Exploring Canadian Music Therapy Graduates' Experiences of Transitioning into Professional Practice

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ABSTRACT

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The transition to professional practice is a unique experience faced by every person who graduates from a pre-professional training program. While literature exists from other professions and countries on this topic, little is known about the triumphs and challenges that Canadian music therapy graduates experience as novice professionals. The purpose of this phenomenological qualitative inquiry was to explore three Canadian music therapy graduates' recent experiences of transitioning from pre-professional training environments into professional music therapist roles within Canadian employment contexts. Data were collected via individual Skype interviews, which were recorded, transcribed, and analyzed. Three individual narratives emerged from the interview data and three global meaning units, each one containing themes, emerged through cross-case comparison. These global meaning units were: (a) navigating uncomfortable situations, (b) feeling a sense of commitment, and (c) establishing a foothold. Practical implications of the findings are presented for Canadian music therapy training programs, the music therapy profession in Canada, and future research. Through the identification of common obstacles faced by aspiring music therapists, as well as the identification of internal and external resources, the results of this research inquiry may help music therapy graduates, faculty, supervisors, and employers better understand and navigate this process of change.

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Chapter 1. Introduction

The transition to professional practice is a unique experience faced by every person who graduates from a pre-professional training program. It can often be filled with many unknowns as one moves away from a supported learning environment into the everyday realities of the working world (Coyne, Rands, Gurung, & Kellett, 2016). Furthermore, like other counselling or education professionals, music therapists may face unique challenges as their scope of practice and professional identities are often not well understood by employers or the public at large (Alves & Gazzola, 2011; Warren, 2015). Some common challenges include: lack of formal mentorship or orientation programs for new professionals (Aggar, Bloomfield, Thomas, & Gordon, 2017; Pasila, Elo, & Kääriäinen, 2017); lack of clarity around role and/or duties (Ali, Tredwin, Kay, & Slade, 2016; Murray-Parahi, DiGiacomo, Jackson, & Davidson, 2016; Walker, Costa, Foster, & de Bruin, 2016); and difficulty fitting into the social and/or cultural context of the workplace (An & Chapman, 2014; Cheng, Tseng, Hodges, & Chou, 2016; Hsiao, 2011; Lauw, 2016; Magola, Willis, & Schafheutle, 2017).

The music therapy literature contains some information relevant to this topic. Two studies examined cultural readaptation experiences of music therapists returning to their home countries following their pre-professional music therapy training abroad (Hsiao, 2011; Lauw, 2016). Results of both studies indicated that music therapist participants confronted the challenging reality of having to form and adapt (i.e., re-think) their emerging professional identities as they transitioned back into their home countries' cultural and healthcare contexts. A qualitative study conducted by Australian music therapy researchers Seah and McFerran (2016) examined music therapy graduates' experiences of transition to practice. Overall, participants indicated that they experienced feelings of ambivalence and of shouldering responsibility. They also indicated a need to brace themselves in order to get through this transition. Although these results may contain some elements of transferability, the authors pointed out that their study was conducted in Australia and recommended that similar studies be done in other countries in order to obtain results that take other cultural and contextual realities into account. Prior to the present inquiry, no such study had been conducted in Canada.

While conducting the present inquiry, I (the current author) became a newly credentialed music therapist who was about to enter the workforce and personally experience this transition to

professional practice. I saw this research as an opportunity to gain some personal insight into what I might face as I entered real world music therapy practice. Given that there are five music therapy training programs in Canada that send new graduates out into the field every year (Canadian Association of Music Therapists, 2017a), I assumed that there are others who also wonder about or who are perhaps nervously anticipating this transition experience. Additionally, I believed that increased understanding of this topic could help Canadian music therapy educators, supervisors, employers, clinicians, and students to gain insight into the most salient issues. This information might help to facilitate constructive transition to professional practice processes for new Canadian music therapy graduates. This knowledge might also be used to help prevent or alleviate potential problems that new graduates might experience such as stress, anxiety, or even eventual burnout; this in turn could help to ensure that music therapy clients receive the best possible quality services from their therapists. A constructive transition process might even help to ensure individual Canadian music therapists' longevity in the profession as they may identify resources early on in their careers that they will need to ensure good ongoing self-care (Chang, 2014; Clements-Cortes, 2013; Moran, 2017; Orkibi, 2016; Youngshim, 2016).

For the reasons cited above, the purpose of this phenomenological research was to explore Canadian music therapy graduates' recent experiences of transitioning from their pre-professional training environments into their professional music therapist roles within Canadian employment contexts.

Research Question

The primary research question was: What are Canadian music therapy graduates' recent experiences of transitioning from their pre-professional training programs into the Canadian music therapy professional workforce?

Key Terms

A *Canadian music therapy graduate* was defined as anyone who completed their pre-professional music therapy degree or graduate certificate/diploma at one of the five Canadian universities approved by the Canadian Association of Music Therapists (CAMT) to offer this training. *Recent experiences* were defined as those that occurred after April 1st, 2015 (see Chapter 3 for further description of this delimitation). A *transition* was defined as a process that people go through in order to incorporate change into their lives, often characterized by

internalizing and redefining self-concepts (Bridges 2009, 2017; Kralik, Visentin, & Van Loon, 2006; Meleis et al., 2000). A *pre-professional training program* was defined as a music therapy degree or graduate diploma program at one of the five Canadian universities that are approved by the CAMT to offer this training which when successfully completed, qualifies one to sit for the board certification exam and become a Music Therapist Accredited (Canadian Association of Music Therapists, 2017b; MTA). Finally, the *music therapy professional workforce* was defined to include facility, private practice, and/or contract work; full-time, part-time, or temporary employment.

Summary of Chapters

This thesis is organized into five chapters. Chapter 1 describes the significance of and need for the present inquiry. The purpose of the study, the primary research question, and relevant key terms are also presented. In Chapter 2, literature related to others' experiences of transitioning to professional practice is reviewed. This includes the perspectives and experiences of: (a) medical health professionals, (b) counseling therapy health professionals, and (c) music therapists. Chapter 3 describes the philosophical underpinnings of the phenomenological design used for this research. It also contains my epoché, information about the participants, and data collection and analysis procedures. Chapter 4 contains the results of the inquiry. Three narratives are presented, representing each participant's experience of transitioning into professional music therapy practice. Shared meaning units and themes that emerged when examining all participants' experiences as a whole are summarized in a table and briefly described. Chapter 5 discusses the results, identifies limitations of the study, and presents implications for Canadian music therapy training programs, the music therapy profession in Canada, as well as for future research.

Chapter 2. Related Literature

The purpose of the present chapter is to examine and summarize literature to reveal what is known and not known in relation to the current research topic: music therapy graduates' experiences of transition to professional practice. I have organized the literature into three topic areas, which include the transition to professional practice experiences of: (a) medical health professionals, (b) counseling therapy health professionals, and (c) music therapists. Given the amount of literature on this topic in healthcare professions at large and the fact that this study is examining recent experiences of transition to professional practice, most of the literature included in this chapter was published up to 3 years prior to June 2017. It is also important to note that literature related to employability of recent graduates was not included as this concept goes beyond the scope of the topic being examined.

Transition to Professional Practice Experiences of Medical Health Professionals

Primary and acute healthcare contexts. In an integrative literature review that examined the transition to professional practice of new graduate nurses in primary healthcare settings, Murray-Parahi, DiGiacomo, Jackson, and Davidson (2016) found no publications that specifically addressed the *transition* to practice of *new graduate nurses* in *primary healthcare* settings. However, they identified 19 articles that contained at least two of these three key terms (in *italics)*, 18 qualitative inquiries and one mixed methods inquiry. Overall, their results indicated more research had been done on this topic in acute care contexts as opposed to primary healthcare settings. The research done in acute care settings indicated that organized transition to practice programs for new graduate nurses eased their adjustment into these settings. Conversely, a number of challenges were reported such as reality shock, bullying (overtly and covert), and eventual burnout. These challenges could contribute to new nurses' intent to leave the profession as well as affect workplace morale, an organization's expenditures, and patient care. The authors recommended the development of transition to practice programs for new graduate nurses entering primary health care settings. Moreover, they suggested the application of holistic and comprehensive approaches (similar to those applied to patients in primary healthcare settings) may also help new graduate nurses in terms of being and/or feeling more prepared to work in professional practice contexts that adhere to a best practices framework. These approaches embrace principles of inclusion, equal access to support, and a holistic view of new

professionals' well being that considers physical, mental, and social components. The authors concluded that more research is needed on this topic in order to find out what would be most helpful for these new professionals.

Three studies on new graduate nurses experiences of transition to professional practice were recently conducted in Australian healthcare contexts. First, Walker et al. (2016) conducted a systematic review that examined qualitative nursing literature published between 2004 and 2014 concerning Australian graduate nurses' transition and integration into the workforce. Four categories emerged from the 13 studies included in their review: (a) responsibilities, (b) nursing culture, (c) work readiness, and (d) support. Discussion of the themes within each of these four categories provided rich insight into the supports and challenges affecting Australian graduate nurses' integration into the workforce. Recommendationsfor best practice were addressed by the authors and were related to: (a) nursing culture, (b) training, and (c) graduate nurse programs respectively. The authors identified a number of negative experiences that seemed to undermine graduate nurses' successful transition to practice: (a) responsibilities beyond their expertise, (b) exposure to unprofessional workplace behaviour, (c) full workloads, and (d) limited support. However, these authors also found that the addition of more supportive and inclusive approaches such as orientation periods, gradual introduction to caseloads, positive welcoming environments, and proactive organisational supports seemed to help new graduate nurses as they transitioned to professional practice. This also improved their professional competence over the first year. They suggested that Australian and nurses from other nations face similar issues. The authors recommended that a concerted effort be made between educational and healthcare institutions in order to bridge the gap in the transition to professional practice of new nurses.

