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**AN EXPLORATION INTO ART THERAPISTS' EXPERIENCES OF
COLLABORATION WITH MUSIC THERAPISTS TO TREAT PEOPLE WITH
AUTISTIC SPECTRUM DISORDER**

A Thesis Submitted to Molloy University
Music Department, Rockville Centre, NY

In Partial Fulfillment
of the Requirements for the
Degree

Master of Science
in
Music Therapy

By
Heejoon Park Jun
MAY 2023

Molloy University

A thesis committee has examined the thesis titled

**An Exploration into Art Therapists' Experiences of Collaboration with Music Therapists
to Treat People with Autistic Spectrum Disorder**

Presented by Heejoon Jun

A candidate for the degree of Master of Science in Music Therapy

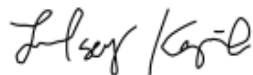
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ABSTRACT

This study explored the experiences of art therapists who used music in art therapy sessions with and without the presence of a music therapist. Two participants were selected through purposeful sampling and participated in a 45-minute, virtual, semi-structured individual interview.

Participants met the following criteria: (a) board-certified art therapist (ATR-BC), (b) a minimum of two years of professional work experience as an art therapist, (c) experience in working with music therapists and using pre-recorded music without the presence of a music therapist during the art therapy sessions for people with autism spectrum disorders (ASD), and (d) speaks Korean and/or English. Interviews were recorded, transcribed verbatim, and analyzed using interpretative phenomenological analysis. Data analysis revealed five themes: the rationale for the use of music, using multiple creative means to meet the needs of clients, experience of working with a music therapist, limitations to using music in art therapy sessions, and perspective on collaborating with a music therapist. The results indicate that collaborative music and art therapy can lead to positive outcomes in achieving therapeutic goals. However, some knowledge gaps about music therapy were identified, which should be considered to enhance future art and music collaboration. The study's findings have implications for art and music therapists working with individuals with ASD, highlighting the need to expand their perspectives and therapeutic interventions. By promoting accurate knowledge of collaborative practices, therapists can improve the quality of care for individuals with ASD.

Keywords: art therapy, art therapists' experience, music therapy, autism spectrum disorder (ASD)

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Introduction

The documented benefits of art therapy for autistic people are vast. Some art therapists incorporate music into their sessions to evoke sensations and imagination. When presented with music during art therapy sessions, clients may experience greater focus, stronger engagement, and a better understanding of emotions (Zalys, 2021). It may also help clients better regulate their emotions, such as feeling calmer, especially after tense moments (Charles & Sanoon, 2017). Charles and Sanoon (2017) said that combining the therapies not only helps the clients but also helps both therapists to understand more about their clients. Art therapists might be in tune with this knowledge, so they sometimes use recorded music during art therapy sessions or ask a music therapist to join their sessions.

This study explored art therapists' experiences with music in their sessions, what prompts them to add music, and how they choose music for sessions. This study also explored their co-treating experience with music therapists with autistic clients (ASD) and their perspective about music therapy. Moreover, this study may be used for expanding art therapists' perspective in working with music therapists, and music therapists' perspective in working with art therapists.

Background

ASD is classified as a neurodevelopmental disorder. Autistic people have varied needs. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), autistic people may experience a lack of socializing, which includes communication and interaction with others, emotional dysregulation, and difficulties focusing (American Psychiatric Association [APA], 2013).

The National Institute of Mental Health (2021) states that even though medication may help to manage these symptoms, medication has many undesirable side effects such as

irritability, anxiety, and depression. Thus, identifying an individual's strengths and finding the right help or types of services depending on their needs are very important for autistic people. Furthermore, symptoms and challenges vary widely; therefore, "working closely with a health care provider is an important part of finding the right combination of treatments and services" (National Institute of Mental Health, 2021, p. 1). The Centers for Disease Control and Prevention (CDC) suggest various types of treatments for autistic people. Among the treatments, music and art therapy are categorized as complementary and alternative treatments which are often utilized in conjunction with more conventional approaches such as behavioral analysis, speech and language therapy, and occupational therapy. Hyman et al. (2020) said that between 28% and 74% of children with ASD utilize at least one, and usually more than one, complementary therapy. The National Institute of Mental Health (2021) states that exchanging information and professional evidenced based experiences is required to find the right treatment and services for autistic people.

One of the primary characteristics of ASD is a complication in recognizing one's own and others' emotional language, which is essential to interactions with others. Some experts claim that this difficulty may be due to a lack of attention (Bartoe, 2014). Others suggest that researchers focus on some of the dominant areas for understanding the relationship of individuals, such as visual information, sounds, music, and audiovisual interactivity (Zalys, 2021). Often, autistic people have co-occurring diagnoses such as visual and auditory impairments. Thus, therapists can address these individuals as they learn to use all their available senses to understand and create an awareness of the sense of self and the outside world by creating comprehensive treatment plans and modifying treatment plans (Greenspan & Wieder, 2009).

Another crucial point is that autistic people react positively to music rather than other non-music interventions, in that music may be more motivating for autistic people (Finnigan & Starr, 2010). The American Music Therapy Association (AMTA, 2008) also advocates that music naturally stimulates human responses and may be useful with all human beings despite their level of need. This, coupled with the knowledge that autistic people tend to be motivated by music suggests music therapy has the potential to be an effective treatment of autistic people.

Researcher's Stance

I did my internship at The Music Academy for Special Learners (TMA), a clinic on Long Island, New York, which offers music and art therapy to people with neurodevelopmental diagnoses. During my internship, I had the opportunity to observe an art therapy session that utilized pre-recorded music of the clients' or art therapist's choices and an art therapy session with a music therapist. The session included art and music combined and was initially conducted by an art therapist who was having difficulty engaging a client in the art therapy process. This art therapist requested the opportunity to co-treat with the music therapist in hopes of enhancing the client's experience. The music therapist mostly incorporated live music improvisation to match the client's emotional status and motivate the client's artistic activities.

During the combined session, the client seemed to be very engaged as he awakened, made eye contact more frequently, and actively participated in creating artwork. After the session, the art therapist showed me the client's artwork before the addition of music therapy and after the addition of music therapy. It was noticeably different, as the client's artwork was more thoroughly completed, and in comparison to the previous session, his fingerprint on the clay appeared clearer.

Epistemology

My epistemological lens aligns with interpretivism, which means knowledge can be determined through an individual's own way of thinking, notion by life experiences, and education (Wheeler & Bruscia, 2016). Interpretation might be different based on an individual's investigation of human experiences by circumstances around them (Creswell, 2009). Social phenomena can also influence an individual's uniqueness which is established and progressed by others' perspectives. As a member of the music therapy community, as I listen to and learn about others' experiences, my personal perceptions are constantly changing and expanding due to the environment around me.

Through the live observation during my internship, my perspective about integrating art and music therapy expanded and this led to curiosity about the art therapist's experience, thoughts, and perspective. I wondered about their interpretation, meaning, and rationale for using pre-recorded music in their session and experiencing co-treating/collaborating with a music therapist. As I listened to their experiences through semi-structured interviews, I explored their perspective on working with music therapists.

This qualitative research is a phenomenological study which investigates each individual's experience and how their lived experience influences their perspective environments (Wheeler & Bruscia, 2016).

Literature Review

This study explored the lived experiences of art therapists who have used music in sessions with and without the collaboration of music therapists. The literature included herein documents the benefits of art therapy for persons with autism, the benefits of music in general,

the knowledge that music therapists bring to the session, and the benefits of collaborations between art and music therapists.

Art Therapy

Art therapy is defined as an "integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active artmaking, creative process, which involves thinking and producing, applied psychological theory, and human experience within a psychotherapeutic relationship" (AATA, 2022, para. 1). Becoming an art therapist requires a minimum of master's degree as well as training in visual arts, the creative process, psychological human development, and counseling. Art therapists must also complete over six hundred hours of clinical training and once they are certified, they are qualified to practice as professional art therapists (AATA, 2022).

Art therapy approaches vary and offer opportunities for creative expression, healing, concentration, emotional regulation, and helping the client to understand their own insights. Art therapy has shown the documented benefits of intervention for children to increase positive social interactions, improve achievement in academic areas, and enhance emotional expression (Pace & Schwartz, 2008). Art therapists also support individuals' goals, needs, and community concerns. Some goals addressed in art therapy include improving physical and cognitive function, providing emotional support, boosting self-esteem, and reducing pain according to the individual's needs (Art Therapy Credential Board [ATCB], 2021).

