Molloy University

## DigitalCommons@Molloy

5-2021

# The Development of Therapeutic Alliance in Long-Term and Short-Term Music Therapy Treatment

Brooke Morris

Follow this and additional works at: https://digitalcommons.molloy.edu/etd

Part of the Music Therapy Commons

## Recommended Citation

**The Development of Therapeutic Alliance in Long-Term and**

**Short-Term Music Therapy Treatment**

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

Brooke Morris

Molloy College

Rockville Centre, NY

2021
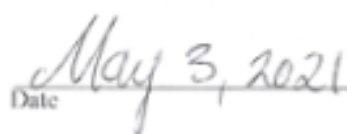
MOLLOY COLLEGE

The Development of Therapeutic Alliance in Long-Term and

Short-Term Music Therapy Treatment
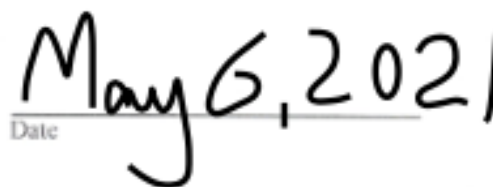
By
Brooke Morris
A Master's Thesis Submitted to the Faculty of
Molloy College
In Partial Fulfillment of the Requirement
For the Degree of
Master of Science
May 2021

Thesis Committee:

_Adenike Webb_        _May 3, 2021_
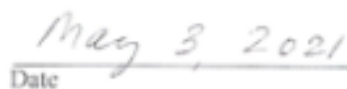Dr. Adenike Webb            Date
Faculty Advisor

_Audrey Hausig_        _May 6, 2021_
Ms. Audrey Hausig         Date
Committee Member

_Suzanne Sorel_        _May 3, 2021_
Dr. Suzanne Sorel         Date
Director of Graduate Music Therapy

**Abstract**

Therapeutic alliance is an important aspect of helping professions however, despite research into this phenomenon in closely related fields, it has yet to be explored in music therapy. While research in related fields has explored alliance development in therapy, it has yet to question whether or not treatment length has an impact on the development or strength of therapeutic alliance. This led to the following question: Does time matter in therapeutic alliance development in music therapy? Time is an important and undeniable aspect of music. Being that time exists in music, and music is a factor unique to music therapy, it is possible that time impacts therapeutic alliance development. As therapeutic alliance has proven to have great impact on a client's ability to meet therapeutic goals in closely related fields, it is a concept that music therapy could further explore. In an effort to further understand the importance of time in the development of therapeutic alliance within music therapy, a semi-structured interview was facilitated with three Master's level board-certified music therapists asking the following research question: How do music therapists develop therapeutic alliances? Three music therapists working in different treatment lengths were interviewed. Three major themes were identified following a thematic analysis: 1) The Role of the Client, 2) The Role of the Therapist, and 3) The Role of Music in Fostering the Therapeutic Alliance.

*Keywords*: therapeutic alliance, treatment length, music therapy

**Acknowledgements**

**TABLE OF CONTENTS**

## Introduction

Therapeutic alliance is an important aspect of helping professions that, despite research into this phenomenon in closely related fields, has yet to be interrogated in music therapy. Therapeutic alliance, often erroneously compared to therapeutic relationship, refers to the balance of power between therapist and client to promote favorable therapeutic change and outcomes. A therapeutic relationship, in contrast, denotes the existence of a relation, favorable or unfavorable, between therapist and client.

The stronger the therapeutic alliance, the greater the therapeutic impact and potential for change (Orlinsky et al., 2004). Subsequently, it is music therapists' responsibility to strive to build such an alliance with clients. The American Music Therapy Association's (AMTA) Standards of Clinical Practice states that music therapy clinicians are required to "maintain knowledge of current developments in research, theory, and techniques in music therapy" (AMTA, 2015, p. 4) in order to provide the highest standard of care. However, it is difficult to maintain knowledge of current developments in music therapy research when there is a lack of information on some therapeutic concepts that are within a music therapy clinician's scope of practice. The absence of knowledge about therapeutic alliance, in particular, limits our ability to address client needs. As therapeutic alliance has been shown to impact a client's abilities to meet therapeutic goals in closely related fields, it is a concept that music therapists would benefit from further exploring. Research examining the development of therapeutic alliances within music therapy could provide insight as to how music is utilized in building an alliance between client and therapist.

**Personal Connection**

Over the past year and a half, I have provided weekly music psychotherapy sessions for a 47-year-old woman at The Louis Armstrong Center for Music and Medicine. This outpatient clinic provides music psychotherapy sessions to individuals across the lifespan, and this client was diagnosed with paranoid schizophrenia, intellectual delays, diabetes, and sleep apnea.

In getting to know this client, it became apparent that she had been given little opportunity to maintain agency in her life. I thought it would benefit her to create a space in which we shared equal power. Upon being informed of the concept of therapeutic alliance by my supervisor, I shifted my approach and began to nurture my alliance with the client. This new approach took time to be effective. It took months of working together to be able to gain a mutual trust that developed into an alliance.

In the beginning, sessions were primarily led by me. Over time, there was more give and take between us. The client progressed towards her goals of risk-taking, self-expression, and relationship-building. The alliance was cultivated through the implementation of sung musical experiences such as scatting and improvisation. Therapeutic change was ultimately observed in the client's verbal and musical expression. At the beginning of our work together, verbal and vocal communication was limited but as the year progressed, verbalizations and vocalizations increased. This client, who previously only played a drum alone, began to sing.

Therapeutic alliances develop in varied and diverse ways. With this particular client, if we stopped working together after one month's time, it would have been quite unlikely that an alliance would have developed. With that said, in my work in short-term treatment, I have seen therapeutic alliances begin to develop without the benefit of multiple sessions. I also work with the parents of premature infants for varying lengths of time while working in the neonatal

intensive care unit. Sometimes I see a parent for two weeks while other times I see a parent for two months.

I have felt the presence of an alliance between a parent and myself in both instances. When I play a mother's chosen lullaby while she holds her infant skin-to-skin, a bond is developing between mother/child and mother/music therapist. My relationships with mothers have developed into alliances in a short period of time due to the intimate and vulnerable moments spent together in their infants' first weeks of life.

My experience working with patients in long-term and short-term treatment led me to wonder if time matters in the development of therapeutic alliances in music therapy. Time is extremely important in music. The tempo or meter of a song dictates how we feel when we listen to it. In the NICU, music therapists sing soft lullabies in compound meters to put babies to sleep while up-beat, quick-tempo music is played to "amp" a team up before an athletic event. Pauses in music are used for dramatic effect. The following research questions guided the resulting inquiry:

1. How do music therapists develop therapeutic alliances?
2. How do music therapists develop therapeutic alliances in short-term treatment?
3. How do music therapists develop therapeutic alliances in long-term treatment?
4. What differences or similarities in the development of therapeutic alliance exist between treatment lengths?
5. How do music therapists utilize music in the development of therapeutic alliance?