Also in 2016, Coyne et al. explored the experiences of international I-Kiribati nursing graduates' who began their careers in Australian residential, aged-care facilities. Results from focus groups revealed three themes: (a) being unsure of expectations, (b) understanding responsibilities of practice, and (c) stepping up to the registered nurse role. These themes were also characterized by various cross-cultural challenges. Although the authors recommended tailored workshops be designed to support the personal and professional needs of these new international nurses, results also indicated that the navigation of professional and cultural challenges forced these individuals to rely on their knowledge and skills, which in turn increased their confidence.

Finally, in 2017, Aggar et al. conducted a mixed methods longitudinal study that also examined the experiences of new graduate nurses, but within the context of the first Australian transition to professional practice primary care program. Overall, the results revealed that new graduate nurses were competent in their first year of clinical practice, and that graduate/preceptor pairings may have been a key factor. Participants had favourable perceptions of the program in that it provided a number of opportunities for new [independent] learning and support. However, this was dependent on whether the new nurse felt challenged by their new environment; those who felt unchallenged due to a lack of opportunities were less satisfied. These authors drew similar conclusions found in the research studies discussed above; they suggested that formalized transition to professional practice [support] programs may have great value as they can adequately prepare new registered nurses to work in the primary care setting within 1 year.

It may also be the case that participants in the above research had or developed a personal sense of resiliency that helped to mitigate the transition shock. A qualitative inquiry conducted by Wahab, Mordiffi, Ang, and Lopez (2017) explored facilitating and impeding factors in building the resilience of nine new female Singaporean graduate nurses. Results revealed four themes which defined resilience as the ability to: (a) persevere and overcome obstacles; (b) accept one's responsibilities and fulfill them; (c) adapt to new situations, and (d) take control of one's own learning. The authors suggested resilience is both a belief system and a cognitive appraisal and therefore can be built through supportive relationships (such as mentors) that are established upon entering the workforce. These supportive relationships may in turn help to ensure the short term and/or long term retention of these individuals in the profession.

Gender may also play a role in the transition to professional practice experience of nurses. Cheng et al. (2016) conducted a qualitative inquiry that explored the experiences of 14 Taiwanese novice male nurses in their new places of work. Their analysis revealed six overarching themes: (a) choosing appropriate work departments based on personality and needs; (b) facing the pressure and frustration of independent work; (c) getting help, (d) obtaining acceptance among female cliques, (e) reflecting on the relationship between gender and profession; and (f) concerns about dependents and financial needs. Other gender-related challenges included: (a) issues pertaining to participants' sense of masculinity, (b) gender stereotyping, and (c) concern for career advancement. The authors suggested that their research has implications for better understanding the needs and challenges of male nurses and that these

may be addressed by implementing guiding support systems to help male nurses navigate role changes (especially following mandatory service in the army) as well as provide career advice. Additional practical steps to encourage this implementation included: (a) an upgrade in salaries for both men and women, (b) a reduction in femininity (i.e., gender stereotyping) in nursing, and (c) a better understanding by female nurses of the meaning of female cliques and the benefit of the [predominantly female] preceptor system for male nurses. The authors concluded that adopting these measures would result in more culturally-congruent nursing practices and a greater ease with which male nurses may be hired and retained.

Pasila, Elo, and Kääriäinen (2017) conducted a systematic review of literature published prior to February 2016 (no other delimitations for publication year indicated) in a closely related topic area which has relevance for the present study— the orientation experiences of new graduate nurses. Four categories emerged: (a) experiences related to orientation arrangements, (b) experiences related to the preceptor, (c) experiencing role transition during the orientation, and (d) suggestions for changes based on orientation experiences. As noted in the studies addressed above, these authors again found that organized support of these new professionals was a key factor. Results indicated that preceptors had a large impact on new graduates nurses experiences of orientation and hence, the start of their careers. This relationship (when perceived as positive) was one these nurses often wanted to maintain. The authors suggested that more formal mentorship experiences and greater consistency in the quality of orientation programs would be of great help to new graduate nurses.

Other recent literature on interprofessional collaboration of novice health professionals (e.g. junior doctors' learning through co-working with pharmacists) has suggested that interprofessional collaboration during the transition to practice may benefit graduates by: (a) improving their professionalism and interprofessional interactions through socialization with different healthcare professionals; and b) improving their professional identity as they have to explain their roles (Morgan, 2017; Noble & Billett, 2017). These authors concluded that education programs should promote interprofessional collaboration in their training curriculums so as to prepare graduates for contemporary healthcare settings that often emphasize working in interdisciplinary teams.

Other healthcare professional contexts. In a survey that examined the transition to professional practice experience of 202 respondents from the American Occupational Therapy

Association, recent graduates (as compared to those who had been working in the professional for many years) indicated that they experienced: greater initial job stress, a more negative transition to practice experience, and higher ratings of being likely to experience burnout (McCombie & Antanavage, 2017). Low self-confidence and having to supervise occupational therapy assistants (as part of their job) were found to have negatively impacted the respondents' transition experience. Conversely, positive social factors such as having a mentor increased respondents' job satisfaction and sense of clinical fit (i.e., good fit in terms of population and/or career choice). The authors made several recommendations for employers, students and educational institutions respectively, to help address improving the transition to professional practice for new occupational therapists. These recommendations shared many similarities with the nursing literature above. However, issues unique to occupational therapists were also addressed. These included: (a) that employers should refrain from having novice occupational therapists supervise occupational therapy assistants, or if they do, they need to be provided with significant direction and modeling; (b) that students should take on a proactive stance in order to ease their transition to practice by being realistic in their expectations and discussing with potential employers the specifics of their professional responsibilities at a facility; and (c) that educational institutions should provide ongoing support post-graduation either through online media or via phone with academic advisors or mentors. McCombie and Antanavage's findings also suggested that professional confidence is inextricably linked with decision-making skills and communication on the job, but that professional confidence is often ranked quite low by new graduates. As the following research highlights, the social experience of the transition to professional practice is very important in a new graduate's professional development.

Magola, Willis and Schafheutle (2017) conducted an extensive narrative review of literature published between 1990 and March 2015 on the transition to professional practice experiences of both novice doctors and nurses. The primary aim of this study was to extrapolate challenges and perceived impact of these experiences in order to consider possible implications for novice community pharamacists as no relevant literature existed for these practitioners. The authors identified three interdependent themes which spoke to the experiences of transition to practice for novice doctors, nurses, and potentially, community pharmacists: (a) the personal experience, (b) the social experience, and (c) the experience of the job itself. Similar to Murray-Parahi et al. (2016), Magola et al. also suggested that the level of professional accountability

[responsibility], social isolation, limited formal peer support, shift work, and unfamiliar placements (i.e., places of work where no previous training experiences had occurred) may be key factors that impact community pharmacists' transition to practice. Consequently, and unlike Murray-Parahi et al. (2016), Magola et al. go on to suggest these key factors adversely affected three areas: (a) new learning and reflection, (b) practitioner performance, and (c) patient care. Unique issues to consider in community pharmacy settings included the managerial/commercial operation of components of practice and an inherent lack of accessibility to experienced peers (i.e., they may not be working with other pharmacists). The authors questioned whether novice community pharmacists are even recognized as new learners, and suggested that new learning and reflection may therefore be compromised during the transition to practice, which could have further implications for practitioner performance and patient care. The authors suggested future research explore the transition to professional practice experience of community pharmacists specifically to better determine their unique needs.

Similar challenges and needs for support may exist among new doctors, nurses, and dental graduates. Ali, Tredwin, Kay, and Slade (2016) conducted a qualitative study on the merits and challenges of a mentored year for new dental graduates. They found six challenges that these new dental graduates faced, some of which are similar to those presented in Murray-Parabi et al.'s (2016) research (in *italics*): (a) recruitment for training programs, (b) *increased patient load*, (c) *increased responsibility*, (d) increased patient expectation due to paying for services rendered, (e) *establishing professional relationships*, and (f) *unrealistic expectations*. The authors also identified merits of transition to practice programs that were similar to those previously mentioned in other research (Aggar et al., 2017; Murray-Parahi et al., 2016; Pasila et al., 2017; Walker et al., 2016). These merits included a structured introduction/orientation to the workforce and collaboration with more experienced mentors. The authors suggested strong communication skills can help to facilitate a positive transition to professional practice, especially in dentistry workplaces that are situated in more social environments. The authors recommended dental educators help new dental graduates cope by encouraging them to perceive new challenging environments as positive learning opportunities. Moreover, new graduates should be actively engaged in their transition process and request feedback from their superiors.

Summary. Although not all experiences were negative, the literature indicates that overall, many new medical health professionals do experience a variety of personal and

professional challenges as they transition into professional practice. Although some suggestions are made as to how these challenges may be addressed, mitigated, or even prevented, it does not appear that they are being addressed in consistent ways within or among these professions. The following section reviews literature from counseling therapy professions (e.g., mental health counselors, psychotherapists, social workers, etc.). As aspects of these trainings are similar to that of music therapists, information about these practitioners' transitions to professional practice experiences may be particularly relevant for the music therapy profession.