Art Therapy and Autism

Art therapists work with people who have neurodevelopmental disorders, which include autism spectrum disorder. Schweizer et al. (2017) investigated what works in art therapy and the benefits of art therapy for children with ASD. In their study, eight experienced art therapists

were interviewed, and each therapist was specifically asked what makes art therapy beneficial for children with ASD, what they conceived of as typical art therapy outcomes, and how these outcomes were reflected in the art and the children's behavior during art making. The therapists shared their experiences and perspectives regarding how the use of art therapy techniques and activities can help children with autism to express themselves, build self-esteem, and develop social skills. The therapists noticed positive changes in children's behavior in the classroom and at home. Schweizer et al. (2017) emphasized how art therapy can help children with ASD and shows how the art therapists' special skills and knowledge are important.

Autistic people may experience challenges with emotional regulation. Art therapy can be an effective means to address emotional regulation. Haeyen and Noorthoorn (2021) said that emotional regulation problems and vulnerability are the main issues for people who are easily overwhelmed by unsteady emotions and get highly tense and depressed. Because emotional regulation plays an important role for social interaction, finding ways to calm down may be the key for experiencing healthy socialization with others. Gussak and Rosal (2016) also advocated that art therapy can be an effective treatment for patients who cannot deal with their tense feelings and confused thoughts, which is commonly shown in the ASD population. Poor emotional regulation may lead to emotional outbursts which may rupture or impede social connections and cause negative thoughts about oneself. Art therapy may help individuals in recognizing and managing these disruptive emotional patterns (Haeyen & Noorthoorn, 2021).

Autistic people may have difficulty focusing on specific or multiple tasks. Art therapy may improve attention and reduce distraction (Bartoe, 2014). Additionally, art therapists reported beliefs that when children do enjoyable things, they are better able to focus on their process. Not only can art therapy stimulate focus, but children can also learn how to cope with distractibility

in other situations. However, art therapists were asked to rate the overall effectiveness of increasing the children's attention and 70% responded that art therapy alone might not be enough to address these symptoms. Bartoe (2014) suggested it might be beneficial to continually explore ways that art therapy can be effective for children with attention challenges by using modified art therapy techniques and /or combining art therapy with other clinical experiences.

The Potential of Music to Enhance Treatment

Some art therapists believe that music and art are the best ways of expressing emotion without words. Zalys (2021), who studied about interactive multi-sensory environment for ASD, advocated that music is a way of evoking and elevating emotions or calming them down; thus, using auditory senses may enhance art therapy processes and outcomes. Further, since music is used for eliciting feelings, integrating art and music therapy can be used for creating art and expressing emotion simultaneously. Zalys (2021) suggested studying how emotions, music, and color are related because he believes that how we see the world around us is connected to our thoughts, and how we hear, and process sound is related to how we feel inside. He also found that combining audio and visual information is a helpful way for autistic people to learn about emotions.

The Importance of Music to Address Specific Needs

It is believed that music may help to improve brain functioning, improve attention, and support emotional expression. Menon and Levitin (2005) studied how music listening improves brain functions including smaller regions in the cingulate cortex and frontal lobe involved in positive emotions and activation. Additionally, the nucleus accumbent, a part of the brain's reward system, is responsible for positive emotions and activation while listening to music. Dopamine is released in this area, which leads to feelings pleasure, motivation, and

reinforcement (Blood & Zatorre, 2001). Based on the research findings mentioned above, as we understand how the biological processes of the brain evolve and respond to music, the brain structure and function will change and mitigate severity of disease (Sharma & Silbersweig, 2018). This means that music can stimulate new pathways in the brain which may allow persons to experience lesser symptoms of illness.

Slevin et al. (2020) described therapeutic listening as a practical intervention for children to improve levels of attention and sensory processing skills. Music facilitates and amplifies the connections between brain areas that are involved in paying attention (Sharma & Silbersweig, 2018). Slevin et al. (2020) also examined the efficacy of therapeutic listening. The researchers recruited twenty-two children who were born preterm and presented with attention and cognitive problems whose outcomes were measured by the Winnie-Dunn sensory profile (Dunn, 1999), Reynell attention scale (Reynell, 1980), and parent review questionnaires. The intervention group showed better improvement in their attention levels than the control groups, and their parents reported positive changes in their child's development. Thus, if therapists employ effectiveness of music-based listening in other areas, like during art therapy, they may achieve a better outcome from an art therapy intervention, then it makes sense that art therapists would incorporate music into their sessions.

Music is known to help access our emotions. For example, listening to classical music may evoke and elevate emotions such as joyfulness, catharsis, and peacefulness (Sloboda & Juslin, 2001). Katagiri (2009) studied the effect of background music for understanding the emotion of children with ASD. Twelve students with ASD were observed in four different conditions: no contact control, contact control by verbal instruction, background music, and singing songs composed about emotions (happiness, sadness, anger, and fear). Among those

conditions, background music noticeably showed effectiveness more than the other conditions in improving understanding of participants' emotional states. Korošec et al. (2022) also asserted that when using music helps to reduce stress and support well-being, but concurrently Korošec et al. emphasized that it is important to note that both positive and negative effects when using music are often discussed, including the overlooked negative impact or experiences related to music.

Music Therapy Definition and Benefit

Music therapy has been recognized as a formal treatment method since the 1950s in the United States and has expanded as a healthcare treatment in various ways over time (Davis & Hadley, 2015). Music therapy helps to improve clients' quality of life by addressing multiple areas of well-being, usually tailored to individual needs. The AMTA (2005) defines 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" (p. 1). Bruscia (2014) added that "music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music therapy experience and the relationships formed through them as the impetus for change" (p. 36).

Taylor (2008) asserted the effects of music therapy from a biomedical perspective. According to his biomedical theory of music therapy, music can directly affect brain function and eventually it can affect certain behavior. Music therapy, as a biomedical intervention, has the potential to promote health and well-being depending on the specific goals of therapy. Music therapists can use this knowledge to enhance therapeutic experiences for clients thereby maximizing therapeutic potential.

There are many rationales for using music therapy with autistic children. Increasing attention (Arezina, 2011; Kalas, 2012), social engagement (Finninan & Starr, 2010), and emotional regulation (Katagiri, 2009) are some of the goals music therapists strive for when treating autistic people. Geresegger et al. (2014) stated that all humans are ready to engage with musical communication because when they are infants, they have acquired a sensitivity to the natural sound of the mother's womb, heartbeat, and tone of voice including emotional tone. Thus, as music therapy uses music as a main tool, it can be an effective facilitator for engagement, especially in non-verbal autistic people.

The Relevance of Music Therapists

Music therapists are trained to use music to support clients in various ways, including psychologically, emotionally, physically, spiritually, cognitively, and socially (AMTA, 2005). They use musical elements to foster positive therapeutic relationships with clients leading to beneficial outcomes. Moreover, music therapists can design and plan music therapy to address clients' specific goals and needs. Even if a client prefers to listen to his/her own playlist during an art therapy session, a music therapist can suggest modification based on their clinical rationale to enhance the effectiveness of the intervention. Therefore, by collaborating with music therapists, art therapists can benefit from their expertise in using music in a therapeutic manner that aligns with clients' goals, potentially leading to more favorable outcomes.

Potential Benefits of Music Therapy for Autistic People

Through systematic review, Marquez-Garcia et al. (2021) examined the effectiveness of music therapy as an intervention for autistic people. This study found that implementing music therapy has a positive impact on individuals with ASD including improvements in joint attention, social engagement, understanding emotions, and session participation. Marquez-Garcia et al.

(2021) focused on two music therapy interventions, improvisation and singing/listening to songs. His study emphasized that improvisational music therapy led to decreased stress levels, increased self-esteem, reduced anxiety, more positive attitudes toward others, and improvements in verbal and non-verbal social communication skills.

Music therapists draw upon four primary methods of intervention: receptive, recreative, compositional, and improvisation. Each intervention method is unique and has different aims. Receptive interventions include music listening techniques which have a therapeutic purpose so clients can react and respond to music actively. Listening to music in therapy always comes with a therapeutic purpose, which includes the involvement of responses. For example, if a client selects a song, the music therapist can ask the client for the meaning of the song and the therapist can interpret the song, which might be related to the client's personal issues (Geretsegger et al., 2014). Also, during the discussion, the client can be involved with verbalization and disclose their thoughts, emotions, and perspectives on the outside world naturally. In addition, they can experience or find meaningful connections with others (Gardstrom & Sorel, 2015).

