

A PHENOMENOLOGICAL INQUIRY ON THE IMPACT OF INTERPROFESSIONAL  
COLLABORATION AMONG MUSIC THERAPISTS AND ALLIED HEALTH  
PROFESSIONALS

by

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**ABSTRACT**

The purpose of this study was to determine the impact of collaboration among the student researcher, who is a music therapist, a student speech and language pathologist, and a counseling education student. The student researcher evaluated her own experiences along with the experiences of the two student therapists, who were participants in the study, during the collaborative process to uncover the full experience of the process of working together. The student researcher and two student therapists met together once a week to plan sessions and expressed their emotions and experience through journaling prompts each week. The student researcher collected data through journaling prompts that the student therapists completed after each session and then coded the prompts to find themes that highlight the student therapists' lived human experience during interprofessional collaboration. The three themes were Team Focused/Collaboration, Client Responses, and Client Focus. The student researcher uncovered that interprofessional collaboration was beneficial and the student therapists perceived that they grew in their ability to adapt in the moment to meet client needs, work with other disciplines outside of their scope of practice, and learn and understand the ways interprofessional collaboration takes place in a healthcare setting.

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### **EPOCHÉ**

I am a White female, and I grew up in southern West Virginia. My hope for this research was to find whether interprofessional practice is beneficial amongst a music therapist and other allied health professionals in the healthcare setting. I think interprofessional collaboration is an important aspect when working in a healthcare setting. I believe that teamwork enhances patient care and the more you collaborate with other disciplines in your workplace, better relationships are formed, and it creates a healthier work environment. I wanted to conduct this study because it is important that more evidenced-based research on interprofessional collaboration with a music therapist be published so that music therapists have a standardized protocol to follow. My intentions behind the journaling prompts answered by the student therapists were to explore the lived human experiences of the interaction between student therapists when planning and implementing interventions in the clinical setting. I wanted to understand whether working together is beneficial or harmful and to decide the best protocol for interprofessional practice. I have come up with a protocol that I believe may work best but I hope to see where alterations need to be made and do so accordingly for future studies and interprofessional interactions.

## INTRODUCTION

Interprofessional (IP) work among healthcare providers has been in practice for years. Recently, healthcare providers have been putting more emphasis on IP in the field of healthcare (Noyes et al, 2020). Today, healthcare professionals are encouraged to collaborate to ensure exceptional care for patients and their families. The profession of music therapy is no exception to this practice. Music therapists use music and share many common goals with other professionals. The intention of this research is to explore perceptions of interprofessional work among disciplines, specifically with a music therapist, and common goals that the field shares with other professional practices. While there is some evidence in the music therapy literature to support IP practice (Benigno et al., 2018; Bradt et al., 2018; Culp et al., 2021; Daveson et al., 2007; Ghetti, 2011; Hernandez-Ruiz, 2020; Hobson, 2006; Masko, 2016; May & Michael, 1974), that research is limited, and to date, there is not a standardized protocol for working professionals to reference when considering the possibility of collaborating with other professionals in a healthcare setting.

The National Center for Complementary and Integrative Healthcare (NCCIH) lists music therapy under the category of mind-body interventions as an integrative medicine and they consider the profession an important component of interprofessional teams in many healthcare settings (NCCIH, 2018). The NCCIH is currently working to produce a standardized protocol with a greater understanding of the benefits of music therapy through interprofessional scientific collaboration (Allison et al., 2018). The American Music Therapy Association's (AMTA's) (2013) professional competencies suggests that "undergraduate students in music therapy, who have completed their four year degree and six month internship, are to exemplify the ability to

define the role of music therapy within the client's overall treatment plan, and collaborate with and implement interprofessional treatment plans with other professionals" (AMTA, 2013).

"Music therapists use music-based interventions to address physical, cognitive, emotional, and social needs in healthcare settings, where as other healthcare professionals address the same domains of the brain" (Geretsegger et al., 2019).

As the importance of interprofessional collaboration within the field of music therapy evolves through more research, it is important to exemplify the benefits and explore the challenges faced when music therapists collaborate with other professionals such as speech and language pathology (SLP) and counseling providers who are working in a clinical setting. This thesis offers an exploration of an interprofessional collaboration among a music therapist, speech-language pathology students, and a counseling education student who were co-treating clients who were brain injury survivors (BIS), and who had diagnoses of traumatic brain injury (TBI) and cerebrovascular accidents (CVA) or stroke.



## LITERATURE REVIEW

### **Brain Injuries**

As of 2018, the Centers for Disease Control and Prevention (CDC, 2022) reported over 223,000 TBI hospitalizations in the United States. A TBI is when there is a diffuse type of injury or swelling in the brain caused by an external impact (Chin, 2017). In some cases, TBI can consist of states of comatose or even death (Chin, 2017). Treatments vary from case to case based on the severity of the injury. These types of treatments may include daily cognitive therapy, speech and language pathology, music therapy, counseling and some even require surgeries (Diaz, 2015). TBI is considered the most common type of brain injury; the top two causes of a TBI are falls and motor vehicle accidents (Cleveland Clinic, 2021).

### **Traumatic Brain Injuries**

A TBI is classified in three different categories: mild, moderate, and severe (Agha et al., 2019). A mild TBI is less severe and most individuals are able to recover within minutes and/or up to a few months. Concussions are considered mild and occur when one has lost consciousness very briefly and/or the individual has an altered mental state, either confusion or being unconscious, for less than a few minutes after the injury occurs (Agha et al., 2019). A moderate TBI usually occurs as a result of a non-penetrating blow to the head and/or violent shaking of the head. Signs of a moderate TBI include loss of consciousness for more than a few minutes to an hour, confusion, which may last for days, and cognitive, behavioral, and/or physical impairments that last for a long period of time or are permanent (Agha et al., 2019). Severe brain injuries usually occur from crushing blows and/or penetrating wounds to the cranium. In most cases, major surgeries and/or procedures must take place if an individual has a severe TBI along with

long-term inpatient or outpatient care. These injuries are often life threatening and it is unlikely that individuals will have the ability to return to their original state. A TBI can often become a lifelong chronic condition. In the case of severe brain injuries, individuals are under careful monitoring and receive ongoing therapeutic interventions (Ciarrocchi et al., 2020).

### **Cerebrovascular Accidents**

CVA or strokes are the fifth leading cause of death in the United States each year; they are also considered one of the leading causes of long-term disabilities in older adults (Boehme et al., 2017). A stroke can cause many long-term lasting effects such as dementia, memory loss, loss of gait control, and speech disorders such as aphasia (Boehme et al., 2017). A stroke occurs when there is either a blockage of blood supply or a ruptured blood vessel in the brain. Brain cells are then damaged and the part of the body that has been affected by the stroke is no longer able to function properly (Khanna, 2011). Stroke survivors (SS) are likely to receive rehabilitation therapy to relearn skills that the brain is unable to accomplish independently.

Healthcare professionals such as physical therapists, occupational therapists, recreational therapists, speech and language pathologist, psychologists, and music therapists work with these individuals to assist in their recovery process (NCCIH, 2021). In healthcare settings, professionals often cross paths and work together and it is known that interprofessional collaboration improves patient outcomes, reduces patients length of stay, affects long-term outcomes in stroke patients, and a variety and combination of intensive interventions affect positive outcomes with all brain injury survivors (BIS) (Buhl et al., 2017, p.15).

