Voices
A WORLD FORUM FOR MUSIC THERAPY

OPEN ACCESS

RESEARCH | PEER REVIEWED

Community Music Therapy in the United States: A Thematic Analysis

Kathleen M. Murphy [1*], Viggo Krüger [2,3], Noah Pomerselig [4], Brynjulf Stige [2], Rhé Washington-Guillemet [5]

[1] State University of New York at New Paltz, USA
[2] GAMUT, The Grieg Academy, University of Bergen, Norway
[3] GAMUT, NORCE Norwegian Research Centre AS, Bergen, Norway
[4] Abilities First School, USA
[5] Purple Note Music Therapy, LLC, USA
* murphyk@newpaltz.edu

Received 26 February 2022; Accepted 29 November 2022; Published 1 March 2023
Editor: Juanita Eslava-Mejia
Reviewers: Rosemyriam Cunha, Kristin Maya Story

Abstract

Community Music Therapy (CoMT) practices are continuing to develop within the international music therapy community. However, the development and implementation of music therapy through a CoMT lens in the United States has not been widely written about. Only a handful of published studies and clinical reports detail music therapy programs that seemingly fit within a CoMT framework. In comparison to more traditional approaches to music therapy practice, CoMT practices in the United States are underrepresented. This thematic analysis informed by a hermeneutical method was undertaken to begin a dialogue with music therapists who consider their music therapy practice to fall within the boundaries of CoMT, in order to increase awareness of ways in which CoMT principles are being implemented within the US healthcare and educational systems. We interviewed 6 board certified music therapists asking them to 1) define CoMT, 2) explain role relationships (therapist, client, and community), and 3) speculate on how their approach to the work could influence health policy and access to services in the United States. Our findings suggest that participatory, performative, and social action elements of CoMT are evident in the clinical work of the music therapists who were interviewed, and that there is a place for CoMT practices within the United States healthcare system.

Keywords: community music therapy; qualitative research; Person-oriented approach; relational and flexible practice; social responsibility and action

Publisher: GAMUT - Grieg Academy Music Therapy Research Centre (NORCE & University of Bergen)
Copyright: 2023 The Author(s). This is an open-access article distributed under the terms of the http://creativecommons.org/licenses/by/4.0/, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.
DOI: https://doi.org/10.15845/voices.v23i1.3615

Introduction

Community Music Therapy (CoMT) has been described in numerous ways, for instance as the "cultivation of musical community wherever the therapist and clients find themselves" (Ansdell, 2002), as ecologically informed "cultural engagement" (Stige, 2002), as "a way of doing and thinking about music therapy where the larger cultural, institutional, and social context is taken into consideration" (Ruud, 2010, p. 126), and as a collaborative process "attending to unheard voices" (Stige & Aarø, 2012, pp. 3–5). Each description has been and continues to be discussed and examined. Taken together, these and other descriptions refer to participatory, salutogenic, and ecologic practices, often but not necessarily in inclusive, non-clinical settings. Thus, the specific aims include interconnected individual, interpersonal, and communal goals of the participants (Ansdell, 2002; Stige, 2002). When defining and describing CoMT, it is important to acknowledge that as an active response to local context, community, and culture, CoMT presents and develops differently wherever it is practiced (Pavlicevic & Ansdell, 2004).

Stige and Aarø (2012) argued that no definition can capture the complexities of CoMT's theory and practice in an accurate way. As an alternative, they proposed seven qualities that might characterize CoMT processes in different ways and to different degrees. While some of these qualities may describe music therapy practices that are not considered CoMT, the combination of these qualities might help us recognize the unique approach of CoMT. These qualities—as communicated by the acronym PREPARE—indicate that CoMT practices, in various ways and degrees, are: Participatory, Resource-oriented, Ecological, Performative, Activist, Reflective, and Ethics-driven. Stige and Aarø (2012, pp. 14–26) described them thusly:

- The *participatory quality* of CoMT refers to the intentional opportunities for individual and social participation within the therapeutic process. This is characterized by collaborative and democratic relationships with a focus on human rights, mutual empowerment, and collaborative decision making.
- The *resource-oriented quality* reflects that the focus is on the mobilization of personal, social, cultural, and material resources within the community where the process is undertaken. This approach focuses on both the development and access of resources to improve health and wellness.
- The *ecological quality* of CoMT reflects the importance of the various aspects of environment to personal and communal health. Therefore, the focus is not limited to individuals, and includes the reciprocal relationships between individuals, groups, and networks.
- The *performative quality* refers to work with human and social development through action. This involves use of the performative possibilities of music as action, and it might or might not include performances understood as gigs or concerts in a social context. Explorations of opportunities for expression and development of self and social systems are central.
- The *activist quality* acknowledges that health and wellness as communal issues and the core issues of participants are linked to human rights issues and limitations in society. This may require the community music therapist to take on roles and responsibilities outside the traditional definition of a therapist.
- The *reflective quality* is an expansion of the participatory quality in order to include all stakeholders in understanding and processing the outcomes of the therapeutic process. This impacts the practice and research process of CoMT.
- The *ethics-driven quality* of CoMT reflects that prioritizing human rights is the organizing principle of this approach. Values of freedom, mutual respect, equality, and solidarity are central to the work process.

Historical Development

A focus on the importance of community in music therapy developed concurrently and independently in several international music therapy traditions, on all continents. Stige (2012) discussed examples from the Scandinavian, German, British, and North American music therapy discourse. This included the writings of Florence Tyson, Carolyn Kenny, Even Ruud, and Christopher Schwabe among others (Stige & Aarø, 2012). Modern CoMT began to come to broader international focus with the publication of Ansdell (2002), Stige (2002; 2003), and Pavlicevic and Ansdell (2004) which provided frameworks for further development of CoMT practice and theory. At the same time, the 2002 World Congress of Music Therapy in Oxford, United Kingdom, provided an international context for CoMT to enter the broader music therapy discourse (Ansdell, 2014a). Ghetti (2016) summarized the development of CoMT around the world, noting both similarities and differences in application.