Clients can recreate music by playing instruments and singing. Bruscia (2014) stated that through the re-creative method, clients can improve their sensory motor skills, attention, and memory function, and can experience increased self-worth from their success in performing. Also, through the re-creative methods, therapists can assess the clients' musicality and emotionality (Gardstrom & Sorel, 2015).

Composition is the way of creating a piece of music that reflects the client's current state. Compositional techniques in music therapy have been used to improve clients' organization, problem solving, and communication. Clients develop authenticity and responsibility by taking ownership of the songs they compose (Bruscia, 2014). In compositional interventions, the music

therapist supports the client's expression of their emotions and interpersonal states or processes. Music therapists also create songs to match the client's music or client's acting based on what they feel at a particular moment (Jacob et al., 2021). Compositional intervention is also a helpful way to support the clients in reorganizing themselves in a creative way (Gardstrom & Sorel, 2015). Finally, musical improvisation. This method is the process of creating music in the moment to address immediate client needs.

Musical Improvisation

One of the frequently utilized interventions in music therapy for autistic people is clinical improvisation. Through improvising, music therapists can create and develop musical activities individually, according to the client's level of attention and communication, using the following techniques: imitation, synchronizing, and reflection (Bruscia, 2014). Gardstrom and Sorel (2015) emphasized the relevance of improvisation for autistic people because it can access and meet a client's various needs such as: cognitive level, interaction with others, communication, emotional states, and physical needs immediately, no matter the setting or clientele. Music therapists also make songs a part of improvisation for assisting clients' music or movements based on what the clients is presenting at a particular moment (Jacob et al., 2021). Gardstrom and Sorel (2015) stated, "Improvisation is centered on meeting clinical goals... helps clients organize their physical movements in space, initiate new ideas, and identify and explore feelings" (p. 122). According to Kim et al. (2008), improvisational techniques may allow therapists to match with the clients' music, which may stimulate a meaningful and enjoyable musical interaction and attunement for the clients. Also, it can match a client's level of emotion, physicality, and psychological status. By interacting with the therapist this way, clients can build trust which is

very important in therapy because when the clients feel more rapport, they may express their emotions more freely and open their mind to explore their insights (Brucia, 2014).

Music and Art Therapy Collaborations

Co-treatment can be defined as two therapists from different disciplines working together to maximize therapeutic progress. When working together, therapists have common goals and share responsibility for therapeutic decisions for outcomes (Combs, 2002). There is some documented evidence of the benefits of art and music therapists working together. Monas (2013) supported the idea that the effectiveness of music therapy, conducted by board-certified therapists, as a treatment tool can be enhanced through collaboration with art therapy, particularly for clients who are motivated by music intervention.

Charles and Sanoon (2017) studied combining art and music therapy interventions for adults with learning disabilities. Their rationale to combine the two therapies was to increase their clients' interaction and engagement in the therapeutic process. In their study, they found that several clients showed more participation in art therapy sessions while listening to music, and their artwork depicted their understanding of their emotions without verbal explanation. As it is commonly known that music is a way of evoking and elevating emotions or calming them down, using auditory senses might help or support clients to understand and express their emotions independently. Collaborative art and music therapy can provide additional opportunities for individuals with ASD to express themselves, develop social and emotional skills, and promote relaxation and overall well-being, so it can be considered essential to delivering a comprehensive and effective treatment approach (Monas, 2013).

Similarly, Watson and Vickers (1991) reported on a combined art and music therapy group. The group ran for 12 sessions of music therapy and 12 sessions of art therapy. In between

the two periods of therapy, the clients visited an art gallery and saw artwork that were related to topics of their group, according to the needs of the clients and the information received on referral, such as anger, loss, or communication. The two therapists worked together to provide the optimal environment for the group, and they found that clients have been able to use these therapy groups to feel, express, and share painful and frightening feelings. In addition, clients worked willingly in their groups to develop their abilities to manage and overcome their problems.

Petruta-Maria (2015) studied the role of art and music therapy in the educational system for children with special needs. The aim of the study was to systematize the effectiveness of art therapy and music therapy methods for children with varying degrees of disabilities. Children are particularly responsive to music in a natural way, so when music and art therapy happen simultaneously, the potential for positive improvement in communication skills and exteriorization of feelings is increased.

Register (2002) noted challenges that therapists may face when they collaborate with other professionals. Register suggested that we provide a starting point for further investigation into the specific types of collaboration that occur, including co-treatment between different therapeutic disciplines. Register specifically mentioned that music therapists should work with other professionals, define their roles clearly, and communicate their principles to facilitate effective collaboration during treatment.

Summary of the Literature

Both therapies have documented potential for improving socialization, attention span, and regulated emotions, which are commonly shown in the ASD population. Art therapy helps clients to be mindful and more focused on their emotions and to communicate with others, and

music also helps clients evoke some feelings and imagination, increase motivation, and develop their expression in creative ways. Art therapists constantly seek expanded interventions, and they include music or work with music therapists as one way to expand client experiences. However, few studies explore the benefit of collaboration between music and art therapists. To this researcher's knowledge, there is no literature addressing the use of music and art therapy together especially with autistic people. More specifically, there is no research exploring the experience of art therapists who have worked with music therapists in the treatment of autistic people.

Purpose, Study Rationale, and Research Questions

The objective of this study was to examine the experiences of art therapists when collaborating with music therapists. Additionally, this study aims to augment music therapists' comprehension of art therapists' expectations and needs regarding co-treatment and expand their perception of the potential benefits of a collaborative treatment approach. By investigating the experiences of art therapists in this regard, the findings of this study have the potential to enrich art therapists' perspective on the incorporation of music therapy and enable the music therapy field to expand its services.

The research questions guiding this inquiry are: 1) What is art therapists' rationale for incorporating music into art therapy sessions? And 2) What are art therapists' experiences of collaborating with music therapists?

Method

Research Design

This study used phenomenological inquiry to explore the lived experience of art therapists who have incorporated music into art therapy sessions with and without collaboration

with music therapist for ASD. Phenomenology aims to explore and describe phenomena from the perspective of persons who have experienced the phenomenon. There are some approaches in phenomenology: transcendental phenomenology, descriptive phenomenological psychological method, and hermeneutic phenomenology (Moustakas, 1994). Since this study aimed to provide participants with the opportunity to describe their experiences in depth, it is most closely aligned with transcendental phenomenology, which is a one of the interpretivist research methods for examining personal experiences or emotions. The main purpose of transcendental phenomenology is to give an enhanced description of a participant's experiences and to find common things among each participant's experiences that can be meaningful. By doing so, we can focus on the experience itself, and try to understand it in its own terms. Through this process, we can gain insight into the perspective from the participant's lived experiences. As such, phenomenology is an appropriate research design.

Participants

The researcher aimed to recruit three participants. Art therapists who met the following criteria were eligible to participate in the study:

1. Board-Certified Art Therapist.
2. Minimum of two years of professional work experience as an art therapist.
3. Experience in working with music therapists and using pre-recorded music without the presence of a music therapist for ASD.
4. The participant speaks Korean and/or English.

Recruitment

The researcher sent an email and flyer (see Appendix A) to art therapists in the New York Art Therapy Association (NYATA) and posted the invitation to an art therapy community

(Conscious Art Therapy Community), and art therapy groups (Art Therapy Alliance, and Art Therapists) through Facebook. The researcher asked past professors to send the email to potential participants and contacted colleagues and art therapy departments in several colleges and hospital settings to get referral prospective participants through word of mouth or email. Potential art therapists who met inclusion criteria were invited to participate. Once art therapists inquired about study participation, an informed consent form detailing the purpose of the study and what would be asked of participants was sent to them. Through purposive sampling (Pietkiewicz & Smith, 2012), two participants were recruited.

Data Collection

Participants engaged in a semi-structured virtual interview. According to DiCicco-Bloom and Crabtree (2006), semi-structured interviews are generally organized by a set of predetermined open-ended questions and other questions may happen during the interview. Interviews are commonly conducted between 30 minutes and 1 hour and scheduled in advance by designated time and location. The interview consisted of open-ended questions about their experiences of collaborating with music therapists. Interviews were roughly 45-minutes in duration. A list of interview questions can be found in Appendix B. Some questions required follow-up questions for clarification or to expand upon the provided information. Each interview was recorded and transcribed verbatim. Then, transcripts were returned to participants to verify accuracy. Participants were asked to clarify anything that was unclear.

Materials

The interview was held via Zoom. A video/audio recording was created for analysis after interviewing. All data were stored in the researcher's Google drive. Google drive is password protected and only the researcher has the password.