### **Music Therapy and the Brain**

Music therapists work in settings where they support patients who are BIS in facilities such as hospitals, nursing homes, and rehabilitation settings. “Music has the ability to affect cognitive functioning such as auditory processing, attention, memory storage and retrieval, and sensory-motor processing” (Allegri et al., 2021, p. 410). A unique aspect of music is its role in neuroplasticity. Neuroplasticity, or brain plasticity, is when the brain changes activity in response to stimuli by reorganizing its structure, functions, and/or connection (Mateos, 2019, p. 1). Supporting neuroplasticity is one of the ways that healthcare professionals support the rehabilitation of BIS (Kapu, 2019). During this process, observable changes in human cell structure occur.

There are two known types of neuroplasticity: structural and functional. Structural neuroplasticity is when changes occur through the strengthening of connections between synapses. “Functional neuroplasticity leads to the development of new and permanent changes in synapses” (Kapu, 2019, p. 339). The results of a TBI can cause damage to different parts of the brain that often cannot recover but through neuroplasticity; other areas of the brain are able to assume the absent function (Borges et al., 2020). For example, physical therapists use therapeutic exercise to improve the balance and walking ability of individuals after stroke. Neuroplasticity of motor planning and stepping movements take place within the neural mechanisms of patients who have had strokes as a result of the therapeutic exercises that are facilitated by a physical therapist (Boyd et al., 2019).

“When music is used as a therapeutic tool to promote neuroplasticity, neural networks are stimulated and contribute to the reinforcement of learning and reward” (Stegemoller, 2014, p.

215). Dopamine is a primary neurotransmitter in the process of neuroplasticity. Dopamine is produced by reward-seeking behaviors, and enjoyable music is a tool used to stimulate networks within the brain (Wu et al., 2020). Music therapists often pair musical stimuli with non-musical stimuli to enhance the neural processes that promote fast and permanent changes in patients (Constantine, 2018). For example, singing a song enhances cognitive functioning that may lead to organizing a cognitive strategy like relearning a task (Champ et al., 2018). There are specific vibrations and frequencies that also promote neuroplasticity over others, suggesting that the difference between music and noise are significantly different. Noise can negatively affect the process of neuroplasticity because the frequencies cause stress and agitation. The structured harmonies and structured aspects of music create a frequency that encourages relaxation and comfort, promoting the process of neuroplasticity in the brain (Constantine, 2018).

Music therapists work with BIS in conjunction with other healthcare professionals who are addressing the same goals relating to cognitive functioning and neuroplasticity. While there is research to support these collaborations, there continues to be a need for more evidenced-based research that establishes a protocol to enhance clinical observations, cotreatment planning and implementation, and assessment in interprofessional settings (Allegri, 2021).

### **Interprofessional Collaboration**

Music therapists use music as their primary tool when addressing client healthcare needs in all clinical settings and share many common goals with other healthcare professionals including occupational therapists, physical therapists, speech and language pathologists, and counselors (Bell et al., 2020). Healthcare professionals, including music therapists, address the cognitive, social, emotional, language, and physical domains. It is known that healthcare

professionals, other than music therapists, use music within their interventions; the American Music Therapy Association (AMTA) declared that while other professionals may use music as a tool, “they are not trained and experienced in how to facilitate music-based interactions that are meaningful and supportive to the function and health of the clients” (AMTA, 2020).

Interprofessional collaboration offers many benefits including time effectiveness, preventing duplication of service, and additional people to offer support when providing services. For example, a music therapist providing procedural support during a patient’s physical therapy session can decrease anxiety and promote relaxation while serving as a distraction, inducing active engagement, and increasing client willingness to accept physical assistance (Brawn-Cinani et al., 2019). “Interprofessional collaboration is encouraged in rehabilitation and hospital settings to convey the highest quality of care for patients and families and collaboration allows for new insights and ideas based on the client’s needs” (Johnson, 2017, p. 33). Research suggests that interprofessional work amongst healthcare professionals in the medical setting is essential when it comes to improving patient-centered care (Ma et al., 2018). Of note is the finding that hospital floors with interprofessional teams have a better working relationship and have less safety concerns with patients than floors that do not have an established well-working interprofessional team. Maintaining a solid relationship amongst the interprofessional team creates a better work environment and serves in many positive ways toward patient culture and safety (Ma et al., 2018).

In order to collaborate on interventions and set goals and objectives, each professional must thoroughly understand the role of the other healthcare professionals and communicate effectively. Theoretical models designed around interprofessional collaboration and learning in

the workplace are important to take into consideration as well. The interprofessional learning (IPL) model is designed to increase learning interaction among members of two or more healthcare professions that happen spontaneously within the workplace (Bell et al., 2016). Spontaneous experience in the workplace is often unrealized and is not a part of protocol. This concept is centered around not only learning and experiencing other disciplines, but also understanding those professionals as humans, developing trust, and working as a team (Bell et al., 2016). As a result of spontaneous learning, integrated skill development may take place where disciplines are able to come together and approach the same goals when creating interventions for patients (Ducharme et al., 2015).

Integrated skill development is another important aspect of intervention development. To implement integrated skill development into the process of intervention development, healthcare professionals take their strengths and combine them when addressing the patient goals and objectives (Ducharme et al., 2015). Creating interventions and collaborating with other disciplines can strengthen the experience on the client's end and allow the researchers to collect data that shows the benefits of collaboration with music therapists. Intervention development is a crucial factor within the scope of interprofessional practice. Barker et al. (2020) suggested that "evidence-based information, guidelines, practical considerations, expert opinions, patient opinions, and a pilot study should all be included when developing procedures for an intervention" (p. 53). It is also essential to remember that in order to develop a successful intervention, therapists must gather patient opinion, establish guidelines, and make sure to educate staff and patients on the specific interventions and the benefits (Ainsworth et al., 2020).

### **Interprofessional Protocol**

Evidenced-based research has no established protocol in interprofessional collaboration for music-based intervention development. In order to conduct the following research, the researcher established the *Music-based Interprofessional Intervention Development (MIID)* model. MIID is the co-creation of an intervention, using music as the primary tool, among a music therapist and different disciplines in an interprofessional setting. The protocol consists of three phases based on interprofessional learning, integrated skill development, and intervention development/implementation. All professionals collaborating must agree to use the model before starting Phase I of the model.

An example of this protocol in practice can be a music therapist collaborating in an interprofessional team serving individuals with brain injury. The music therapist and the other professionals will co-establish common goals based on the client's needs and then collaborate on intervention development. The music therapist and the other disciplines will use the MIID model to design interventions that consist of techniques and approaches from each field. This may enhance patient/client care and satisfaction scores within the facility and allow other professionals to experience interprofessional work with a music therapist, allowing them to see the benefits of collaboration.