Transition to Professional Practice Experiences of Counselling Therapy Health Professionals

Canadian context. Before reviewing literature on the transition to professional practice experiences of counseling therapists, it would be helpful to provide some context on Canadian counseling therapists' professional identity as this tends to vary among and even within countries. Alves & Gazzola (2011) conducted a qualitative inquiry examining experienced Canadian counseling therapists' professional identities. All participants had completed a master's degree in counselling, educational counselling, pastoral counselling, or counselling psychology and had been working as a counsellor for at least 10 years. Eight themes emerged from the data concerning influences on the formation of participants' professional identities: (a) personal identity, (b) personal work experiences, (c) perceived competencies, (d) valuing self-directed learning, self- care, and professional development; (e) being part of a collective group, (f) place of work, (g) the effects of time and experience; and (h) overall positive appraisal of their career choice. The authors presented a framework to demonstrate how these factors may be used to help individuals (i.e., students, new professionals, and seasoned professionals) better understand their own counseling therapist identity and begin to develop ways of describing it to others. This is especially important in Canada because this may have implications for clients gaining access to services, especially as new graduates' advocacy efforts rely upon a strong sense of professional identity. The regulation of psychotherapy in some Canadian provinces and differences among how this is being realized (or not) in various provinces also makes it especially important for these new professionals to have a clear sense of their identity (and scope of practice) for themselves and potential clients (Canadian Counselling and Psychotherapy Association, 2017; College of Registered Psychotherapists of Ontario, 2015; Nova Scotia

College of Counselling Therapists, 2017; Ordre des psychologues du Québec, 2017). The need for new graduates to develop a strong sense of professional identity as well as the ability to advocate (in various ways and for various reasons) is also identified in the counseling therapy literature at large.

Counsellors and mental health therapists. Using data collected from four earlier inquiries (Rønnestad & Skovholt, 1991, 2001; Skovholt & Rønnestad, 1992, 1995), Rønnestad and Skovholt (2003) conducted a longitudinal qualitative inquiry that explored the professional development of 100 counsellors and [mental health] therapists. They developed a six-phase model of professional development: (a) lay helper, (b) beginning student, (c) advanced student, (d) novice professional, (e) experienced professional, and (f) senior professional. The present study is concerned with the experience of transitioning from advanced student (phase three) to novice professional (phase four). In the novice phase, the authors identified a sequence of changes that can occur for new graduates who enter the workforce: (a) confirming one's learning; (b) disillusionment with professional training; and (c) intense exploration of the personal and professional self. According to these authors, identity formation during one's emergence as a counselling professional plays a key role in fostering strong therapeutic relationships. They also identified use of humor with clients as an indicator of the emerging use of self with clients. Additionally, they found that new graduates who previously lacked incentive to seek out personal therapy as students, were often motivated to seek it out as a way to help facilitate their [professional] identity formation process.

In addition to developing their phase model, the authors distilled 14 themes that captured other salient aspects of the process of professional development;

1. Professional development involves an increasing higher order integration of the professional self and the personal self.
2. The focus of functioning shifts dramatically over time from internal to external to internal.
3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience.
4. Intense commitment to learn propels the developmental process.
5. The cognitive map changes: Beginning practitioners rely on external expertise while seasoned practitioners rely on internal expertise.

6. Professional development is a long, slow, continuous process that can also be erratic.
7. Professional development is a life-long process.
8. Many beginning practitioners experience much anxiety in their professional work. Over time, this anxiety is mastered by most.
9. Clients serve as a major source of influence and serve as primary teachers.
10. Personal life influences professional functioning and development throughout the professional life span.
11. Interpersonal sources of influence propel professional development more than 'impersonal' sources of influence.
12. New members of the field view professional elders and graduate training with strong affective reactions.
13. Extensive experience with suffering contributes to heightened recognition, acceptance, and appreciation of human variability.
14. For the practitioner, there is a realignment from self as hero to client as hero. (pp. 27-38)

In a case study that explored the early professional experience of a social worker in China, a similar sequence of changes (although not labelled as such) of a novice professional were described (An & Chapman, 2014). Jie (the novice professional) initially experienced feelings of excitement and idealism when she got her first job. She then began to experience feelings of uncertainty while implementing skills in practice and defining her role; she doubted her professional training, yet adapted to the context out of necessity. Throughout this process, Jie experienced some personality changes (i.e., identity development/formation) as she overcame her tendancies toward introversion and shyness in order to advocate for her profession and to eventually move onto another position.

As noted above in Rønnestad and Skovholt's (2003) study, novice therapists often learn a great deal through the relationships that they develop with clients and with others and this can help them to better understand professional boundaries and roles. Relationships with others also played a role in An and Chapman's (2014) case study. The novice social worker Jie had difficulty establishing constructive relationships with her organization's *neighborhood committees*. In China, these consist of nonprofessional helpers that serve as spokespersons for

community services and in this culture, people look to them for guidance. As these committees did not understand Jie's role, she experienced low social status, low social support, and poor professional legitimacy with various stakeholders at her facility. In this case, better understanding how relationships needed to be realized within a particular cultural context might have eased Jie's transition into professional practice.

In a phenomenological study that examined six new counselors' experiences working in community mental health centers, having personally supportive relationships was identified as one of three positive factors that assisted these participants in their transition to professional practice. The other two factors were: having healthy boundaries between work and home, and being mindful of clients' experiences (Freadling & Foss-Kelly, 2014). This last factor also seems to imply that constructive therapeutic relationships can help to facilitate new counseling therapists transition to professional practice as previously noted in Rønnestad and Skovholt's (2003) study.

The literature also indicates other typical challenges faced by counseling therapists in their daily work environments that may be particularly problematic for new professionals. Skovholt and Rønnestad (2003) found that counsellors face seven notable struggles which inlcude: (a) acute performance anxiety, (b) the illuminated scrutiny of professional gatekeepers, (c) porous or rigid emotional boundaries, (d) the fragile and incomplete practitioner-self, e) inadequate conceptual maps, (f) glamorized expectations, and (g) an acute need for positive mentors. Other challenges presented in the literature include: (a) low wages which can lead to financial stress (Freadling & Foss-Kelly, 2014), (b) heavy workload (including a focus on quantity rather than quality often mandated by government quotas) and time management issues (An and Chapman, 2014; Freadling & Foss-Kelly, 2014); (c) lack of client funding or having to deal with issues related to insurance coverage for clinical services (Freadling & Foss-Kelly, 2014), and (d) complex/challenging clinical cases (Freadling & Foss-Kelly, 2014). The authors of these studies suggest that training programs could better highlight the gap between reality and the ideal and real world clinical practice. Suggested strategies by Freadling and Foss-Kelly (2014) to address additional training needs included program based adaptations such as: (a) an orientation and ethics course to emphasize ethical challenges of clinical documentation; (b) a diagnosis and treatment course to emphasize technical skills; (c) a practicum and internship to address the challenge of balancing a heavy documentation workload with other clinical and

personal obligations; and (d) a regular consultation by counselor educators with an advisory board or other local practitioners to keep abreast of both existing and emergent practice challenges. Moreover, at the individual course level counselor educators may: (a) emphasize factors that protect against burnout and job dissatisfaction by encouraging students to explore how their life and work values inform, influence, or provide energy for the work of counseling (and then draw strength from these personal values that are related to professional identity when challenges arise); (b) more extensive use of active practitioner guest speakers who outline current challenges, (c) collaborative relationships with area social service organizations in the community, visits to these sites and interviews with their practicioners helping students to understand the larger world of mental health treatment, network in meaningful ways, and align student expectations with practice realities; (d) increased training on clinical documentation, which could help novice counselors in terms of productivity and time management; (e) integration of evidence-based practices, outcomes-based treatment planning, and intervention-based role-plays in multiple classes; and (f) additional activites and assignments related to advocacy principles in complex systems that would help student advocate for clients needs and promote systemic change. The latter two items could give students more skills for addressing specific client concerns.

Summary. As with medical health professionals, the literature suggests that counselling therapy health professionals experience positive and negative factors that can affect their experience of transitioning from their academic environments into professional practice. Although development of constructive relationships seemed to be a key factor, the counselling therapy literature did not focus as explicitly on mentorship as did the medical literature. Students, educators, and employers each appeared to play a role in this process, with multiple factors to be considered.

In the following section, I will present literature on music therapists' experiences of transitioning into professional practice. Unfortunately, I found no literature pertaining specifically to the transition to professional practice experiences of art, dance, or drama therapists. This highlights an overarching gap in the creative arts therapies literature on this topic.

Transition to Professional Practice Experiences of Music Therapists

Professional and Canadian context. In keeping with the organization of the previous section, I will first provide information related to the professional identity of music therapists at large and in Canada as this may help to contextualize some of the challenges faced by new professionals in this field. In her master's thesis, Warren (2015) conducted a qualitative inquiry that explored the professional identities of nine music therapists working in New Zealand. She indicated that this inquiry was needed as there seemed to be multiple understandings of the profession both within and outside of the profession and that this may be due to: (a) a relative novelty of both the counselling and music therapy professions as compared to other allied health professions; (b) a dual identity, holding shared roles, goals and purposes especially between education and psychology; and (c) a number of misperceptions, due to practitioners' myriad of work settings, client groups, and theoretical practices employed. Through interviews, she identified four interdependent elements that captured features that influenced music therapists' professional identities: (a) seeking validation by others (an overarching category), (b) feeling a sense of professional competence, (c) experiencing direct or indirect reciprocal communication with other music therapists, and (d) developing an ability to adapt and manage change in response to new conditions or client need. The presence and value of supervision also emerged as a salient factor that influenced participants' music therapist identities. Warren suggests additional factors to be explored that have both practical implications as well as implications for future research. These include: (a) the professional identities of music therapists outside of New Zealand, (b) the musician identity and its salience in therapy sessions; (c) the collective identity bolstered by music therapy associations, that could be particularly important for new graduates; (d) supervision as a professional requirement; (e) student music therapists and their emerging professional identities; and (f) increased communication of music therapists' professional identity to help clients and employers better understand their role. Warren's research suggests national (and perhaps regional) associations (such as CAMT) provide a crucial collective identity that new music therapy graduates may ascribe to.