## Review of Literature

**Music Therapy and Time**

Robbins and Forinash (1991) proposed that time plays an important role in music therapy treatment. They developed a "concept of time as a multilevel experience in the therapeutic context" (Robbins & Forinash, 1991, p. 46). Four levels of time were identified: "Physical Time, Growth Time, Emotional Time, and Creative Time" (Robbins & Forinash, 1991, pp. 49-50). The musical paradigm suggests that the client and therapist exist in different levels of time throughout their time in therapy. Physical Time is characterized by "sameness, fixity, and predictability"; Growth time is characterized by "stability, dependability, and progressive development"; and Emotional time is characterized by "impulsiveness, mobility, and variability".  Creative Time is characterized by "spontaneity and newness" (Robbins & Forinash, 1991, p. 46).

The characteristics identified under each level in the paradigm reflect features of the client's music as well as features of their present being (Robbins & Forinash, 1991). Robbins and Forinash (1991) noted the impact of taking music out of physical time to emphasize the expressiveness that lives within the music alone. Through clinical work, teaching, and research, Robbins and Forinash (1991) concluded that the multilevel concept of time is "valuable in understanding different modes of time-process in therapy and in knowing practically when one is moving with a child from one level of time experience to another" (p. 56).

Robbins and Forinash (1991) suggest that time, in relation to music and the human experience, is of significance in music therapy. While Robbins and Forinash (1991) explores the concept of time in music therapy, it does not look closely at how time plays a role in the development of a relationship between client and therapist. Further exploration of the importance

of time in the development of therapeutic alliance will provide a wider range of experiences to

learn from.

**Therapeutic Alliance**

Therapeutic alliance is defined as "the quality and strength of the collaborative

relationship between client and therapist" (Norcross, 2011, p. 41). Bordin (1979) outlined three

features of a therapeutic alliance: agreement of goals, assignment of tasks, and the development

of bonds. *Agreement of goals* asks the therapist and client to look to examine, modify, or

improve their own contributions to their stresses, functions, and dissatisfactions. Therapeutic

treatment of this kind relies on the mutual agreement between client and therapist that the

client's stresses, functions, and dissatisfactions are a result of their thinking, feeling, and acting.

*Task assignment* asks the client and therapist to agree upon what will occur in therapy.

The task assignment phase might include an agreement between client and therapist as to how a

therapy session will be run or an agreement as to what tasks are to be given to the client in an

effort to reach predetermined therapeutic goals. Bordin (1979) pointed out that therapeutic

orientation plays a part in what kinds of tasks are assigned to the patient and therapist. "The

effectiveness of such tasks in furthering movement toward the goal will depend upon the

vividness with which the therapist can link the assigned task to the patient's sense of their

difficulties and their wish to change" (Bordin, 1979, p. 254).

*The development of bonds* focuses on the nurturance of the relationship between client

and therapist. The therapist and client's ability to collaborate appear to be connected to the nature

of the relationship between therapist and client (Bordin, 1979). Within a therapeutic relationship,

some basic level of trust exists. When attention is directed toward the more intimate inner

experience, "deeper bonds of trust and attachment are required and developed" (Bordin, 1979, p.

254). While one bond might not be stronger than another, bonds can differ in kind. The best

predictor for therapeutic outcome is the quality of the client's connection with the therapist

(Hubble et al., 1999), and the stronger the alliance, the greater the therapeutic impact and change

(Orlinsky et al., 2004).

**Psychotherapy and Therapeutic Alliance**

Psychotherapy literature has explored therapeutic alliance but the significance of time

and therapeutic alliance development remains largely unexplored. In a study comparing the

therapeutic alliance formed between therapists and patients with depression, somatoform

disorders, and eating disorders, it was found that all three groups of patients experienced positive

alliances that increased over the course of therapy (Mander et al., 2017). A sample of 348

patients with diagnoses of depression, somatoform disorders, and eating disorders were asked to

complete the Working Alliance Inventory (WAI) and measures of therapeutic outcome in early,

middle, and late stages of inpatient psychotherapy. The WAI measured the patient/therapist bond

and goals and tasks, aligning with the three components of Bordin's (1979) therapeutic alliance.

The patient/therapist bond increased linearly over the course of therapy as did the

patient/therapist rating of goals and tasks. This study suggested that longer treatment length

resulted in more positively rated therapeutic alliances.

In person-centered therapy, gestalt therapy, and cognitive behavioral therapy, studies

have been conducted to examine the development and strength of the therapeutic alliance.

Person-centered care planning – a concept in which "individuals, in partnership with providers,

identify life goals and interventions" (Hamovich et al., 2018, p. 951) – has been studied in

connection to therapeutic alliance. It was found that a "strong working alliance predicted greater

person-centeredness," and it also emphasized "the importance of connection, continuity, and calibration of the relationship" (Hamovich et al., 2018, p. 951).

Therapeutic alliance has also been determined to be impactful on effective therapeutic outcomes in Gestalt therapy (Day, 2016). This researcher studied here and now techniques and their therapeutic effectiveness. Specific therapeutic interventions contributed to effective outcomes but reduced the complexity of the patient's subjective experience (Day, 2016).

Therapist adherence, or "the extent to which an intervention is delivered by a therapist as outlined in the treatment manual" (Puls et al., 2018, p. 183), was explored in cognitive-behavioral therapy for adolescents with binge-eating disorder. Significant variance in the strength of alliance across treatment models was not found. Stronger therapeutic alliance was associated with lower number of loss of control over-eating episodes. This meant that more favorable outcomes were correlated with a higher rated therapeutic alliance. Accordingly, weaker alliances resulted in more episodes of loss of control eating. Therapeutic alliance research in cognitive-behavioral therapy found that specific therapeutic models or interventions have little effect on the strength of therapeutic alliance or therapeutic outcomes.  This further supports the importance of considering the concept of therapeutic alliance in psychotherapy treatment.

Therapeutic alliance has been deemed beneficial across therapeutic orientations, but the extant literature does not suggest that therapeutic orientation strongly influences how the alliance is nurtured. The alliance is important across orientations and is oftentimes developed using similar techniques.

**Therapeutic Alliance in Short-Term and Long-Term Treatment**

Studies in short-term psychotherapy treatment, or treatment with less than 10 sessions, have illustrated the importance of therapeutic alliance but have not yet articulated how the therapeutic alliance develops specifically within a limited treatment time. Spiers and Wood (2010) found that therapeutic alliance consisted of three nonlinear overlapping phases: "Establishing mutuality, finding the fit in reciprocal exchange, and activating the power of the client" (p. 373). The importance of mutuality between client and therapist was also seen in research that studied the relative ability of therapeutic alliance and cohesion variables in predicting therapeutic outcomes (Joyce et al., 2007). Patient-rated alliances were a consistent predictor of outcome. The higher the alliance rating by patients, the higher likelihood of positive therapeutic change. The client's outlook on the relationship appeared to be an indicator for a stronger alliance. These studies suggest an alliance could be developed in the short-term and seemed to signify that time had limited impact on the strength of the alliance.