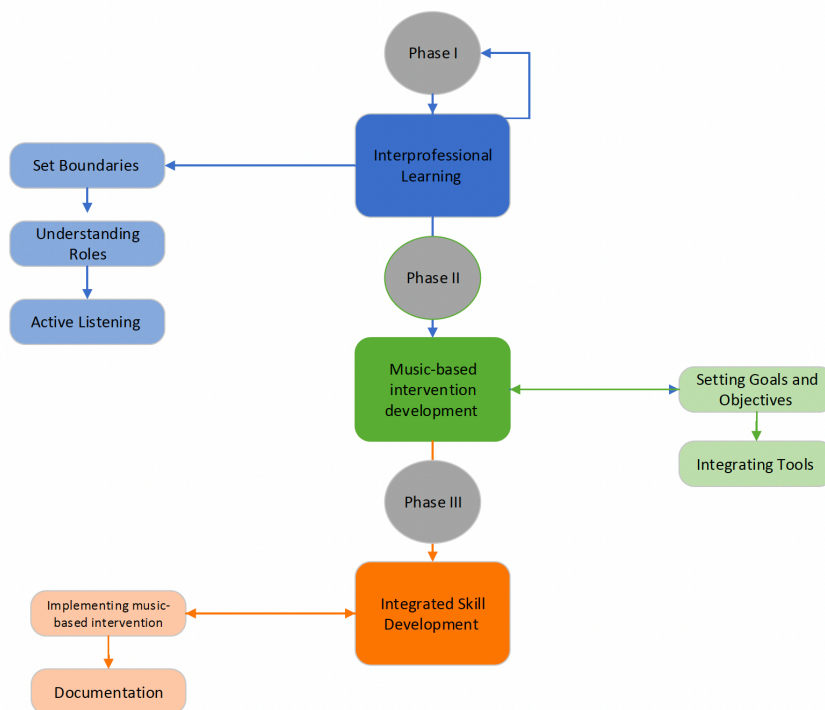
The goal of interprofessional work and music-based intervention development is to incorporate music into non-musical interventions and/or tools that other professionals use within their scope of practice. For example, if a speech and language pathologist is working with a patient on task analysis and they are breaking down the steps of "how to take a shower," the music therapist can then contribute to that intervention by creating a song with the client that will

enhance the ability to remember the steps and apply the steps into their daily lives. Using music allows clients to improve receptive and expressive language skills and the combination of auditory, visual, and vocal inputs and outputs allows clients to integrate the steps of the task for a very structured and specific context (Vance, 2017).

Figure 1 provides an overview of the MIID model and the processes by which professions can begin to conceptualize IP practice in a professional setting.

**Figure 1**

*MIID (Music-based Interprofessional Intervention Development)*



**Phase I: Interprofessional Learning**

Interprofessional learning (IPL) is the most crucial step within this protocol, as this is the phase where professionals from different disciplines connect, gain understanding about each



other and their scope of practice, and develop trust. The collaborators must establish and set boundaries such as defining roles within the dynamics of the interprofessional team and through the distribution of responsibilities (Bourgeault et al., 2013). Overlaps in professional competencies may result in role blurring, which is when members of an interprofessional team feel that their role is being performed by another member of the team, which may cause frustration and tension within the dynamic of the team (Bourgeault et al., 2013). It is also important for all members of an interprofessional team to stay open minded, actively listen to the other individual, understand the role each individual holds within the work setting, and develop roles within the process of intervention development.

The music therapist must educate other professionals about music therapy, using language that other professionals are familiar with. It is important to start with the common goals between each discipline, and then move on to sharing how music can be used to address said goal. Next, professionals should gain insight and perspective from the point of view of the other collaborators and understand how the tools they use can be implemented to address the same client goals. During the initial team meeting, each professional has the chance to educate the other about their scope of practice; this process will not only take place during the initial meeting but throughout the entire process of interprofessional collaboration.

### **Phase II: Music-based Intervention Development**

Phase II is when the intervention development begins among the professionals. If the professionals are planning for long-term treatment with a client, they will set up an assessment session where they will observe the client to establish areas of need based on the client's current state. Step one would consist of establishing common goals that address the client's needs. After

the goals are established, objectives must be established. The objectives must be integrated and function appropriately according to each discipline. Setting common goals and objectives among the professionals involved contributes to a process of clinical evaluation toward the development of client-focused music-based interventions.

Each week the music therapist and the other professionals will assess the patients' needs and determine which goals need to be addressed. If working in a short-term setting, the goals and interventions will differ each week due to different patients checking in and out. If working in an inpatient unit, the disciplines will come up with more long-term goals for the patients and the interventions will be more established but also vary each week. Phase II continues each week until termination.

### **Phase III: Integrated Skill Development**

Once roles have been determined among each discipline, the education process has taken place, the goals have been set, and the interventions have been developed, Phase III will begin. Integrated skill development is where multiple disciplines take their strengths and skills and combine them to address a patient's needs efficiently. This is the phase where the knowledge of each professional is physically applied in the workplace (Durham et al., 2020).

Documentation is crucial within interprofessional collaboration to support the benefits of having multiple professionals engaging in co-treatment. Documentation also shows the administration that this model is beneficial for clients and family members. Collaborative work will also allow for all professionals to see the benefits of each discipline and how IP work is a valuable contribution to the treatment plan for BIS. The Interprofessional Education Collaborative (IPEC; 2016) suggested:

Working with other professionals increases mutual respect and shared values, combining knowledge amongst multiple professionals enhances the ability to assess and address the needs of clients, interprofessional communication supports a team approach in the treatment of disease, and that relationship building amongst team members is essential during treatment to ensure that programs and policies are safe, timely and effective. (p. 10)

Anecdotally, music therapists do provide interprofessional services to individuals with brain injuries; however, research regarding this topic within music therapy is lacking. Using a music-based protocol to establish common goals and create interventions among other disciplines and music therapy will contribute to more knowledge about interdisciplinary work in the field.

### **Purpose of the Study**

In this study, the researcher examined the impact of interprofessional collaboration among music therapists and other allied professionals to evaluate the benefits of interprofessional collaboration and its effectiveness with brain injury survivors. The research questions are as follows: Is interprofessional collaboration beneficial among music therapists and other allied healthcare professionals? If so, what are the benefits of interprofessional collaboration, and what are the challenges of interprofessional collaboration and does it work? Is the MIID methodology useful when initiating interprofessional collaboration amongst a music therapist and other allied health professionals?

## METHODS

### Participants

The participants in this study were graduate students at a mid-sized state institution in rural Virginia. The student researcher was a music therapist and two student therapists were speech-language pathology students. The student researcher and two student therapists were between the ages of 22 and 26. They have all three completed an undergraduate degree.

The student researcher evaluated and compared the experiences that the student researcher and the two student therapists experienced during the collaborative process. Music therapists (MT) and speech-language pathologists (SLP) frequently work together in the field and it is the assumption of the researcher that these interprofessional training opportunities are beneficial for students in both disciplines as they prepare to embark on their professional careers.

There were a total of three participants in the study. The student researcher and the two student therapists. Table 1 shows the details of each student researcher demographics. The student researcher is committed to interprofessional practice and hopes to more fully understand the lived experience of therapists who participate in this type of therapy setting.

**Table 1***Participant Demographics*

Participants	Age		Discipline		Gender		Race		Year in School
Student Researcher	26		Music Therapy		Female		White		2 <sup>nd</sup>
Student Therapist 1	22		Speech and Language Pathology		Female		White		1 <sup>st</sup>
Student Therapist 2	24		Speech and Language Pathology		Male		White		1 <sup>st</sup>

**Research Design**

This study was a phenomenological inquiry. Phenomenological inquiry allows the researcher to understand the lived experience of an individual within the world (Creswell & Creswell, 2018). The purpose behind choosing this research design was to understand the emotions and feelings that each student therapist experienced during the collaborative planning and service delivery process for clients who are BIS. The student researcher asked the SLP students to submit a journal response about their experiences with the interprofessional planning and implementation process. Each week the participants were sent an email with a link to a Qualtrics form that had questions prompting them to express any positive and/or negative emotions/experiences during the collaboration (see Appendix A). Phenomenological inquiry was chosen to allow the researcher to more fully understand and explore the experiences that each

student therapist had during interprofessional collaboration and their perception of how the interprofessional environment impacted their understanding of interprofessional practice.

