-music therapy.

The subordinate questions were:

- How can music therapists establish a therapeutic relationship in tele-music therapy?
- How can music therapists be present in the tele-music therapy sessions?
- What are the strengths and challenges of tele-music therapy?
Method

Research Objectives and Purpose

This research aimed to understand the therapeutic relationship between therapists and clients in tele-music therapy. It identified how music therapists could establish and maintain a therapeutic relationship, how they can be present in tele-music therapy sessions, and the strengths and challenges of tele-music therapy. The result may help music therapists develop tele-music therapy practice, which may eventually expand the scope of music therapy practice.

Participants

Three participants were recruited using a purposive sampling method based on recommendations offered by music therapy educators. The inclusion criteria are as follows:

1) Board-Certified Music Therapist (MT-BC) who has provided tele-music therapy sessions for at least a year

2) Has worked in music therapy for at least five years or more

3) Comfortable and open to recalling and sharing their experience of tele-music therapy sessions

4) Working or having worked in the United States

An invitation was sent to potential participants by email that included information about the purpose and method of this study, the possible risks and the benefits of the study, and methods of confidentiality. Potential participants were asked to reply to the email if they were interested in participating in the study. All participants gave informed consent and permission for audio recording before the study began. This study was reviewed and approved by the Molloy Institutional Review Board (IRB).

Design
The purpose of this research was to identify the pure universal essence in music therapists’ experience of creating a therapeutic relationship on the Internet. This study used the phenomenological inquiry that used the open-ended interview to focus on the participants’ personal experiences such as feelings, thoughts, and emotions from such lived phenomena (Wheeler & Murphy, 2016).

**Data-Collection Procedures**

I conducted the interviews through Zoom and Skype at the participants’ convenience. Each interview lasted one hour. All interviews were audio and video recorded. The first question asked was, “Please think about one of your tele-music therapy sessions that you think you have made a strong therapeutic relationship with the client. Could you please describe the session vividly?” Other inquiries of the interview were open-ended questions that related to the technological equipment, the contents of music therapy intervention, and the response of the client. Once the participant identified and described a specific experience, I guided them to think about the strengths and challenges of tele-music therapy sessions.

**Materials**

For this study, the video conference software of Zoom and Skype were used to record the interviews. A digital video recording app, “Voice Memos” on the iPhone and iPad were also used to record the interview audio.

**Data Analysis**

This study used a phenomenological framework developed at Duquesne University for data analysis. The following steps from Giorgi (1985), Racette (1989), Comeau (1991), and Kim (2008) were modified for this study.

1. Each recorded interview was transcribed word for word.
2. The protocols were read several times in order for the researcher to get a general sense of the whole statement.

3. The protocols were grouped into three parts: building a therapeutic relationship, being present, and strengths and challenges in tele-music therapy.

4. The protocols were culled by examining them in terms of the phenomenon being researched. Any reflective, interpretive, or descriptive redundancies and any repetitive statements not directly related to the experience were eliminated.

5. Individual case synopses for the protocols were prepared. To show the essence of the experience more accurately, the participants’ own words in the descriptions were used as much as possible. In addition, the synopses with the three aspects of the tele-music therapy experience included building a therapeutic relationship, being present, strengths, and challenges in tele-music therapy.

6. The individual case synopses were sent to the participants to confirm their accuracy.

7. From the original protocols and the individual case synopses, essential themes across cases were extracted.

8. From the original protocols, excerpts that were examples of the essential themes were prepared to reveal common experiences among personal experiences.

9. Based on the main topics of the findings from this study, the essential description was produced.

10. Both the original protocols and the essential description were read to make sure there were no contradictions in either and that they were in agreement with each other.
Overall, the goal of the data analysis was threefold: to identify how music therapists can establish a therapeutic relationship in the tele-music therapy session, how music therapists can be present in online sessions, and the strengths and challenges of tele-music therapy.
Results

The purpose of the present study was to understand the therapist–client therapeutic relationship in tele-music therapy. The subordinate questions were as follows:

- How can music therapists establish a therapeutic relationship in tele-music therapy?
- How can music therapists be present in tele-music therapy sessions?
- What are the strengths and challenges of tele-music therapy?

Thus, the results section is divided into four major sections: (1) how music therapists can establish a therapeutic relationship in tele-music therapy sessions, (2) how music therapists can be present in tele-music therapy sessions, (3) which aspects of tele-music therapy are strengths, and (4) which aspects of tele-music therapy are challenges. The researcher highlighted the words or the short phrases that symbolically indicate summative, salient, essence-capturing phenomena, and categorized them according to the research questions. The interviews led to the rise of several themes. Sub-themes were developed through repeated readings of the transcribed interviews and reviews of data categorizations. The quotations are from audio and video-recorded interviews with participants represented by the pseudonyms Alex, Claire, and Joan.

Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender Identification</th>
<th>Ethnicity/Race</th>
<th>Education/Advanced Training</th>
<th>Years of Music Therapy Practice</th>
<th>Years of Tele-Music Therapy Practice</th>
<th>Major Populations to Work With</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>Male</td>
<td>Caucasian</td>
<td>Ph.D., MT-BC, LCAT, AMT (Analytical Music Therapy) Certification</td>
<td>25</td>
<td>7 (as a therapist/trainer/supervisor)</td>
<td>People with trauma, autism, and Alzheimer's</td>
</tr>
</tbody>
</table>
Confidentiality Considerations in Tele-Music Therapy

Prior to beginning tele-music therapy sessions with a client, a music therapist must first consider how to maintain confidentiality in working with technology. Ethical consideration is a first step in building a therapeutic relationship between a therapist and a client. In particular, the issue of confidentiality and privacy seems to be more complicated with tele-music therapy than in in-person practice, partly because both parties are not physically sharing a common space and partly because the communication is held via the internet. Thus, primarily, there seem to be two areas that music therapists should consider, such as the physical session environment and the internet environment.

**Physical Session Environment**

Providing a physical environment that enables the therapist to maintain confidentiality is critical in establishing a therapeutic relationship. The participants said they hold music therapy sessions in their private offices where they usually have in-person sessions because such a professional space is designed to be a safe space that can maintain the client’s confidentiality and allow the therapist to set a professional boundary between the clients. In terms of assisting their clients with confidentiality, the therapists asked their clients to be in a safe space where they
could be free to create sound and share confidential information without others being able to hear.

**Internet Environment**

As new technologies are evolving and emerging, the healthcare industry is moving away from paper processes and relying more on the use of electronic information systems. In 1996, the U.S. Department of Health and Human Services (HHS) promulgated the Health Insurance Portability and Accountability Act (HIPAA). Its Security Rule requires health care providers to protect and confidentially handle a patient’s health information in electronic form. As healthcare providers, music therapists are also subject to this rule.

The most significant difference between the in-person platform and tele-music therapy platform would be that therapists need to consider cybersecurity in tele-music therapy. The video communication needs to be encrypted to ensure that the video cannot be shared among other social media platforms or for personal use. The participants mentioned the security of video-conference platforms for their tele-music therapy practice. Two of the therapists used a professional Zoom account because, in February 2020, at the time of their interviews, Zoom was considered as a platform that met the security standards necessary for confidentiality (HIPAA compliant). One of the therapists also used Zoom and periodically used doxy.me, a web browser specifically designed for telemedicine that is also HIPAA compliant. The other therapist used Skype for business, which is also HIPPA compliant (U.S. Department of Health & Human Services, 2020).

**Building the Therapeutic Relationship**

**Technological Development**
The therapist-participants mentioned that technological development allows them to have smoother and more spontaneous communication via the internet, which makes it easy to establish a therapeutic relationship. For example, Claire, a Guided Imagery and Music (GIM) music therapist who has practiced music therapy for 15 years and tele-music therapy for 10 years, discussed how she utilizes the internet differently in her tele-music therapy session. She often uses the Music and Imagery method in her session by guiding clients to explore their inner selves and unconscious material while they are listening to music. Around 10 years ago when Claire began practicing tele-music therapy, she sent brief email messages to her clients with the music titles before the session so they could look up the music on YouTube to access good sound quality. In her work today, computer technology allows her to use iTunes and share music through Zoom with effective sound quality. In the session, Claire asks the clients to use headphones during the session, and she also uses an external microphone that is attached to her headphones. Other conveniences are that she can talk over the music and control the volume. The music and her voice directly go into the client’s ears through the headphones. Claire said, “When I speak very close to the microphone, it might sound more intimate because, in reality, therapists don’t speak right next to the client’s ear like that.”