Similar issues appear to be relevant for Canadian music therapists. In a major research paper completed as part of a master's degree in music therapy, Dibble (2010) explored the concept of collective identity with nine Canadian music therapists. Overall, her results indicated that music therapists in Canada do have a collective identity and revealed two themes:

community and diversity. More recent research exploring music therapists' perceptions on the state of music therapy as a profession in Canada examined four areas considered to contain components Canadian music therapists' collective identity: scope of practice (in each region), government regulation, professional certification, and professional advocacy (Gross & Young, 2014). This research shares a similarity with the research on counselling therapists' professional identities in Canada in that both articles draw attention to the importance of regulation of the profession (either via the government or provincial professional associations) and the importance of advocacy in relation to professional identity and the identity of the profession. These research inquiries have relevance for the present study as these components of collective identity may have implications for participants' transition to professional practice experiences.

Music therapists' anecdotes regarding transition to professional practice. A recent edition of the CAMT professional newsletter, *Ensemble,* contained personal accounts of two recent music therapy graduates' experiences of transitioning to professional practice. In the editor in profile section, Lipski (2016) recounted how her professional music therapy community and relationships with former classmates served as positive forces for her as a new graduate. Conversely, she commented that her "experience of being a student in music therapy studies was a rehearsal in 'not knowing' (p. 8)." She has learned from the early stages of professional practice that she is a capable music therapist who can trust the music to foster beauty and connection with clients, instead of relying upon carefully planned sessions. She also indicated that she was open to ongoing learning as she continued to aspire to become more like experienced music therapists which she perceived as having superior communication skills, greater clarity of boundaries, and more [clinical] music skills. In another section of the same edition entitled *The Green MTA*, Parkinson (2016a) presented a checklist for recent graduates (see Appendix A). She had created this checklist for herself, so as to help her combat her feelings of panic and uncertainty as she entered professional practice. She felt it might be helpful for other music therapists entering the profession. In a subsequent issue of *Ensemble* under the same section, Parkinson (2016b) highlights the important role process notes have for novice music therapy professionals. She also explored many aspects of advocacy as it relates to new professionals (Parkinson, 2017). Together these three pieces highlight important strategies new music therapy graduates may consider and implement in their practices, which could help ease their transition to professional practice.

I also found a blog post entitled *Two Years Out: What Keeps Me Going* by an American music therapist that has relevance for the present study (Murakami, 2014). When describing her experience of transitioning into professional music therapy practice, Murakami expressed similar sentiments to those of Lipski (2016). After 2 years of practice, she still felt like a new practitioner, but was also more confident and flexible in her practice having lost some idealism of the music therapy profession she once held as a student. Murakami also reflected upon the academic/professional paths of her classmates post graduation, and the impact that low wages and relentless advocacy, that "feel[s] more like a chore (para. 3)" may have on new professionals. Some of her former classmates felt a need to diversify their skill sets or had to abandon the profession entirely to pay off student debt. Murakami believed that working in a supportive environment and advocating for music therapy with a renewed professional identity helped her to stick with it. She commented:

> Evolving my idealistic, oversimplified version of music therapy (altruism + music = great sessions!) has led to a more robust rationale for what I do. Today, I would say I'm a music therapist for many reasons: our system of healthcare and clients deserve innovation, music therapy offers creative approaches to resolve challenges, and I want to know how music can impact the brain in unforeseen ways. (para. 4)

Murakami concluded by expressing her desire to continue learning and maturing as a new music therapist.

I only found three peer reviewed music therapy articles directly relevant to the present study. Two of these articles examined cultural readaptation experiences of music therapists returning to their home countries, following music therapy training abroad (Hsiao, 2011; Lauw, 2016). Hsiao (2011) examined 10 female participants' experiences of re-entry into their home countries as music therapists who had just completed their training in the United States. Interviews revealed four themes: (a) moving from the ideal to the real world, (b) shifting from the role of student to professional, (c) confronting reality and working through challenges; and (d) achieving personal growth and self-transformation. Participants expressed having an ability to transfer their skills to different population and experiencing personal growth and self-transformation. However, they found dealing with misconceptions about what music therapy is and who is qualified to practice it particularly challenging. Low job availability and financial instability also added to their transition shock. The authors recommended that music therapy

education programs assume a more holistic cross-cultural approach which includes (but is not limited to) providing more training in skills that will help to prepare international graduates for practice in their home countries establishing careers upon returning home. The authors also identified personal qualities and actions that they believed would help these individuals to succeed. These include: passion, devotion, commitment, determination, and entrepreneurship, as well as networking, being realistic about the workforce, and seeking specialized training.

Lauw (2016) conducted a similar study to Hsiao's except that this study included four participants, all from Singapore, and who trained in various international programs before returning home. Despite this, their readjustment experiences were remarkably similar to the participants in Hsiao's study. These participants experienced challenges in their transition to professional practice characterized by difficult adjustments to their new professional roles in a context different from the country where they trained. At times, due to constraints of local environments, participants were forced to abandon their initial professional aspirations. The social context of being back home and being surrounded by supportive networks were positive protective factors, which in turn helped them to face daunting tasks such as advocating for music therapy, adapting their practice, and embracing their professional beliefs. The importance of achieving cultural competency in music therapy practice was also highlighted as music therapy models and approaches may need to be realized differently in different cultural contexts. This also emphasized the important role cultural adaption can play in influencing music therapists' identities and how a music therapist's identity may influence the therapeutic relationship. The authors make recommendations for content that could be included in music therapy course syllabi, taking the needs of Singaporean music therapy trainees into account. These included: skill needed to assume large caseloads, directive approaches for working with children, and linguistic considerations, especially in terms of multiple dialects one might encounter when working with the elderly.

The current study was inspired by a qualitative inquiry conducted by Seah and McFerran (2016) who explored the transition to practice experience of five female music therapy graduates from Melbourne University's music therapy master's program. Each participant was interviewed via Skype and five individual distilled essences of their experiences were presented. Three global meaning units also emerged; (a) feeling ambivalent, (b) bracing the self, and (c) shouldering responsibility. Common experiences among participants included: (a) anticipation

for satisfying progress in therapeutic interventions, (b) personal growth, (c) feelings of isolation, and (d) cautious optimism. Moreover, these new music therapists also revealed that tenacity and intrinsic conviction were integral to their pursuits. The authors suggested that some or all of these qualities may be unique to the music therapy profession as many new music therapists pursue private practice and assume independent roles. Finally, these new music therapists experienced a complex array of emotions that required support from peers and allied professionals, although it was also noted that participants often felt uncomfortable approaching non-music therapy professionals for support. The authors made three recommendations which have implications for music therapy training programs and future research: (a) job sharing, as an option to ease the transition to professional practice, (b) the value of returning to where one plans to reside to complete the final internship, and (c) research with music therapy graduates from other countries, and/or those across graduating cohorts to help identify transferable and/or contextually specific factors and that help or hinder new music therapy graduates transitions into professional practice. As noted in Chapter 1, the present inquiry addresses this third recommendation within a Canadian context.

Summary. The literature on the transition to professional practice experiences of music therapy graduates suggests that as new graduates develop their professional identities, they experience a variety of emotions, realizations, and adaptions. Similar to other medical and counselling health professions, the literature also suggests that social support and cultural competence can help new music therapy graduates navigate this process. However, very little is known specifically about how new music therapists in Canada navigate this process nor if or how these issues are being addressed in Canadian educational and healthcare contexts. The present inquiry was designed to address this gap in knowledge.

Chapter 3. Methodology

Design

This interpretivist (i.e., qualitative) research was philosophically grounded in a phenomenological approach, a method of inquiry seeking to "discover and describe the structure and meaning of a phenomenon that makes it intrinsically what it is—its essence" (Jackson, 2016, Chapter 40, Overview and Definition, para. 1). Ontologically, I assumed an idealist viewpoint where multiple realities exist. Epistemologically, each participant's reality was constructed based on the thoughts, and ideas that they expressed in relation to the phenomenon under investigation (Hiller, 2016). This study was not meant to achieve generalizable results, but rather to try and capture the essence of the phenomenon as three individuals experienced it. The individual narratives and group themes emerged from participants' real-life experiences, which may help readers to "infer how the study's findings may transfer into other relevant settings or situations" (Baker & Young, 2016, Chapter 3, Defining Knowledge Within the Interpretivist Tradition, para. 2).

Epoché

As the researcher, I underwent a process of bracketing in order to consciously put aside my assumptions, judgments, biases, preconceptions, and prejudices about the phenomenon under study. This was addressed in part, through writing an epoché. This was meant to "make explicit the researcher's preconceptions and beliefs about the phenomenon and to thereby consciously hold these perspectives in abeyance during the study, allowing the data to be experienced freshly and hopefully leading to new or deeper knowledge about the phenomenon" (Hiller, 2016, Chapter 11, A Music Therapy Research Example, Para. 3).