### **Procedure**

The student researcher and the two student therapists were asked to journal about their collaborative experiences each week after the session. The student researcher read the journal entries and reviewed the responses for similarities and discrepancies. All journal entries were housed in the Qualtrics application, which is a password-secured system. The student researcher chose the Interpretive Phenomenological Analysis (IPA) method to code all journal entries to find themes and to gain insight into the experiences of the student therapists. IPA was chosen to allow the researcher to understand and interpret the student therapists' lived experience by reviewing the responses, identifying relevant information, interpreting the information, and developing themes that occurred during the sessions (Creswell et al., 2018). Journal entries were reviewed at the conclusion of the semester.

### **Data Analysis**

The primary form of data collection in this study was the journal responses from the student researcher and two student therapists. The student researcher evaluated the student therapists' journal responses for common themes related to the experience they had during interprofessional collaboration. This might include similar or different emotions or thoughts that occurred during the sessions and team meetings. The student researcher evaluated the data at the conclusion of the project for 100% of the sessions. The student research collected three journal entries total where the student therapists reported their experience regarding three IP sessions and three team planning meetings.

**Ethical Considerations**

This study was approved by the Institutional Review Board at the university where the study took place. Each student therapist that was engaged in this study was required to fill out a consent form (see Appendix B). Prior to the collection of any data, the researcher met with the student therapists to review the consent form and to provide an opportunity for them to ask any questions. All participants were informed that information used in the study was confidential and their identities were protected.

The students signed their consent form before any data was collected. The researcher verbally read over the consent form with all student therapists and made sure they understood that their identities were confidential. All participants were able to opt out of the study at any given time.

The consent forms were stored in a locked file cabinet in the principal investigator's office at the university. All the participants were given a pseudonym and there was a sheet with participant names and pseudonyms that was kept in a locked filing cabinet in the principal investigator's office. The Qualtrics program was used to collect journal entries from student therapists. All data is de-identified to protect the subjects.

## RESULTS

### **Initial Coding**

During the initial coding, I analyzed the responses given by each student therapist to understand their lived experience during interprofessional collaboration. Below I will state each question and discuss notable information within the responses. I will also provide direct quotes by the student therapist under each question section to provide examples of the information being presented. I decided to review the codes I came up with and break them down into primary and secondary codes based on the research question. Topics included interprofessional practice, how we collaborated, and whether the collaboration was beneficial for the therapists and the clients. This will be listed in Table 2. The idea behind this is so I am able to successfully determine significant themes through the primary codes that were uncovered during the coding process.

### ***Successes During Team Planning***

Each week the student therapists would answer the following questions: “Were there any successes during the team planning; if so, what were they?” I asked these questions each week in an attempt to uncover exactly what each student therapist found successful about team planning. The student therapists reported that the team was able to successfully come up with strategies to enhance the client experience and that the collaboration amongst the two disciplines was working well.

*We came up with a strategy for the song worksheet that worked much better than in the past. The clients were very responsive to the worksheet where they choose between two words rather than filling in the blank with and without a word bank.*



*I think we figured out a system that worked well for each member as far as collaboration and making it work.*

*Putting our heads together from multiple fields of work to make the session what it was!*

*Meeting on Zoom and planning each week was very successful. We were able to work together to come up with creative ways to get the clients engaged.*

### ***Challenges During Team Planning***

Each week after the session, the student therapists answered the following questions: “Were there any challenges during team planning; if so, what were they?” Eight of the 10 responses indicated that there were no perceived challenges during team planning. One student therapist reported that one of the challenges was that the interprofessional team did not focus on group goals. Two of the student therapists saw clients outside of the group and had a tendency to implement interventions that addressed client-specific goals rather than focusing on the group as a whole.

*One challenge I find is that some team members are more focused on their individual goals for their personal clients rather than the group goals. They tend to focus on their individual clients in the group session which leaves me to cater to the other two clients. Going into this research, I was hoping that we would be more group focused and that we will focus less on individual clients. I think this is because they have to document on each client separately. But they have not been cuing the other clients (one needs a lot of prompting when it comes to speech) and I am the one who has to do it and that is not necessarily in my scope of practice.*

### *Successful Collaboration Approaches*

Question number three was as follows: “Were there any things that the team did that you think are working?” The student therapists reported that meeting between sessions to prepare and discuss ideas was helpful. They also reported that the team strengthens their interprofessional skills because they can bounce ideas off of one another, because they take turns asking appropriate questions, and because they make adaptations quickly as a team and give each other a hand during the session. The student therapists reported that encouraging the clients to call each other by name before asking questions addresses the goal of improving their language abilities.

*Communicating between sessions to prepare and discuss ideas for the next session.*

*We have gotten much better at being able to tag team in the sessions. We take turns chiming in and asking questions and we give each other a hand when we are struggling.*

*We are able to work together in the group setting very well. Each week we improve our skills of being able to bounce off of each other in the moment and make quick adaptations.*

*Meeting on zoom to discuss our lesson plan was beneficial. It helped with preparation and working through some ideas and concepts.*

*All discussing our needs for the clients and what we want for them in music group (other than music therapy) aka calling someone by their name before asking a question. This targets the client's language and it's awesome.*

### ***Unsuccessful Collaborative Approaches***

Question number four was as follows: “Were there any things that the team is doing that you think should be done differently?” Five out of 10 responses from the student therapists reported that there was nothing we should have done differently as an interprofessional team. Focusing on group goals over individual goals was address three times out of 10 under this question. The student therapist may have felt that all clients were getting the same amount of attention compared to the clients whose individual goals were being more directly addressed. It was also mentioned that as a team we should encourage clients to ask questions and be more involved along with creating intervention material that is more appropriate for meeting the needs of the clients.

*Focus on group goals more so than individual goals.*

*Encourage clients to ask questions and be involved.*

*Format of the print-outs, get clients to say each other’s name (provide a model).*

### ***Successes and Challenges During the Session***

Question number five is as follows: “Successes and challenges during the session?” The student therapists primarily explained successes and challenges based on client response. The information I gathered was that the student therapists were very client focused when answering this question. They again mentioned that the clients were able to successfully call each other by name and they wrote about specific interactions from client to client and client to therapist. It is important to note that the clients were becoming more comfortable with sharing emotions with other clients and the student therapists. Although, this was mentioned as a challenge as well

because the student therapists were struggling with finding an approach that allowed this group of individuals to explore beyond surface level emotional expression. Another element I uncovered when examining the responses to this question was that a student therapist mentioned that one client did not meet any personal goals. In previous questions and responses, one student therapist was concerned about the team not focusing on group goals.

The collaborative process was mentioned as well. The student therapists wrote that the team was struggling to get everything done within the time frame we were given to work with the clients, which made it difficult to meet all the goals we set for the group. There were also challenges such as figuring out our team dynamic when in the session. For example, who should be prompting the clients and determining at what point each therapist should chime in? One student therapist expressed the concern that cuing and prompting certain clients consistently was a challenge without continuously giving that individual more attention than the other group members.