In this example, the technological development enabled the music therapist not only to communicate more spontaneously with the client but also to bring a new way of audio output by utilizing an external microphone and headphones.

Effective Use of Technology

Effective use of technology greatly helps to establish a therapeutic relationship. Claire talked about how she utilized the camera, the computer screen, and the computer functions to
obtain enough visual information. As the human body displays plenty of nonverbal cues, she noted that setting up the camera to show the whole body is essential in tele-music therapy.

When I’m in the session, I usually sit back so they can see more of my body and pick up more information. Also, I like it if I can see more of the client’s body so I can read what they are expressing non-verbally. When they are drawing a picture while listening to the music, I ask them to move their video camera to show me more of their body and their drawing so I can see where they are and what is happening. Then at the end of the music, they hold up the image, and I take a photo of it on my computer screen. I keep the photo on the side of the screen so I can see the image and their face at the same time while we are talking about the experience. I try to make it like a real in-person session as much as possible.

Regarding the role of movement, Joan said that her clients are likely to step back when they are making music with her to show the whole movement.

**Assessment Skills**

All three participants mentioned that it was critical to focus on the visual and audio cues when the therapists assess the clients in tele-music therapy. Joan, an Analytical Music Therapist who has practiced music therapy for 22 years and tele-music therapy for more than 7 years, reflected,

Having a tele-music therapy session is more exhausting than being with someone in the room because there is a heightened sense and a heightened focus on reading facial expressions. Also, I check if we can really hear. I really make sure that I can get all the nuances and facial expressions to get the whole. I think both the therapist and the client are willing to place an extra focus on the session.
She also predicted that online assessment skills would improve as therapists gain more experience conducting therapy via the internet. Compared to beginner therapists, experienced music therapists can get more information from audio and visual cues by noticing the client’s subtle changes in reactions; thus, their experiences in in-person sessions help them work with clients in tele-music therapy sessions.

Alex, also an Analytical Music Therapist who has practiced music therapy for more than 22 years and tele-music therapy for 7 years, described the type of information that therapists can obtain in the tele-music therapy environment. He said,

Establishing a relationship is how we experience the person. When we are building a therapeutic relationship via tele-music therapy, we have visual and auditory input, but we don’t have a scent input or tactile input or other senses that we might be able to experience when we are face to face. But even so, we can still develop a powerful relationship. We just have to use different kinds of sensory input. Instead of using a variety of sensory cues, we have to be more sensitive about the visual and the auditory pieces and to focus more on the visual and auditory information.

He also mentioned that future technology development might enable therapists to obtain additional information on their clients. For example, communication with three-dimensional images might be a possibility. Alex talked about a session when he met one of his clients in person after they had the tele-music therapy sessions for a while. At the first meeting, they were struck by the difference in their body sizes because they did not expect it. When they were both on the screen, they did not pay attention to their actual body size. Alex said, “We appeared to be roughly the same size.” The recognition of body size represented the fact that they had been missing fundamental information about
each other that they would have spontaneously noticed if they had met in person. By filling in a missing piece of information, they could establish a more secure, trusting relationship due to their increased knowledge about the other. Alex said, “I noticed that sometimes things shifted after we were able to meet in person. Perhaps we obtained a more trusting relationship.” As technology develops in the future, people might obtain additional visual information about one another that makes tele-music therapy seem more realistic.

**Impact of Technological Difficulties on the Therapeutic Relationship**

All participants have experienced technical challenges such as poor Wi-Fi connection or a time lag in music improvisation. However, they mentioned that such challenges also have benefits for the clients’ psychotherapeutic process. For example, Alex had a client who was exploring his frustration over not being able to establish a trusting relationship with somebody else. By working through technical challenges together, the client could realize his patterns of thinking so that he could then apply those skills to deal with interpersonal challenges.

The time lag is one of the biggest distractions when therapists and clients are making music in tele-music therapy because the sound does not allow them to play attuned to a synchronized rhythm. However, it also has positive aspects from a psychotherapeutic standpoint. Claire stated:

The clients may actually really need close attunement, and they are very sensitive when it’s not closely attuned to the synchronized rhythm. However, they also know that the time lag is due to technology. So they’re kind of open and a little bit more playful, and little more flexible about knowing that it’s not going to sound perfect and that we are going to find a way to enjoy and be in the music together.
It creates some tension, which is sometimes good in the relationship. Of course, we’re missing the very close attunement that can happen during in-person sessions, which is huge. But the tele-music therapy session also gives something unique to our music making. Technology allows us not to be perfect. Not only that, but it also allows us to be in the way of a real human.

This example shows that the technological challenge brings a collaborative relationship between the therapist and the client in music making, which enables them to create a safe and secure space for self-expression.

Claire also talked about another experience in a group tele-music therapy session. The clients lost electricity during the session. Since they strongly wanted a therapy session, they were disappointed about the situation. Claire kept texting them, “I’m still here. I’m going to sign back in.” When they reconnected, the clients said that it was the most significant experience in their therapeutic relationship because Claire continued to be present through texting, although they were ready to give up. The clients talked about the significant moment multiple times in later sessions as well. Claire reflected:

Keeping the connection was extremely powerful and therapeutic in the session.

You would never know what was going to transform a person. In this case, it was the loss of the Internet connection. It was a technological failure. The most important thing was the repair that we worked through.

**Therapeutic Use of the Uniqueness of Tele-music Therapy Platform**

In the tele-music therapy sessions, the therapist and the client can see the reflection of their faces on the screens, which is a different environment from face-to-face meetings. Such an environment enables us to be self-conscious in a unique way. For example, Joan said that some
of the clients kept looking at their reflection, checked their faces, and frequently corrected their hair on the screen. In such cases, Joan might try to invite the clients to explore what makes them do that, which can be a psychotherapeutic process. Also, in the case that a client mentions feeling more comfortable in online sessions than in-person meetings, Joan might suggest the client explore the reason for the feeling. She might ask the client, “Is it because it creates a distance, and is that feeling safer to you? And where does that originate?” These examples show other unique aspects of tele-music therapy, which help to establish a therapeutic relationship.

**Being Present in Tele-Music Therapy Sessions**

**In Music Making**

All three of the participants said that some of the most challenging situations in tele-music therapy are the ones that require them to be rhythmically in sync with the clients because there is usually a time lag during the technical transmission. The music therapists shared their strategies to deal with it. Claire emphasized the importance of trusting each other in music making:

In live music making, the visual becomes very important because the visual timing is slightly off when we’re playing together. If you are playing with somebody at the same time together, showing the physical rhythmic aspect becomes the cue. Clients watch my body, and we know we are slightly off, but I just hold my time on. The way that I play music is very different because I know I don’t know what they’re hearing. What they are hearing is not what I’m playing at the moment. So I have to be very inventive. For example, we could try to clap in time, but probably it is a little bit off. So I just have to trust that they are on their end and that they will
play with me while I’m on my end and will try to play with them. So, I play
differently to accommodate for that.

Therapists need to accept the fact that the clients are hearing what they played slightly
before and must trust that they are singing or playing along with what they played before.
Claire also said, “Sometimes I don’t hold the rhythm. Instead, I let them hold the rhythm,
and I interject non-rhythmically with a kind of melody or have a call and response.” She
mainly uses her voice and viola in this case. This is her other strategy for music
improvisation.

In addition to Claire’s strategy of trusting the clients, Alex mentioned his strategy of
providing a steady beat:

For example, when I’m playing an accompaniment to the client’s singing, I have to
just continue the rhythm and be steady, even though I hear what she sings like half
a second after what I’m playing. I just consistently let her be a little bit behind me.
She can sing based on what she hears and continue doing that. So I may hear lag,
but she’s going to hear it probably more consistently if I keep it going.