Long-term psychotherapy treatment, or treatment with more than 10 sessions, and its use of therapeutic alliance has been researched in greater depth than it has in short-term psychotherapy treatment. Specific characteristics associated with the development of therapeutic alliance were found to play key roles in the development of therapeutic alliance (Hersoug et al., 2009). Therapists who identified through self-reported scales feelings related to being distanced or disconnected had a negative impact on the working alliance as rated by both patients and therapists (Hersoug et al., 2009). It was also found that more experienced therapists rated the alliance lower at all sessions (Hersoug et al., 2009). An earlier study by Hersoug et al. (2001) found that a therapist's training or experience had an insignificant impact on the working alliance as rated by patients.

The extant literature suggests that alliances can be built in psychotherapy regardless of treatment length; however, this cannot be assumed for music therapy. Music therapy and psychotherapy are related, but there are differences. While music therapists and psychotherapists both might strive to improve an individual's quality of life, the steps taken can vary. Time, such an important aspect of musicing, may also be a factor when considering how therapeutic alliances develop in music therapy. Elliot (1995) first coined musicing as the experience of having our music intertwine with the music of others.

**Music Therapy and Therapeutic Alliance**

While studies in short-term and long-term psychotherapy treatment have begun to reveal how therapeutic alliances are developed, music therapy studies have indirectly considered the topic and applied these ideas in the literature. The use of music in therapy provides distinctly different possibilities than what could occur in strictly verbal psychotherapy. While a client may bring the same goals to psychotherapy as they do to music therapy, the ways in which the goals are reached could vary. For example, communication can occur in music therapy not just through verbalization but through the implementation of musicing and receptive experiences. Musicing refers to active music making while receptive experiences refer to experiences in which the client listens to music.  Music may broaden the experience in the therapeutic process. As of now, not much is known about whether or not music interventions effect the development of therapeutic alliance or whether the association between music therapy and therapeutic alliance could enhance client experience.

Silverman (2019) is the only music therapy study that explores how therapeutic alliance is developed in music therapy treatment using the exact term "therapeutic alliance". Silverman (2019) conducted an exploratory interpretivist investigation that resulted in eight themes

outlining how therapeutic alliance is developed in music therapy. The music therapists who were interviewed and the researchers involved emphasized the role of music in developing therapeutic alliance (Silverman, 2019). For that reason, the eight themes were divided into music and non-music factors that were further supported by 14 subthemes. Silverman's (2019) themes included, "Familiarity and preference of music; highly aesthetic live music; being real; and providing choice" (p. 98).  Similar to research on therapeutic alliance in psychotherapy, Silverman (2019) found that the identified factors of therapeutic alliance appeared applicable across theoretical orientations. The music-based themes identified in Silverman's (2019) study are new additions to the music therapy literature. Furthermore, the music-based themes were concluded to highlight "musical competence, intentionality, and acknowledge the unique contribution of music within music therapy as a psychosocial intervention for adults in mental health settings" (Silverman, 2019, p. 110).

This study provided new insights about this topic but it did not explore whether or not treatment length played a role in the development of therapeutic alliance in music therapy. Time or length of treatment as well as time in music are important considerations in the music therapy milieu. How the musical themes addressed in Silverman (2019) relate to the concept of time could further be explored.

An explorative research study focused on the bidirectional fashion of the therapeutic relationship and more specifically on the clients' contributions to the relationship (Rolvsjord, 2016).  The bidirectional view of the therapeutic relationship aligns with the collaborative approach outlined in therapeutic alliance development. Three interlinked themes were found across five case studies using video observation and research interviews with clients and their therapists: "1) the clients' reflexivity regarding the asymmetric structure of the relationship; 2)

the clients' engagement for reciprocity in the relationship; and 3) the clients' reflexivity related to their own needs in the relationship" (Rolvsjord, 2015, p. 175).

While the Rolvsjord (2015) study explored therapeutic relationship in music therapy, it seemed to align closely with Silverman's (2019) study that focused on therapeutic alliance. It appears that music therapy research might use the terms "therapeutic alliance" and "therapeutic relationship" interchangeably. As psychotherapy research has suggested the therapeutic benefits of promoting therapeutic alliance within therapy, further research should look deeper into the specifics of how therapeutic alliance might be utilized in varying therapeutic platforms.

## Method

### Epistemology

The primary investigator conducted the study rooted in an interpretivist epistemology. Interpretivism has been defined as a theoretical perspective whose general aim is to provide "culturally derived and historically situated interpretations of the social-life world" (Crotty, 1998, p. 67). The primary investigator sought to understand the development of therapeutic alliance from the perspectives of multiple music therapists. Ryan (2018, p.17) stated, "Interpretivism argues that truth and knowledge are subjective, as well as culturally and historically situated, based on people's experiences and their understanding of them." Through an interpretivist epistemology, the researcher is asked to make sense of what was observed, which they do by drawing on their own cultural values (O'Reilly, 2009). As there is not one true and correct way of practicing music therapy, the primary investigator believed in the value that individual music therapists offered in their different approaches to their practice.

### Participants

Three board-certified music therapists who work with adult populations were recruited for this study. One music therapist worked in short-term music therapy treatment (five sessions

or fewer), one music therapist worked in long-term music therapy treatment (five sessions or greater), and the third music therapist worked in both short and long-term treatment. Inclusion criteria required participants be at least 25-years-old, and a Master's level board-certified music therapist working in the USA and in the field for at least 5 years. Exclusion from the study included participants who were under 25-years-old, or board-certified music therapists who had been working in the field for less than 5 years.

**Recruitment**

After receiving permission from the Molloy College's institutional review board, the primary investigator utilized a purposive sampling technique to generate referrals. Potential participants were identified with the assistance of the researcher's professional contacts at Molloy College and The Louis Armstrong Center for Music and Medicine at Mount Sinai Health System. Potential participants were initially contacted via email (Appendix B).

**Data Collection**

An informed consent form was distributed to perspective participants via email (Appendix C). Upon emailed receipt of a signed informed consent form, a single 60-90 minute semi-structured qualitative interview, was facilitated by the researcher through Zoom. The interview was recorded and transcribed by the primary investigator. All interviews consisted of the following questions:

1. Describe your training and theoretical orientation as a music therapist.
2. How do you define therapeutic alliance?
3. How do you build therapeutic alliance with patients or clients?
4. Do you utilize specific music therapy techniques to develop therapeutic alliance and if so, which ones and how?
5. How do you utilize music in the development of therapeutic alliance?

6. How do you consider culture in the development of therapeutic alliance?

These questions were often followed by questions that emerged in the moment to further understand participants' perspective of therapeutic alliance.