Data Analysis

The researcher read the transcriptions and followed guidelines suggested by Pietkiewicz and Smith (2012). The process involved multiple readings and making notes, transforming notes into emergent themes, seeking relationships, and clustering themes, making a list, and writing up an IPA study. Each of the themes were explained and illustrated with quotes from the interviews. Data analysis was conducted according to the following steps:

Step 1. *Multiple reading and making notes.* After transcribing the interviews, the researcher took considerable time to read the transcriptions repeatedly. Pietkiewicz and Smith (2012) advised researchers to listen to the audio recording a few times, because it makes it easier for researchers to not get lost in the information. Creswell (2009) also advocated that reading the transcript closely is vital to gain a general concept of the information and deciphering the overall meaning. In this step, the researcher noted any thoughts and comments for further interpretation that related to the study.

Step 2. *Transforming notes into emergent themes.* The researcher focused more on the notes at this point. Smith et al. (2009) suggested that the researcher's notes, which included any thoughts or comments about the interview, should be read more carefully than the transcriptions to identify and develop emerging themes. It also should be categorized according to important words that are related to the study. At this step, along with the transcription notes based on the participants' actual details and thoughts, the researcher tried to make an abstraction for conceptualization.

Step 3. *Seeking relationships and clustering themes.* The researcher carefully considered the connection and relationship of each of the emerging themes, and then categorized them based on conceptual similarity and given classification. After that, they were labeled with a description

or term which was based on in vivo coding (actual language that the participants used) to each group (Creswell, 2009). If there were some themes that didn't fit or did not have enough evidence to the emerging themes, they were re-evaluated or re-categorized.

Step 4: *Making a list*. This required the researcher to make a list to focus on the significant statement of each participant. The list included several subthemes in relation to each theme, and it was ideal to come up with a list of major themes and subthemes and relevant brief extracts from transcripts, led by the numbering. It also made it easier to return and find the transcript to check. Creswell (2009) stated that as researchers return to the list repeatedly, they might find hidden themes or miss useful transcriptions.

Step 5: *Writing up an IPA study*. This step involved identifying the themes and writing them narratively. Following the analysis as mentioned above, a narrative summary of the study was written to give an enhanced description of participants' experiences. Each of the themes needed to be explained and illustrated with quotes from the interviews, and then the author's analytical concepts needed to be applied for explaining what important things have been found to the researcher. In this step, the researcher used the interviewee's own words because it allowed the reader to evaluate the relevance of the interpretations, and it kept the tone of the participants' personal experiences. Thus, in the final paper, the participant's narrative of their experience in their own words and the researcher's interpretive analysis were both included.

Trustworthiness

Data, researcher's interpretation, and the method of the study must be evaluated for the quality and reliability of the study (Polit & Beck, 2014). Lincoln and Guba (1985) identified four criteria researchers should attend to ensure trustworthiness of research study: credibility, confirmability, transferability, and dependability. These criteria were addressed through the

following strategies: audit trail, member checking, bracketing, and cross checking. The audit trail consisted of thorough documentation and description of the research process, and continuous check-ins with thesis advisor.

Member Checking

To ensure accuracy, the researcher transcribed the interviews and sent the transcripts to the participants to confirm the information. According to Creswell (2009), information that is unclear requires clarification. The researcher may need a follow up meeting with each participant to ensure the accuracy of the interviews and receive feedback (Creswell, 2009). Transcripts were returned to participants and participants provided any necessary clarifications.

Cross-Checking with Peers

To add validity, the researcher was supported by a research advisor who processed findings and potential themes. Cross-checking with peers was employed to increase the validity of the researcher's description of the themes and analysis of the interview (Creswell, 2009). Cross-checking also helped the researcher to keep in objective mindset towards the study as they heard feedback from different researchers.

Bracketing

According to Moustakas (1994), bracketing is a method to increase credibility. It requires placing the researcher's study in brackets and putting everything else on hold for the process' focus to be only on the topic and question. The researcher must put aside their preconceptions, experiences, and knowledge to illustrate the participants' experiences purely. In order to separate the researcher's thoughts, feelings, and interpretations from the participant's experiences, the researcher kept a research journal during the entire research procedure.

Data Protection

The recorded videos from each session were stored in a Google drive and an external hard drive securely. All data were kept private until this study ends. Only the researcher had access to the data stored in the Google drive. Pseudonyms were used in place of the participants' names throughout the transcription of the interview and analysis of data.

Ethical Considerations

To ensure ethical research practices, a study proposal was submitted to the Molloy University Institutional Review Board (IRB). This research was deemed exempt from full board review on February 14, 2023, and approval was granted to begin the recruitment process. All participants signed an informed consent document.

Results

This study aimed to explore art therapists' experience of collaborating with a music therapist working with autistic people. Two art therapists participated in semi-structured interviews. Data analysis revealed five themes. Themes were described, and participants' quotes were used to support each. Results were shared in no particular order, and no one theme was more important than another. Each participant's experience is described in detail, and then common themes between individual experiences are shared.

Participants

Two art therapists agreed to participate. Each participant worked in a different clinical setting; one in a private clinical practice and one in a hospital setting. This provided the researcher with a broad range of experiences to explore. Here is a short description of the participants and their therapeutic approach in general and for working with people with ASD.

Participant #1: Jay

Jay (identified as a female) is a board-certified art therapist and has a master's degree. She had been working with people with neurodevelopmental disorders which include ASD. Also, she worked with others in various clinical groups, such as adults and school settings for special needs and hospital settings. She also works with ASD patients who have mental illness. Jay has worked with music therapists in hospital settings and has also used pre-composed music for her group and individual sessions. Most of her group sessions were for teenagers who have been diagnosed with ASD, and she plays mostly hip-hop music based on age appropriateness or group member requests. She sometimes plays just instrumental music, so clients are not influenced by any lyrics. Jay also has discussed what music will be used for her clients.

Jay's Therapeutic Approach

As an art therapist, Jay uses a humanistic lens, and it seemed she applied a humanistic approach for all including clients with ASD. "I really go in and try to meet each patient where they are at, no matter if they are on the spectrum or if they are not." Within the humanistic approach, since ASD characteristics vary, she seeks potential mediums for achieving each client's goal and focuses on the client's individual needs and their developmental level. For example, Jay said that "I kind of continue to try and meet the patient where they are at, which I would change obviously you know potentially the mediums I would use." She also shared that "It's always very different like when I have a patient where they need a lot of sensory stimulation whether it's temperature, whether it's mediums, whether I work for them due to helping to de-escalate them the way that is appropriate to their developmental level."

Participant #2: Kori

Kori (identified as a female) is also a board-certified art therapist and has been working with people with ASD for three years. Kori worked intermittently with people with ASD several years before she became an art therapist. She has worked with various age ranges from patients at a very young age, three years old, to 90-year-old patients. She currently works at a private clinical practice whose primary clinical group is people with ASD. Since her site has music therapists and drama therapists, she has been collaborating with other professionals. Kori often incorporated music into sessions and most of the music was chosen by her, but sometimes clients brought the music that they wanted to listen to during their art session.

Kori's Therapeutic Approach

Kori uses a Gestalt therapeutic approach. She stated,

I consider myself to be a Jungian Gestalt therapist. Most of it is based on Carl Jung theories of the collective subconscious universal symbolic stuff like that, so I try to have my clients come up with a lot of the ideas on their own for different projects.

Since Kori's therapeutic approach is rooted in Gestalt theory, which places great emphasis on exploring and understanding an individual's present experience and subjective reality, her approach tends to focus on assisting clients in expressing themselves through their own unique ideas in art activities.

Within her general therapeutic approach, Kori also tries to let her clients' art be as authentic as possible and she tries to find individuals' areas of needs and interests when she works with people with ASD. For example, she explained that "As much as I can, I try to let the art be as authentic as possible, just coming directly from the person, and I also try to pursue individuals' areas of need and interest."

Common Themes

Though participants had varied clinical experiences, data analysis revealed commonalities within their experiences of using music in their art therapy sessions. Five common themes emerged. Some themes are developed through subthemes. Participant quotes are used to illustrate each theme.

Theme #1: Rationale for The Use of Music

Both participants said when they used music in their sessions there is always a rationale, and if they don't use music, there is also a rationale. Whether they use music in their session or not, their intention always aims to facilitate clients' therapeutic outcomes.