This practice requires some experience in tele-music therapy for both the therapist and
the client. However, all of the participants mentioned that they can still create live music
through the internet.

In addition to providing a basic beat and clear visual cues in tele-music therapy, Joan
talked about how she checks the internet connection during the live music-making session:

When we play together, I make sure the client can really hear me and see my body
so that they understand how I beat on or what the rhythm is. Also, I constantly
check if the Wi-Fi and the computer are consistent so that nothing is dropping out.
I say to my clients, ‘Don’t be shy to say you cannot hear me.’ Being honest and open about that—that’s important.

Live music-making is possible in the tele-music therapy environment. These strategies would greatly help therapists to be musically present with their clients.

**In Music Listening**

All of the participants said that music listening is the least challenging of the various types of interventions in the tele-music therapy environment. Alex said,

The easiest is if we’re listening to music together. For example, if we’re playing something through the speakers, or if I’m playing for that person or they’re playing something for me.

The therapist and the client can listen to music in the same way when a client wants to share a song to express his or her feelings. Joan said that she sometimes plays back the recording of the improvisation to the client:

We listen to the recordings of our improvisation so that we can make sure what really happened at that moment. Both of us record every session. I like to use recordings because we can listen in more depth. We sometimes draw while listening to the recordings.

By listening to the recordings of the improvisation, they can talk about it more in-depth. Drawing while listening to music can help clients explore their inner thoughts and feelings.

**Using Eye Contact**

Eye contact is a powerful form of nonverbal communication. Even though the significance of eye contact varies between cultures due to customs, the sensitivity to eye contact is innate and universal among humans. Eye contact provides important social and emotional
information and helps therapists to assess their clients more accurately. However, the way of making eye contact is more complicated in the tele-music therapy environment due to the use of a camera to capture the vision of a person.

Depending on the positioning of the camera, clients appear to be looking somewhere else, even when they may be looking into the therapist’s eyes. The same thing can happen to the therapist. Claire said, “To show we are looking at the client’s eyes, we have to look at the camera. The way of ‘eye contact’ is different.” Joan said that she also tries to make direct eye contact by looking into the camera: “Even though your eyes are not directly looking at me, I can imagine you are looking at me by looking at you. My brain switches automatically.”

Despite using tele-music therapy, the therapist can know as if the client is making eye contact by carefully monitoring the client’s movement on the screen. For example, when the therapist moves slightly to the left, the client’s eye should move in the therapist’s direction and vice versa.

**Commonalities of In-Person and Tele-Music Therapy Clinical Work**

The participants addressed what the music therapist should do if a client is having a crisis during the session. Their responses revealed a common theme: a) therapist’s roles b) the importance of initial and ongoing assessment, and c) providing emotional support.

**Therapist’s Roles.** All of the participants mentioned the music therapist’s common roles between in-person sessions and tele-music therapy sessions about working with clients who may be undergoing a mental crisis. Claire said that in-person and tele-music therapy sessions require the same task in a sense.

I work on a continuum of methods that are safe for people with trauma. Even when I’m working with people in-person, I’m not trying to open people’s trauma up in
any way. I work to establish safety, primarily, to help people feel really safe and positive about this. I do that both in-person and online.

Alex also mentioned that what he would do in tele-music therapy would be similar to what he would do in in-person sessions. He said,

I think of a continuum of someone. I would check on grounding, try and understand where they are, and help them to connect as much as possible to be embodied and grounded. And then, I would look at what the resources are. For example, if they need someone who is around them and supports them, I would take a look at who is there physically present, who they might be able to connect. Do they have family or friends? Do they have other health care providers? And along the end of that, I would think, is it the case where they really need to go to emergency hospitalization or to consider being impatient, which can also happen.

Alex said that in the worst-case scenario, a music therapist could notify the authorities if the person is at risk of self-harm. However, he noted this isn’t different from what therapists would do during an in-person session.

**The Importance of Initial and Ongoing Assessments.** The participants pointed out the importance of initial and ongoing assessments, setting a clear boundary on who they can work with on tele-music therapy, and understanding their limits as a therapist. Claire said that she does not generally work with clients who have regular panic attacks. However, she said,

If I’m working with somebody and they tell me that they have frequent panic attacks, I’m probably going to suggest they don’t work with me on that. They would need some more intensive face-to-face work. The important thing is to have an ongoing evaluation. I’m always asking my clients if tele-music therapy is still
working for them and if they need to find somebody who can work with them face-to-face because I know that online session is not ideal often.

Alex also talked about working with clients who might have a mental health crisis situation during a tele-music therapy session,

I probably wouldn’t work with on tele-music therapy if I feel like what they need is really someone to be in-person with them. There are certain people who really need to have somebody present.

Joan also emphasized the importance of the initial assessment and stated that she had never worked with people in crisis or high psychiatric needs, either online or in-person, for the following reasons:

Music therapy could be a supportive form of therapy for those clients, but you ought to make sure that they have access to a psychiatrist, that they’re a part of some kind of outpatient clinic where they can physically go if something goes wrong. Otherwise, I would say, I really think they should look for someone that they could see physically and that is sitting with them. I have very clear boundaries around that, and I think that that’s important.

**Providing Emotional Support.** Even higher functioning people experience a crisis sometimes. When Joan had clients having an intense situation in sessions, she made herself available between the tele-music therapy sessions. She offered these options to her clients: (a) they can call her, (b) send her an email, or (c) set up an extra session if they need to. She explained in the following way:

That’s really fruitful to the therapeutic relationship and the process, so I offer that, which is the same as what I do with the clients who have in-person sessions. I
build a relationship in the same way and maintain it in the same way. I don’t think there’s a difference anymore for me.

The possibility that the client can contact the therapist whenever support is needed enables the client to feel connected with the therapist, even in between sessions. This is all beneficial in maintaining a therapeutic relationship.

**Strengths of Tele-Music Therapy**

*Accessibility*

All of the participants mentioned that the most important aspect of tele-music therapy is accessibility to the people who are geographically separated from music therapy services. Joan noted that people were becoming more aware of the importance of creative arts therapy but acknowledged that access is limited. For the people who live in rural areas, the Internet can often provide their only access to music therapy. Tele-music therapy is easily accessible to people and doesn’t require spending time on transportation.

Alex stated that tele-music therapy enables clients who live in rural areas to access to the music therapist who has a specific theoretical orientation. It is also beneficial for the clients in the metropolitan area who want to continue having a session with the music therapist whom they are familiar with:

Through tele-music therapy, you can work with professionals, both through supervision or clinical work or training, who have specific skill sets that aren’t in your area. For example, you’re probably not going to be able to find somebody who practices Guided Imagery and Music or Analytical Music Therapy, or Vocal Psychotherapy, or whatever you might be interested in if you are not in a major metropolitan area in the United States. Even in the New York area, one of my
clients had a baby but still wanted to be able to continue to have music therapy and have support but couldn’t leave the house. Even though she’s starting to be able to leave the house, still it’s just easier for her to do the sessions at home and not take two hours to come in and go back. So we do sessions online. And when my daughter was born, I worked with my music therapist via Zoom, also because I still wanted support. Tele-music therapy isn’t as intimate as an in-person session, but it was still supportive and helped me. We were still able to make music together, and it was something beneficial.

Accessibility is one of the critical features of connectedness. No matter where the client lives, there are times when the client faces challenges in leaving the house. By offering tele-music therapy as an alternative way to access music therapy, the client can be connected more efficiently, which can have great therapeutic value.

**Suitability for Globalization**

Alex associated the strength of tele-music therapy to the rise of globalization. Thanks to technological development, it has become commonplace to communicate globally via the Internet. He said,

We FaceTime with all our family members, [even though] they are a city away, a state away, a continent away. Our culture, how to communicate with each other, is changing. Music therapists need to think critically about how we can use this technology as our culture changes. We cannot ignore it [cultural changes] or pretend that this isn’t a reality. Things are moving in a direction where a lot of communication happens in this way. Ten years after, we may have a three-
dimensional representation of people. We will have more information through Internet communication.