**Data Analysis**

Interviews were analyzed using thematic analysis, "a method for identifying, analyzing and reporting patterns or themes within a set of qualitative data" (Braun & Clarke, 2006, p. 14). Thematic analysis provided the flexibility to outline a detailed account of an array of data. Data were coded following transcription and familiarization in order to identify relevant or potentially interesting ideas or feelings expressed by the participant in that part of the text. All codes were analyzed to identify patterns among them. Following code analyzation, themes were generated. Themes were then named and explained.

Significant quotes were identified by the primary investigator and returned to research participants for member checking. Participants were asked if they agreed with the significant quotes pulled from their interview. If participants did not agree with identified significant quotes, a discussion between participant and researcher ensued in order to discuss ways in which the quote could be modified to more accurately represent their thoughts.

**Data Privacy**

The data collected during this study was stored on an external hard drive used only for this study that was in a locked cabinet when not being used. The locked cabinet was located at the researcher's home and was accessible by the researcher and the researcher's thesis advisor. Data will be kept for two years before it is destroyed.

**Epoché**

I am a music therapist working as a research fellow across the lifespan at the Louis Armstrong Center for Music and Medicine at Mount Sinai (LACMM). At LACMM, we work

within the medical music psychotherapy model, a three-pronged model that considers the mind, body, and spirit of an individual in promoting wellness (Loewy, 2000). I strived to keep an open mind in order to see the development of therapeutic alliance through the eyes of my interviewees, understanding that my own pre-conceptions about therapy, alliances, music therapy in both short-term and long-term may impact my perceptions in the data. I used support groups and conversations with my thesis advisor to help me stay aware of how my ideas intersect with those of my participants. I based my understanding of therapeutic alliance development on what I have learned over my year as a music therapy intern and in my first few months as a board-certified music therapist. I have limited experience in music therapy, which may affect how I constructed potential themes in the data and my overall understanding of the topic. My status as a new professional was also an asset as I am still developing my philosophy. I hope to deepen my understanding of music therapy as my career progresses. This research is framed within my current understanding of music therapy. As I gain more experiences in my personal and professional life, how I interpret this study might change.

## Results

The purpose of this study was to understand how music therapists working across different treatment lengths develop therapeutic alliance. Three participants – given the pseudonyms Ethan, Claire, and Matt –were interviewed between February 1st, 2021 and March 1st, 2021. Interviews ranged from 60-90 minutes. Three themes and nine subthemes were identified as facets of how music therapists develop therapeutic alliance across different treatment lengths.

**Table 1: Participants**

| Name | Theoretical Orientation | Major Populations Worked With | Music Therapy Treatment Length |
|---|---|---|---|
| **Ethan (he/him)** | Humanistic Music Therapist | Adult Inpatient Psychiatry | Short-term |
| **Claire (she/her)** | Analytical Music Therapist | Adult Analytical Music Therapy Trainees | Long-term |
| **Matt (he/him)** | Nordoff-Robbins Music Therapist | Adults, Varying Diagnoses at a Skilled Nursing Facility | Combination |

**Table 2: Themes and Subthemes**

| The Role of the Therapist | The Role of the Client | The Role of Music in Fostering the Therapeutic Alliance |
|---|---|---|
| Providing a forum for autonomy | Level of engagement | Anything goes (accepting nature of the medium) |
| Empathizing | Adjusting expectations | Music as a representation of self |
| Following client lead | | Music as a forum for connection |
| Respecting client's story | | |

**The Role of the Therapist**

***Providing a Forum for Autonomy***

A significant feature in developing therapeutic alliance across treatment lengths was providing a space for autonomy. Ethan's and Matt's clients often had no control over the duration of their treatment. Ethan's clients were often court-ordered to remain on the locked inpatient psychiatric unit and mandated to attend therapies. The need to provide autonomy within therapy appeared consistent, regardless of whether or not a client personally enrolled in therapy or was court ordered to attend therapy. When discussing autonomy, Ethan said, "We talk to patients, we help them understand our program here. We also want to know what their goal is

and then we can talk about if this goal is achievable or not." For Matt's clients living in a skilled nursing facility, a similar lack of control was often apparent. In music therapy, Matt said, "they can reinvent themselves or show us what they want us to see that might be invisible."

For Claire, the course of music therapy treatment varied. A forum for autonomy was still needed for clients who volunteered for therapy. In Analytic Music Therapy (AMT), the identification of roles in music experiences is often agreed upon by client and therapist. On this, Claire has said to her clients, "Do you want me to be a support? Do you want me to be a challenge? Or do you want me to magnify themes?" This allowed the clients to decide who they wanted to be within therapy as well as who they wanted the music therapist to be. It placed the clients in control of the direction of the session. As music therapy is ultimately for the client, it appears important to give clients a space to assert their needs.

### Empathizing

Claire's use of empathy involved asking herself to act as a "receptive container" for the client's energy. On this topic she stated the importance of "just being present with the client's energy and not forcing that energy into your place because you think that's where it should be. Be a witness and a container for that." Further into the interview she named this technique in psychoanalytical terms as the client putting their projections onto the therapist. This empathic technique is similar to that of the techniques used by Ethan or Matt but is drawn from the tenets of AMT.

The use of empathy appeared to be a major tenet in Ethan's and Matt's practices. Ethan, named "empathy" as the first technique used when developing therapeutic alliance: "Empathize [with] how they feel. That's an exercise I constantly remind myself to practice—how to empathize." He emphasized finding a way to tap into how the client might feel. Ethan noted that

clients often feel hopeless and stressed. Providing support through letting the client know they are heard assists in the building of trust.

On the importance of empathizing, Matt stated, "If we want our clients to go down this path, and we haven't done it ourselves…I don't think that's quite fair." Matt further suggested the need for empathy saying, "But I don't think that would have happened if I wasn't vulnerable with her and she wasn't vulnerable with me and I didn't show her that I have highs and lows too." In building a therapeutic alliance, it was important for the client to see and hear that they were not alone in their experiences. While Matt might not have experienced the same event, there were ways for the therapist to pull from his own experiences to express a connection in the human experience.

### *Following Client Lead*

The importance of individualizing a music therapy session and following the client's lead appeared across treatment lengths and therapeutic orientations. Claire stated, "I think the more I do music therapy, the more I find the work is kind of sitting on, [or] biting my own tongue and not jumping in with my interpretations, [and] going with the flow of what the client's interpretations are." While the music therapist might be an experienced clinician, it appears that the therapist's reactions to what is occurring in therapy might not match the client's present needs.

Taking the time to step back and act as an observer appears to provide the space for the client to experience the process of music therapy. The music therapist follows a client's lead by providing an open space for the client to contribute. Ethan stated:

> With our help, right, we kind of provide this space for them to be able to contribute. To contribute to this process. So no matter what cultural background, no matter what

language you speak, in one way or the other you're able to contribute to this process, to

this space.