I am a white Anglophone male who grew up in a large metropolitan area in Canada, with liberal values and exposure to a multitude of cultures. I do not actively affiliate with any religious beliefs or practices. I value my education for it has provided a great deal of structure in my life and opened my eyes to how I may fulfill my passions for music and be of service to others where there is a need. I feel a responsibility to advocate for others' needs, whether that is for access to the creative arts therapies or to education. I like to think of myself as a catalyst, often preferring to work behind the scenes to help make things happen, and helping to connect

various components so that certain outcomes may be reached more quickly. I would like to think that this draws upon my intuitive creative mindset which often likes to play devil's advocate rather than focusing on one side or the other.

While designing, and conducting this research, I was beginning to anticipate my own transition to professional practice. I experienced some anticipatory anxiety as I wondered about what employment I might find to initially support myself, where I might work, and if/when I would move to join my significant other in a rural community in Eastern Canada.

I also reflected upon my own previous encounters with life transitions. For the most part, they seemed quite swift, some more challenging than others. I have pursued my studies non-stop since I was in kindergarten, transitioning through five different schools over this time. At each juncture, a quantum leap in reading, writing and synthesizing awaited me and was something I had to quickly adapt to. I put a lot of pressure on myself to perform. Looking back, I am amazed at what I accomplished; the process was at times grueling, strenuous and exhausting, as I struggled to meet my relentless high standards. I sometimes regret not taking more time to embrace the experience and connect with others in the process. Reflecting upon my summer work experiences that occurred in between certain school years, I realized that my transitions from student to employee role were somewhat hasty. I often felt that the training I received to do these jobs was insufficient, leaving me in a position of having to figure things out on my own. However, the most significant personal transition that I had to make in my life was when I became legally blind at the age of 5 following an operation to remove a tumor near the optic nerve. Again, I made a swift transition from a typically developing 5-year old boy (with vision problems mind you) to legally-blind child, patient, and son. During this transition, I felt weak, scared, and unsteady. I missed the first month of kindergarten and instead built relationships with nurses, doctors and health professionals. From then on, I was exposed to a very different learning context that would stick with me for many more years. I am thankful it happened at such a young age. With the gentle encouragement from my parents to "see what I can do" (instead of being treated as incapable), I have managed to adapt and transition to being partially sighted.

These experiences have influenced the way I now tend to approach challenges— with a hypervigilant, cautious, and determined attitude. The ways in which I conducted the present inquiry—the literature review, data collection and analysis, and the ways in which I have chosen

to present the results, may have been influenced by these personal qualities, my own anticipatory anxiety around transitioning to professional practice, and my own experiences of transitions in my life at large.

> By making preconceptions and beliefs explicit, a researcher, in the spirit of the phenomenological attitude, provides the reader the opportunity to judge whether the findings have been influenced by the researcher's biases or not, thereby enhancing the trust worthiness of any eventual knowledge claims. (Hiller, 2016, Chapter 11, A Music Therapy Research Example, Para. 3)

Participants

Upon receiving ethics approval from Concordia University's Human Research Ethics Committee (UHREC; see Appendix B), an email invitation to participate in the present study was sent out via the CAMT (see Appendix C). Purposive sampling was used; the criteria for inclusion was that each participant must:

- be English speaking,[1]
- not be a classmate/close professional affiliate to the current researcher (to reduce bias and/or eliminate potential conflict of interest),
- have graduated from a pre-professional Canadian music therapy training program in April 2015 or later (but not before),
- have successfully completed their internship,
- have obtained or be in the process of obtaining (i.e., they had applied to write their exam) their Music Therapist Accredited (MTA) status (i.e., their professional certification),
- be working or have worked (part time, full time, on contract, etc.) as a music therapist, in Canada, for at least three months;
- have had no prior career experience in another field (i.e., music therapy is their first professional career choice),

1. It is important to note that the CAMT is a bilingual professional association with both anglophone and francophone members. Although I am bilingual, English is my first language and I did not feel that I could conduct this type of in-depth interview in my second language and truly capture its essence.

- have not been pursuing further post-secondary studies at the time of the interview, and
- have been willing to participate after reviewing the Informed Consent document.

Prior to conducting each interview, informed consent was obtained. This form outlined the purpose, procedures, and any potential risks associated with participating in this study (see Appendix D). In order to fit within the timeline and scope of a master's thesis, the sample size was delimited to include the first three participants who contacted the researcher and met the criteria for inclusion.

Participant characteristics. The three participants who met the criteria for inclusion were female music therapists employed in three different Canadian provinces. They all began professional work after receiving their MTA status in either 2015 or 2016 and at the time of the interview had since been employed for over 9 months, but under 2 years. One individual held an undergraduate degree (internship completed) in music therapy, while the other two held master's degrees in music therapy. One of these graduates completed her pre-professional training before pursuing her master's. She also began working while completing her graduate studies. The other graduate completed her pre-professional training within the context of her master's degree. In order to maintain anonymity (especially in a relatively small professional community) further details cannot be provided. Other relevant, non-identifying demographic data will be presented within each participant's narrative summary contained in Chapter 4.

Data Collection Procedures

I conducted three semi-structured qualitative interviews via Skype between May and June, 2017 to gather individual participant's perspectives on their experiences. These interviews were approximately 30-minutes long and involved an open-ended interview guide/topical approach (Patton, 2002; see Appendix E for sample interview questions). This guide had two sections: The first section contained direct questions to gather demographic data while the second section contained open-ended questions formulated to elicit data on participants' lived experiences of transition to professional music therapy practice. As is common practice in phenomenology, these questions were adapted slightly during the interview as each participant relayed his/her individual experiences (Heidegger, 1962; Marshall & Rossman, 2016; Moustakas, 1994). This allowed the structure and essence of the phenomenon under

investigation to emerge while at the same time ensured that the discussion remained focused on the purpose of the research. These interviews were audio recorded as outlined in the consent form (see Appendix D). I also verbally reminded participants that the audio recorder was about to be turned on just prior to commencing each interview.

I chose not to perform member checking after the interviews for pragmatic reasons (i.e., time constraints of a master's thesis). Additionally, a recent narrative review on the relevance of member checking also suggested there was "no evidence [to indicate] that routine member checks enhance the credibility or trustworthiness of qualitative research (Thomas, 2017, p. 25). The author suggests that a systematic review of qualitative research on a given topic would likely yield more credible results. Perhaps the current research will be included as part of such a systematic review.

Materials. A Zoom H2 digital audio recorder, Audacity software, iPad Pro, HP Touchsmart hybrid computer and flash drive were used to gather and subsequently store the raw data. See Appendix D for data storage procedures outlined in the consent form.

Data Analysis Procedures

Data analysis procedures used by Seah & McFerran (2016) were adapted to fit the scope of the present study: There were 10 steps.

1. I reviewed and transcribed each audio recording;
2. I read through each interview transcript several times to get a sense of the whole; I also made notes indicating my thoughts, feelings, and responses;
3. I identified and extracted key statements that pertained to the phenomenon being examined;
4. I organized these key statements into themes. The process of creating these themes was both emergent and recursive;
5. I re-examined the experience as it unfolded for each individual;
6. I constructed an individual narrative summary for each individual;
7. I went back to the themes and created global meaning units under which the various themes were located and I then wrote a brief description of each global meaning unit;
8. These results were compared and contrasted with music therapy literature that examined the same phenomenon in other contexts; and

9. I submitted the results and written descriptions to my research thesis adviser who provided feedback on their readability, comprehensibility, limitations, and potential areas of bias.
10. I incorporated this feedback into the final manuscript.

Chapter 4. Results

The primary research question of the present inquiry was: What are Canadian music therapy graduates' recent experiences of transitioning from their pre-professional training programs into the Canadian music therapy professional workforce? I conducted individual interviews with three recent Canadian music therapy graduates to gather their perspectives on their experiences of this phenomenon. I created an individual narrative for each participant, meant to represent integral components of her lived experience. I used pseudonyms and did not include any identifying information in order to protect participants' anonymity. These narratives are presented below and are followed by a description of global meaning units and themes that emerged through cross-case comparison.

Individual Narratives

Evelyn. Following her undergraduate music therapy training and internship, Evelyn returned to her hometown feeling excited to take on real [i.e., professional] work. However, once she began to look for a music therapy job, she found no positions that were within a reasonable driving distance from her home. She felt disappointed about this and in need of a source of income, she began to seek out non-music therapy work. This also turned out to be a struggle and ultimately felt unsatisfying as the result was not what she had hoped for. Evelyn felt confused about how to proceed and turned to her family for emotional and financial support as well as advice. They encouraged her to persevere. This helped motivate Evelyn to make the decision to "launch [her]self into the process of exploring what it is to have a private practice." On one hand, she felt she had a drive and conviction in this pursuit, and believed that what she was offering could be of benefit to others. On the other hand, she felt woefully unprepared to take on this endeavour.