The Internet has changed human communications, just as the invention of the telephone had changed communications with others. The Internet spontaneously brought rapid globalization to people’s daily life because they can easily access information all over the world. If clients want to know about a specific type of music therapy, they can just search the keywords on Google and obtain the information through their website. Tele-music therapy platform enables the clients to receive music therapy sessions wherever they reside. Future technology development may enable more realistic and smooth communications via the internet.

**Sustainability**

When the interview process was completed on February 25, 2020, China was struggling with COVID-19, but the US had only 15 positive cases. However, Claire and Alex predicted the need for tele-music therapy in a possible pandemic situation. Claire said, “Due to Coronavirus, people are all under quarantine in China now. It’s a very serious and upsetting situation. Tele-music therapy will become a possible substitute for in-person therapy.”

Alex predicted that a pandemic would push music therapists to practice tele-music therapy and that more people might seek music therapy due to very stressful circumstances.

I think Coronavirus is going to have a very large impact on everything—on the economy, on social life, but also in mental health. If this becomes something that is more of an epidemic, people are going to need emotional support while the restrictions are going to be even greater about being face to face.
In the COVID-19 pandemic, many hospitalized patients suffer from the pain alone and suddenly die without being able to see their loved ones face to face. Bradt and Dileo (2014) wrote about music therapy at the end-of-life care, “Music therapy aims to improve a person’s quality of life by helping relieved symptoms, addressing psychological needs, offering support, facilitating communication, and meeting spiritual needs.” Tele-music therapy enables music therapists to work with sick people while keeping a safe physical distance.

**Challenges of Tele-Music Therapy**

*Inappropriate Case Examples*

Joan mentioned two types of clients who do not fit tele-music therapy: young children or people who show resistance toward tele-music therapy.

It [tele-music therapy] is probably harder to do with someone who is at the very beginning of therapy. For example, if you have someone who resists and who doesn’t want to do certain things, they may decide they won’t want it at some point. They might think that this is not working for them or too intense. Also, you cannot do online sessions with very young children because there’s a lot of therapeutic changes happening when they’re moving, I switch the medium very frequently with the kids. I lead and follow them in the music, do games, dance, and drawings. That type of thing won’t work online for sure.

Claire talked about another example of a challenging situation. She has experienced tele-music therapy sessions with the people who have some dissociative tendencies due to a trauma where a person might de-personalize. She said,

They might feel that they are not in their body or they are not real, or they’re not in the room with you. They start to leave. That’s quick. When some things are
overwhelming, they vacate. It’s tricky because what they really need is to feel another person in the room to focus on and to know they are not alone. But if you are on the flat screen, they can feel you like a psychotic symptom. They would feel you are not real. Dissociation can be exaggerated by the online video communication experience. That’s very tricky, and also it can be dangerous. The important thing is to have an ongoing evaluation.

Claire said that most of her clients originally had in-person sessions with her. After their relocation, the clients decided to continue to have music therapy with her online, which shows that they have already established a therapeutic relationship.

**Limitation of Access to Musical Instruments**

In the tele-music therapy sessions, music therapists cannot provide the clients with a variety of musical instruments. The clients need to prepare their musical instruments in their place. Joan mentioned the limited availability and variety of instruments. She said,

I would love all of my people to be in my studio so that they have access to all of the instruments that produce a variety of sounds. Sometimes clients have only a limited number of instruments at home. That’s not enough for them to fully express their emotions or issues. I can show the instruments and can explain why I chose them but cannot provide them to the client, which is a shame.

In contrast to Joan, Claire had a positive interpretation of the situation on limited instruments:

It is often the case that clients don’t have a wide variety of instruments, but I don’t feel that creates a limitation in a negative way at all. Actually, I really like the limitation of instruments. It’s nice to give them choices at the beginning, but most people would find instruments that they can really connect with, that they can use
well, or that they can use in a variety of ways. It’s nice to have things. But in my clinical work, I think only four or five really good quality of instruments are enough. They find a way to express themselves in music with their voice.

When a client can access a variety of instruments, the choice of instruments can be a part of their self-expression. At the same time, the limitation of instruments can stretch the client’s creativity, which helps the client’s self-expression differently.

**Adjustments to Tele-Music Therapy**

All of the participants mentioned that in tele-music therapy session, therapists and clients could not share some kind of information (e.g., tactile, olfactory, anything three-dimensional) that they would have in a face-to-face setting. Therapists need to adjust their skills and experiences to obtain enough information from the visual and audio cues on the screen.

When the participants of this study started practicing tele-music therapy, they have already experienced music therapists. Joan mentioned that her experience in in-person sessions helped her to assess clients in tele-music therapy:

> It would be much more challenging for someone who doesn’t have much experience in the room [in-person session]. You have to have some years of experience in the room [to work efficiently in tele-music therapy sessions].

In other words, for experienced music therapists, adjustment might not require too many additional efforts because they have already obtained enough skills to be flexible in various situations.

**Regional Licensure**

Some states require music therapists to obtain regional licensure to work with clients who reside in the state. For example, Alex said that the LCAT—Licensed Creative Arts Therapist—is
for New York State specifically. This is a tricky situation in tele-music therapy because when a client wants to continue music therapy via the Internet after moving to another state, the music therapist would need to obtain regional licensure to offer psychotherapeutic music therapy sessions.

For physicians, each state has its own licensing board, and doctors needed to acquire a license for every state in which they practice medicine. As telemedicine has become a common practice, this situation has huge limitations on providing medical services. To address this issue, the Interstate Medical Licensure Compact was created in 2017, in which a branch of the Federation of State Medical Boards was designed to facilitate the growth of telemedicine while preserving state regulation of the medical practice. It offers a voluntary, expedited pathway to license qualified physicians who wish to practice in multiple states. So far, 29 states have agreed to the compact (Interstate Medical Licensure Compact, 2020).

As of March 17, 2020, during the COVID-19 pandemic, the Office for Civil Rights at the Department of Health and Human Services (2020) has announced the regulation that allows all covered health care providers to practice across state lines to meet the needs of hospitals in adjoining areas. This allows health care workers to provide telehealth services and exercise their professional judgment to assess and treat any medical condition, even if it is not related to COVID-19, including psychological conditions. This means that music therapists do not have regional licensure restrictions during the COVID-19 emergency. One of the biggest questions is whether the new guidelines will remain in effect, even after the pandemic is contained. In the COVID-19 guideline, Roger Severino, the director of The Office for Civil Rights of U.S. Department of Health & Human Services, stated:
We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. (U.S. Department of Health & Human Services, 2020)

Even when society is not in a crisis, many at-risk individuals, including older persons and those with disabilities, will seek tele-music therapy. Interstate licensure for music therapists can increase the opportunities for clients in underserved areas and allow them to connect with music therapists more easily via telemedicine technologies.
Discussion

Participants

The recruiting process was challenging. First, music therapy educators provided me with the contact information of potential participants, and one of the music therapists agreed to participate in the research. I contacted more music therapy educators, inquired about music therapists that met the criteria for this study, and found additional information. After I sent out a few reminders, two music therapists agreed to participate in the study.

The participants are represented by the pseudonyms Alex, Claire, and Joan. Two participants are Analytical Music Therapists (AMTs), and one participant is a music psychotherapist. It may be possible that more AMT therapists provide tele-music therapy to clients than other types of music therapists. Two of the participants, Claire and Joan, shared that they received the supervision from Benedikte Scheiby for more than 10 years via the Internet even after they had moved out of New York. Scheiby was one of the few music therapists who started using technology in practice and training several years ago (S. Kim, personal communication, April 13, 2020). Thus, it would be natural that many AMT practitioners have begun to utilize the Internet for training, supervision, and therapy practice earlier than other types of music therapists. Joan reflected that she initially felt some resistance to having a session via the Internet. However, Scheiby encouraged her to try it. Since Joan had already experienced tele-supervision with Scheiby for several years, she felt somewhat comfortable offering tele-music therapy sessions as a music therapist.