This contribution to the process might be verbal or musical. Providing the opportunity for the

client to present what or how they wish is essential. Matt emphasized the importance in

following the client's lead in regard to musical preferences. He often asked his clients, "What's

the song that's on your heart today?" This allowed the client to not only help choose the

direction of the session but might also give insight into who the client is. Claire further thought

of following the client's lead in reference to tempo regulation. Observational skills were used to

attune to the client's current energy and behavioral presentation.

### *Respecting Client's Story*

All three participants spoke of the need to respect the client's story in order to treat

clients as individuals. Regarding whom the client is as an individual, Ethan said, "Of course I

cannot really like right away know their story, but I want to understand their story. Because story

matters, they have a lot of emotion, a lot of all of this actually comes from the story that they

have come through, and they have experienced." This suggested that the client's life does not

begin upon the first therapy session. The client lived an entire life before entering the therapy

room. The client's backstory informs the music therapist's practice. A music therapist can further

individualize a client's treatment through having a deeper understanding of who the client is and

where they came from.

Claire discussed the client's story in relation to the relationship being built between client

and therapist. She looked at the parallel process between the client's life and her own life. She

suggested that what occurs in a client's life, might also appear to happen in her life. The client

and therapist can see similarities in one another's lives. Furthermore, she stated, "So as our relationship grows and develops, what is that like with your relationships elsewhere?"

Matt said of first meeting clients, "I respect that that place is sacred, that that is the one place that they have right now that they have to call home, and I am not there to disrupt that comfort." Matt emphasized that he was entering the client's space and that it was a privilege to be invited into it. While the music therapist might have the opportunity to go to work and then return to their home, the clients may have a different experience. Music therapy, medical care, social events, and other everyday events might all occur in the same place when living in a residential facility.

**The Role of the Client**

*Level of Engagement*

The level at which the client participates in music therapy appears to play a role in the strength of the therapeutic alliance. As Ethan, Claire, and Matt encouraged the client's use of autonomy, the same applied to the client's engagement or disengagement with therapy. Regarding engagement, Claire said, "I would really leave it up to the patient; the amount they wanted to engage with me. I don't want to pressure them into doing anything they didn't feel like doing." In some instances, she stated that a bond between therapist and client sometimes was not made. When that happened, she said that she would not "force" a bond to be made. She further stated that clients and the therapist might have felt other therapies were better suited for them at that time. The development of the alliance required an equal level of engagement from both therapist and client.

On the client's level of engagement, Ethan said, "We work with our patients or clients, saying we help them to engage in treatment. To help them to engage in treatment, we might want

to help them to know the achievable goal." To Ethan, the level of client engagement might have

to do with the client's understanding of why they are in therapy. The level of engagement

correlates with what the client might feel they can get out of therapy. To increase a client's

engagement level, Ethan asked his clients questions such as, "What are your best hopes?" He

also placed emphasis on helping the client find "their own strengths." Through empowerment,

active participation might be affected.

It appeared that level of engagement can be affected by the therapist's own level of

engagement. Of this, Matt said,

> We have to show them that we are willing and then I think when you can be authentic in
>
> that, and also in your intentions, then something happens and it doesn't have to be... it
>
> could be a week that the work is happening, it could be a month.

He continued to note that the music therapist's sharing of something personal, within the realm

of boundaries, might encourage the client to think, "Okay, this person isn't like a fly by night,

they aren't here to do harm because they see me as a person first." This level of engagement by

the music therapist welcomes the client to engage in ways they might not have before.

### *Adjusting Expectations*

Utilizing the flexibility to adjust one's expectations places less pressure on the music

therapist and client to "achieve" something in therapy. Claire discussed the idea of "Being versus

doing" in music  therapy. In regard to expectations in AMT, Claire said

> I mean, that's the kind of confounding thing about AMT, and even how Mary Priestley
>
> wrote about it was like, there are no goals. And then there's lots of goals in terms of
>
> what's the client's goals, removing the obstacles in the way of that, but ultimately there is
>
> no expectation that the client's going to change.

Placing less pressure on an outcome but rather placing emphasis on the process provides the

forum for change to occur.

The expectations therapists place on clients may not always be explicit but, according to

Ethan, those expectations are always there due to the existence of power dynamics in music

therapy: "I tell my students, we have the power. We've got to be careful." He further stated, "We

use a piano we use a guitar, right? And this requires skills. This require time and requires certain

resources. And which not many people, not a lot of people have." This suggested the importance

in the client understanding what the expectations are of them in music therapy.

The expectations of the therapist and client can further be client lead, according to Matt:

"You're giving them autonomy to really direct themselves in what they want to accomplish, or

the route in which they want their therapy to take place." As circumstances change, goals and

expectations can be adapted.

**The Role of Music in Fostering the Therapeutic Alliance**

***Anything Goes (Accepting Nature of the Medium)***

The importance of patient preferred music and acceptance in music making was apparent

across all treatment lengths. Therapists expressed the importance of using songs selected by

clients as well as utilizing music identified as significant to a specific time in a client's life or a

particular feeling in the here and now. Of using patient preferred songs, Ethan said, "We can

learn the songs they like, right...their songs are like their stories." He noted that it is impossible

to know every song offered by a client, but as the therapist is hoping to appeal to the individual,

one can accept the offering and learn it. The therapist might also take advantage of technology

that puts music at one's fingertips such as Spotify, Apple Music or YouTube.

While literal music preferences were deemed important, the acceptance of how an

individual presented in musicing was also found to be important. Matt said of this, "And really

giving them the key is to be like, 'Okay, you want to scream, you want to go there. Okay, then

you've just got to do that,' but really just giving them the kind of keys to dictate that too."

Unconditional positive regard for a client's musical presentation promotes an accepting and safe

environment.

Claire was encouraged to make music with clients by a past supervisor, stating "It was

kind of just opening every door and [learning] there wasn't really a wrong answer aside from

okay, learn from your mistakes and can you turn it from a mistake into a learning process." She

further noted, "I look at verbalizations and body language. I look at it through a musical lens

since I'm a musician and a music therapist."

### *Music as a Representation of Self*

Music in therapy can be seen as a representation of self. Ethan stated, "It becomes

another way for patients to express themselves. To help us understand, right?" He emphasized

the way in which music, whether a preferred song or the way in which an individual plays music,

to be a representation of who the client might be or who the client might want to be. Matt further

observed,

> It's that [music] amplifies the undertones of, 'I exist. I'm a human being first. This is part
>
> of my story.' And how then, the music I think, helps to paint a portrait and where they
>
> then can see themselves mirrored in the music.

It appeared to be difficult to present oneself inauthentically in music. Claire stated that much

could be learned about the client in the tempos that they played at. She often referred to her

consideration of "tempo regulation" in music therapy. Whether the client actively chooses to or

not, they are providing insight into who they are through what and how they play. The more one learns about another, the more layers there can be to the alliance being built.