*The goal was for them to take this home to use when they were mentally struggling but one of the challenges with the group this semester was “digging deep” into emotional processing. I hope to see more of this next semester when we work with them. The group did form great relationships with each other by the end of our time together this past semester.*

*Everyone was involved and contributed to the session.*

*Successes were getting through the overall lesson plan for the session and moving through it as a team.*

*Challenges were figuring out when each person should chime in and when to let the other people take the lead.*

*One struggle is getting one client in particular to engage with the other group members. She struggles with communication without consistent prompting. It is hard to make sure this is being done in a group setting without giving her more attention than the other group members.*

*Our sessions have been successful at getting members to discuss their emotions and thoughts with the student clinicians and each other. It has been difficult to get everything done in the short amount of time we have. Also, trying to target all of the goals we have set has been challenging, but we have done the best we can.*

*challenges: Client was less talkative, not many personal goals were met.*

*successes: Client spoke!*

### ***Other Notable Information From the Session***

Question number six is as follows: “Did anything happen that seemed notable or important during the session? If so, please explain. (Between therapist and client, therapist and therapist, client and client?)” I found that the student therapists responded to this question by providing many examples of client interaction and successes. Two responses out of 10 emphasized a client’s ability to remember to give gifts to the student therapists at the end of the last session without prompting. The student therapists also noted in two different occasions that the same client who remembered the gifts was able to recall all the lyrics to every song that we sang in a session. Another notable topic to address is that in two different responses, the student

therapists again mentioned that the clients were successfully able to call on each other by name throughout the session. Relationship building was mentioned two times out of 10. One student therapist mentioned that this experience gave them the opportunity to learn and grow in unexpected situations.

*Clients were very successful at using names in this session. They called on each other and acknowledged each other. They have built a really good bond.*

*Client had a spontaneous response this week which does not always happen. She also sang all the words to each song in the session which was great!*

*Learning to adapt, improvise, and overcome unexpected situations that have risen up in a few sessions. It has been fun getting to learn the clients and hear them sing with each other.*

*Client was asked by her mom before the session to pass out the Christmas gifts to the group members. At the end of the session, LP remembered!*

*Clients were able to successfully call on each other by name.*

*Client remembered her gift independently! She also sang out her favorite part of The Climb. Fluent speech with no interjections is great.*

### ***Missed Opportunities***

Question number seven is as follows: “Were there any missed opportunities between therapist and client, therapist and therapist, and client to client?” Eight out of 10 responses indicated that there were no missed opportunities during the sessions. One missed opportunity that seems notable was that after listening to the song “The Climb,” one client was asked about

the mountains that they had to climb throughout their life. The student therapists reported that they wished they would have rephrased the questions in order for the client to better understand and appropriately respond to the question. The purpose of this question was geared toward allowing the client to express their feelings about the brain injury they had faced and how it had potentially created barriers for the client in their daily life.

*Client was asked what mountains he has climbed in his life. I feel like I could have asked a better question to gear him toward talking about his BI.*

### ***Other Outstanding Thoughts***

Question number eight is as follows: “Has anything else come to mind that you would want to share?” Six out of 10 responses reported that nothing else has come to mind that needs to be shared about the experience. Two responses indicated that the experience at hand was enjoyable for them personally. An observation was that the clients also enjoyed the experience as a whole and were excited to continue music therapy in the future. I believe it is important to note that one student therapist reported that they felt uncomfortable in group settings and that this group music therapy experience was very valuable to them. It was also mentioned that each week the bond between clients improved as well as amongst the student therapists. One response reported that the team should focus more on group goals; I thought noting this was important because it has been a reoccurring response throughout several questions.

*Clients seemed very appreciative of our time together. They really enjoyed music therapy and stated that they cannot wait to continue next semester.*

*I really enjoy working with this group. Each week they bond more and more and the connection between therapists becomes stronger.*

*I have enjoyed this experience. I don't do well in group settings in general, so this has been very valuable exposure for me.*

*Just focusing on group goals more.*

Table 2 includes the initial coding process with both primary and secondary codes that were extracted from participant responses.

**Table 2**

*Initial Codes for Journaling Prompts*

<b>Primary Codes</b>	<b>Secondary Codes</b>
Collaboration	
Working as a team	
	Student therapist to student therapist communication
	Combining techniques
	Understanding each other
Engaging clients	
Client response	
Clients using and learning names	
Client to client communication	
Memory	
Adapting to client needs	
Successes	
	Clients calling on one another
	Clients remembering and singing song lyrics
Challenges	
	Student therapists missing opportunity for proper verbal processing



	Not enough time to with client in order to reach goals
Focusing on group goals	
	Personal goals not met
	Communication from therapist to therapist
Emotional Responses	
	Positive responses from clients about music therapy experience
	Student therapists enjoyed experience
	Valuable experience for student therapist
Zoom team meetings were beneficial	
	Planning
	Strategies
Nothing notable to report	

### **Focused Coding**

I chose to use focus coding to categorize the data based on thematic content within the journal prompts (Brooks et al., 2020). Focused coding took place after I engaged in open coding on the data at hand. After reviewing the codes, I found the following topics to be most significant to the student therapists: team focused/collaboration, client responses, client-focus, emotional responses, interprofessional applications, and relationship building. Refer to Appendix C for an outline of raw data from the journaling prompts.

**Table 3***Focused Coding (Brooks et al., 2020)*

Code	Occurrence	Description
Team Focused/Collaboration	20	Any response discussing interprofessional collaboration in planning.
Client Response	15	Any response that described a clients response to an intervention and successes in the session.
Client Focused	10	Any response that discussed the team focusing on the client's needs or goals.
Emotional Response	7	Any responses acknowledging any emotional content regarding the experience itself.
Interprofessional Application	5	Any responses indicating anything that has to do with implementation in the session.
Relationship Building	4	Any response that mentions relationships between therapists and therapist.

Themes emerged by narrowing the codes down into specific categories. After determining how many times each code occurred throughout the journal responses, I was able to conceptualize how the codes were part of specific themes based on what was most important to the student therapists during the interprofessional experience process. The themes are listed in Table 4.

**Table 4***Themes from Student Therapist Journal Responses*

<b>Themes</b>	<b>Codes</b>
<b>Team Focused/Collaboration</b>	Combining techniques
	Growing as a team
	Working as a team
	Focusing on goals
<b>Client Responses</b>	Addressing communication
	Clients learning names and applying it
	Addressing memory
<b>Client Focus</b>	Making sure clients are engaged
	Providing the opportunity for autonomy
	Encouraging clients to ask questions

**Themes**

As I compiled the data, I was able to construct three main themes: team focused/collaboration, client responses, and client focus. These three topics occurred most frequently throughout the journaling prompt responses. From this, I assume these three points were what the student therapists considered the most important aspects of the interprofessional collaboration process.

***Team Focused/Collaboration***

The first theme is team focused/collaboration. The theme is based on responses that related to the interprofessional collaboration process and team planning. This theme mainly

occurred in questions one through four (see Appendix A). I derived these questions toward team planning so I would be able to uncover the student therapists' experience during this process. I found that our team meetings prior to the session were most successful. The team met once a week approximately 1 to 3 days before the session for approximately 30 minutes to an hour to make a plan for the session with our clients. The student therapists reported that this process was beneficial and gave us the opportunity to work together to come up with a way to engage the clients and meet their needs accordingly. We used this time to work through ideas and concepts to prepare for the session and talk about our goals and interventions.

The benefits of collaboration itself were also mentioned and the student therapists reported that it seemed to enhance the group environment by combining the MT and SLP techniques. One example was taking song lyrics and creating a worksheet for the clients to fill in the blank with the missing words from a familiar song. As a team, we came up with strategies to make this process easier for the clients by providing a word bank, altering the spacing, and making the font larger to set the clients up for success. We also took this process a step further by singing through the song as we went through the lyrics so they not only had visual prompting but also auditory prompting.