In AMT, the therapists invite the client to use music in a variety of ways to explore their unconsciousness, such as movement and music (psychodynamic movement), having a verbal interaction about musical experiences, drawing while listening to music, and playing
improvisation to reflect their inner thoughts (Priestley, 1994). Joan said that AMT and tele-music therapy have a high affinity and that all of these interventions used by AMT therapists are possible in the tele-music therapy environment. The psychodynamic process in AMT requires the clients to engage themselves primarily. So even if time lags between the therapist and the client were inevitable, therapists could encourage the client’s musical exploration. Such flexibility might be one of the reasons why AMT therapists seem to be comfortable with tele-music therapy. Also, the definition of music is broader in AMT. For example, any sound, including noise, sigh, or cry, could be a part of the music (S. Kim, personal communication, April 13, 2020), so such an inclusive view toward music may help AMT music to fit well into the tele-music therapy environment.

Currently, the Molloy College Blended Learning offers AMT training, both in-person and online. The AMT training may change trainees’ views about music and the meaning of aesthetics. Also, for the AMT practitioners who have experienced building a therapeutic relationship in the tele-music therapy environment during their training process, the tele-music therapy environment would be familiar. This might be why all of the participants said there is not a big difference between in-person and tele-music therapy environments in terms of building a relationship with clients.

**Psychotherapeutic Processes in Tele-Music Therapy**

**Working Alliance**

Claire shared her experience of when a client lost electricity during the tele-music therapy session. Through the reconnecting process, Claire and the client could continue communicating to overcome the technical obstacle. In this case, there seemed to be two
positive features for building a strong therapeutic relationship: first, building a working alliance, and second, accepting the imperfection.

A working alliance is regarded as the core component for the positive change of clients (Bordin, 1979). In this alliance, shared goals, shared tasks, and the therapist–client bond that facilitates collaboration are three essential elements.

Due to technological issues, Internet connection in the tele-music therapy session might not always be stable. The internet might get cut off, or the sound and visual cue might not be synchronized. Music therapists who have not had tele-music therapy may regard such technological challenges as negative factors. However, such a situation may enhance the working alliance and the therapeutic relationship. In line with Bordin’s (1979) working alliance theory, Claire and the client shared the same goal of recovering the connection. Claire and the client shared the task of individually trying to figure out the issue and created a bond by showing the integrity to work together.

Acceptance of Imperfection

Ellis (2001) stated that accepting our imperfections is an essential component for the significant changes in the clients’ psychotherapeutic process. In tele-music therapy, accepting the reality that we cannot control (e.g., the bad Internet connection, the loss of electricity, having a time lag, and interrupting noises) can lead to a paradigm shift. Both the music therapist and the client can learn how to accept imperfections in a positive way and learn to work collaboratively to solve the problems. Such a working alliance would not only help to establish a therapeutic relationship between the therapist and the clients but also eventually enhance the clients’ social skills by letting them take responsibility in addressing the technological issue.
Technology in a Therapeutic Relationship

Although technical challenges can be beneficial for the client’s psychotherapeutic process, music therapists should seek a better way to use technology that contributes to the therapeutic relationship. The better audio and visual quality help the therapists to achieve a therapeutic presence on the computer screen. There seem to be several technological areas that music therapists should consider in tele-music therapy.

Sound Quality

Lessiter, Freeman, and Davidoff (2001) suggested the better audio quality allows the listeners to increase the perception of presence that includes three factors: sense of physical space, engagement/involvement, and ecological validity/realism (the listener’s sense of believability and realism of the content). In the interview, Claire briefly demonstrated how she shares the music with clients using the “Share system audio” function on Zoom. The sound quality was quite clear and exactly the same as the music played on the computer. By sharing music with such high sound quality, the therapist and the client may feel as if they are physically present in a common space, engaging in the music listening together, which would help to enhance the therapeutic relationship. Also, it may help clients to focus on exploring their inner thoughts.

Audio Devices

Along with the effective use of computer software, external audio devices, such as an external microphone, audio interface, and USB microphone, improve the sound quality, which enhances the therapist’s presence. The audio interface connects the USB port of the computer with the microphone or electric musical instruments via standard microphone inputs, which enables the computer to recognize the audio information. If the audio interface has more than one
input, therapists can use one for their voice and another for instruments. Also, they can control the volume of each of the inputs. This setting would provide better sound quality to the clients.

Another way to improve sound quality is by using a USB microphone that has a USB cord. Some microphones have the gain and volume control on it, but if not, it will be available on the computer screen. If the music making uses the voice, a lavalier microphone and headset can be another option.

**Lighting**

Lighting can create a therapeutic environment. The American Telemedicine Association (2019) published guidelines on telemedicine lighting, suggesting that lighting impacts the therapeutic relationship between therapists and clients. If the light on the therapist’s side is distracting, the client might feel uncomfortable, and this might also affect the client’s concentration, attention span, mood, and perception. Natural lighting or natural-looking artificial light that does not create a shadow on the face is recommended.

**External Cameras**

According to Nunez and Blake (2003), presence occurs as a consequence of the high quality of sensory stimuli input and the user’s prime experience in the virtual space. A high-quality external camera can provide a very clear image of the therapists and clients, thus enabling tele-music therapy to replicate an in-person interaction. Setting the camera at eye level makes it easy for the therapist to have eye contact with clients. Also, it would be helpful if the therapist could use more than one camera during sessions, so that the client can see the therapist from multiple views (e.g., the therapist’s face, whole body, and a close-up view of the instrument). If another camera is not available, an iPad or an iPhone can be used as external cameras.

**Natural Eye Contact Via the Camera**
The participants mentioned that therapists should realize that looking at the camera means having virtual eye contact with the clients, just like getting accustomed to the time lag in music making. Although the therapist cannot see the clients’ eyes and wouldn’t feel they are making eye contact, clients can perceive the therapist is making eye contact with them.

**The Meaning of Physical Presence in Assessment**

Geller and Greenberg (2017) stated that to obtain a therapeutic presence, therapists need to bring their whole selves and be completely in the moment physically, emotionally, cognitively, and spiritually in the sessions. In tele-music therapy, the therapist’s physical presence is remotely presented on the screen. How does it affect the therapeutic relationship?

All of the participants mentioned that the primary reason they started tele-music therapy was that their clients who previously had in-person sessions were unable to commute to their music therapy office. In these cases, the therapists had already assessed the client during in-person sessions and had established a therapeutic relationship with the client. In other words, because the clients had already built a secure relationship with the therapist, they wanted to continue having sessions with the same therapist. The tele-music therapy platform provides clients with another choice in music therapy. However, it also means that tele-music therapy sessions would often be a second-choice substitute for in-person sessions. If the therapists had never met the client face to face, they would face more challenges in assessing the clients accurately.

In talking about her future tele-music therapy business plan, Claire mentioned that she would visit isolated places where mental health services are not available. She would stay there for one week and have in-person sessions for the initial assessment. Then, she would continue working with them online.
This method may provide a solution to the question posed by Bates (2014): “Could a full music therapy assessment be adequately completed without the music therapist’s physical presence?” Meeting in person can be a powerful experience to build a therapeutic relationship. It would enable therapists to have a more precise assessment. The protocol, shifting to the tele-music therapy platform after face-to-face sessions, would be an efficient application of tele-music therapy practice.

Alex mentioned that he and his client first realized the difference in their body sizes when they first met in person after they had tele-music therapy sessions for a while. In this case, although the misrecognition does not seem to affect their therapeutic relationship, it might represent the fact that therapists and clients could miss fundamental information about each other that they would have spontaneously noticed if they had met in person. Even if it were only a one-time opportunity, an in-person session would enable them to fill in a missing piece of information so they can establish a more secure, trusting relationship due to their increased knowledge about the other. The hybrid style of tele-music therapy, having occasional in-person sessions between tele-music therapy sessions, would be another good option.

**Similarities Between In-Person Sessions and Tele-Music Therapy**

Regarding therapeutic presence, all of the participants mentioned that ultimately, there was not such a big difference between in-person sessions and tele-music therapy sessions. They mentioned therapists could utilize the same skills that they use in in-person sessions. In other words, the skills that the therapist has already obtained in in-person sessions are applicable for tele-music therapy sessions as well. However, there seem to be several factors that music therapists should especially consider in the tele-music therapy environment.