As a response to the sociocultural milieu of late modernity, CoMT has continued to develop and change. Stige and Aarø (2012) provided an accessible introduction for therapists interested in CoMT. Ansdell (2014a) and Stige (2014) reflected on the development of the approach over the previous decade. Both authors acknowledge that CoMT conflicts in some ways with the drive in the music therapy profession for medical and statutory legitimacy that prioritizes traditional therapeutic models. Ansdell (2014a) reflected that CoMT has impacted the broader practice of music therapy by encouraging an ecological understanding of music, relationships, and wellbeing. Stige (2014) also emphasized the importance of positioning music therapy as a practice of public health that prioritizes social justice and community participation in the face of increasingly complex economic and social challenges.

CoMT in the United States

As the practice and theory of CoMT has developed, so has its international scope. However, the majority of this discourse is outside the United States. Ghetti (2016) identifies several factors which may account for this underrepresentation of CoMT in the US, including lack of access to CoMT literature, differences in the boundaries and roles of CoMT as compared to traditional music therapy practices, or feelings that their perceived role as a music therapy professional may be diluted. This is supported by the findings of Curtis (2015) in which only 41% of the surveyed US music therapists indicated that they were familiar with CoMT and only 15% indicated that CoMT practices were in some way a part of their practice as a music therapist. Furthermore, of the participants who indicated that they identified as community music therapists, only 55.3% percent indicated that CoMT was a part of their theoretical orientation (Curtis, 2015).

This is not to say that CoMT is not practiced in the United States. Aigen (2004) provided examples of neighborhood and CoMT initiatives in mental healthcare in New York City. Soshensky (2011) discussed the process of public performance as an aspect of CoMT with adults with long-term disabilities as well as the impact on the local community. Shiloh and LaGasse (2014) described a CoMT project utilizing Sensory Friendly Concerts (SFCs) to promote social justice, community development, and self-advocacy within the neurodivergent community. More recently, Thomas (2020) discussed the implications of a CoMT program for limited-resource adolescents in New Orleans. Through referential songwriting, music production, and music-video production, participants not only experienced authentic self and cultural expression through the music experiences, but the performative aspects of this project increased the participants' awareness and access to intracommunity resources (Thomas, 2020). These examples represent some of the diverse ways that CoMT principles have been applied to various communities in the United States to enhance wellness and health within those particular contexts.

Purpose

The nascent writings on CoMT in the United States suggest that there may be an increased interest in moving away from the "medical model" of music therapy practice to one that is more social and inclusive, and provides increased access. Such developments require articulations in context. There will be similarities between CoMT practices and perspectives in various countries, but probably also divergences due to differences in systems and cultures (Kimura & Nishimoto, 2016). Therefore, the purpose of this study was to begin a dialogue with US music therapists who consider all or part of their clinical work to fall within the boundaries of CoMT. Specifically, our research questions were: 1) how do music therapists in the United States define CoMT?, 2) what roles do clients, therapists, and communities have within CoMT processes?, and 3) what is the potential influence of their programs and by extension CoMT on health policy and the provision of health-related services in the United States? (See the interview guide in Appendix).

Method

We are situating ourselves in a constructionist paradigm, drawing on interpretivist, theoretical perspectives (Alvesson & Sköldberg, 2009). Our approach is supported by Gadamer's (2004) reflections on how all sense-making is situated within a cultural perspective. For our study we chose semi-structured interviews as the way for gathering qualitative data. In this kind of research we as researchers are valuing the dialogic process and interactive engagement between the research team and participants (Kvale & Brinkman, 2009). The intention was to gather first-hand accounts of music therapy programs that fit within the bounds of CoMT. The use of a qualitative approach required members of the research team to enter into a dialogic process that necessitated reflexivity (Stige et al., 2009). The approach also was useful in undertaking a critical perspective towards our own scientific approach, and practice of investigating our own pre-understandings of CoMT in the United States.

Participants

Purposive sampling was used to identify potential participants. Potential participants known to the first author to meet the following eligibility criteria for this study were invited to participate:

1. Held the MT-BC credential
2. Were known to the first author to provide music therapy services consistent with the constructs and principles of CoMT
3. Read and spoke English
4. Were willing to participate in a 30−40-minute interview about their clinical work as it relates to CoMT

Ethical Considerations

Ethical approval was granted by the Human Research and Ethics Board at the State University of New York at New Paltz. Participants provided their informed consent prior to their engagement in the research. A follow-up anonymized Qualtrics survey was sent to participants to collect demographic data (See Appendix). All identifying information was removed from the transcripts. Each transcript was given a unique code to insure confidentiality.

Conducting the Interviews

All interviews were held and recorded using Microsoft Teams. Semi-structured interviews were used to collect data for this study (See Appendix). The first author used probes and clarifications to help participants expand on their responses. Interviews lasted between 30 and 40 minutes and were transcribed verbatim. Transcripts were sent to participants for their review to ensure the transcript was accurate. None of the participants requested any changes.

Data Analysis

We used the thematic analysis procedures described by Charmaz (2014) to analyze the data and identify themes as they related to our research purpose. The analysis was divided into four phases: 1) organize and code data, 2) find coincident patterns, 3) connect the themes to theory, and 4) evaluate implications for practice and research. Specifically, we used a reflexive inductive-abductive approach to develop themes and subthemes (Charmaz, 2014). First, authors 1, 2, 3, and 5 reviewed Participant A's transcript. Each author then reviewed the remaining transcripts independently, using the codes identified in Participant A's transcript and adding additional codes if necessary. Authors 1, 2, 3, and 5 then reviewed all coded transcripts and agreed upon themes and subthemes.

Stige et al.'s (2009) comprehensive framework for evaluating qualitative research—EPICURE[1]—was used as a reflective tool in our data analysis. The research conversations that we engaged in and analyzed, using EPICURE as a framework, led us to ask value laden questions such as: What are the conditions for CoMT in the United States? Are the healthcare and educational systems prepared to implement CoMT, or are there substantial political barriers? Engaging in reflections such as these has shaped our research in the direction of the CURE dimension of EPICURE (social critique, usefulness, relevance, and ethics).

The process of identifying and defining themes based on the interview transcripts was a creative and iterative process. For this report, we chose to highlight some of the data material as foreground, and other data material as a background. We used descriptions such as "all the participants," "many of the participants," and "one of the participants" to show tendencies in the data material. Finally, the themes that we have come up with in the analysis are connected to theory in the discussion. Author 4 was invited into the process of writing at this stage.

Results

The first author contacted 10 potential participants, 6 of whom consented to participate in this research study. Three participants had 6 to 10 years of clinical experience, 1 indicated over 26 years of experience, and 2 declined to respond. Three identified as female, 1 as male, and 2 declined to respond. Three identified as White, 1 as Asian, and 2 declined to respond.