One concern that came up regarding the collaborative process was that the team as a whole tended to focus on individual client goals over group goals. This was mentioned approximately five times throughout the journaling prompts. Under question number two, which was the section to discuss any concerns that came up during team planning, a student therapist explained that individual goals were being more highly considered over group goals. Within the team dynamic, there were two SLP students and one MT student and the SLP students worked

with an individual client outside of the group, which may have been the reasoning behind individual goals being addressed more efficiently, which affected the group as a whole where some clients were receiving more attention than others. One student therapist mentioned that it was difficult to engage the client that had more demanding communication needs without giving that client more attention.

### ***Client Responses***

The second theme, client responses, was established after I discovered that the student therapists focused on the importance of the clients' response and how the collaboration enhanced client outcomes throughout the semester. This was evident because this topic was addressed 15 times throughout the journal responses. This was the second most significant topic addressed. I found that the student therapists really focused on the importance of clients using each other's names and calling on one another to promote communication. This was addressed every session and taken very seriously by all student therapists. From my understanding, the more successful the clients were at using names, the more the student therapists felt the need to mention the success of the clients with this particular goal.

Client responses of note were related to communication and memory. Both memory and communication were goals established for the clients by the team after the assessment session. The student therapists identified the importance of clients being able to recall song lyrics when singing and completing song lyric worksheets. They also mentioned that one client in particular was able to remember to give gifts she brought at the end of the semester without prompting at the end of the session. One of the interprofessional goals was to promote emotional expression. A student therapist reported that the team was successful at encouraging the clients to express their

emotions to the group. It is important to note that this goal was not addressed as much toward the end of the semester because the direction of the session progressed into more communication and memory goals.

Overall, interprofessional collaboration appeared to benefit the clients according to the student therapists' responses. I assume this because the student therapists mainly reported positive client response and outcomes. The student therapists reported more successes than challenges, although it is important to note that participants did make note of challenges faced by the clients. One student therapist reported that one client was struggling with speaking out of turn and getting off topic when asked a question. Another challenge was that one other client was struggling to engage with other group members without prompting, which made it difficult for the student therapists to engage the client without giving this one particular client more attention than the rest of the group.

### ***Client Focus***

Theme three derived from the journaling responses because the student therapists were client focus oriented. Throughout the responses, the student therapists reported their own personal strengths and weaknesses within their own skills while working with the clients and expressed growth and learning opportunities that influenced them to best meet the clients' needs in future sessions. Over time the student therapists identified that they learned to adapt in the moment and find opportunities to allow one another to take the lead throughout the session when necessary. I emphasize this because the student therapists mention it multiple times within their responses. This was not something that SLP or MT students had experienced regularly and it

took time to understand each other and work together to meet the clients' needs in an appropriate manner and learn to adapt to their needs in the moment as a team.

The student therapists encountered moments of difficulty when working with the clients and it was reported that it was nice to have multiple therapists present in the session when this occurred. We were able to tag team and take turns asking questions and chiming in when it was appropriate or if the client need could be addressed within a certain professional scope of practice. Another challenge was the need to develop more advanced verbal counseling skills to more fully address clients' needs in the moment. We were originally supposed to have a counseling student in our interprofessional team to help promote verbal processing of emotions. That individual was unable to participate due to personal reasons. This is when the session switched directions and our goals and objectives were more focused on the development of language and communication skills. Even though we did not have the counseling student participating, I noticed that the verbal processing skills of all student therapists improved week to week as we would learn from mistakes, supervision, and our reattempts in the next sessions to better address the clients' needs.

## DISCUSSION

Interprofessional collaboration is a common practice in healthcare settings. It is important to define the benefits of music therapists working within an interprofessional team and to understand if and how IP practice can benefit clients. It is important that professionals do not perform procedures outside of their scope of practice; therefore, having a music therapist on an interprofessional team avoids the possibility of other professionals using music in way that may not be supportive or appropriate for a client (AMTA, 2020). Throughout the analyzed data, it is evident that interprofessional collaboration was perceived to be beneficial for the student therapists and the clients.

When aligning participant responses with the MIID model, as outlined previously, the identified themes tend to align with the order and implementation of the model. The model was designed to focus primarily on the process of interprofessional collaboration, which aligned with the theme of team focus/collaboration. Phase I in the model recommends that clinicians must engage in interprofessional learning through the understanding of roles of each discipline. This recommendation was echoed in participant response across all three themes. It is important to note that IP learning happened over time, not necessarily during the initial meeting and team planning. The original intent of the model was to have achieved the IP learning prior to working hands on with clients, but the themes seem to suggest that this process happens while working with the clients and learning to work together to meet their needs. Therefore, a revision of the model would include the necessity for IP learning to happen across all three phases and not just in Phase I.



Phase II of the model is the intervention development stage where professionals are tasked with integrating best practices from each discipline. This stage also focuses on meeting the needs of the clients and setting common goals and objectives to establish a solid clinical foundation for the development of client-focused music-based interventions. This phase is in line with the client focus theme, whereas the team felt it was important to focus on the clients' needs when planning and adapting throughout each session from week to week. As shown in the data, this was a long-term process and goals and objectives were adapted as needed throughout the time spent working with the clients. Along with intervention development, the results suggested that the music affected the clients' ability to complete certain assignments more efficiently than without music. The student therapists also focused on the importance of coming up with strategies and creative ideas to keep the clients engaged during the sessions.

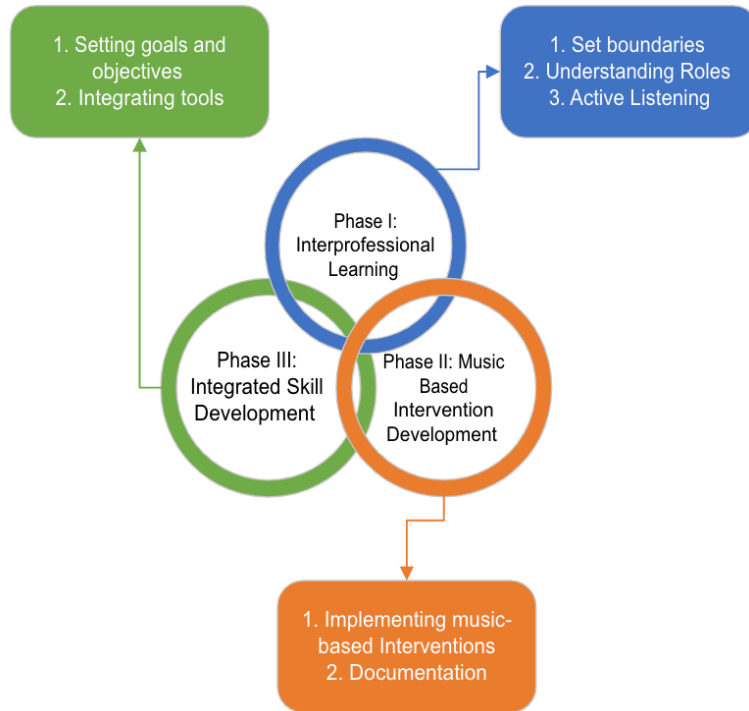
Phase III is where the knowledge of each professional is physically applied in the workplace (Durham et al., 2020). It is also where multiple disciplines take their skills and integrate them to address patient needs efficiently. Client focus also seems to align with Phase III because the student therapists addressed improving their own skills individually and as a team within the group setting to ensure they were able to meet the needs of the clients in the group in the most effective way. The student therapists reported that the more time they spent with the group of clients, the more the team's skills and abilities grew as a whole. This aligns with the IPL model mentioned above where spontaneous learning and experience will take place when working in an interprofessional setting without being a part of the protocol (Bell et al., 2016) and as a result of the spontaneity, integrated skill development and client-focused ideas and concepts develop (Ducharme et al., 2015).