*Therapist’s Own Quality*
Kenny (2006) emphasized that the therapist’s own quality is a primal contributor that brings therapeutic encounters and that such qualities reflect on the therapist’s presence even before the music therapy begins. Thus, despite the different settings between in-person sessions and tele-music therapy, therapists may be able to bring their presence in the same way.

*Internal Listening*

In Internet communication, we might feel the need to engage with each other by showing visible responses. For example, we might try to keep smiling at the people on the screen, or we might keep nodding to the screen every single moment. However, in typical in-person interactions, there are a lot of moments when we are just with somebody, without showing any interactive activity. Such moments might be essential for us to connect to our inner selves and to process our thoughts more deeply.

This study showed how therapists focus on audio and visual information in tele-music therapy. They seem to try to find both the client’s internal and external changes by getting such information. Based on Winnicott (1971)’s idea of internal and external realities, Amir (1996) developed a theoretical model, the Holistic Model in music therapy. She stated that there are two realms in music therapy: the Active Realm and the Receptive Realm. In the Active Realm, the therapist and the client actively express themselves in various forms, such as in music making, movement, and verbal processes. In the Receptive Realm, the therapist and the client listen internally (i.e., listening to our internal voices) and externally (i.e., listening to the sounds that abound us). She wrote that the Receptive Realm is a realm of “being with” without doing anything. This may also mean doing something internally. In tele-music therapy, the “doing internal” moment suggests that therapists focus on the audio and visual information and might tend to ignore invisible or inaudible information.
**Attunement**

When people physically share a place, they naturally share the atmosphere of the place. One of the challenges in tele-music therapy might be to feel the invisible atmosphere that includes plenty of information (e.g., temperature, smell, the surrounding objects off the screen, subtle sounds including white noise). Even when the therapist is looking at a silent screen with no movement, the client is actually receiving much invisible information from the environment. Then, how can therapists and clients share an atmosphere? Lesiak (2017) developed mindfulness-based music therapy group protocol, in which the participants focus on our feelings, thoughts, and bodily sensations moment by moment, to accept them, and to release them through the several types of music therapy interventions. By doing this, they can attune their presence to a similar state. This protocol may be one of the solutions for the therapist and the client to share a common atmosphere in tele-music therapy.

**Personality-Related Adjustability**

Since tele-music therapy is an emerging area, some people might be skeptical about the efficacy. However, to establish and maintain a therapeutic relationship with the clients, music therapists should note the Scope of Music Therapy Practice stated by the American Music Therapy Association (2015), which states, “Maintain a working knowledge of new technologies and implement as needed to support client progress towards treatment goals and objectives” (C.13.14).

Tele-music therapy might be an alternative method, but it can be the best available practice for clients at the moment. If there seems to be a possibility of efficacy, therapists should at least try tele-music therapy. If the therapists are not open to the new possibility of tele-music therapy, and if they have not tried to adjust themselves to its environment, tele-music therapy
may not have a positive outcome. The participants stated there are many factors that therapists cannot control in tele-music therapy. For example, technological issues might become unpredictable in the middle of the session, the electricity might get cut off, the therapists may not physically provide the clients with the instruments, and physically re-directing the clients would be challenging. All of the participants agreed that music therapists can still develop a relationship with the clients beyond such obstacles by showing their willingness to try to connect to them, listen to them, and understand them.

**Strengths of Tele-Music Therapy**

Tele-music therapy can reduce many types of barriers that the clients may have when they seek music therapy, such as physical barriers, psychological barriers, and financial barriers. Reducing these barriers would help the client to access and continue to have sessions even in challenging situations, which would maintain and enhance a therapeutic relationship between the therapist and the client.

**Reducing the Physical Barriers**

In tele-music therapy, both the therapists and the clients can stay in their own places, which is a huge benefit—having sessions wherever they are located means that the clients can have access to their favorite therapist from all over the world, without facing the hassles and risks of a commute. Also, tele-music therapy can be a good solution when a client has commuting challenges due to physical conditions.

**Reducing Psychological Barriers**

The tele-music therapy environment may reduce psychological barriers for people who are interested in music therapy but have not experienced it yet or have not seen the therapist yet. For such people, visiting an unfamiliar therapist’s office might require some courage. Tele-music
Therapy may reduce barriers because the clients can physically stay in their comfort zone while having a session. Also, clients might feel uncomfortable when visiting a therapist’s office due to the social stigma of obtaining therapy. The possibility that clients can access therapy without being noticed by others may reduce the barrier in not only the first visit but also in continued sessions.

Reducing Financial Barriers

For people who live far from the therapist, the transportation fee may cost significantly. Also, they might need to take days off from work. Tele-music therapy can reduce such barriers.

Challenges of Tele-Music Therapy

Ethical Considerations in Tele-Music Therapy

Ethical considerations are critical to establishing a therapeutic relationship with the clients. The American Music Therapy Association (2020) wrote, “Adherence to the AMTA Code of Ethics is expected as it outlines professional conduct principles for all music therapy interventions, whether provided face-to-face or through telehealth/therapy.” In regards to when therapists should use tele-music therapy, there seem to be three considerations: (a) act in the best interest of clients, (b) obtain consent forms, and (c) use a secure video conference platform.

For the Best Interest of Clients. The American Music Therapy Association (2019a) Code of Ethics Principle 2.1 states, “Act with the best interest of clients in mind at all times.” All of the participants were quite clear that they would not provide tele-music therapy if it does not seem appropriate for the clients. They emphasized the importance of ongoing assessment to see if tele-music therapy is the best available practice for the clients currently.

Consent Forms. As the American Music Therapy Association Code of Ethics (2019a) states, obtaining a consent form is critical to building and maintaining a trusting relationship with
clients. It articulates how music therapists respect the dignity and rights of all people. During the COVID-19 pandemic, many music therapists have temporarily shifted their practice to the tele-music therapy platform. To address their immediate needs of guidance, the American Music Therapy Association (2020) provided a sample consent form template for tele-music therapy on their website. This can be a useful reference for a tele-music therapy consent form, even after COVID-19, by making modifications based on individual cases.

**Video Conference Platform.** To protect clients’ privacy, therapists need to choose a secure video conference platform. Zoom (2018) announced that its professional account is HIPAA compliant and is thus appropriate for use in healthcare.

As telehealth has become a common platform nationwide, many telehealth software have been developed. Doxy.me, SimplePractice, and TheraNest are three of the most popular platforms currently. Since these are specifically developed for telehealth, in addition to HIPAA compliance, they have many useful features for telehealth practice, such as billing and scheduling; these platforms also provide secure storage for the clients’ information. The specified software would give the clients a better sense of security, which would lead them to have a secure therapeutic relationship with the therapist.

**Infrastructures for Tele-Music Therapy**

The result shows that tele-music therapy can be effective, even though there is a time lag between the therapist and the client. However, if there were no time lag, the potential of tele-music therapy would be much increased. In Japan, some music therapists have started to utilize NetDuetto, a free software for real-time jam sessions via the Internet developed by YAMAHA Corporation (2014), and the therapists and the clients play together while being remotely at their own place. Since NetDuetto transmits only audio information, the musicians use Zoom to obtain
the visual information while jamming on NetDuetto. The combination of fiber optic, a type of broadband, and IPv6, the most recent version of Internet Protocol, allows us to obtain a high-speed Internet. When all of the participants have such an environment and connect the computer with the modem by the cable on both ends, there seems to be very little time lag. According to BroadbandNow (2020), fiber optic is currently available for around 25% of the US because the land area is huge in the US and the cost of installation is high. However, large facilities, such as schools, hospitals, and nursing homes, might have already obtained fiber optics even if they were locally isolated. If they had such a high-speed Internet connection, more spontaneous music making is technically available in tele-music therapy. Music therapists can advocate such facilities and start tele-music therapy practice. Also, as software is developed, 5G wireless Internet might allow for smoother interactions. Following and incorporating the latest technology would be needed for tele-music therapy to flourish in the future.