Subtheme #1a: Rationale for Using Pre-recorded Music

The participants who use music without the presence of a music therapist seemed to have a specific rationale of their own. Whether they use music or not, all decisions were made by the art therapist's feeling according to the client's reaction or response. Both participants especially emphasized that they use instrumental music (i.e., music without lyrics) in their sessions. Jay said, "I would use pre-recorded instruments without any lyrics." Jay only uses instrumental music in the background without any lyrics so clients can focus on their art activity without lyrics influencing the patient's creative process. Kori also stated, "I usually choose like soothing instrumental music, or sometimes like nature sounds something like that." Her rationale for using calm instrumental music or nature sounds is helping clients be motivated to keep working on their artwork.

Subtheme #1b: Rationale for Not Using Pre-recorded Music

When music does not seem helpful for their therapeutic goals for clients, Jay and Kori choose not to incorporate it. Both participants stated and emphasized to "focus on their (client)

artwork.” As Kori said, “Because, she (patient) wasn’t able to focus on the art and the music at the same time... [she] just [did] not really have the availability to like to move back to the art.”

Kori thinks that the clients might be overwhelmed by two things happening together which might lead to lack of focus. Jay also said related to focus, “I felt that was [an] inappropriate way to keep the patients involved and focus on their artwork.” Jay also stated,

I choose not to use music because, I think there is something to be said for helping patients to sit in the silence while they do art, as well as I really lean into the conversation that I have with patients while they are creating their artwork.

It seems that music is not always indicated.

Subtheme #1c: Client’s Request to Use Music

Both participants allowed clients to use whatever music they bring to their session. Jay mentioned, “I’ve used [music] if the patient chooses to use it, or asks to put it on, I’m never going to deny them.” Kori also said that “I am open to playing music in sessions if the client can bring in their own music. I haven’t asked the client not to play music.” Participants seemed to allow all musical genres and styles, even though both participants seem to prefer to use music without lyrics because if the client chooses music with lyrics, it might lead the client be overwhelmed or might interrupt their focusing on their art session. Kori said, “for the clients with autism, I like to let them have control over what music is playing, as a part of that to give them a little bit of like ownership.” Jay also stated, “It makes them more comfortable, if they have some emotional regulation.”

Theme #2: Using Multiple Creative Means to Meet the Needs of Clients

Both participants were invested in maximizing therapeutic benefit to their clients and actively sought to expand creative opportunities. Jay said,

I love to try to adapt all various interventions for clients as much as I could... We can all use different modalities as a therapeutic art or therapeutic music, so I try to be very mindful of all the rules involved.

Kori added that she sought to understand her patients as a whole person, “[...to see] the totality of that person’s functioning, and how best to like to move forward with a therapeutic curriculum, I’m completely open to the idea, if I think it would be helpful.”

Kori also disclosed her internship experience, which was related to why she had such a notion.

I was an intern at a very large hospital in Manhattan. They had a music therapist and dance therapist, and I noticed that they (clients) sometimes would have an easier time focus[ing] on the art when I worked with them (a music therapist and dance therapist).

These experiences helped me get a better understanding of the totality of that person.

Theme #3. Experience of Working with a Music Therapist and Benefits

Both participants spoke about their experiences when co-treating with music therapists. This theme encompasses participants’ descriptions of the varied ways they collaborated with music therapists. Participants described experiences of consultation with music therapists as well as experiences of co-treating in real time with music therapists. Each of these experiences benefited clients in different ways. Participants also acknowledge the differences between using music and not using music with particular clients.

Both participants described real time co-treatment with the music therapist. They emphasized how impressed they were with the music therapist’s interventions. Even though they

did not know the name of the music therapist's intervention, they seemed to understand the music therapist's intention for the client's therapeutic goal. Jay shared,

She (the music therapist) really goes with the flow... especially when we've worked together with children with ASD. Her goal was to really let them meet those musical choices and allowing themselves (the clients) to continue with the instrument that they were responding to.

Kori also explained how her clients improved their involvement in the art session when she worked with a music therapist. Kori explained that "It (the music) started slowly, but gradually become more upbeat and faster, seemingly providing energy and encouragement." Then Kori shared her experience of using pre-recorded music for the same client.

I tried to play music from my phone to give some neurological stimulation (to the client), but it just did not seem to be like doing anything for him at all, but when the music therapist played live music, he smiled which I have never seen before, and he could continue his painting. I really appreciated the fact that the music therapist was there.

Kori added, "The difference (between lived music and using pre-recorded music) was so drastic! It was the live music that seemed to be stimulating him and that was affecting him neurologically."

Consulting with a Music Therapist

Both participants also shared and experiences of consulting with a music therapist. Since Jay works in a hospital setting, she seemed able to easily contact a music therapist. Jay stated, "We brainstormed together, especially when patients are so exhausted: how can we really utilize the time that they [are] awake and able to participate?" Jay also mentioned consulting with a music therapist.

She (music therapist) felt like (Jay's music selection) was not an appropriate way to keep the patients involved and focus on their artwork...so I appreciated that (the music therapist's decision), and I wasn't going to be non-beneficial (for the group).

Kori also had a lot of experiences sharing ideas with a music therapist about goals or progression, especially if they both have the same clients. "I talked about what types of music they like, and I mentioned things that happened in my session to her (music therapist)." However, Kori seemed to make her own playlists without any consulting with a music therapist. "I never had a music therapist make me a playlist; I genuinely just did not think about it."

Theme #4: Potential Limitations to Using Music in Art Therapy Sessions

Participants shared some challenges impeding their abilities, or possibilities, to incorporate effective music experiences into art therapy sessions. Kori expressed lack of access to music therapists and Jay expressed a lack of knowledge of music experiences. Since Jay is in the therapeutic teams in her hospital, it seemed that she could contact a music therapist easily. Jay could collaborate whenever she asked if it was necessary. "I have never specifically felt a challenging moment especially working with a music therapist." However, she mentioned her limitation was the lack of knowledge about music therapy. "There is so much that I wouldn't understand, because it's not my field."

Kori mentioned limited access to music therapists and financial concerns. "Most facilities in general are not really able to provide music therapy and art therapy at the same time because of like financial concerns." She also added that, "I am not really part of a direct therapeutic team with which we don't really share like, case load or anything in this environment." Since Kori currently works in a private clinic, even though the private clinic provides music therapy and art therapy, it seemed that the clinic did not have any music and art therapy combined program.

Theme #5: Perspective on Co-Treating with A Music Therapist

Both participants shared their perspective on co-treating with a music therapist. They also spoke about their thinking about collaboration interventions with a music therapist for the future. Their opinions about co-treating with a music therapist, potential of co-treating, or even their further plan with a music therapist informed this theme. As each of the participants had unique experiences, their perspectives on co-treating/collaboration with a music therapist seemed to be determined by their experiences. Jay explained that “I think there is so much that was really validating,” and she concluded that “I definitely appreciate the efficacy of music in sessions more.”

Kori also focused on the potential of co-treating, “I think there’s a lot of potential for client growth in that area that’s something hard to achieve. I would like to work a lot more with music therapists in the future.” Kori added more about her perspective on co-treating.

Music therapy and art therapy at the same time, which is I think it is beneficial to clients as a whole, I think having multiple types of creative arts therapists working at once is probably like the most ideal situation for most clients.

Summary of Results

Participants had similar experiences and perspectives on co-treating with a music therapist despite working in different clinical settings. Both participants shared their rationale to utilize music without the presence of music therapists, and their trying to find alternative interventions to address individual needs for autistic people. The participants also stated positive impressions of co-treating with a music therapist and the potential of collaboration as a reinforced method to understand and support their clients. However, there were obstacles impeding possibilities for collaborating with music therapists, such as lack of access or funding.

Moreover, participants acknowledge their limited knowledge about music therapy as a limitation to their efforts at including music in art therapy sessions. The participants clearly said that they hope they have more sessions with music therapists in the future.

Discussion

The aim of this phenomenological research was to explore the lived experiences of art therapists who have collaborated with music therapists. Two art therapists were interviewed, and data analysis revealed five common themes. Themes are discussed as they relate to the research questions: 1) What is art therapists' rationale for incorporating music into art therapy sessions? and 2) What are art therapists' experiences of collaborating with music therapists?

Rationale for Incorporating Music into Art Therapy Sessions

Art therapists incorporate music into art therapy sessions to address client needs. Both participants tailored their therapeutic approach to the needs of the clients. Whether they work with clients with typical neurodevelopment or ASD, they apply the same approach, but both emphasized that they should consider individual needs and strengths because autistic people have varied needs. Due to varied individual need, finding the right approach is crucial for autistic people (ATCB, 2021). As such, art therapists determine the needs of their clients based upon their theoretical approach to treatment. This is very similar to music therapy. Music therapists work from a goal directed stance and their goals are determined by individual strengths and consideration of an individual's needs (Bruscia, 2014).