***Music as a Forum for Connection***

Music in therapy may act as a space for connection or kinship between therapist and client. Claire shared that, "The main work that happens—the main force of change—is in the relationship with the clients. So instead of thinking, oh, okay, now I've got a therapeutic alliance and therapy is happening. It's a progression over time." Music improvisation, as the primary medium of communication in AMT, is where the connection between client and therapist occurs. Ethan expressed that an individual's music provides insight as to who they are. He said, "Because music…that's true to who we are. There may be something hidden inside of them that cannot go out."

Matt said, "The music becomes a hand to hold." He suggested that the music can act as a link between two people. In instances when client and therapist might be from different cultural or ethnic backgrounds or speak different languages, there is an opportunity for music to act as forum for connection. This might be through listening to an identified song from the client's culture, together. Matt shared an instance in which he and a client listened to a recorded song from the client's culture together. Matt and the client did not speak the same language, so it was difficult to identify patient preferred music without the presence of a translator. He was aware of the language the client spoke as well as where he was from. Based on this growing understanding, Matt chose to play a recorded popular lullaby from where the client was from. Regarding this experience, he said,

> Because we are respecting the song and we are respecting the person, and then just being
>
> there with them. And actually, in that moment, I did do that. And he started to cry, and I

held his hand. And I couldn't really use words, but I would hum along when I was able

then to get the melody in, to let him know that I validate his choice and validate his

culture.

This receptive music experience provided an opportunity for connection that did not require

spoken language.

Music in therapy can act as a bridge between therapist and client. It can be the means of

communication on a literal level but can also provide a more nuanced and metaphorical

understanding of the client.

## Discussion

This study explored how therapeutic alliance is developed in adult music therapy

treatment across treatment lengths. Three themes were identified: 1) the role of the therapist, 2)

the role of the client, and 3) the role of music in fostering the therapeutic relationship. The three

themes were supported by nine subthemes. The responses of three music therapists working in

diverse settings and from diverse locations provided insight into different ways therapeutic

alliance is fostered. It appeared that although the participants had a variety of theoretical

orientations, similarities in treatment techniques were observed despite diversity in treatment

length, settings, treatment formats, and diagnoses.

One finding from this study was that the strength of therapeutic alliance for the three

music therapists interviewed was not dependent on treatment length but rather on the therapist's

and client's readiness to engage in therapy. This aligns with previous findings which identified

the importance of patient control and choice in therapeutic alliance development (Silverman,

2019). The length of treatment is not necessarily important. It appeared that the strength of the

alliance had more to do with what the client wanted out of therapy, and their willingness to

actively engage in the therapeutic process. This aligns with community music therapy

perspectives that focus on participation and collaboration (Stige et al., 2010), as well as with

feminist perspectives that place emphasis on empowerment (Baines, 2013).

While longer treatment lengths could provide more time for therapeutic change and

growth to arise, length of time is not necessarily a predictor of change or growth occurring. The

therapists interviewed did not identify treatment length as an important factor in the development

of therapeutic alliance, corroborating earlier studies that identified therapeutic process as a better

predictor of therapeutic alliance (Hersoug, et al., 2009; Spiers and Wood, 2010)

While physical time was not deemed significant in developing therapeutic alliance, one

of the four levels of time in music therapy appeared to be relevant to the development of

therapeutic alliance in music therapy treatment (Robbins & Forinash, 1991). Growth time

appears to align with the themes and subthemes that arose in this study. Growth time focuses not

on literal time but on ideas that require development. A therapeutic alliance is something that is

developed but does not necessarily require an abundance of literal time.

All participants spoke of the need to respect the client's story as it is important to meet

and treat clients as individuals. To do this requires the conscious consideration of who the

individual is and where they come from. This included but was not limited to the individual's

ethnic or cultural background, socioeconomic background, social, and medical history. Upon

meeting the client as an individual, the music therapist can create a unique therapeutic

experience for each client. As each music therapist emphasized the importance of seeing clients

as individuals, the expectations of and for each client differs. Furthermore, the use of

transparency between client and music therapist provided the space for expectations of one

another to be made clear. These findings expand on the theme "being real" (Silverman, 2019, p.

9). A deeper consideration of the client's cultural background was apparent in the data analysis of this study.

In regard to the role of music in the development of therapeutic alliance, great importance was placed on using patient preferred music as well as promoting the acceptance of any and all of the client's musical expression. This suggested that unconditional positive regard in music making might play a role in the development of therapeutic alliance. Encouraging the client to play or express themselves in whatever way they choose while showing the client they are heard and accepted can affect the alliance's strength. Furthermore, any expression present in a music therapy session might be seen as music. As music therapists use music to achieve musical and non-musical goals, one might consider that any expression brought to therapy could be seen as music. Looking at music in such a way might provide reassurance to clients who are hesitant to make music in a way that they deem "appropriate." Regardless of therapeutic orientation or treatment length, it appears that there is an agreement on music and its ability to connect therapist and client and therefore foster the therapeutic alliance. These findings further aligned with earlier findings stressing the importance of creating awareness of music as a forum for connection, the use of patient-preferred music, and acceptance in music making (Silverman, 2019).

**Limitations**

One limitation of this study is that that information collected included only the perception of music therapists on how therapeutic alliance is developed. This study did not look at the clients' experiences of the development of therapeutic alliance. Clients might have a different outlook as to what helped foster therapeutic alliance. As this was an interpretivist study, a variance in perception is allowed and expected.

Another limitation was the utilization of virtually conducted interviews. While it was important to conduct the interviews over Zoom due to the Covid-19 pandemic, it also resulted in occasionally low call quality that made audio transcription difficult at times.

**Implications for Music Therapy**

The findings of this study might provide insight for music therapists looking to place greater focus on the development of therapeutic alliance within their work. The literature on therapeutic alliance suggests that the stronger the alliance, the greater the therapeutic impact and change (Orlinsky et al., 2014). As strong therapeutic alliances might result in more favorable outcomes, it is a concept that music therapists consider in their practice. Many of the current publications on therapeutic alliance are within the scope of helping professions outside of music therapy and therefore do not consider music. This research outlines musical and non-musical therapeutic techniques that a music therapist might be able to employ in their own practice. While therapeutic alliances are likely being fostered in music therapy treatment, there is an absence of literature supporting and explaining its development.

**Recommendation for Future Research**

Future researchers might consider looking more into what steps are taken to foster therapeutic alliance development across varying diagnoses. While this study spoke with music therapists that worked with varying adult populations, the focus was not placed on the specific diagnoses of clients. Another idea worth exploring is whether or not therapists' and clients' gender identities play a role in the development of therapeutic alliance. It would be interesting to see the similarities and differences in the development of therapeutic alliance between clients and therapists identifying by the same and different gender identities. The age difference between client and therapist might also be explored. With gender and age differences often come

questions of who holds power or how power might be balanced. As therapeutic alliance emphasizes the importance of collaboration, it would deepen music therapy practice to see how power related to gender and age differences effect alliance development.