Overall, the major concepts of the MIID model were implemented into the collaborative work amongst the student therapists. The client response theme deviated slightly from the original model because the student therapists were very focused on the client responses and wanted to express how the clients responded to the treatment they were receiving. This may fit into Phase III of the MIID model because the documentation process is also addressed in this stage. Documentation of client responses is of utmost importance when executing interprofessional practice in order to support the necessity of the work and to establish an evidence base for this type of practice. As evidenced by participant responses, IP work is beneficial for clients and clinicians and it is important to emphasize these benefits so that other clinicians and decision makers can consider IP in their healthcare setting.

Figure 2 provides an overview of an updated version of the MIID model based on the research found in this study. Based on the outcome of this study, all three phases are connected and overlap with one another during interprofessional collaboration and happen throughout the process and not necessarily in a particular order.

**Figure 2**

*Updated MIID Model*



## CONCLUSION

Based on the results of this research, interprofessional practice appears to have been beneficial to the student therapists because they reported they were able to grow within this interprofessional dynamic, they learned how to implement new interventions with a group, and they learned how to adapt in the moment. The student therapists also reported that they had a positive experience facilitating in an interprofessional setting. All areas of the MIID model were implemented into the interprofessional collaboration process, in a way that seemed organic to the student music therapist and SLP students. More research needs to be conducted with the MIID model for further development and implementation.

### Recommendations and Limitations

There is a lack of evidence-based research when it comes to music therapy and interprofessional practice. For this topic, I recommend that further research takes place in a setting where other professionals are working hands on with a music therapist and researchers evaluate the client/patient experience of IP practice. I think this would provide support for whether client responses were a significant aspect of the interprofessional collaboration process, and it would provide more insight into which interprofessional interventions and techniques were more successful.

In future studies, I plan to update the training process for the MIID model and provide a more detailed description of interprofessional practice and the importance of focusing on group goals through a PowerPoint slide show in the initial meeting. I think this would be effective and gear the team towards focusing on group goals and understanding the process more thoroughly. I believe the model has the potential to be altered to explain that this is an idea of what

interprofessional practice looks like overall, but the entire process takes place during every meeting and every session. With multiple professionals involved and the potential of losing a professional from the team at any time, there is the possibility that goals and objectives may need to be adapted in consideration of the scope of practice of the professionals on the team and the presenting needs of the clients. I also encourage future researchers planning to conduct research on this topic to consider looking into the group process and how it affected the IP team's dynamic throughout the time spent working with clients and team planning.

Gaining IRB approval was a major limitation for this study. I was planning to start collecting data in September of 2021 but was unable to start collecting data for this research until November 2021 due to delays in IRB approval. Out of 11 sessions total, I only collected three journal entries from the last three sessions and team planning meetings, which limited the amount of data that was used in the research. No research or data was collected in any sessions prior to IRB approval. Due to these delays, the team had already started to build relationships and grow within our team planning and implementation skills before any data was collected. Outcomes may have been different if the research had started in the beginning stages of the IP process. I would also consider conducting in-person participant interviews to explore further into the IP process and human experience during IP collaboration.

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## Appendix A

Journaling Questions for student therapists:

1. Were there any successes during the team planning, if so, what were they?
  - a. Example answer: *“Meeting on Zoom and planning each week was very successful. We were able to work together to come up with creative ways to get the clients engaged.”*
2. Were there any challenges during the team planning, if so, what were they?
3. Were there any things that the team did that you think is working?
4. Were there any things that the team is doing that you think should be done differently?
5. Successes and challenges during the session?
6. Anything happened that seemed notable or important during the session? If so, please explain. (Between therapist and client, therapist and therapist, client and client?)
7. Were there any missed opportunities between therapist and client, therapist and therapist, client and client?
8. Has anything else come to mind that you would want to share?

## Appendix B

### *Consent Forms for Student Therapists*



Music Therapy Department

#### **Student Informed Consent**

**Title of Research:** The Impact of interprofessional collaboration between music therapists and allied health professionals

**Researcher(s):**

Patricia Winter, PhD, MT-BC

Student Researcher: Marley Holliday

You are asked to be a volunteer in a research study designed to determine the impact of collaboration amongst a music therapist, speech and language pathologist, and a counseling education student.

**Purpose:**

The purpose of this study will be to determine the impact of collaboration amongst the student researcher, who is a music therapist, a student speech and language pathologist, and a counseling education student. The student researcher will be evaluating her own experience along with the experiences of the two student therapists, who are participants in the study, during the collaborative process to uncover the full experience of the process of working together. The student researcher and two student therapists will be meeting together once a week to plan sessions and will be expressing their emotions and experience through journaling prompts each week.

**Procedures:**

If you decide to be in the study, you will be asked to attend the group weekly, meet with the interprofessional team before meeting with the group for approximately an hour weekly, and complete journaling prompts after the meetings each week.

**Risks or Discomforts:**

This study has no more risk than you may find in daily life.

**Compensation to You:**

There is no compensation from being in this study.

**Benefits:**

This study is designed to evaluate the impact of collaboratively designed interventions that use evidence-based tools and theories from music therapy, speech-language pathology, and counseling professions. Collaboration amongst different disciplines is becoming the standard across medical sectors and this study will continue to highlight the impact of collaboration on the educational development of students. The student researcher and two student therapists will benefit from learning how to work with students that come from different disciplines. Within this

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process, the student researcher and student therapists will experience group meetings where they will set boundaries and create session interventions through a collaborative effort.

**Confidentiality:**

We will do our best to make sure that the information about you is kept confidential, but we cannot guarantee total confidentiality as some loss of privacy may result from other members of the group. In order to address this, each week the researcher will remind all participants in the study that any information shared during group therapy should not be talked about with anyone outside of the session.

Your personal information may also be given out if required by law, such as pursuant to a court order. There are two circumstances where we would be required to break confidentiality and share your information with local authorities. The first is if we become aware or have a reason to believe that a child, an elder, or a disabled individual is being abused or neglected. The second is if you make a serious threat to harm yourself or others.

All the participants will be given a pseudonym and there will be a sheet with participant names and pseudonyms that will be kept in a locked filing cabinet in the PI's office. The Qualtrics program, which is a password secured system, will be used to collect journal entries from student therapists. All data will be de-identified to protect the subjects.

If you give the research team permission to quote you directly, the researchers will give you a pseudonym and will generalize your quote to remove any information that could be personally identifying.

**Costs to You:**

There will be no cost for the participants.

**Questions about Your Rights as a Research Participant:**

If at any time you want to stop being in this study, you may stop being in the study without penalty or loss of benefits by contacting: Patricia Winter at 1.540.831.6160. If you choose not to participate or decide to withdraw, there will be no impact on your grade or academic standing.

If you have questions now about this study, ask before you sign this form.

If you have any questions later, you may talk with Patricia Winter.