Additionally, Kori mentioned that music stimulates brain functions, so listening to music would be beneficial to art therapy sessions. As Menon and Levitin (2005) examined how music listening improves brain functions, which is the brain area involved in positive emotions and activation during music listening, Kori seemed to learn this knowledge through her personal

experience; she has personally experienced benefits of listening to music and used this information to inform her use of music with her clients.

Types of Music Experiences Used in Art Therapy Sessions

Kori uses a Gestalt therapeutic approach where the initial goal is for clients to expand their awareness of what they are experiencing in the present moment (Corey, 2017). In her interview, Kori pointed out the importance of live music and said the live music (improvisational music) worked significantly better than using pre-recorded music. This experience might be perfectly connected with her therapeutic approach which emphasizes experiencing in the present moment. After all, in music therapy, improvisation can access and meet a client's emotional states and physical needs immediately in the moment (Gardstrom & Sorel, 2015).

Participants shared their unique experiences about using music or not using music. However, they have specific reasons to utilize music into their session. Jay continuously emphasized that she uses music during her session for keeping and holding the space for communication with clients and focusing on their artwork, and Kori mostly uses music for improving clients' focus and keep engaging in their artworks. As Slevin et al. (2020) described, therapeutic listening improves levels of attention and sensory processing skills, and art therapists seemed to understand this concept of listening roles and try to adapt this in their sessions. However, there are more benefits to listening to music. For example, as Katagiri (2009) said, background music can be used as an indicator for understanding the emotion of clients with ASD, the effect of background music is noticeably shown to improve the understanding of participants' emotional states, and clients could be evoked by music as they experience and express their emotion. If art therapists utilized music in their sessions, they can add more

dimensions to understanding autistic people and thus be able to address their therapeutic interventions more specifically to their client's needs.

Art Therapy Clients' Requests for Music

Both participants allowed music within their interventions. They showed willingness towards their clients' musical tastes when their clients asked to play music during their session. Kori pointed out that especially in the case of clients with ASD, she wants them to have power of ownership over their choices. Because by supporting them in selecting music they like, it will encourage self-expression and improve their confidence and ability to assert their preferences in other areas of their lives as well.

Therapeutic Intention

Their rationale not to use music also seemed to be similar to the reason why they choose to use music in their session. If they think that the music interrupts clients from continuing to focus or have conversations, Jay and Kori decided not to use music. Interestingly, whether they used music or not, the research participants were mostly like to choose instrumental music in their sessions. Jay especially seemed to have a strong inclination to use instrumental music. Since Jay is mostly focusing on developing communication skills with autistic people, she wants her clients to make their own receptive connections through the music, and not draw inspiration from lyrics. She also thinks that lyrics can disrupt conversations with clients. Kori also uses instrumental music for calming her patients and improving emotional regulation. Music therapists have various interpretations when deciding whether to use music with lyrics. Korošec et al. (2022) revealed that using music with lyrics as an intervention with autistic people yielded positive outcomes such as increasing communication, expression, and memory functions. On the other hand, Korošec et al.'s (2022) study also provided evidence that using lyrics sometimes had

no effect and even showed negative effects such as increased agitation or emotional dysregulation. Music therapists consider on an individualized basis how using lyrics may be one of the ways to start conversations with clients or access a client's perspective of their personal life or any given situation. They assess the benefits and drawbacks of both music with lyrics and instrumental music for each individual client and situation.

Using Multiple Creative Means to Meet the Needs of Clients

Participants searched for different modalities to address the needs of individuals with ASD. Kori emphasized that for the best treatment for individuals, therapists should consider multiple views to understand them as a whole person. This requires advancing the therapeutic curriculum. Schweizer et al. (2017) emphasized the need to approach the individual's characteristics in various ways given that children with ASD process information in atypical ways. Additionally, as Bartoe (2014) suggested, exploring the use of modified art therapy techniques and/or combining art therapy with other clinical experiences must be a continuous process. Recognizing autistic people struggle with socializing, they both agreed to be open-minded and try to expand their therapeutic interventions.

Participants' Experiences of Collaborating with Music Therapists

The participants' experiences of co-treating with a music therapist can be divided into two categories: co-treating with a music therapist at the same time, and consulting, which includes sharing ideas and making goal plans. Additionally, participants acknowledged potential difficulties impeding collaborations with music therapists or their successful implementation of music experiences with their clients. The researcher found that the participants' individual co-treating experiences are impacted by their working environment.

Real Time Co-Treatment

Both participants' experiences of working with a music therapist were positive. This supports Monas (2013)'s research that effectiveness of music therapy can be enhanced through collaboration with art therapy. Kori pointed out her impression of live music, and how her client was motivated by music intervention. Kori also shared a comparison of her experience between using pre-recorded music and live music for her specific client. She tried using pre-recorded music for the client, but it seemed to not work, but when a music therapist played live music, the client showed improvement in engagement. Kori expressed it was live music (she didn't use the musical term 'improvisation'), and her impression of co-treating with a music therapist was noticeably positive. Gardstrom and Sorel (2015) emphasized the relevance of improvisation because it can access and meet a client's emotional states and physical needs immediately, which cannot be found in other therapies. As such, live music (improvisation) has shown to inspire the client to promptly and effectively address their needs.

Charles and Sanoon (2017) also advocated for music and art therapy collaboration's positive effects. They said that when music and art therapy happen simultaneously, clients show positive improvement of communication skills, and it amplifies clients' health outcomes.

Consultations with a Music Therapist

Experiences of consulting with a music therapist are also positive. Both participants shared that they consulted or shared their ideas before or after session with a music therapist. It seemed they usually talked about therapeutic goals or clients' progression. This supports Monas' (2013) notion that art and music therapists often have the same goals, and sharing ideas can enhance therapeutic interventions and expand their therapeutic approaches.

Perspective on Co-Treating with a Music Therapist

Since both participants had positive experiences of working with a music therapist and they experienced the benefits of collaboration, their perspective on co-treating was also very positive. Their perspective on collaboration is that it helps art therapists achieve their therapeutic goals and provides a multi-dimensional understanding of patients. Their perspectives expressed a clear commitment to continue collaboration in the future and could be used as a recommendation that all creative therapists should be required to learn about other creative modalities. This would ensure that therapists remain within their scope of practice in a respectful and informed way. Further exploration of this collaborative approach may lead to more effective achievement of therapeutic goals.

Limitations to Using Music in Art Therapy Sessions

Even though both participants shared their positive experiences on collaboration with music therapists, participants pointed out two types of limitations/challenges. One is the lack of knowledge about the music therapy area, and the other one is a financial issue and lack of environment of support.

When art therapists use pre-recorded music without music therapists' suggestions, they seem to use music in a general way or depending on their previous therapeutic experiences or knowledge from their own study even though there are multiple therapeutic ways to use music. It seemed this limitation was due to a lack of understanding of music therapy's effectiveness. Even when art therapists have consulted with music therapists, they barely shared or asked about how to use pre-recorded music in appropriate ways. This supports Register (2002) suggestion that music therapists should define their roles clearly to facilitate effective collaboration during treatment, if other professionals including art therapy understand the effectiveness of music

therapy's role, the limitations, such as finance and limited environments, will be solved. Music therapists may also need to advocate for the effectiveness of co-treatment to other professionals and related fields consistently in order for more clients to benefit from collaborative services.

Study Limitations

This study aimed to explore the experiences of art therapists collaborating with music therapists in the treatment of children with ASD. The specificity of the topic and inclusion criteria may have limited the participant pool. This study's inclusion criteria were so specific that even though the researcher used social media, it was difficult to get enough participants. Also, one of participants had co-treating experiences with just one music therapist, so there might have been some bias. If the participants had co-treated with a greater number of music therapists, their experiences would be broader and able to be generalized.

Recommendation for Future Study

Exploring art therapists' collaborations with music therapists also could be related to expanding music therapists' perspective of how other professions think about music therapy's role. Other professions' perspective on the music therapy profession and collaboration will be valuable to expand the music therapy field and study. It also gives some suggestions about alternative interventions and therapeutic approaches for the art therapist as well.

This study's focus is on how music is used in art therapy with autistic people. Future researchers may consider exploring collaborations between art and music therapists who work with a wider variety of clinical groups. This may provide a larger participation pool and broadened experiences.