## Conclusion

This qualitative study explored how therapeutic alliance is developed across varying music therapy treatment lengths. The researcher looked to explore the significance of time and more specifically treatment length in the development of therapeutic alliance as "time" is an integral and undeniable aspect of music. The experiences of the participants of this study suggested that treatment length did not play a significant role in the development of their therapeutic alliances with clients. The clients' and therapists' readiness to actively engage in therapy appeared to be more important in the development of therapeutic alliance than the length of time a client was enrolled in therapy.

The themes outlined in this study provide insight into how three music therapists develop therapeutic alliance. Music therapists can use the findings of this study as a stepping-stone to building therapeutic alliance with their own clients. The trajectory of music therapy varies due to the personalization of the process to each client. Therefore, the themes and subthemes presented are open to interpretation by individual music therapists.

This study found that there is not a specific set of rules for developing therapeutic alliance. Rather, there are a variety of techniques that might be employed to promote the development of therapeutic alliance. Furthermore, the experience of developing therapeutic alliance between client and therapist is the forum for therapeutic change. The process of therapy holds just as much importance as the end product of therapy. How the music therapist and client arrive at a therapeutic alliance is reliant on the way in which the pair approach therapy.

While the findings of this study might give direction to music therapists looking to foster such relationships within their work, it only provides a glimpse at the ways in which alliances are developed. As the music therapist and client are both individuals with their own perspectives and experiences, every therapeutic alliance will be unique to the pair in question.

## References

American Music Therapy Association Standards of Clinical Practice. (2015). American Music

Therapy Association.

https://www.musictherapy.org/about/standards/#GENERAL_STANDARDS

Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy, 40,* 1–5.

https://doi.org/10.1016/j.aip.2012.09.003

Bordin, E. S. (19800801). The generalizability of the psychoanalytic concept of the working alliance.

*Psychotherapy: Theory, Research & Practice*, *16*(3), 252. https://doi.org/10.1037/h0085885

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in*

*Psychology; London*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Crotty, M., & Crotty, M. F. (1998). *The Foundations of Social Research: Meaning and Perspective in*

*the Research Process*. SAGE.

Day, E. (2016). Field attunement for a strong therapeutic alliance: A perspective from relational

Gestalt psychotherapy. *Journal of Humanistic Psychology*, *56*(1), 77–94.

https://doi.org/10.1177/0022167815569534

Elliot, D. (1995). *Music matters.* Oxford University Press.

Hamovitch, E. K., Choy-Brown, M., & Stanhope, V. (2018). Person-centered care and the therapeutic

alliance. *Community Mental Health Journal; New York*, *54*(7), 951–958.

https://doi.org/10.1007/s10597-018-0295-z

Hersoug, A. G., Høglend, P., Havik, O., von der Lippe, A., & Monsen, J. (2009). Therapist

characteristics influencing the quality of alliance. *Clinical Psychology & Psychotherapy*, *16*,

100–110. https://doi.org/10.1002/cpp.605

Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy.* American Psychological Association.

Joyce, A. S., Piper, W. E., & Ogrodniczuk, J. S. (2007). Therapeutic alliance and cohesion variables as predictors of outcome in short-term group psychotherapy. *International Journal of Group Psychotherapy; New York*, *57*(3), 269–296. https://doi.org/10.1521/ijgp.2007.57.3.269

Lambers, N. M., & Bolton, J. E. (2016). Perceptions of the quality of the therapeutic alliance in chiropractic care in The Netherlands: A cross-sectional survey. *Chiropractic & Manual Therapies; London*, *24*, 1-11. https://doi.org/10.1186/s12998-016-0100-4

Lorentzen, S., Bakali, J. V., Hersoug, A. G., Hagtvet, K. A., Ruud, T., & Høglend, P. (2012). Psychodynamic group psychotherapy: Impact of group length and therapist professional characteristics on development of therapeutic alliance. *Clinical Psychology & Psychotherapy*, *19*(5), 420–433. https://doi.org/10.1002/cpp.758

Mander, J., Neubauer, A. B., Schlarb, A., Teufel, M., Bents, H., Hautzinger, M., Zipfel, S., Wittorf, A., & Sammet, I. (2017). The therapeutic alliance in different mental disorders: A comparison of patients with depression, somatoform, and eating disorders. *Psychology and Psychotherapy*, *90*(4), 649–667. https://doi.org/10.1111/papt.12131

Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199737208.001.0001

O'Reilly, K. (2008). *Key Concepts in Ethnography* (1st ed.). SAGE.

Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307–389). Wiley.

Puls, H.-C., Schmidt, R., & Hilbert, A. (2019). Therapist adherence and therapeutic alliance in individual cognitive-behavioural therapy for adolescent binge-eating disorder. *European Eating Disorders Review*, *27*(2), 182–194. https://doi.org/10.1002/erv.2650

Rolvsjord, R. (2016). Five episodes of clients' contributions to the therapeutic relationship: a qualitative study in adult mental health care. *Nordic Journal of Music Therapy*, *25*(2), 159–184. https://doi-org.molloy.idm.oclc.org/10.1080/08098131.2015.1010562

Robbins, C., & Forinash, M. (1991). A Time Paradigm: Time as a multilevel phenomenon in music therapy, *Music Therapy*, 10(1), 1991, 46–57, https://doi-org.molloy.idm.oclc.org/10.1093/mt/10.1.46

Ryan, G. (2018). Introduction to positivism, interpretivism and critical theory. *Nurse Researcher*, *25*(4), 14-20. https://doi.org/10.7748/nr.2018.e1466

Silverman, M. J. (2019). Music therapy and therapeutic alliance in adult mental health: A qualitative investigation. *Journal of Music Therapy*, *56*(1), 90–116. https://doi.org/10.1093/jmt/thy019

Spiers, J. A., & Wood, A. (2010). Building a therapeutic alliance in brief therapy: The Experience of Community Mental Health Nurses. *Archives of Psychiatric Nursing*, *24*(6), 373–386. https://doi.org/10.1016/j.apnu.2010.03.001

Stanhope, V., Barrenger, S. L., Salzer, M. S., & Marcus, S. C. (2013). Examining the relationship between choice, therapeutic alliance and outcomes in mental health services. *Journal of Personalized Medicine, 3*(3), 191–202. https://doi.org/10.3390/jpm3030191

Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *Where music helps. Community music therapy in action and reflection.* Ashgate.