Participants mostly worked in not-for-profit agencies, either as fulltime employees, or contract workers in urban areas in the northeastern and midwestern areas of the United States. They described CoMT programs that included children and adults with developmental, intellectual, or mental disorders as well as autistic individuals. All 6 participants reported some, if not all, of their music therapy practice fit what they defined as CoMT, although the nomenclature used to describe their work reflects current practice in the US, which is not the same as might be used in other countries. Participant definitions of CoMT may be found in Table 1.

Table 1. Participant's Definitions of Community Music Therapy.

Participant	Definition
A	I think for me, CoMT means working with people in context, whatever that context happens to be. So, it is taking a bigger view of the work and a bigger view of who the clients are, and a bigger view of who is benefiting from your work. So, it is always about thinking outside of the box and following the music wherever it happens to take you and wherever the work happens to take you.
B	For me, CoMT is an opportunity to meet both the individual and collective needs of clients in a particular setting, or in a particular locality to meet the cultural needs. It should take cultural factors into account and allow for access and participation. For me, CoMT is a coming together of a group of clients that can benefit from music and can have both an individualized experience as well as a collective one. And that also reflects their local cultural and individual identities.
C	I think CoMT is looking at a person or a group's experience with music and working with that and building upon that to develop community, heal community, or maintain community.
D	I would define CoMT as—any form of therapy that prioritizes the importance of a relationship. And within that relationship that's co-created by the participants in the relationship. Music is an integral part of how that relationship is formed—and could be a very important element of that. But I don't necessarily believe it has to be solely within a therapeutic space or by what is defined by certain entities as community spaces. It's just the importance of having a relationship and that relationship encompasses music in some important integral way.
E	It is, what I have shared in discussion with other colleagues, music therapy outside the four walls of therapy. Involved in the definition of CoMT, where it is impacting more than just the therapeutic relationship between you and your client. But now we are starting to affect the community as well, that the client is a part of.
F	So, to state it as simply as possible—I would say CoMT are social goals that impact the "community" through the voices in which these programs revolve.

Table 2. Themes & Subthemes.

Theme	CoMT as a Person-Oriented Approach	CoMT as Relational and Flexible Practice	CoMT as Social Responsibility and Action
Subthemes	a) The role of the collaboration in developing personal growth in a safe way b) Creating something tangible and product-oriented c) Creating a platform for decision-making & identity affirmation	a) Openness & willingness towards new ways of doing things b) Openness & willingness to take on multiple roles c) Openness & willingness to acknowledge & engage with the community	a) CoMT as a response to social/material conditions b) CoMT creates accessibility for individuals c) CoMT as a platform for advocacy and societal change

The themes and subthemes that emerged during our collaborative review and analysis of the interview transcripts are listed in Table 2. These themes and subthemes captured the essence of each participant's understanding of CoMT within the context of their clinical practice. Further, these themes and subthemes suggest common ground among each participant's reflection on their theoretical grounding in CoMT.

Community Music Therapy as a Person-Oriented Approach

The first overarching theme is *CoMT as a person-oriented approach*. This theme has three subthemes: 1) the role of collaboration between the participants and their clients in developing personal growth in a safe way, 2) creating something tangible and product-oriented, and 3) creating a platform for decision-making and identity affirmation. The three subthemes illuminate various aspects of how the participants highlighted the importance of focusing on the person in a CoMT context.

The Role of the Collaboration in Developing Personal Growth in a Safe Way

All of the participants shared examples detailing their clients' participation in music experiences that resulted in personal growth. Building a sense of personal growth involves building *a sense of unity,* contributing, and supporting the clients so that *they stay engaged and they're encouraged and they're supported. Music is an integral part of how that relationship is formed.* Central to the person-oriented approach of CoMT is conversation and dialogue with the clients. The following quote from Participant A describes a conversation with the client where the goal was to prepare for a performance:

> We can talk about how the audience is going to react and, in that case, the performing group becomes our client and they are now learning and growing and developing who they are as performers maybe.

Most participants noted that dialogues with the client conducted from a person-oriented perspective were important in order to build strengths in a safe way, or as Participant B expressed, areas of opportunity.

> For me, it's about getting them to access potentials and then build on strengths. That is my main approach. To build on existing strengths and then we together in a safe way examine what we call "areas of opportunity."

Most participants discussed the importance of honoring the client's voice as a means of fostering personal growth. Participant D noted:

> If a client comes in and just know what they want to do or have this idea that they would like roll with—that's great. You can work with that and help support them in that decision.

Creating Something Tangible and Product-Oriented

Participant B was the sole interviewee who noted the importance of creating something that is tangible and product oriented in their work as person-centered community music therapists, as illustrated by this quote:

> They have something now that's tangible, and that's timeless, that will be there forever to represent as a testimonial of their accomplishments in therapy. That's something that they can go back to then later on. When they have challenges that says, "this is something I did," "this is something I am capable of," "this reflects who I am," as well.

They went on further to note that a product created within a CoMT context can represent

the building of the clients' growth and strength, and may last long after the therapeutic process has ended:

> So, it's a way of getting in touch and connecting and getting back in touch with who you are. So then you have this incredible product that you have created. That now symbolized and represents the therapeutic process, the gains, and the growth, and something they can build on if they choose to in the future as well.

Additionally, a product-oriented focus is useful in relation to vocational development and community engagement:

> Doing something you are engaged in, an activity that can have multiple purposes like vocational components, like helping them with readiness to engage the world, and to be more out in the community.

Finally, they noted that the combination of a process-oriented and product-oriented approach could lead to an experience the clients may find healing:

> To live a more independent life in the community with high quality and greater functioning health and benefits where you have a therapeutic process and then you have a therapeutic product, and the process is healing.

Creating a Platform for Decision-Making and Identity Affirmation

Allowing clients to have a major role in decision making seems to be a hallmark of CoMT practices described by the participants. All the participants explained how their clients were invited to participate as decision-makers in the therapeutic process. Decision-making took on several forms, from choosing roles in a CoMT project, choosing to be an advocate, or choosing to affirm one's identity. Participant D noted that clients were invited to choose their role within a CoMT session:

> So, it can be something along the lines if they want to be a performer, or if they want to work on creating music that can be shared with the greater community, or other media projects.