If this study raised some issues that you would like to discuss with a professional, you may contact Patricia Winter.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Ben Caldwell, Institutional Official and

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Dean of the College of Graduate Studies and Research, [bcaldwell13@radford.edu](mailto:bcaldwell13@radford.edu),  
1.540.831.5724.

It is your choice whether or not to be in this study. What you choose will not affect any current or future relationship with Radford University.

You will be given a copy of this information to keep for your records.

If all of your questions have been answered and you would like to take part in this study, then please sign below.

\_\_\_\_\_  
Signature                      Printed Name(s)                      Date

I/We have explained the study to the person signing above, have allowed an opportunity for questions, and have answered all of his/her questions. I/We believe that the subject understands this information.

\_\_\_\_\_  
Signature of Researcher(s)                      Printed Name(s)                      Date

The investigators may  or may not  digitally record this interview.

Participant Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Appendix C**

*Interprofessional Codes Derived from Student Therapist Journal Responses*

<b>Journal Prompts:</b>	<b>Codes from each question:</b>
<p><b>Question #1: Were there any successes during team planning, if so what were they?</b></p>	<p>Team focused:</p> <ol style="list-style-type: none"> <li>1. Finding a system that works well for each team member as far as collaboration</li> <li>2. Overall collaboration and developing a session that was inclusive</li> <li>3. Putting our heads together from multiple fields to make the session what it was</li> <li>4. Meeting on Zoom to plan each week was very successful</li> </ol>
	<p>Client Focused:</p> <ol style="list-style-type: none"> <li>1. Coming up with strategies to on how to make the session more engaging for clients</li> <li>2. Make sure there was time to please all clients</li> <li>3. Work together to come up with creative ways to engage the clients</li> </ol>
	<p>Client response:</p> <ol style="list-style-type: none"> <li>1. Clients were very responsive to the worksheet</li> </ol>
<p><b>Question #2: Were there any challenges during the team planning, if so what were</b></p>	<ol style="list-style-type: none"> <li>1. Eight responses out of ten reported no challenges</li> </ol>

<p><b>they?</b></p>	<ol style="list-style-type: none"> <li>1. The group lost the counseling student therapist so the direction of the session changed because some of the original goals were related to that scope of practice</li> <li>2. Focusing on Group goals vs. Individual goals was a challenge due to the fact that the SLP student therapists worked with clients outside of the group session</li> </ol>
<p><b>Question #3: Were there any things that the team did that you think is working?</b></p>	<p>Interprofessional team meetings:</p> <ol style="list-style-type: none"> <li>1. Communicating between sessions to prepare and discuss ideas for the next session</li> <li>2. All discussing our needs for the clients and what we want for them in music group</li> <li>3. Meeting on Zoom before the session and briefly meeting after the session has worked well</li> <li>4. Meeting on Zoom to discuss lesson plans was beneficial and helped with preparation and working through some ideas and concepts</li> </ol> <p>Interprofessional application:</p> <ol style="list-style-type: none"> <li>1. We have gotten much better at being able to tag team in the sessions, taking turns chiming in and asking questions and we give each other a hand when we are struggling</li> <li>2. We are able to work together in a group setting very well. Each week we improve our skills of being able to bounce off of each other in the moment and make quick adaptations</li> </ol>

	<p>Client Focused:</p> <ol style="list-style-type: none"> <li>1. Combining SLP and MT techniques was working and allowed clients to complete memory worksheets and games more successfully</li> <li>2. Discussing client needs and addressing language by having the clients work on calling each other by name</li> <li>3. Encouraging clients to discuss with one another</li> <li>4. Allowing clients to have an option of what they would like to do in the session</li> <li>5. Allowing clients to have a choice in what they do during group</li> </ol>
<p><b>Question #4: Were there any things that the team is doing that you think should be done differently?</b></p>	<ol style="list-style-type: none"> <li>1. Five out of ten responses reported nothing should be done differently</li> </ol> <ol style="list-style-type: none"> <li>1. Three out of ten responses reported that the team should focus on group goals over individual goals</li> </ol> <p>Client Focus:</p> <ol style="list-style-type: none"> <li>1. Formatting print outs appropriately for clients</li> <li>2. Getting clients to say each other's names by providing a model</li> <li>3. Encouraging clients to ask questions and be involved</li> </ol>

**Question #5: Successes and challenged during the session?****Client Response:**

1. The clients were very responsive to our song worksheet. Clients also reported when asked that they did not remember a song that we had learned approximately 3-4 weeks prior to the session and once the music started the clients were able to sing and remembered the melody.
2. Calling clients by their names and allowing them all to speak their opinions on the activity at hand
3. Client one was singing and talking more than usual in this session. She also called on a client that she usually does not call on. She was very interactive and engaged this week. Client two did amazing with the songwriting worksheet. She was able to answer the questions first and even more ahead during the process. She also sang every song and was able to recall the opening song which she was not familiar with when we first started sessions.

	<p>Client Focused:</p> <ol style="list-style-type: none"> <li>1. One struggle is getting one client in particular to engage with the other group members. She struggles with communication without consistent prompting. It is hard to make sure this is being done in a group setting without giving her more attention than the other group members.</li> <li>2. Our sessions have been successful at getting members to discuss their emotions and thoughts with the student clinicians and each other. It has been difficult to get everything done in the short amount of time we have. Also, trying to target all of the goals we have set has been challenging, but we have done the best we can.</li> </ol>
<p><b>Question #6: Anything happen that seemed notable or important during the session? If so, please explain. (Between therapist and client, therapist and therapist and client and client?)</b></p>	<p>Client Response:</p> <ol style="list-style-type: none"> <li>1. Clients were able to successfully call each other by name</li> <li>2. Clients called on each other and acknowledged each other and have created a really good bond</li> <li>3. Clients recalling lyrics to songs and singing throughout the session</li> <li>4. Client remembered to give gifts out at the end of session without prompting</li> </ol> <p>Emotional Response:</p> <ol style="list-style-type: none"> <li>1. There was a nice farewell and expression of gratitude from both clinicians</li> <li>2. It has been fun getting to learn the clients and hear them sing with each other</li> </ol>

	<p>Interprofessional:</p> <ol style="list-style-type: none"> <li>1. Learning to adapt, improvise, and overcome unexpected situations that have risen up in a few sessions</li> </ol>
<p><b>Question #7: Were there any missed opportunities between therapist and client, therapist and therapist and client and client?</b></p>	<p>1. Eight out of ten responses reported there were no missed opportunities during the session.</p> <p>Client Responses:</p> <ol style="list-style-type: none"> <li>1. Difficult to control clients speech in the session</li> </ol> <p>Emotional Responses:</p> <ol style="list-style-type: none"> <li>1. I feel like I could have asked a better question to gear him toward talking about his brain injury</li> </ol>
<p><b>Question #8: Has anything else come to mind that you would want to share?</b></p>	<p>1. Seven out of ten responses reported that nothing else needed to be shared</p> <p>Emotional Responses:</p> <ol style="list-style-type: none"> <li>1. I really enjoyed working with the group.</li> <li>2. I have enjoyed this experience. I don't do well with group settings in general, so this has been very valuable exposure for me</li> </ol> <p>Client Focus:</p> <ol style="list-style-type: none"> <li>3. Clients seemed very appreciative of our time together. They really enjoyed music therapy and stated that they cannot wait to continue next semester</li> <li>4. Each week they bond more and more</li> </ol> <p>Interprofessional:</p> <ol style="list-style-type: none"> <li>5. Each week the connection between therapists becomes stronger</li> <li>6. Focusing more on group goals</li> </ol>