**Internet Fatigue**

Many studies have discussed fatigue and pain caused by Internet usage (Derbyshire et al., 2013; Dol, 2016; Yang et al., 2013). Sklar (2020) reported that when people meet online, they tend to show their feelings and emotions in a more exaggerated way because their image on the screen is much smaller than the actual size. Also, in tele-music therapy, the therapist and the client may tend to have prolonged eye contact with each other in the enlarged image right in front of them (Miller, 2020). This intensity of information may make them feel exhausted and thus negatively impact tele-music therapy.
Conclusion

Summary

The purpose of the study was to understand the therapist–client therapeutic relationship in music therapy practice that utilizes an Internet video conference system (tele-music therapy). The participants of this study were three music therapists who have been in practice for at least 15 years and used tele-music therapy for at least 7 years. They were asked to describe the significant experiences of establishing a therapeutic relationship with the clients in tele-music therapy sessions. Phenomenological methods were used to analyze the data. Following the interviews, the interviews were transcribed and categorized according to the research questions.

- How can music therapists establish a therapeutic relationship in tele-music therapy?
- How can music therapists be present in tele-music therapy sessions?
- What are the strengths and challenges of tele-music therapy?

Concluding Thoughts

When I decided to choose tele-music therapy for the theme of the thesis, I felt the topic might be controversial because I could not find any guidelines that encourage tele-music therapy. After having done this research, I am delighted to have found that therapists and clients can indeed be remotely present in a virtual musical space on the Internet, which enables them to establish a therapeutic relationship. Although therapists may need to gain additional skills and adjust to the new environment, tele-music therapy has a huge potential as technology develops more in the future.

COVID-19 started to spread in the US while I was writing this thesis. At the end of the interview process on February 25, 2020, there were only several positive cases of COVID-19 in the US. Just a few weeks later, New York and California enacted a statewide lockdown in
response to the Coronavirus outbreak. Due to the social distancing policy, people became physically isolated. New York State normally requires music therapists to obtain licensure, Licensed Creative Arts Therapist (LCAT), when providing psychotherapy (Office of Professions, 2009). However, to respond to the COVID-19 pandemic, Governor Andrew Cuomo issued a number of executive orders, one of which allows additional types of practitioners to deliver telehealth services. In addition, the New York State Education Department (2020) announced guidelines for telehealth practice. As a result of the pandemic, many music therapists have been switching their practice to tele-music therapy.

The pandemic is a tough situation, for sure. However, this emergency has pushed music therapists to consider tele-music therapy that expands the possibilities of the music therapy profession. Tele-music therapy may require music therapists to have more flexibility, creativity, and adjustability. By gaining these skills, music therapists can also develop their clinical skills in both tele-music therapy and in-person sessions. Although tele-music therapy might not be appropriate for every client, there are potential clients who seek to receive tele-music therapy services. In the long run, tele-music therapy will contribute to the spread of music therapy as a whole.

Recommendations

After the COVID-19 emergency, many music therapists have begun to practice tele-music therapy. The American Music Therapy Association announced tele-music therapy guidelines and provided a technological resource, which is helpful for the music therapists who need to immediately jump into tele-music therapy due to the current pandemic situation. The information about tele-music therapy needs to be constantly updated because there are constant changes in computer technology, audio devices technology, internet technology, video
conference platforms, and laws and rules about telehealth. Some sort of association for tele-music therapy might be needed to provide information, education, and a guideline. Also, as technology develops, music therapists need to keep adapting it for better practice. If there were a common platform where music therapists can exchange the latest information, it would be beneficial to expand the potential of music therapy.

Limitations of the Study

There were several limitations to the study. First, this research had only three participants, and all of them have practiced music therapy in the same region and had a similar framework of practice. This limitation may result in a lack of diverse opinions about tele-music therapy. Second, the data collection was based on interviews with only music therapists. If the research had included interviews with clients, the findings might have included a more comprehensive view. Third, given the constant flux in internet technology, the results of this research may not address future situations. Also, since telehealth is still a new area of health-related services, the law and rules are changing, and the regulations are different state by state, the research results cannot take into consideration more specific situations. Last, the sessions the music therapists led were with individual clients, and it is fair to assume that group tele-music therapy sessions would have more challenges.

Areas of Future Research

During the COVID-19 pandemic, many music therapists began to conduct tele-music therapy sessions. Researchers may be able to obtain a larger sample size from a variety of theoretical backgrounds, which would increase the study’s trustworthiness and credibility. Also, data from clients or caregivers can bring into light other aspects of tele-music therapy.
The results indicated that even a one-time in-person meeting could strengthen the therapeutic relationship. This research explored the therapeutic relationship only in the context of individual sessions. Future research can explore the efficacy of in-person sessions for in-take assessment. In addition, research on the therapeutic relationship between therapist and clients would provide more concrete ideas about tele-music therapy.

**Implications for Music Therapy**

These research findings may be used to not only encourage students, educators, and supervisors to start tele-music therapy practice, but also to advocate that healthcare facilities start tele-music therapy services. It may also lead to further and continued research regarding the clinical efficacy of tele-music therapy practice.
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Appendix A: IRB Approval Letter

Date: December 19, 2019
To: Dr. Seung-A Kim and Kiyomi Glover
From: Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board

SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXEMPT STATUS
Study Title: A phenomenological study of the therapeutic relationship in tele-music therapy in the US.

Approved: December 19, 2019
Approval No: 11071215-1211

Dear Dr. Kim and Ms. Glover:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is exempt.

It is considered an EXEMPT category 45 CFR 46.104(2)(2) per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects.

As per 45 CFR 46.115(b) and 21 CFR 56.115(b) require that all IRB records be retained for at least 3 years, and records relating to research which is conducted be retained for at least 3 years after completion of the research.

Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified in both the Responsible Conduct of Research and Human Subjects Research and to submit the evidence in order to conduct your research.

Remember, all consents and recruitment flyers for any research protocol need to have Molloy IRB dated stamps of approval. To obtain the official stamp, please contact Ms. Gina Nedelka (gnedelka@molloy.edu) to arrange a time to meet with her in her office in Kellenberg-Room 009. You will bring one clean consent (of each consent and/or assent) and any recruitment flyers to the meeting with Ms. Nedelka for IRB dated stamp of approval. You then make copies of stamped materials and use those copies for recruiting and consenting.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.
Appendix B: Invitational/ Consent E-mail

My name is Kiyomi Kamiya Glover, and I am a graduate music therapy student at Molloy College in New York. As part of the requirement for my program, I am conducting a research study titled, A phenomenological study of the therapeutic relationship in tele-music therapy in the U.S. The purpose of this study is to explore how music therapists and clients can establish the therapeutic relationship in the sessions that utilize the internet video communication technology.

You have been contacted and considered eligible for the study because you meet the following criteria:

1) You are a Board-Certified Music Therapist (MT-BC) who provided music therapy sessions through the internet at least more than one year.
2) You have at least five or more years of music therapy experience.
3) You may be comfortable and open to recollecting and sharing your experience of online music therapy sessions.
4) You resides in the United States.

Participation in this study will entail approximately 60 minute in-person, or Skype interview, depending upon your preference. Interviews will include open ended questions asking you to recall and reflect upon an experience of establishing or maintaining the therapeutic relationship with your clients through online live music therapy sessions.

The interview will be video and audio recorded and transcribed. About two weeks after the interview, you will be asked to review the transcription to ensure its accuracy. Also, I may contact you by email within two weeks after I receive your feedback when I feel I need additional information.

The interviews and all data will remain confidential. We will use pseudonym identifiers rather than your name in our study records. Your name and other facts that may identify you will not appear when we present this study or publish its results. Data will be stored and secured with access only granted to the researcher.
Participation in this study is completely voluntary, and you may withdraw from the study at any time without a penalty. If you would like to participate in this study, please respond to this email with a signed consent form. Please respond by ____ to participate in the study.

If you would not like to participate in this study, please disregard this email.