Participant B discussed the outcomes of collaborative decision-making:

> …collaboratively come up with a plan so they [the clients] participate in a collaborative effort to create a pathway for their growth in music therapy.

Participant E described their clients as advocates, representing themselves and the community:

> They are participants, they are advocates for themselves and for their community.

Participant D described CoMT work as a way of affirming client identities:

> They really get a chance to affirm their own identities in multiple different ways. By doing that in itself can be a form of advocacy if they choose to explore that opportunity.

Participant F noted there may be a discrepancy between what a client decides, and what the therapist thinks the decision should be:

> It's definitely prioritized with clients or participants rather than what a therapist would deem as an appropriate outcome.

Community Music Therapy as Relational and Flexible Practice

The second overarching theme we identified as *the importance of relationships and roles, within the contexts of various communities*. This theme has three subthemes: 1) openness and willingness towards new ways of doing things, 2) openness and willingness to take on multiple roles; 3) openness and willingness to acknowledge and engage with the community. These subthemes shed light as to the context in which CoMT is practiced and highlight the need for flexibility on the part of the music therapist.

Openness and Willingness Towards New Ways of Doing Things

All of the participants spoke of the need to step away from "traditional" music therapy practice and pre-determined or prescriptive goals. As noted by Participant C in their definition:

> CoMT is looking at a person or a group's experience with music and working with that and building upon that to develop community, heal community, or maintain community.

This sentiment of working outside of traditional expectations was echoed by Participant F:

> I think the differences can really also be viewed within the goals and objectives. So very specific goals and objectives in a clinical sense whereas in CoMT I never feel tied down. You know in CoMT I have never felt the pressure to write goals and objectives and report them to anyone—so that's very liberating.

Participant C noted that working from a CoMT perspective requires the willingness to step outside of one's comfort zone:

> You have to be very flexible working the community approach, you have to be open to doing things that might not be your expertise and sometimes might not even be music-related per se.

Participant A highlights how a CoMT framework invites opening closed session room doors, and that this involves creating new possibilities and building a greater reach:

> I think sometimes music therapists limit their scope or idea of what they can do. And I think that when you work in a CoMT framework, I think what it does is it makes your work that much more marketable in that it is much more important to an agency. So, I would hope that you become more valuable because your reach is so much greater than what happens within that closed session room door.

Openness and Willingness to Take on Multiple Roles

All of the participants spoke of the "many hats" they wear or roles they find themselves in when working from a CoMT approach. Examples from the interviews include:

> I think the role of the music therapist is constantly changing and evolving based on the needs of the community and based on the needs of the people that are in it. (Participant A)

> My role as a music therapist while I was working in this approach–and I still am—had to shift a lot and had to constantly change. (Participant C)

Roles identified included therapist, researcher, leader or director, producer, supporter, coach, or bandleader.

> We can be a therapist, sometimes we are a researcher, sometimes we're the leader of a perfor-

> mance group, sometimes we are a performer, sometimes a facilitator of performances. (Participant A)

> My role is a partner, a collaborator. To work with them [the clients] in achieving those therapeutic and community goals that we have set. (Participant E)

> I've been performer, audience member, in some cases I have been a therapist. I have also just been a partner and other times just kind of like a representative. (Participant D)

Participant C found themselves questioning the need to take on a role that did not seemingly fit within that of a traditional music therapist, while also acknowledging they had to fall back on more traditional roles:

> Is this my job? I'm a music therapist, I'm not like an audio engineer… Sometimes the therapist has to take more [of] the decision role depending on what it is that we are working on.

This speaks to the ability of the music therapist to be flexible in their approach to the work and a willingness to let go of the traditional top down 'therapist-client' paradigm. It also highlights the need for music therapists to relinquish control of the therapeutic process and let the clients have a co-equal if not predominant role in the decision-making process:

> All of that was born of the client's interest and again following that where it leads, but I think we have to follow where the client takes us. (Participant A)

> My role as a community music therapist is to step out of the way to create the platform—do what I can to be an aspiring ally in the autistic community and to use my skills, gifts, and talents and such as a musician and as a music therapist. (Participant F)

Participant A noted that the varied roles music therapists take on is one of the defining features of CoMT:

> All those things [various roles] were sort of defined as separate from music therapy and I think that CoMT put it in the context that it all is therapy because it all served a purpose in caring for the bigger community.

Openness and Willingness to Acknowledge and Engage with the Community

The third sub-theme speaks to the importance of acknowledging the role of one or more communities and the importance of engaging with them. All participants noted the importance of the community beyond the clients. They identified community members as participants, supporters, and benefactors. The supportive role of acknowledger was noted by Participant B:

> That is really the model right there. Is that they have an opportunity to receive acknowledgement and validation both for their artist self and their self-identify as artists [from the community].

Similarly, Participant C noted:

> They [the community members] could be part of the rehearsal process as a partner with a person with intellectual/developmental disabilities to help them with their lines or where to stand. So, it wasn't fully inclusive but still tried to bring the outer community into our community.

Participant D also noted that community members may take a role by assisting in project development or as a member of the CoMT group:

> There have been times where I've had community members that have worked with us on projects. (Participant D)

They went on further to state:

> I like to think of the community as another part in the therapeutic relationship like if it were another group member—it would be one of them.

Participants also shared their efforts to engage the general community in music experiences:

> We will go directly for the community and think about engaging them in a way or it happens incidentally through the performance opportunities. (Participant A)

> …it engages the community because we have a monthly celebration event at the facility where people come and support their fellow clients. (Participant B)

> The biggest thing is to start with awareness. (Participant E)

Community Music Therapy as Social Responsibility and Action

Our third overarching theme is linked to participants' perception of societal issues and involves thoughts about social responsibility and action in relation to local communities, agencies, and broader communities. This theme has three subthemes: 1) CoMT as a response to social/material conditions, 2) CoMT creates accessibility for individuals, and 3) CoMT as a theoretical platform to help people raise a voice in the society. The third theme brings to bear the perceptions of the participants as to how CoMT relates to and may impact societal issues.