Evelyn tried various strategies to help launch her practice and to address issues that emerged. She desired to "continue learning and to continue growing." In order to become more knowledgeable about business practices, she accessed online resources for small businesses in Canada, consulted with a small-business resource center, and visited her local library. Although these efforts provided her with some useful information, the process of establishing herself as a professional music therapist often left Evelyn feeling challenged, discouraged, uncertain, and unsuccessful. She could not afford the musical instruments needed for the work she wanted to

do. She found it difficult to approach managers or other relevant professionals (such as recreation therapists) who she thought would potentially be interested in hiring her. It was "not something she looked forward to doing." When she did summon up the courage to approach these individuals, her requests for face-to-face meetings were sometimes completely ignored (i.e., she did not receive any response). Even when initial contact was made, follow up meetings usually did not materialize. In spite of this, Evelyn knew that she had to "sell yourself well," and continued to deliver her message with determination and conviction. She still believed that music therapy services were needed and valuable.

While she could not afford to pay for professional supervision, Evelyn felt a need for more answers and direction. She said, "There was no other option, so it was either forsake music therapy or grapple for the resources and information I needed to make it work." She first contacted other more established music therapists in her community. She felt that these "peer relationship[s]" would facilitate 'fresh" social networks as they were just "one step ahead." However, she still desired more input from someone who had even greater experience in the professional music therapy workforce, and although hesitant to do so at first (as she was no longer a student), she contacted previous internship supervisors to ask for guidance. She appreciated the help they so graciously provided and hoped someday that she could be like them "in so many ways."

Overall, Evelyn felt that her transition to professional practice was hard and trying. She wished she had known more about what to expect and believed that this knowledge would have made her feel more resilient. Evelyn's workload (mostly with seniors) grew slowly but steadily, starting with just a few hours and settling around 15. At the time of the interview she proudly indicated that she was hoping to assume a full-time caseload through additional sub-contracts from local MTAs.

Brianna. Just before completing her training, Brianna applied for a job in a province located outside of both her hometown and place of study. She got the job, and moved there upon completing her music therapy training. Initially, Brianna worked mainly with older adults and experienced feelings of insecurity, surprise, being unprepared, and being misunderstood. These feelings were due in large part to things she had not anticipated such as time spent traveling to her work places, keeping track of her income (i.e., for tax purposes), and adjusting to new cultures which not only included the city and province but also various work contexts. These

cultural adjustments also elicited feelings of isolation, inadequacy, and of being a "foreigner." She encountered what she experienced as sexism in her work settings, evidenced by "infantilizing" remarks such as being called "dear" or the "music lady." Consequently, Brianna struggled to establish the professional identity she felt she desired and deserved. She felt exhausted by the constant need for advocacy. She often found herself mentally rehearsing how to explain her role, so as to be able to clearly and effortlessly communicate it to others as well as feel more comfortable with and connected to what she said—that this process would help her to internalize the value of her work.

As a new graduate, it felt strange to Brianna to not receive clinical supervision on her work, like she had as an intern. At first, she felt unsupported and was hesitant to seek support from her boss (the owner of the private practice) who always seemed too busy. She wondered if other professionals like herself "actually" received professional supervision, and if so, how it was realized. She felt doubtful that this was usually the case. She decided to seek support for both her personal and professional needs from a private therapist. She felt it "worked," and that it was "definitely helpful to have someone to bounce things off of." Brianna also felt a need to connect with other music therapists. She began to have weekly interactions with peers through a Facebook group or phone calls with a close friend. These much needed "check-ins" helped her to feel more validated in terms of her professional identity, as her efforts and accomplishments could be genuinely acknowledged. Brianna also experienced a sense of accomplishment when she observed other music therapy interns at one of her sites. She realized how far she had come and this made her feel more like a professional.

As Brianna reflected on her transition to professional practice, she felt lucky that she was not the "materialistic type" as her part-time work of around 25+ hours per week met her financial needs just fine. She also felt privileged and grateful to have worked with many different client populations during her training, and having completed coursework that had helped her with improvisation skills, counselling skills, and music therapy theoretical knowledge. These experiences helped her to feel more capable to carry out the work and meet the demands of her practice. Brianna also felt that completing a research project within the context of her master's helped her to feel more comfortable, knowledgeable, curious, and "bold" in her early days of professional practice. She felt responsible and humbled to be able to educate others about the proper use of different musical selections, especially being mindful of cultural considerations.

Through her transition to professional practice, Brianna began to experience a deeper connection to and increased value for her work.

Maude. After completing her music therapy training, Maude moved from her hometown to a new province for personal reasons. Shortly thereafter, she saw an advertisement for a sub-contract position with part time hours to start with and potential to grow, at a large music therapy practice in her area. She decided to apply, had an interview, and got the job. However, she found it challenging to adjust to her new work life. Although Maude had been told by her supervisors/professors that the music therapy workforce would be different than what she had experienced in her practicum placements/internship, she realized that she could not truly understand what this meant until she was actually working as a professional. She was surprised by the amount of unpaid time that she spent travelling between different work settings and by the fact that she had to complete some documentation at home. Although her work grew over time, the initial financial instability of her position necessitated that she teach music lessons on the side. During this time of transition, Maude felt reliant upon her partner for financial and emotional support, as there was "no way [she] could have done it by [her]self."

Maude perceived some gaps in her knowledge and/or abilities as she transitioned into professional music therapy practice. She did not have prior experience independently facilitating music therapy groups for seniors and she initially felt overwhelmed while doing it. She needed to expand her repertoire and spent time at home practicing guitar and voice in order to learn new songs for her clients. She felt that she did not have time to practice her primary (wind) instrument and therefore had difficulty integrating it into her practice; an issue that remained unresolved at the time of this interview and troubled her most of all. Maude felt surprised and conflicted by this, as the importance of incorporating one's primary instrument into practice was an idea that had been reiterated in her training.

During her transition to professional practice, Maude felt that she had developed increased awareness and understanding of how to communicate with others, be an advocate for music therapy, and give herself the time she needed to get the job done. Being part of a team of therapists who met regularly (within the context of this private practice) provided Maude with a sense of security and lessened her feelings of isolation. She felt acknowledged by her colleagues and supported by her boss. Maude also felt a sense of comfort from capitalizing on some of the skills she had obtained from her training, especially those related to documentation and

improvisation, which lessened her worry about these things during sessions. Overall, Maude felt that she had experienced "a lot of self-discovery [in] knowing what you can do and where you can go and then going for it." She had a new-found sense of responsibility in the multiple roles she assumed, including that of professional, music therapist, sub-contractor and even herself as a person.

Shared Meaning Units and Themes

Three global meaning units, each one containing 2-3 themes emerged from the cross-case comparison. These are presented in Table 1 below. This is followed by a more detailed description of each meaning unit, using quotes and examples from the three participants' narratives to help verify my interpretations.

Table 1. Global Meaning Units and Themes

Global Meaning Units	Themes
Navigating uncomfortable situations	Dealing with uncertainty
	Recognizing differences between preconceived notions and "real world" music therapy practice
	The need to assume the role of advocate for themselves and for the profession
Feeling a sense of commitment	Perseverance
	Feeling unprepared
Establishing a foothold	Creating a support network
	Apprehension about having to ask more experienced professionals for help

Navigating uncomfortable situations. While transitioning into professional practice all three participants experienced challenges, which they had to address whether they felt competent and/or prepared to do so or not. One of these challenges was *dealing with uncertainty*. While entering the real world of professional music therapy practice, all three participants had to

assume part-time sub-contracted work that had inconsistent hours and little job security. The participants responded to this reality in a variety of ways; Evelyn felt confused at first about how to proceed, but decided to pursue freelance/contract music therapy work because of her commitment to the profession. She also felt bolstered by her family's support and encouragement. Maude felt uncertain about her career's ability to meet her financial needs, so she decided to take up teaching on the side. Brianna faced many unanticipated issues "going into the unknown" and initially felt insecure, but progressed nevertheless. She ultimately felt lucky and indicated that her part-time work situation met the basic financial needs of her non-materialistic lifestyle.

All three participants began to *recognize differences between their preconceived notions and "real world" music therapy practice.* Maude commented, "like [professors] tell us that it is different, but we don't really know it until we get there." Evelyn echoed a similar sentiment as she wished that she had had greater awareness of the "real world" music therapy profession before entering that world as this may have helped her to better anticipate what she needed to do and perhaps feel more resilient as she navigated her transition to professional practice. The amount of time spent travelling was another unexpected reality for all three participants and something that they had to "get used to" (Maude). Maude especially felt caught off guard by the amount of unpaid time that she spent travelling between different work settings and having to complete documentation at home. All three participants benefited from professional supervision, especially at the very beginning of their transition when the extent of the disconnect between their expectations and real world practice became increasingly evident.

Finally, all three participants expressed how *the need to assume the role of advocate for themselves and for the profession* felt constant. Furthermore, this was something that had to be done in addition to the clinical music therapy work that they were hired to do. They all felt uneasy approaching others and for the most part, the amount of advocacy that they had to do seemed overwhelming. As Evelyn said it, "was something [I] had to do, but not something [I] looked forward to doing." As Brianna articulated, advocacy is "consistent, it never stops… that is [a] legitimate [endeavour]." Participants' advocacy efforts led to feelings of being challenged, unsuccessful, misjudged, uncertain, exhausted and discouraged. Each participant had to figure out for herself how to create her own unique way of being an advocate (for music therapy and for themselves) so that she could become more comfortable and/or more adept at fulfilling this role.

For example, Brianna spoke about how she mentally rehearsed (i.e., a process of practicing how she defined music therapy and her role in her head) so that she could clearly and effortlessly communicate her role to others as well as feel more comfortable and connected to what she said.