If you have any questions about the study, please feel free to contact me. You may also contact my faculty advisor, Dr. Seung-A Kim, with any questions regarding this study. Questions about your rights as a study participant may be directed to the Molloy College Institutional Review Board. All of our contact information is provided below.

Thank you for your consideration.

Best Regards,

Kiyomi Kamiya Glover, MT-BC
Molloy College
Tel: (516) 578-9842
Kamiya@lions.molloy.edu

Faculty Advisor
Seung-A Kim, PhD, AMT, LCAT, MT-BC
Molloy College
Tel: (516) 323-3326
skim@molloy.edu

Molloy College Institutional Review Board
irb@molloy.edu
516-323-3000
Appendix C: Letter of Informed Consent

Letter of Informed Consent

Title: A phenomenological study of the therapeutic relationship in tele-music therapy in the U.S.

Student Researcher:
Kiyomi Kamiya Glover, MT-BC
Graduate Student, Music Therapy, Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11571
KKamiya@lions.molloy.edu

Advisor:
Seung-A Kim, PhD, LCAT, MT-BC
Analytical Music Therapist, Associate Professor, Music Therapy
Director, Undergraduate Music Therapy
Molloy College
Rockville Centre, NY 11571
516-323-3326
skim@molloy.edu

Dear__________,

My name is Kiyomi Kamiya Glover, and I am a graduate music therapy student at Molloy College in New York. As part of the requirement for my program, I am conducting a research study titled, A phenomenological study of the therapeutic relationship in tele-music therapy in the U.S. The purpose of my study is to explore the purpose of this study is to explore how music therapist and clients can establish the therapeutic relationship in the sessions that utilize the internet video communication technology.

You have been contacted and considered eligible for the study because you meet the following criteria:
1) You are a Board-Certified Music Therapist (MT-BC) who provided music therapy sessions through the Internet at least more than one year.
2) You have at least five or more years of music therapy experience.
3) You may be comfortable and open to recalling and sharing his/her experience of online music therapy sessions.

Participation in this study will entail approximately 60 minute in-person, or Skype interview, depending upon your preference. Interviews will include open-ended questions asking you to recall and reflect upon an experience of establishing or maintaining the therapeutic relationship with your clients through online live music therapy sessions.

The interview will be video and audio recorded and transcribed. About two weeks after the interview, you will be asked to review the transcription to ensure its accuracy. Also, I will contact you when I feel I need additional information.

The interviews and all data will remain anonymous and confidential. We will use pseudonym identifiers rather than your name in our study records. Your name and other facts that may identify you will not appear when we present this study or publish its results. Data will be stored and secured with access only granted to the researcher.

Participation in this study is completely voluntary, and you may withdraw from the study at any time. If you would like to participate in this study, please respond to this email with a signed consent form. Please respond by _____ to participate in the study. If you would not like to participate in this study, please disregard this email.

Please contact the investigator at KKamiya@lions.molloy.edu for more information or with any concerns that may arise for you during the study. You may also contact the faculty advisor, Dr. Seung-A Kiyomi, at skim@molloy.edu, at any time. Questions about your rights as a study participant may be directed to the Molloy College Institutional Review Board at: irb@molloy.edu or 516-323-3000.

Check all statements you agree to:

___ I give permission to Kiyomi Kamiya Glover to video and audio record her interview sessions with me.

___ I give permission to Kiyomi Kamiya Glover to use these recordings for educational purposes related to this research study.

Participant’s Signature

Date

Researcher’s Signature

Date
Appendix D: Consent Form

Molloy College

CONSENT FORM

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided at its conclusion upon my request. I know that I am free to withdraw from this study without negative consequences at any time. I understand I will receive a signed copy of this form.

Signing your name below indicates that you have read and understood the contents of this consent form and that you have voluntarily agreed to participate in this study. Please sign your name and send it back to the researcher by _____ at the following e-mail address: KKamiya@lions.molloy.edu.

__________________________  ________________________
Participant’s Signature       Date

__________________________  ________________________
Researcher’s Signature       Date

Complete the following if you wish to receive a summary of the results for this study:

NAME: ______________________
(Typed or printed)

E-MAIL ADDRESS: ______________________

ADDRESS (optional): ______________________
(Street)

(City)        (State)        (Zip)

MOLLOY COLLEGE
APPROVED
JAN 22 2020
Institutional Review Board
Appendix E: Permission to Video and Audio Record

Molloy College
Music Department
1000 Hempstead Ave.,
Rockville Centre, NY 11570-5002
T: 516-323-3320
F: 516-323-4983

Permission to Video and Audio Record

Student Researcher:
Kiyomi Kamiya Glover, MT-BC
Graduate Student, Music Therapy, Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11571
KKamiya@lions.molloy.edu

Advisor:
Seung-A Kim, PhD, LCAT, MT-BC
Analytical Music Therapist
Associate Professor, Music Therapy
Director, Undergraduate Music Therapy
Molloy College
Rockville Centre, NY 11571
516-323-3326
skim@molloy.edu

I, ______________________, give Kiyomi Kamiya Glover permission to video and audio record my interview session. This recording will be used only for research purposes. I have already given written consent for my participation in this research project. At no time will my name, personal information, or contact information be used.

I understand that I will be video and audio recorded during my scheduled 60 minute interview with the researcher. I give permission for the recording to be used from December 2019 to August 2020.

I understand that I can withdraw my permission at any time. Upon my request, the video and audio recordings will be erased and removed immediately.

If I want more information about the video and audio recordings, or if I have questions or concerns at any time, I can contact the investigators at the top of the page.
I understand that my signature below indicates my voluntary consent to be video and audiotaped. I understand that I will be given a copy of this signed form.

Please send this form to the researcher by ________ at the following e-mail address: KKamiya@lions.molloy.edu.

Thank you for your participation.

__________________________________________  ____________________________
Participant's Signature                      Date
Appendix F: Interview Protocol

Participant Pseudonym

Date _____ Time _____ Conducted via __________

Script: Thank you for agreeing to speak with me today. My name is Kiyomi Kamiya Glover and I am a student at Molloy College conducting research in partial fulfillment of the requirements for a Masters in Music Therapy. This interview will last no longer than 60-minutes. I will be video and audio recording the conversation for accurate documentation. All your responses are confidential and you have been assigned a pseudonym which will be used throughout documentation. I will send you a summary of this interview and ask that you read and make corrections or additions to this document so that your thoughts and feelings are accurately expressed.

I have received your written consent to participate in this study, a phenomenological study of the therapeutic relationship in tele-music therapy in the U.S. I would like to thank you again for your voluntary participation. If you wish to take a break or discontinue the recording, please notify me. You may end this interview at any point or decline answering any question with no negative consequence. Do you have any questions or concerns before we begin?

I. Demographic Information:

1.1. Could you provide a brief description of yourself? (e.g., age, native country, ethnicity, educational background, theoretical background, clinical background)

1.2. How long have you worked as a music therapist by utilizing the Internet?

1.3. How do you use the Internet for the clinical purpose?

1.4. What brought you to have tele-music therapy (music therapy through the Internet video communication system) sessions?

1.5. How long have you conducted tele-music therapy?

1.6. Do you work for a facility or as a private practice?

II. Interview Prompts: (Open-Ended Question Guide)

1.1. Could you describe the therapeutic relationship in your tele-music therapy experience?

a. Could you share with me what the therapeutic relationship in your tele-music therapy experience is like?

b. How do you prepare for establishing or maintain the therapeutic relationship in tele-music therapy sessions (in terms of the technological devices, musical instruments, the room setting)?
c. What are some specific reactions you experience while working in this setting?

d. What are some specific music therapy interventions you employ in this setting?

e. Could you describe any challenges and/or benefits you experienced in terms of therapeutic relationship while working in the tele-music therapy setting?

f. Is there anything else you would like to add about your experience and/or feeling when considering working in this specific environment?

Script: Thank you again for participating in this study. I will be sending you a summary of today’s interview. Please make comments, corrections or additions so that your perspective is accurately portrayed. I may be contacting you if I need additional information. If you have any questions or concerns about the study you may contact me at any point. I appreciate the time you have dedicated to this research.