CoMT as a Response to Social/Material Conditions

Several participants expressed awareness of the social and material conditions of the people they were working with and how that impacts the therapeutic process:

> There is a certain group or certain population that doesn't have access to certain quality healthcare or mental healthcare. (Participant E)

> The process goes through the day-to-day challenges and reflects the symptoms, the ups and downs, and the good days and bad days, and times when medication may be working better than others, or times when circumstances in one's life may cause someone to be more symptomatic or it may be more challenging for them to stay engaged. (Participant B)

Participants also indicated that their practice of CoMT overlaps with a commitment to human rights and anti-oppression. Participant F stated outright:

> …a really important point I want to add here is just how much CoMT coincides with all things related to anti-oppressive practice.

CoMT Creates Accessibility for Individuals

Other participants also discussed the inclusiveness of CoMT—which may also break down barriers in the society and increase accessibility. Additionally, CoMT may foster an understanding of marginalization and disenfranchisement of individuals. Participant E noted the obstacles that many face when attempting to access healthcare and the need for increased awareness among those who are in privileged positions:

> It is easy to read something on paper, as far as statistics, saying that there is a certain group or certain population that doesn't have access to certain quality healthcare or mental healthcare. But when you are actually involved in the situation and you are encountering people who are in underserved communities and have disadvantages that they face on a daily basis, then it is a different thing, and we are now bringing to the attention of those who are in privileged positions to rethink how can they contribute to building a better healthcare system for those who are disadvantaged.

Participants also described how CoMT creates and even increases access to healthcare, educational, and cultural programs:

> This way of working provides multiple access points for potential clients for potential benefits in the community because it's so client-centered and it really meets them where they are with their individual experiences. (Participant B)

> I don't know if it's [CoMT] influencing policy but I do think that it's providing access to services in unique ways…. I think a lot more people would be able to access music therapy and be able to be part of communities in ways they weren't before if these types of programs were more prevalent across the US. (Participant C)

> That's been our mission from the beginning. Is to create access to the arts and to create platforms for self-advocacy. (Participant F)

Participant E discussed how partnerships and alliances can be formed as a result of CoMT projects in order to create access to services:

> So, I start to think of creative ways like partnering with organizations so they can pay me instead of their clients paying out of their pockets. So, they have access to music therapy or a quality mental health service without having to further burden them. (Participant E)

Participant A commented on the potential influence CoMT can have throughout society:

> It ripples out with each one of our events. And that is how we talk about it, is our primary beneficiary and how does that ripple out and move out to reach other people.

CoMT as a Platform for Advocacy and Societal Change

CoMT programs were seen by participants as a way of advocating for increased access and change to the healthcare systems in their communities. Participant B discussed their role in advocacy:

> Our biggest approach is to demonstrate that there is a need and that there are benefits…To live a more independent life in the community with high quality and greater functioning. So that's I think what we put out in the forefront when we advocate for policy making.

Participant A noted that community engagement in CoMT projects may offer a means by which individuals with disabilities are not pitied, but seen as persons with something to contribute:

> I also think that maybe their minds are changing people with special needs. I think their idea of what people can do is changed. And I'd like to believe we do it in a way that is respectful because it is done through music and not done in a way that sort of feels like a telethon or has pity on who these performers are. But instead, embraces them as performers and I think their minds may be changed, their hearts may be changed, or if nothing else, they engage in this shared experience of being an audience member to a performer. I think that is one way we get the community involved.

Similarly, Participant F acknowledges the implicit biases of society and how CoMT may provide a means of advocating for social change:

> CoMT can be used in a way to flip things upside down—where in a typical like ableist society we look at we have to do these treatments for these "poor" people with disabilities and do all these treatments and CoMT is the opposite.

They go on further to suggest:

> When we are talking about ableism and disabilities, or any other topic related to culture that there needs to be societal changes. Racism, so many things, gender identity, xenophobia, and homophobia, and different aspects of culture that need to change.

CoMT was also discussed as a means of self-empowerment and advocacy:

> It leads to more forms of advocacy not only within my work and my role or the title that I hold as music therapist. But also creating and fostering changes for other people to function as their own self-advocates. They really get a chance to affirm their own identities in multiple different ways. By doing that in itself can be a form of advocacy if they choose to explore that opportunity. (Participant D)

Finally, there were suggestions that CoMT could address some of the inequities in the United States health care system by increasing access to programs that address health care needs. Participant C noted:

> …I do think that it's [CoMT] providing access to services in unique ways.

Participant B offered that CoMT in practice is a form of advocacy that may lead to social change:

> Our biggest approach is to demonstrate that there is need and that there are benefits.

Discussion

The purpose of this thematic analysis was to learn more about how CoMT practices in the United States are described and understood by music therapy practitioners. The results of our interviews suggest that there is a place for CoMT in the United States and that CoMT can co-exist with more traditional forms of music therapy practice.

Table 2 of the Results section reveals that the music therapists we interviewed had different yet related conceptions of CoMT: It is described as working with people in context and as an opportunity to meet both individual and collective needs. It is proposed that CoMT involves working with communities in various ways; to develop community, heal community, and maintain community. One participant describes CoMT quite broadly, as any form of therapy that prioritizes the importance of a relationship, with the qualifying addition that the relationship encompasses music in some important and integral way. The description put forward by another participant perhaps provides us with another qualifying aspect: It is about following the music, wherever it happens. This might imply working outside the four walls of therapy to develop social goals, through the voices of the people involved. The descriptions vary, and perhaps there is no shared core. This resonates with the PREPARE acronym (Stige & Aarø, 2012) that we presented in the introduction, which suggests that we should look for "family resemblances" rather than defining parameters. The statements in Table 1 can be related to the qualities indicated by the PREPARE acronym, but each statement highlights various qualities to varying degrees. Some statements point particularly to the participatory and ecological qualities, some to the performative and ethics-driven, and so on. One noticeable aspect of the statements in

Table 1 is that the music-centered and relational qualities of CoMT are highlighted by several participants. These qualities are implicit rather than explicit in the PREPARE acronym but have been treated thoroughly theoretically, for instance, in the writings of Ansdell (2014b).

While discussing their perception of and experiences in CoMT, the participants described CoMT both as a person-oriented and context-oriented approach, where personal, social, and communal goals were related. The participants acknowledged that this approach invited a degree of newness into their music therapy practice. This included new therapeutic processes, embracing multiple roles to meet the needs of the people they work with, and finding new ways to engage with larger communal systems on multiple levels. The participants also noted an awareness of the environmental, social, and societal conditions that impacted the health and participation of the individuals and communities with whom they work. With this awareness, the inclusiveness of CoMT was cited as a powerful aspect of the process that contributed to accessibility and provided a platform for the community to contribute to social change through advocacy.