Feeling a sense of commitment. In order to face the challenges that participants experienced in their transition to professional practice, each one developed a sense of commitment to her work, her clients, herself, and/or to the profession. As Evelyn stated, "There was no other option, so it was either forsake music therapy or grapple for the resources and information I needed to make it work."

All three participants *persevered* through uncomfortable situations that they experienced as new professionals. Through what felt like slow but steady growth, they sometimes felt surprised or even impatient at the length of time it took to secure work and feel like a professional music therapist, "keep track of [all business related] things," which required much effort according to Brianna, or the process of "continuing to learn and grow" (Evelyn). Evelyn spoke of an internal drive to pursue music therapy, which was motivated by the encouragement she received from her family to persevere. Her commitment to the profession was demonstrated by her decision to pursue work as a private sub-contractor despite not knowing how to run her own business, her efforts to secure the resources necessary to succeed, and her "conviction" that what she was offering could be of benefit to others. Brianna faced challenges in adjusting to new cultural contexts, which not only included a new city and province but also various work places. These adjustments elicited many feelings and Brianna struggled for to establish her professional identity, which she felt she desired and deserved. This motivated Brianna to stick to her pursuit and she began to experience a deeper connection to her work. As she implemented what she knew, she realized the value of what she had learned in her training. Observing a music therapy intern also validated for her how far she had come. Finally, like Brianna, Maude also had to adapt to her new professional role in a new province. Gaps in her knowledge (which she attributed to gaps in her training) caught her off guard—her struggle to integrate her primary instrument troubled her most. Nevertheless, Maude maintained a tenacious attitude throughout the process; with much support from her boss and partner, she developed as a professional and her practice grew.

A sense of *feeling unprepared* sometimes challenged participants' sense of commitment to the profession. Evelyn wished she had known more about the reality she would have to face

and felt had she known it, she would have prepared herself and felt even more resilient throughout the transition process. Brianna said, "I work alone" in such a way that implied that she wished for support (i.e., more supervision) that could have helped her to face the unknown. Maude longed to integrate her primary instrument into her professional practice but felt unprepared to do so as she faced competing and what felt like more pressing demands on her time (e.g., driving, documentation, and learning new repertoire using the guitar and voice, etc.). Evelyn expressed how she felt envious of more experienced professionals' knowledge and wisdom and how she hoped someday she could be everything they are, "in so many ways."

Establishing a foothold. Establishing a foothold embodies the feelings of unstable momentum the participants experienced during their transition to professional practice. All participants took steps to create *a support network* for themselves. Evelyn had her family, but also turned towards other resources to develop her knowledge of business practices. She also approached more experienced music therapists for their knowledge and wisdom. Briana and Maude moved to new provinces and had to establish new social networks. Brianna sought support from a private therapist for both personal and professional help, which she found helpful. She also had weekly interactions with music therapy peers through Facebook group or phone calls with a close friend. These offered much needed "check-ins" which helped to validate her efforts and accomplishments. Brianna even mentioned how "seeing a music therapy intern at one of her sites… and seeing the differences," made her reflect upon how far she had come and gave her a sense of feeling more like a professional. Maude had the added benefit of ongoing team meetings as part of her affiliation with a large private practice. These meetings combatted feelings of isolation while guidance from her supervisor provided her with much needed support and eased her transition into professional practice.

Evelyn and Brianna however, also expressed *apprehension about having to ask more experienced professionals for help*. Evelyn felt a need for more answers and direction, and desired more input from someone who had even greater experience in the professional music therapy workforce. Her hesitation to do so at first was due in part to the fact she was no longer a student. Once she finally contacted her previous internship supervisors to ask for guidance though, she felt appreciative of their wisdom and knowledge. Their guidance was helpful and Evelyn hoped someday that she could be like them "in so many ways." Brianna felt strange as a new professional as this was the first time she had not received clinical supervision on her work.

She was used to having this kind of support. However, she felt hesitant to seek help from her boss/manager who always appeared too busy. Instead, she sought personal and professional support from a personal therapist to help her navigate this transition to professional practice**.** It "worked," but above and beyond this, she desired support from music therapy peers, which she eventually sought out and received.

Chapter 5. Discussion

In the present chapter, I make careful further interpretations of the findings presented in Chapter 4 through comparing and contrasting these results with related literature presented in Chapter 2. I then present limitations of the current study as well as potential implications of the findings for Canadian music therapy training programs and the music therapy profession in Canada, as well as for future research. It is also important to note that during the interviews, all three participants gave advice that they felt would be helpful for future new music therapy graduates as they transition into professional practice. As this went beyond the scope of the phenomenon being examined (i.e., lived experiences), this information is integrated into the implication sections of this chapter.

Further Interpretations of Findings

After completing my analysis, I reflected upon how my results supported and/or contrasted the related literature outlined in Chapter 2, with an emphasis on the music therapy literature given my research topic. I grouped the most salient similarities together and organized them using the following subheadings: a sequence of changes, including disillusionment and self-discovery; supervision, support, and validation; and finally, tenacity, the prevailing personal quality. I conclude this section by presenting contrasts/unique findings highlighted by the present inquiry.

A sequence of changes. In the literature, personal growth, self transformation, changes in idealistic thinking, and adaptation to accommodate "real world" practice were all integral parts of music therapists' experiences of the transition to professional practice and professional identity formation (Hsiao, 2011; Lauw, 2016; Lipski, 2016; Murakami, 2014; Seah & McFerran, 2016; Warren, 2015). Similarly, Rønnestad and Skovholt (2003) found that new counselling therapy graduates face a sequence of changes as they enter professional practice which occur as a result of: confirmation of one's learning, disillusionment, and intense self-exploration. The participants in the current study also appeared to experience similar sequences of change. For example, in relation to confirmation of one's learning, Brianna discovered the value of her learning through implementation of learned skills in her work, which made her feel more capable and "bold." Moreover, while observing a music therapy intern, she realized how far she had come. Maude began to feel a sense of comfort from capitalizing on some of the skills she had

obtained from her training, especially documentation and improvisation, which were two less thing she had to worry about during sessions.

Participants also appeared to experience disillusionment as evident from the theme: *recognizing differences between preconceived notions and "real world" music therapy practice*. All participants felt surprised by this experience. They benefited from receiving professional supervision, especially as the extent of the disconnect between their expectations and real world practice became increasingly evident.

Lastly, all three participants experienced a process of self-discovery which caused them to change (i.e., evolve) as their transition to professional practice experience unfolded. This process was described in the global meaning unit: *feeling a sense of commitment* and the related theme of *perseverance*. For example, Evelyn identified an increasing sense of internal drive, and "conviction" for the value of her work. Brianna realized that she could apply the knowledge she gained from her music therapy training and her master's research and this helped her to feel more comfortable, knowledgeable, curious, and "bold" in her early days of her professional practice. Finally, Maude felt that she experienced "a lot of self-discovery and [this helped her in] knowing what you can do and where can go and then going for it."

Supervision, support, and validation. Much of the music therapy, counselling therapy, and healthcare literature in Chapter 2 suggested that supervision and validation (Warren, 2015), support (Aggar et al., 2017; Coyne et al., 2016; McCombie & Antanavage, 2017; Walker et al., 2016), and mentorship (Ali et al., 2016; Pasila et al., 2017; Skovholt & Rønnestad, 2003; Wahab et al., 2017), were important factors in promoting a successful transition to professional practice experience. The present inquiry also found this to be the case. While she could not afford to pay for professional supervision, Evelyn felt a need for more answers and direction. She turned towards other resources to develop her knowledge of business practices. She also approached more experienced music therapists for their knowledge and wisdom. In so doing, she gathered the resources and created the support network she needed in order to establish herself as a professional music therapist. Briana and Maude moved to new provinces and had to establish new social networks. Brianna felt strange not receiving clinical supervision on her work, which she had always gotten previously as a student. She was hesitant to seek support from her boss (the owner of the private practice) who always seemed too busy. However, she sought support from a private therapist for both personal and professional help, which she found helpful. She

also had weekly interactions with music therapy peers through Facebook group or phone calls with a close friend. These offered much needed "check-ins" which helped to validate her efforts and accomplishments. Maude found that the team meetings she attended as part of the private practice that she worked for helped her to combat feelings of isolation while guidance from her supervisor (manager) provided her with much needed support and eased her transition into professional practice. Overall, the participants benefited from professional supervision, especially at the very beginning as the extent of the disconnect between their expectations and real world practice became increasingly evident. However, Evelyn and Brianna felt hesitant to reach out to more experienced professionals—which will be discussed further under *Implications for the Music Therapy Profession in Canada*.

Tenacity. The music therapy literature in particular indicated that one personal quality that new music therapy graduates seemed to have or need was tenacity. Two global meaning units in Seah and McFerran's (2016) research, having to brace the self and shouldering responsibility, demonstrated new music therapy graduates' tenacity. This was characterized by the participants' resolve to create music therapy positions for themselves and scaling challenges (i.e., by identifying and/or gathering the resources they needed to succeed). Participants in the current study demonstrated that they *felt a sense of commitment,* which demonstrates their tenacity in that they *persevered* through the challenges they faced in adjusting to and establishing their roles as professional music therapists. For example, Evelyn stated, "There was no other option, so it was either forsake music therapy or grapple for the resources and information I needed to make it work." She spoke of an internal drive and a "conviction" to pursue music therapy, which was also bolstered by the encouragement she received from her family to persevere. Brianna stuck with her pursuit despite challenges in establishing herself as a professional in a new province. Maude adapted to her new professional role in a new province by navigating gaps in her knowledge (which she attributed to gaps in her training) and capitalizing on the support she received from her boss, her partner, and even her own knowledge which she discovered as her process unfolded.