This study explored just art therapists' experiences; however, future research can include music therapists' experience when they co-treat with an art therapist. If art and music therapists

share their experiences of each profession under the nonverbal and creative expressive therapeutic approach, both may better understand the other's profession. By exploring both professions' insights, future studies may help expand creative art programs and facilities by fostering the collaboration between art and music therapy.

Conclusion

The aim of this qualitative study was to investigate art therapists' experiences of co-treating with a music therapist for clients with ASD. Two art therapists with different backgrounds and experiences were recruited based on the inclusion criteria. The findings suggest that collaborative music and art therapy sessions can lead to greater reach and positive outcomes in achieving therapeutic goals. Collaboration can also offer more opportunities for clients who may struggle with art therapy alone. By leveraging their strengths and supporting their needs, clients with ASD can benefit from a multidimensional therapeutic approach. The study highlights the need for advocacy to promote better understanding between art and music therapists and to facilitate co-treatment. Although not always necessary, co-treating with music and art therapy should be considered to achieve therapeutic goals for clients with ASD. Overall, this study supports the benefit of music and art therapy as complementary therapeutic approaches for individuals with ASD.

REFERENCES

- American Art Therapy Association. (2022). *About the American Art Therapy Association*. American Art Therapy Association. <https://arttherapy.org/about/>
- American Art Therapy Association. (2022). *Becoming an art therapist*. American Art Therapy Association. <https://arttherapy.org/becoming-art-therapist/>
- American Music Therapy Association. (2005). *What is music therapy?* American Music Therapy Association. <https://www.musictherapy.org/about/musictherapy>
- American Music Therapy Association. (2008). *Autism Spectrum Disorders: Music therapy research and evidence-based practice support*. American Music Therapy Association. Musictherapy.org
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). American Psychiatric Publishing.
- Arezina, C. H. (2011). The effect of interactive music therapy on joint attention skills in preschool children with Autism Spectrum Disorder [Master's Thesis, University of Kansas].
- Art Therapy Credential Board. (2021). *What is art therapy?* <https://www.atcb.org/what-is-art-therapy/>
- Bartoe, H. L. (2014). *Art therapy and children with ADHD: A survey of art therapists* [Doctoral dissertation, University of Lethbridge]. ProQuest Dissertations Publishing.
- Blood, A. J., & Zatorre, R. J. (2001). Intensely pleasurable responses to music correlate with activity in brain regions implicated in reward and emotion. *Proceedings of the National Academy of Sciences*, 98(20), 11818-11823. <http://doi.org/10.1073/pnas.191355898>
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.
- Centers for Disease Control and Prevention. (2022). *Treatment and intervention services for Autism Spectrum Disorder*. CDC. <https://www.cdc.gov/ncbddd/autism/treatment.htm>
- Combs, C. (2002). Experience in collaboration: McDenver and McDonald's. *Journal of Physical Education, Recreation & Dance*, 73, 33-35.
- Charles, M., & Sanoon J. (2017). An innovative collaboration: Combining art and music therapy's interventions for adults with learning disabilities. In T. Colbert & C. Bent (Eds.), *Working across modalities in the art therapies* (pp. 81-93). Taylor & Francis Group. <https://doi.org/10.4324/9781315559889>

- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Sage Publications.
- Davis, W., & Hadley, S. (2015). A history of music therapy. In B. Wheeler (Ed.), *Music therapy handbook* (pp. 17-27). The Guilford Press.
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*(4), 314–321. <https://doi.org/10.1111/j.1365-2929.2006.02418.x>
- Finnigan, E., & Starr, E. (2010). Increasing social responsiveness in a child with autism. *Autism, 14*(4), 321–348. <https://doi.org/10.1177/1362361309357747>
- Gardstrom, S., & Sorel, S. (2015). Music therapy methods. In B. L. Wheeler (Ed.), *Music therapy handbook* (pp. 116-127). The Guilford Press.
- Geretsegger, M., Elefant, C., Mössler, K. A., & Gold, C. (2014). Music therapy for people with autism spectrum disorder. *Cochrane Database of Systematic Reviews, 2016*(3). <https://doi.org/10.1002/14651858.cd004381.pub3>
- Greenspan, S. I., & Wieder, S. (2009). *Engaging autism: Using the floortime approach to help children relate, communicate, and think*. Da Capo Lifelong Books.
- Gussak, D. E., & Rosal, M. (2016). *The Wiley handbook of art therapy*. Wiley Blackwell.
- Haeyen, S., & Noorthoorn, E. (2021). Validity of the Self-expression and emotion regulation in art therapy scale (SERATS). *PLOS One, 16*(3), e0248315. <https://doi.org/10.1371/journal.pone.0248315>.
- Hyman, S. L., Levy, S. E., Myers, S. M., & Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics. Kuo, D. Z., Apkon, S., Davidson, L. F., Ellerbeck, K. A., Foster, J. E. A., Noritz, G. H., O'Connor Leppert, M., Saunders, B. S., Stille, C, Yin, L., Weitzman, C. C., Childers, D. O, Levine, J. M., Peralta-Carcelen, A. D., Poon, J. K., Smith, P. J., ... Bridgemohan, C. (2020). Identification, evaluation, and management of children with Autism Spectrum Disorder. *Pediatrics, 145*(1), e20193447. <https://doi.org/10.1542/peds.2019-3447>
- Jacob, S. U., Pillay, J., & Oyefeso, O. E. (2021). Attention span of children with mild intellectual disability: Does music therapy and pictorial illustration play any significant role? *Frontiers in Psychology, 12*.677703. <https://doi.org/10.3389/fpsyg.2021.677703>
- Kalas, A. (2012). Joint attention responses of children with autism spectrum disorder to simple versus complex music. *Journal of Music Therapy, 49*(4), 430–452. <https://doi.org/10.1093/jmt/49.4.430>

- Katagiri, J. (2009). The effect of background music and song texts on the emotional understanding of children with autism. *Journal of Music Therapy*, 46(1), 15–31. <https://doi.org/10.1093/jmt/46.1.15>
- Kim, J., Wigram, T., & Gold, C. (2008). The effects of improvisational music therapy on joint attention behaviors in autistic children: A randomized controlled study. *Journal of Autism and Developmental Disorders*, 38. <https://doi.org/10.1007/s10803-008-0566-6>
- Korošec, K., Osika, W. & Bojner-Horwitz, E. (2022). “It is more Important than food sometimes”; Meanings and functions of music in the lives of autistic adults through a hermeneutic-phenomenological lense. *Journal of Autism Developmental Disorders*. <https://doi.org/10.1007/s10803-022-05799-2>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
- Marquez-Garcia, A. V., Magnuson, J., Morris, J., Iarocci, G., Doesburg, S., & Moreno, S. (2021). Music therapy in autism spectrum disorder: A systematic review. *Review Journal of Autism and Developmental Disorders*, 9(1), 91–107. <https://doi.org/10.1007/s40489-021-00246-x>
- Menon, B., & Levitin, J. D. (2005). The rewards of music listening: Response and physiological connectivity of the mesolimbic system. *NeuroImage*, 28(1), 175–184. <https://doi.org/10.1016/j.neuroimage.2005.05.053>
- Monas, A. (2013). *Music therapy perceptions and the status of collaboration and co-treatment among other disciplines of therapy in pediatric outpatient settings* [Master’s thesis, Florida State University]. Florida State University Libraries. http://purl.flvc.org/fsu/fd/FSU_migr_etd-7515
- Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.
- National Institutes of Health, National Institute of Mental Health. (2021). *NIMH Strategic Plan for Research*. U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/sites/default/files/documents/about/strategic-planning-reports/NIMH-Strategic-Plan-for-Research-2021-Update.pdf>
- Pace, D., & Schwartz, D. (2008). Students create art. *Teaching Exceptional Children*, 40(4), 50–54.
- Petruta-Maria, C. (2015). The role of art and music therapy techniques in the educational system of children with special problems. *Procedia - Social and Behavioral Sciences*, 187, 277–282. <https://doi.org/10.1016/j.sbspro.2015.03.052>
- Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal*, 18(2), 361-369.