This indicates that the three themes of the Results section—describing CoMT as a person-oriented approach, as relational and flexible practice, and as social responsibility and action, respectively, are interrelated in various ways. In the following, we will first relate the findings to the existing CoMT literature and then summarize the findings in a conclusion and indicate implications for future research and practice.

Community Music Therapy as a Person-Oriented Approach

The participants highlighted CoMT as a person-oriented approach, which confronts crude assumptions polarizing person-centered and community-oriented practices. The participants specifically argued that CoMT is about relational work and about the person in context. This resonates with arguments made by several authors informed by CoMT perspectives. Examples relating to different parts of the human lifespan include Krüger's (2020) argument that we need to bridge provision, protection, and participation in child welfare; Krüger and Stige's (2016) notion that music can function as a structuring resource, linking the individual to the society in work with adolescents; McCaffrey and associates' (2018) argument about the link between personal and social recovery in adult mental health; and Ahessy (2015) and Tamplin and Clair's (2019) linking of person-centered CoMT perspectives in older adult care.

Some specific claims made by the participants in this study were that as a person-oriented approach, CoMT practices are characterized by prioritization of safety through a collaborative process and by the nurturing of personal growth through shared decision-making and tangible products to reinforce progress. It is the client's story—their experiences and narrative—that is prioritized in a collaborative decision-making process. This collaborate approach is seemingly different from how music therapists educated in the United States make treatment decisions. Historically, music therapy students are taught to follow a prescriptive treatment process that includes assessment, setting of goals, implementing music experiences to address goals, and evaluation (Wheeler, 2015). The process is typically therapist driven. The approach to music therapy described by the participants moves away from this prescriptive approach to one that is more collaborative and echoes the sentiment of disability rights groups such as the Autistic Self Advocacy Network (2022): "nothing about us without us" (para. 1). Shiloh (2016) reminds us that "whenever possible the personal experiences and insights" of the people we serve should be included in any research and, by extension, programming or treatment that music therapists provide (pp. 55-56). While not necessarily the norm, there are other examples in the United States literature in which a collaborative approach is described with positive outcomes. Ierardi et al. (2007) described an after-school music therapy program in which

participants preferences informed the choice of music experiences. Program evaluations suggested that participants demonstrated improvements in "self-esteem, interpersonal skills, anger management, impulse control and the development of coping skills" (p. 254). In addition, Thomas (2020) noted collaborative processes seen between limited-resource adolescents engaged in a community-based referential music making experience led to a "sense of pride and empowerment among participants" (p. 116).

Community Music Therapy as Relational and Flexible Practice

The second overarching theme was about CoMT as a relational and flexible practice, highlighting the importance of relationships and roles within the contexts of various communities. In the CoMT literature this has been a central theme. For instance, Stige (2002, 2003) employed Bronfenbrenner's ecological lens on human development to illuminate why therapists need to work flexibly in context, and Ansdell (2002) made the influential claim that "The Community Music Therapist's practice follows where music's natural tendencies lead: both inwards in terms of its unique effects on individuals, but also outwards towards participation and connection in communitas" (Assumptions & Attitudes, para. 2).

Some specific claims made by the participants in this study were that relational and flexible ways of CoMT include openness and willingness towards new ways of doing things, openness and willingness to take on multiple roles, as well as openness and willingness to acknowledge and engage with the community. It is worth noting that all participants in this study were willing to step outside the role of the traditional music therapist who is considered the "expert" and take on roles that were unfamiliar. Participant C stated, *"Is this my job? I'm a music therapist, I'm not like an audio engineer,"* and went on further to explain the various roles she found herself in. Similarly, participants reported moving fluidly between roles of therapist, musician, collaborator, and educator as well as providing needed technical support.

Flexibility in letting go of the role as primary decision maker within CoMT programs was discussed by the participants. They worked collaboratively with the clients in the decision-making process and often released the role of the "primary therapist" or "primary decision-maker." The most telling statement in terms of role flexibility came from Participant F who stated: *"It's* [decision-making] *definitely prioritized with clients or participants rather than what a therapist would deem as an appropriate outcome."* This shift in power is a hallmark of CoMT and a move away from the evidence-based practices which prioritize research evidence and therapists' practice wisdom over clients' narratives and experiences in making clinical decisions. It is important to note that recent writings are discussing the importance of client choice and voice beyond music preference (see Gardstrom & Willenbrink-Conte, 2021). Further research into the decision-making process music therapists follow when making treatment decisions, regardless of theoretical orientation, is warranted.

Community Music Therapy as Social Responsibility and Action

The third overarching theme was about social responsibility and action. It reflects the participants' perception of how various societal issues affect their work and the lifeworld of the people they work with. This is linked to the activist, reflective, and ethics-driven qualities of the PREPARE acronym, and in the CoMT literature in which social activism has been linked to human rights. The argument is that CoMT should create awareness and promote human rights values such as respect, freedom, equality, and solidarity, leading to ways of working that increase personal agency, participation, and communal transformation. Also, the music therapist should be aware of structures in society that

might hinder or support people's access to resources and possibilities for taking part in social practices (Stige & Aarø, 2012).

In this work, the music therapist must find ways of balancing values and of adapting disputes about values to relevant contexts. Values have less worth if we do not ground them in real life practices. One basic idea in CoMT is that resources for change can be mobilized in and through collaborative activities. CoMT participants work together to create possibilities of participation in what Wenger (1998) has described as *communities of practice*. The notion suggests that people who share challenges, contexts, and conditions over time are able to build mutual respect and trust, so that collaborative work, sustainable relationships, knowledge sharing, and negotiation of values can take place.

The participants in this study described CoMT as a response to social/material conditions, they suggested that CoMT creates accessibility for individuals, and they argued that CoMT as a theoretical platform can help people raise a voice in the society. By helping people raise their voice in society, individuals may be put in a situation where they can influence policy through their involvement and processes of empowerment. This echoes the statement on the American Public Health Association's (n.d.) website that social justice includes the right to good health. CoMT projects and programs may be the mechanism by which inequities in health care can be mitigated. As Wenger (1998) would describe it, such processes could build new trajectories for participation in broader communities, thereby creating more points of access.