**Appendix A: IRB Approval Letter**

**Molloy College**

1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
www.molloy.edu

Kathleen Maurer Smith, Ph.D.
Dean, Graduate Academic Affairs
T: 516.323.3801
F: 516.323.3398
E: ksmith@molloy.edu

DATE:                    December 4, 2020

TO:                      Brooke Morris
FROM:                    Molloy College IRB

PROJECT TITLE:           [1687435-1] The Development of Therapeutic Alliance in Long-Term Versus
                         Short-Term Music Therapy Treatment
REFERENCE #:
SUBMISSION TYPE:         New Project

ACTION:                  DETERMINATION OF EXEMPT STATUS
DECISION DATE:           December 4, 2020

REVIEW CATEGORY:         Exemption category # (2)

Thank you for your submission of New Project materials for this project. The Molloy College IRB has
determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However,
exempt research activities are subject to the same human subject protections and ethical standards as
outlined in the Belmont Report.

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your
exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on
the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform
the Molloy College IRB of any requested changes before implementation. A change in the research may
change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu.
Please include your project title and reference number in all correspondence with this committee.


Sincerely,


Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board

**Appendix B: Sample Recruitment Email**

Sample Recruitment Email:

Dear [Recipient]:

Hello, my name is Brooke Morris and I am a music therapist and graduate music therapy student at Molloy College. As a part of my Master's program, I am conducting a research study to understand how music therapists develop therapeutic alliance in short-term and long-term music therapy treatment. I am recruiting board-certified music therapists who have experience working in short-term, long-term, and a combination of music therapy treatment.

Inclusion Criteria:

Inclusion criteria require participants be at least 25-years-old, and a Master's level board-certified music therapist working in the field for at least 5 years.

Exclusion Criteria:
Exclusion from the study would include participants who are under 25-years-old, or board-certified music therapists who have been working in the field for less than 5 years.

Participation in the study will take approximately 2 hours. If you would like to participate, I will ask that you:

1. Participate in a video recorded semi-structured interview on Zoom (*approximately 60 minutes*) in which you will be asked to discuss your clinical music therapy work and your utilization of the concept of therapeutic alliance
2. Member check collected data (*approximately 1 hour*)

Participation is completely voluntary and there are no consequences for choosing not to participate or withdrawing from the study at any time. Confidentiality of all participants will be maintained.

Any additional questions regarding the project can be directed to me, Brooke Morris at 203-482-9882 or bmorris@lions.molloy.edu or my thesis advisor, Dr. Adenike Webb at 516-323-3320 awebb@molloy.edu. Please email me if you're interested in participating in this study.

Thank you,
Brooke Morris, MT-BC
Molloy College

**Appendix C: Informed Consent Form**

Molloy College

Music Therapy
1000 Hempstead Ave
**Rockville Centre, NY 11570**
516-323-3000

**Title of Study:** The Development of Therapeutic Alliance in Long-Term versus
Short-Term Music Therapy Treatment

**This study is being conducted by:** Brooke Morris, MT-BC Bmorris@lions.molloy.edu
(203)482-9882

Dr. Adenike Webb, PhD, MT-BC Awebb@molloy.edu

516-323-3320

**Key Information about this study:**
**This consent form is designed to inform you about the study you are being asked to
participate in. Here you will find a brief summary about the study; however you can find
more detailed information later on in the form.**

A research study is when scientists try to answer a question about something that we don't know
enough about. Participation in a research study may or may not directly help you or others.
Participation is entirely voluntary. It is also completely up to you whether or not you take part.
You can change your mind at any time.

The purpose of this research study is to identify and compare the ways in music therapists
develop therapeutic alliance in short-term and long-term music therapy treatment. Therapeutic
alliance is an important aspect of helping professions yet, despite research into this phenomenon
in closely related fields, it has yet to be interrogated in music therapy. This study hopes to
increase knowledge about therapeutic alliance in music therapy in an effort to provide music
therapists resources to provide the best quality of care.

1

Inclusion criteria require participants be at least 25-years-old, and a Master's level board-certified music therapist working in the field for at least 5 years. Exclusion from the study would include participants who are under 18-years-old, or board-certified music therapists who have been working in the field for less than 5 years.

If you choose to participate, you will be asked to engage in an interview lasting about 60 minutes. You will be asked questions about your clinical music therapy work, focusing on the way in which you utilize the concept of therapeutic alliance within your work.

The main risks to you if you choose to participate is the risk of loss of private information; this risk always exists, but there are procedures in place to minimize the risk.

You will not be compensated for participation in this study.

### Why am I being asked to take part in this study?

The purpose of this study is to identify and compare the ways in which music therapists develop therapeutic alliance in short-term and long-term treatment. Therapeutic alliance is generally understood to promote therapeutic growth and positive outcomes yet there is a lack of research exploring how music therapists utilize the concept in music therapy treatment. This study hopes to provide insight into ways in which music therapists can develop therapeutic alliance in treatment in order to promote positive therapeutic outcomes.

### What will I be asked to do?

You will be asked to participate in an interview lasting about 60 minutes in which you will be asked questions about your clinical music therapy work. Focus will be placed on the way in which you utilize and develop the concept of therapeutic alliance within your work.

### Where is the study going to take place, and how long will it take?

The study will take place virtually, through online video platform, Zoom. It will take approximately 2 hours (1 hour for interview, 1 hour for member checking).

### What are the risks and discomforts?

There are no forseeable risks or discomforts in participation in this study.

### What are the expected benefits of this research?

**Individual Benefits:** You might have a greater understanding of your personal utilization of therapeutic alliance in your clinical work.

### Do I have to take part in this study?

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

**What are the alternatives to being in this study?**

You have the right to decide not to participate.

**Who will have access to my information?**

Identifiable information will not be collected during the course of the research. Any information collected will be stored on an external hard drive used solely for this study that will be stored in a locked cabinet in the primary investigator's place of residence and will only be accessible by the investigator. The hard drive will be password protected. Data will be kept for two years before it is destroyed.

**How will my [information/biospecimens] be used?**

Identifiable information will not be collected during the course of the research.

**To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.**

**Can my participation in the study end early?**

Participation in this study is entirely voluntary. You can change your mind at any time about your participation without consequence or repercussions.

**Will I receive any compensation for participating in the study?**

You will not receive compensation for participating in this study.

**What if I have questions?**

Before you decide whether you'd like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Brooke Morris, MT-BC at 203-482-9882]or bmorris@lions.molloy.edu, or Dr. Adenike Webb, PhD, MT-BC at 516-323-3320 or Awebb@molloy.edu.

**What are my rights as a research participant?**

You have rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect your rights and welfare.

If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB contact the Molloy IRB office at irb@molloy.edu or call 516 323 3000.

**Documentation of Informed Consent\*:**

You are freely making a decision whether to be in this research study. Signing this form means that

1.      you have read and understood this consent form
2.      you have had your questions answered, and
3.      after sufficient time to make your choice, you have decided to be in the study.

**You will be given a copy of this consent form to keep.**

_____                    _____
Your signature                                                                       Date


_____                    _____
Your printed name                                                                  Date

**Permission to Video or Audio Record:**


_____                    _____
Your signature                                                                       Date


_____                    _____
Your printed name                                                                  Date


_____                    _____
Signature of researcher explaining study                          Date


_____
Printed name of researcher explaining study