- Polit, D. F., & Beck, C. T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
- Register, D. (2002). Collaboration and consultation: A survey of board-certified music therapists. *Journal of Music Therapy*, 39(4), 305-321.
- Schweizer, C., Spreen, M., & Knorth, E. J. (2017). Exploring what works in art therapy with children with autism: Tacit knowledge of art therapists. *Art Therapy*, 34(4), 183–191. <https://doi.org/10.1080/07421656.2017.1392760>
- Sharma, S. R., & Silbersweig, D. (2018). Setting the stage: Neurobiological effects of music on the brain. *Crossroads of Music and Medicine*. <https://remix.berklee.edu/mh-exchange-music-medicine/6->
- Slevin, M., O'Connor, K., Segurado, R., & Murphy, J. F. A. (2020). Therapeutic listening for preterm children with sensory dysregulation, attention, and cognitive problems. *Ir Med J*, 113(1), 4. <https://pubmed.ncbi.nlm.nih.gov/32298558/>
- Sloboda, J. A., & Juslin, P. (2001). Psychological perspectives on music and emotion. In P. Justin & J. Sloboda (Eds.), *Music and emotion. Theory and research* (pp. 71-104). Oxford University Press.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications.
- Taylor, D. B. (2008). *Biomedical foundations of music as therapy*. Jessica Kingsley Publishers.
- Watson, T., & Vickers, L. (2002). A music and art therapy group for people with learning disabilities. In A. Davies & E. Richard (Eds.), *Music therapy and group work: Sound company* (pp.133- 146). Jessica Kingsley Publisher.
- Wheeler, B. L., & Bruscia, K. E. (2016). Overview of music therapy research. In B. L. Wheeler (Ed.), *Music therapy research* (3rd ed., pp. 51-67). Barcelona Publishers.
- Zalys, V. (2021). Interactive multi-sensory environments for children with Autism Spectrum Disorders. *LUMEN Proceedings*, 16, 568-587. <https://doi.org/10.18662/lumproc/atee2020/39>

Appendix A: Invitation Letter

Dear Potential Participant,

My name is and I am a music therapy graduate student at Molloy University in New York. I completed my music therapy internship at The Music Academy for Special Learners center, which offers music and art therapy for people with Autism Spectrum Disorders (ASD).

Little is known about the experience of art therapists who use music in art therapy sessions, or the experiences of art therapists who work collaboratively with music therapists. This study will explore the lived experience of art therapists who meet the following criteria: 1) use music in their sessions without the presence of a music therapist and 2) work collaboratively with music therapists, while treating people with ASD. You are receiving this email because you have been identified as someone who may meet these criteria.

Interviews will be conducted virtually on Zoom and will have a maximum duration of 45 minutes. The interview will explore each participant's experiences of working with and without music therapists.

Your participation is voluntary and would be greatly appreciated. Although there may be no direct benefit to participants, it is hoped that this study will offer increased insight into art therapists' perspectives and experiences in working with music therapists.

If you are interested in participating, please reach out to me at the following email address and I will send along more information.

I look forward to hearing from you. Thank you so much for your consideration.

Appendix B: Questionnaires

1. Tell me about your experiences of working with people who have ASD (Autism Spectrum Disorder)?
2. What is your general strategy or therapeutic approach ? It is different when you work with ASD?
3. Tell me about your experience of using music without the presence of a music therapist.
What purpose did the music serve?
4. Tell me about your experience of working collaboratively with a music therapist.
5. What were some of the most significant experiences?
6. Has working with a music therapist changed the way in which you used music without the presence of a music therapist?

Appendix C: IRB approval letter



**MOLLOY
UNIVERSITY**

1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
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Patricia A. Eckardt, PhD, RN, FAAN
 Chair, Molloy University Institutional Review Board
 Professor, Barbara H. Hagan School of Nursing and Health Sciences
 E: peckardt@molloy.edu
 T: 516.323.3711

DATE: February 14, 2023

TO: Heejoon Jun, Bachelor
FROM: Molloy University IRB

PROJECT TITLE: [2013306-1] Experience of Art Therapists Co-treating with a Music Therapist for Autism Spectrum Disorder

REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: February 14, 2023
EXPIRATION DATE: February 13, 2024
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 7

Thank you for your submission of New Project materials for this project. The Molloy University IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

You may proceed with your project.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a MINIMAL RISK project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this

procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of February 13, 2024.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

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 University Institutional Review Board

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Molloy University IRB's records.

Appendix D: Informed Consent Form



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

Title of Study:

Experience of Art Therapists Co-treating with a Music Therapist for Autism Spectrum Disorder

This study is being conducted by:

Heejoon P. Jun (Student Researcher; Primary Investigator)

919-619-9057, hjun@lions.molloy.edu

Amanda MacRae PhD, MT-BC (Faculty Advisor; Co-Investigator)

Tel # 609-346-3995, amacrae@molloy.edu

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.

- **Purpose of study:** This study aims to explore art therapists' experiences of working with music therapists with people diagnosed with Autism Spectrum Disorder (ASD). Findings from this study may enhance music and art therapists' understanding to provide treatment for people with ASD.
- **Inclusion criteria:** You have been contacted and considered eligible for the study because you meet the following criteria:
 - You are a board-certified art therapist (AT-BC)

- You have experience in working with music therapy and using pre-composed music for people with ASD
- You have used recorded music without the presence of a music therapist.
- You have worked with a music therapist while using music in sessions.
- **Time commitment:** Participation in the study will include a maximum of 45- minute virtual interview, and will review the transcripts to approve the interview.
- **Compensation:** There is no compensation for participation in this study.
- **Privacy concerns:** You will be given private, password-protected links to join the virtual interview, both of which will be scheduled at your convenience, during times that will allow privacy for both you and the researcher. The audio and video recordings and transcriptions of the interview will be securely stored on a password-protected computer of the researcher. Access to the data will be limited to the researcher. You will have the opportunity to check the transcript to verify its accuracy and completeness. If you choose to withdraw from the study, your data will immediately be destroyed. Your identity will be kept confidential and protected. Pseudonyms will be used in place of your name throughout the transcription of the interview, analysis of data, and presentation of findings. Any potentially identifying information within the interview responses will be adjusted to preserve anonymity. Your name, your place of work, and any other identifying factors will be omitted. Findings from the study may be reported in future publications or presentations, but your identity will always remain anonymous.

Why am I being asked to take part in this research? You are being invited to take part in this study because you meet the inclusion criteria listed above.

What will I be asked to do? The interview will consist of questions related to your overall experience or working with music therapists and using- precomposed music without music therapists, your experience working with people with ASD. With your permission, the interview will be audio and video recorded and transcribed. You will have an opportunity to review the transcript and to provide any corrections or feedback to the researcher.

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

The interviews will be conducted virtually through Zoom. Interviews will be a maximum of 45-minutes. These will take place within the period from January through May 2023.

What are the risks and discomforts associated with this study?

There are no known risks of the study beyond those of daily life. In the event that you experience uncomfortable or unpleasant feelings arising from the interview, the researcher will provide resources.

What are the expected benefits of this research?

You may not benefit directly from this research, although the study is intended to contribute to qualitative research on art therapists' subjective experiences of working with music therapists for ASD.

Do I have to take part in this study?

Your participation in the study is voluntary. You may decide at any point to stop participating in this research, at which time you may choose to withdraw with no negative consequences. You may choose to end the interview process at any time, and you will have the option to reschedule the interview.

What are the alternatives to being in this study?

Instead of being involved in this study, you may choose not to participate with.

Who will have access to my information?

Your anonymity will be maintained with a pseudonym throughout the interview transcription, data analysis, and discussion of findings. All data will be securely stored on a password-protected personal computer which is accessed only by the primary researcher. Access to the data will be limited to the primary researcher.

How will my information be used?

Data gathered during the interview will be analyzed through Interpretative Phenomenological Analysis (IPA) to identify themes related to art therapists' lived experiences of working with music therapists while treating people with ASD. The audio and video recordings of the interview will be electronically destroyed after the completion of the study. You will have the opportunity to check the transcript and provide clarity and or feedback to the researcher. The data will not be used in future studies.

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

Can my participation in the study end early?

You can withdraw from this study at any time without penalty.

Will I receive any compensation for participating in the study?

You will not receive any compensation for participation in this study.

What if I have questions?

Before you decide whether you would like to participate in this study, please ask any questions. Later, if you have questions about the study, you can contact **Heejoon Jun** at **919-619-9057** or Hjun@lions.molloy.edu, or **Amanda MacRae** at **609-346-3995** or amacrae@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, or a concern or complaint about this research, you may 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 participate in the study.**

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

Your signature

Date

Your printed name

Date

Signature of researcher explaining study

Date

Printed name of researcher explaining study

Consent to Record

Check all statements you agree to:

___ I give permission to Heejoon Jun to audio and video record my interview.

___ I give permission to Heejoon Jun to use transcriptions of the recording for educational purposes related to this study.

Your signature

Date