Conclusion and Implications for Future Research and Practice

The participants in this study argued that CoMT is person-oriented in a music-centered way, that the therapists' nurturing of this requires relational and flexible work, and that practices involve social responsiveness and action. This is related to a critique of "ableism," to the need for anti-oppressive practice, and to the importance of increased access to the arts for everybody. We could summarize this argument by claiming that we need to relate the notions of personhood, citizenship, and artistic practice.

The concept of *artistic citizenship* (Stige, 2021) has been employed in the literature to indicate links between these three notions. Personhood requires a community, and a critique of ableism indicates that all forms of music-making and musical interactions can be artistic. *Artistic citizenship,* then, can be understood as the status bestowed to people as members of a community. It is not only based in some abstract human rights but also in interpersonal care and mutual support from which trajectories of community participation can be constructed.

This study contributes to this discourse and suggests the need for further research into and development of CoMT practices in the United States to address the harm in healthcare and educational settings perpetrated against those who do not have the means, abilities, or permission to participate in arts programs that ultimately will improve quality of life. Most interviewees noted that participants in the CoMT programs they facilitated were primary decision makers or decisions were made collaboratively between themselves and the participants. This is not the norm in music therapy practices grounded in older psychotherapeutic theories such as psychoanalytic or behavioral approaches (McFerran, 2021). This leveling of the playing field can have a positive impact on self-determination, as CoMT is not a therapist-driven approach to music therapy practice. Beebe (2022) notes the need for "further advocacy and incorporation of client-directed services" (p. 101) into current music therapy practice. CoMT allows for both client-directed services and advocacy as noted by most of the study participants. This is also evident in the choice of words used by some of the participants to describe the people involved in their programs, and how some of the work was defined. This gives further support to the role that CoMT can have to break down barriers that set the therapist in the privileged position of "one

who knows best."

In this article we prioritized the development of, and reflections on, accounts by United States music therapists, to start the dialogue about CoMT in United States contexts. Future studies could explore similarities and differences between various sites and contexts within the United States as well as between countries. Kimura and Nishimoto (2016), who compared CoMT practices with older adults in Norway and Japan argued that "… although CoMT has an important role in the social involvement of older adults regardless of cultures, cultural differences should be taken carefully into consideration." We agree and think that this argument is relevant for the study of people in various life situations and populations.

About the Authors

Kathy Murphy, PhD, LCAT, MT-BC, is the Program Director, Music Therapy Graduate Studies at the State University of New York at New Paltz. She is an active clinician, supervisor, and researcher with over 35 years of clinical experience. Kathy completed the Rhythm, Breathe & Lullaby NICU Music Therapy training and is a fellow of the Association for Music and Imagery and has a particular interest in the use of group GIM in addictions treatment. She has authored book chapters and journal articles. Additionally, she has presented nationally and internationally on a variety of topics related to music therapy clinical practice and issues related to education and professional well-being. Kathy's research interests are focused on music therapy in substance dependence across the lifespan, trauma, and community music therapy. She is a member of the Association for Music and Imagery and serves on the professional development committee. She is also a member of the International Association for Music and Medicine and the American Music Therapy Association where she has served in leadership positions on the state, regional and national levels.

Viggo Krüger, PhD, works as research leader and associate professor at The Grieg Academy Music Therapy Research Centre, University of Bergen, Norway, and NORCE (Norwegian Research Centre). Krüger has published books, book chapters, and articles on topics such as child welfare, education, and mental health. He is member of the editorial board for "Journal of Applied Arts and Health" and "Norwegian child welfare" (2014–2020). He is member of the sensor team for music and music therapy studies, Aalborg University, Denmark. He was chair of Norwegian Music Therapy Association, Norway (2014–2019). Krüger has more that 20 years of experience with community music therapy work for adolescents, in schools, child welfare and mental health.

Noah Pomerselig is a Board-Certified Music Therapist working at Abilities First School in Poughkeepsie, New York, USA. Noah is passionate about helping individuals participate in musical experiences in an accessible and meaningful way. His work with children with disabilities is grounded in a resource-oriented and person-centered approach to music therapy that builds on the strengths of the participants. Noah graduated in 2021 from the State University of New York at New Paltz with a MS in Music Therapy.

Brynjulf Stige, PhD, is Professor of Music Therapy at The Grieg Academy, University of Bergen (UiB), Norway. He was the founding editor of *Nordic Journal of Music Therapy* from 1992–2006 and founding co-editor of *Voices: A World Forum for Music Therapy* from 2001–2020. Also, Stige was the founding leader of GAMUT – The Grieg Academy Music Therapy Research Center, UiB/NORCE from 2006-2019 and the co-founding leader of The Grieg Research School in Interdisciplinary Music Studies from 2010–2012. Since 2015 he is the founding leader of Polyfon Knowledge Cluster for Music Therapy, a university-community collaboration that explores knowledge-informed and user-involved ways of developing the discipline and profession of music therapy in Norway. He has published extensively on topics such as culture-centered music therapy, community music therapy, and music

therapy theory. Among his current interest is the exploration of if and how processes of professionalization and democratic participation can be combined.

Rhé Washington-Guillemet is a native of Chicago, IL – with deep New Orleans creole roots. A lifelong musician who began playing the piano at 4 years old, he is an accomplished pianist, vocalist, composer, arranger, and mallet percussionist. Rhé studied music through his formative years and attended NYU and Berklee School of Music. Through the years he has worked on many projects including stage, session work, commercials, and corporate and private engagements. Rhé has two solo albums to his credit, and is working on a third. He has performed in orchestras, symphonic bands, jazz bands, night clubs, and churches across many genres - throughout the United States and abroad. In 2015, he pursued a career in music therapy and received a master's degree in Music Therapy from the Loyola University of New Orleans in 2018. Currently, he is working as a music therapist in the New Orleans/Baton Rouge area and has a private practice – Purple Note Music Therapy, LLC.

References

Ahessy, B. (2015). Creating community through song: A music therapy choir for older adults. In S. L. Brooke, & C. E. Myers, (Eds.), *The use of the creative therapies in treating depression* (pp. 141–163). Charles C. Thomas Publishers.

Aigen, K. (2004). Conversations on creating community: Performance as music therapy in New York City. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 186–213). Jessica Kingsley Publishers.

Alvesson, M., & Sköldberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed). Sage.

American Public Health Association. (2021). *Social justice and health.* Retrieved February 10, 2022 from https://www.apha.org/what-is-public-health/generation-public-health/our-work/social-justice

Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy, 2*(2). https://doi.org/10.15845/voices.v2i2.83

Ansdell, G. (2014a). Revisiting 'Community music therapy and the winds of change' (2002): An original article and a retrospective evaluation. *International Journal of Community Music, 7*(1), 11–45. https://doi.org/10.1386/ijcm.7.1.11_1

Ansdell, G. (2014b). *How music helps in music therapy and everyday life.* Ashgate.

Autistic Self Advocacy Network. (2022). *What we believe.* https://autisticadvocacy.org/about-asan/what-we-believe/

Beebe, K. (2022). Perceptions of self-determination in music therapy for individuals diagnosed with intellectual disabilities: A survey of music therapists. *Music Therapy Perspectives, 40*(1), 94–103. https://doi.org/10.1093/mtp/miac004

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Curtis, S. L. (2015). Profile of community music therapists in North America: A survey. *Voices: A World Forum for Music Therapy*, *15*(1). https://doi.org/10.15845/voices.v1i1.811

Gadamer, H. G. (2004). *Truth and Method* (2nd ed., revised, originally published in 1960). Continuum.

Gardstrom, S. C., & Willenbrink-Conte, J. (2021). *Music therapy with women with addictions.* Barcelona Publishers.

Ghetti, C. M. (2016). Performing a family of practices: Developments in community

music therapy across international contexts. *Music Therapy Perspectives*, *34*(2), 161–170. https://doi-org/10.1093/mtp/miv047

Ierardi, F., Bottos, M., & O'Brien, M. K. (2007). Safe expressions: A community-based creative arts therapy program for at-risk youth. In V. A. Camilleri (Ed.), *Creative arts therapies with at-risk youth* (pp. 254–267). Jessica Kingsley Publishers.

Kimura, H., & Nishimoto, Y. (2016). Choirs in two countries — A study of community music therapy for the older adults in Norway and Japan. *Voices: A World Forum for Music Therapy*, *17*(1). https://doi.org/10.15845/voices.v17i1.860

Krüger, V. (2020). *Music therapy in child welfare: Bridging provision, protection, and participation.* Barcelona Publishers.

Krüger, V. & Stige, B. (2014). Between rights and realities—Music as a structuring resource in the context of child welfare aftercare. A qualitative study. *Nordic Journal of Music Therapy*, *24*(2), 99–122. https://doi.10.1080/08098131.2014.890242

Krüger, V. & Stige, B. (2016). Music as a structuring resource: A perspective from community music therapy. In H. Klempe (Ed.), *Cultural psychology of music experiences*. Information Age Publications.

Kvale, S., & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing.* Sage.

McCaffrey, T., Carr, C., Solli, H. P., & Hense, C. (2018). Music therapy and recovery in mental health: Seeking a way forward. *Voices: A World Forum for Music Therapy*, *18*(1). https://doi.org/10.15845/voices.v18i1.918

McFerran, K. S. (2021). Reconsidering the dominant narratives of the music therapy profession for the future. *Canadian Journal of Music Therapy, 27,* 21–33.

Pavlicevic, M., & Ansdell, G. (2004). Introduction: 'The ripple effect'. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 15–34). Jessica Kingsley Publishers.

Ruud, E. (2010). *Music therapy: A perspective from the humanities.* Barcelona Publishers.

Shiloh, C. J. (2016). A clinician's response—Considering our clients' voices. *Music Therapy Perspectives, 34*(1)*,* 55–56. http://doi.10.1093/mtp/miw003

Shiloh, C. J., & LaGasse, A. B. (2014). Sensory friendly concerts: A community music therapy initiative to promote neurodiversity. *International Journal of Community Music, 7*(1), 113–128. https://doi.org/10.1386/ijcm.7.1.113_1

Soshensky, R. (2011). Everybody is a star: Recording, performing, and community music therapy. *Music Therapy Perspectives, 29*(1), 23–30. https://doi.org/10.1093/mtp/29.1.23

Stige, B. (2002). *Culture-centered music therapy*. Barcelona Publishers.

Stige, B. (2003). *Elaborations toward a notion of community music therapy*. [Unpublished doctoral dissertation]. University of Oslo.

Stige, B. (2012). *Elaborations towards a notion of community music therapy.* Barcelona Publishers.

Stige, B. (2014). Community music therapy and the process of learning about and struggling for openness. *International Journal of Community Music, 7*(1), 47–56. https://doi.10.1386/ijcm.7.1.47_1

Stige, B. (2021). Artistic citizenship and the crafting of mutual musical care. In K. Holdhus, R. Murphy, & M. Espeland (Eds.), *Music education as craft: Reframing theories and practices* (pp. 89–104). Springer.

Stige, B. & Aarø, L. E. (2012). *Invitation to community music therapy.* Taylor & Francis.

Stige B, Malterud K, & Midtgarden T. (2009). Toward an agenda for evaluation of

qualitative research. *Qualitative Health Research*, *19*(10), 1504–1516. https://doi-org/10.1177/1049732309348501

Tamplin, J., & Clair, I.N. (2019). Therapeutic music interventions to support people with dementia living at home with their family care givers. In A. Baird, S. Garrido, & J. Tamplin (Eds.), *Music and dementia: From cognition to therapy*. Oxford University Press.

Thomas, N. (2020). Community-based referential music making with limited-resource adolescents: A pilot study. *Music Therapy Perspectives, 38*(2), 112–118. https://doi.org/10.1093/mtp/miaa016

Wenger, E. (1998). *Communities of practice: Learning, meaning and identity*. Cambridge University Press.

Wheeler, B. L. (2015). Music therapy as a profession. In B. L. Wheeler (Ed.), *Music therapy handbook* (pp. 5–16). The Guildford Press.

[1] EPICURE is an acronym for an agenda for dialogic evaluation: engagement, processing, interpretation, critique (self-critique and social critique), usefulness, relevance, and ethics.

Appendix

Interview Guide
Screening Question: Do you consider any aspect of your music therapy work to fall within the boundaries of CoMT? If yes, then move on.

1. How do you define CoMT?
2. What is the role of the clients in the CoMT sessions you facilitate?
3. What is your role in the CoMT sessions you facilitate?
4. How is the community at large engaged in CoMT experiences?
5. How do you see your work as a community music therapist influencing health policy and access to services?