Contrasting or unique findings. The previous literature indicated that self-care strategies such as those listed in the New MTA checklist (see Appendix A) or mindfulness may help new graduates in their experience of transitioning to professional practice (Parkinson, 2016a; Moran, 2017). However, none of the current participants mentioned purposefully

implementing any self-care strategies. This issue will be addressed further under *Implications for Canadian Music Therapy Training Programs*.

Warren (2015) indicated that professional associations can have an important role in helping new graduates assimilate into their professional identity. While one participant (Brianna) suggested CAMT could help new music therapy graduates, no participant indicated that they actually used the CAMT as a resource when they transitioned into professional music therapy practice. This finding has potential implications that will be discussed below under *Implications for the Music Therapy Profession in Canada*.

Finally, although Warren's (2015) research indicated that it was important for music therapists to integrate their musician's identity with their music therapist identity, none of the literature that I found addressed this issue in relation to how it might impact one's transition into professional music therapy practice. However, in the present inquiry, Maude spoke about her struggle to integrate her primary instrument into her professional practice and that this contributed significantly to the frustration that she was experiencing. This finding has several possible implications, which will be addressed below.

Limitations

This study contained potential limitations that must be noted. My data collection and analysis processes may have been influenced by the fact that I was a novice qualitative researcher, conducting open-ended interviews for the first time, and adhering to a tight master's thesis timeline. I delimited the number of participants to three; it is possible that additional perspectives could have enhanced the results and the overall trustworthiness of the study. It is interesting to note that only three women volunteered for the study over the 2-month recruitment period (i.e., I did not have to turn anyone away). These individuals may have had motivations for volunteering while others may have been hesitant for unknown reasons. Some new music therapy graduates with relevant information to share may not have obtained their MTA (i.e., professional credentials) at the time of recruitment and therefore did not have the opportunity to contribute. Perspectives of new male music therapy graduates were not included (no males volunteered) and as noted in the literature there are gender specific issues that should be considered (Cheng et al., 2016). Participants were aware that I too was in the transition to

professional practice stage; this may have influenced how they interacted with me and what information they chose to share.

Finally, although I tried to keep my biases and assumptions in check (as previously noted through my epoché and consultations with my researcher adviser), they still may have inadvertently influenced how I gathered, analyzed and interpreted the data, and should therefore also be noted as possible limitations. These assumptions included: (a) that other music therapy trainees wonder about or nervously anticipate their transition to professional practice; (b) that increased understanding of this topic would help Canadian music therapy educators, supervisors, employers, clinicians and/or students to gain insight into the most salient issues; and (c) that information gathered from this study might be used to help facilitate more constructive transition to professional practice processes for new Canadian music therapy graduates by addressing such issues as stress, anxiety, or even longevity in the profession (i.e., prevention of burnout).

Implications for Canadian Music Therapy Training Programs

All participants felt unprepared to deal with various business aspects of practice. This knowledge seems particularly important in Canada where it seems that many music therapists assume sub-contract work and/or run their own business. Music therapy training programs may need to look for creative ways to incorporate at least some of this information into the curriculum and/or provide more resources that students can pursue on their own. As this matter is likely not unique to music therapy, training programs and/or CAMT could look to see if/how other healthcare/counselling training programs/professions address this issue.

The results of this study do not indicate if or how Canadian music therapy programs are presenting the current realities of the Canadian workforce to their students. However, participants in the present study were surprised at what they had to face as they began their transition into professional practice. They had difficulty securing full -time work and felt unprepared for the amount of advocacy and self-promotion that they had to do. Training programs need to ensure to the best of their ability that students have an understanding of workforce realities and offer them as many tools and resources as possible so they are as prepared as they can be. This could include promoting more resource-oriented approaches (non-clinical), emphasizing self-care strategies, and promoting independent critical thinking and problem solving abilities. Educators and supervisors may also act as role models by good self-

care strategies that their students may adopt. Maude recommended new graduates focus on taking care of themselves and that they nurture their own musicality.

Maude also suggested that learning about a variety of professions and about their expertise/roles would be helpful in preparing new graduates to work effectively with interdisciplinary teams. Some university health care profession training programs in Ontario offer interprofessional training within teaching hospital contexts as a required part of their curriculum. Some music therapy interns have been able to take advantage of this training (L. Young, personal communication, August, 25, 2017). Music therapy training programs could investigate how key components of this type of training could be accessed by all of their students which could in turn help them to better prepare them for this aspect of professional practice.

Exposure to diverse internship settings with different populations was identified by the participants as being helpful. In this study, emphasis was placed on working with older adults in individual and group settings since all participants were practicing in that area. However, one participant (Maude) had expressed her inadequate experiences with facilitating groups of older adults before entering her professional practice. She also recommended new graduates do lots of research (i.e., soul-searching) before you get into the workforce; this should include being honest with yourself your vocal and guitar skills and learning a bunch of songs as necessary as well as having some idea of how one wants to practice when one finishes studying. That being said, training programs should teach /encourage students to be adaptable; this would likely include how to work within their current scope of knowledge in unfamiliar contexts, and be open to acknowledging what they don't know and then problem solve.

Two of this study's participants had completed their master's degree in music therapy—one completed her pre-professional training within the context of her master's while the other completed her master's after she had completed her pre-professional training. Both of these individuals were able to secure work more quickly than the other participant (albeit they had to re-locate) and both identified experiences/skills specific to advanced training (e.g., research) that they considered as being helpful as they transitioned into professional practice. Although there are not enough participants to generalize the implications of these findings, they do suggest that further exploration of the pros and cons of having a master's level entry into the profession in Canada is warranted. This issue is currently being examined in the United States (American Music Therapy Association, 2014).

Lastly, training programs, in collaboration with places of employment and/or CAMT (addressed further below) may play an important role as advocates for recent graduates—working together to create sustainable job opportunities. Some universities have career planning and development services that are available before and after graduation. Music therapy programs/departments could collaborate with these services to help meet the specific needs of music therapy graduates. It is important to note that it is not known if this study's participants had access to or knowledge of these types of services.

Implications for the Music Therapy Profession in Canada

All three participants benefited from professional supervision, especially at the very beginning of their transition when the extent of disconnect between their expectations and real world practice became evident. Brianna also recommended that new graduates get a personal therapist. She felt that if you are not willing to do the [personal] work, how can you ask your clients to do so? She also felt this "helps you to be compassionate" when you have experience being "on the other side." Brianna also suggested CAMT could consider implementing some form of a limited time mentoring system or network that new graduates could have access to once becoming an MTA. In both Seah and McFerran's (2016) research as well as the current inquiry, new graduates experienced some hesitation seeking out the support they needed. Since feelings of isolation may have multiple negative implications, the easier it is for new graduates to access support, the better. This support could help new graduates to become more aware of their worldviews, biases, assumptions, and personal resources. Thus, they could better understand how to constructively address what arises for them in complex and/or unfamiliar cultural contexts. CAMT could also consider increasing the number of continuing education opportunities that it offers specifically for new graduates to address this.

Similar to professional supervision, team meetings were invaluable to one participant (Maude) for it provided an opportunity for her to share experiences and have her work validated. Other new music therapy graduates would likely benefit from similar feedback and social connection. Therefore, private practices hiring new graduates as sub-contractors may consider holding these types of meetings (if they do not do so already) as a benefit to their employees and by extension, their clients. Additionally, new graduates could seek out peer support, through Facebook groups dedicated to this, or by being part of local/provincial music therapy

associations (in addition to CAMT). This would appear to be especially important if one does not have access to team meetings. As a profession, we might also look towards other provincial professional associations for inspiration to see how they support new graduates.

Implications for Future Research

This research was delimited to include persons who chose music therapy as their first career choice. It might be interesting to investigate the transition to professional practice of those who have chosen music therapy as a second career. This research was delimited to only include persons who were proficient in spoken English. No bilingual francophone persons volunteered for this study. Given that there are a number of francophone music therapists who are training in English programs in Canada (as there are currently no French language music therapy training programs in Canada), it would be important to identify and/or understand these individuals' unique experiences of transitioning to professional music therapy practice.

Some other areas for further investigation could include: (a) training programs', educators' and supervisors' influence on students/supervisee's self-care strategies; (b) identifying and evaluating the resources new music therapy graduates' resources use to aid their transition to professional practice (including university alumni services); (c) how music therapists navigate the use of non-traditional primary instruments during their transition to professional practice; and (d) the transition to professional practice experiences of other creative arts therapists. Once the body of literature in this area grows, systematic and/or narrative reviews of this literature would be very helpful in providing integrated perspectives on this topic.

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Appendix A: New MTA Checklist

New MTA Checklist by Mary Parkinson (2016a)

MTA ITEMS
• Proof or copy of your accreditation (certification)
Music Therapy degree / diploma
CAMT documentation for MTA status
CBMT documentation for MT-BC status
• Proof of other certifications (e.g., CPR, Non-Violent Crisis Intervention, etc.)
• Provide workplace with copy of CAMT Code of Ethics
• In-service Presentation (PowerPoint, copy of referral template)
• Insurance (CAMT website, or other)
• Calendar (try to keep just one!)
• Business Cards

WORKPLACE DOCUMENTS
• Police Check, Vulnerable Sector
• Immunization Records
• Contract
• Documents for Payment (contract work)
Invoice Template
HST (Harmonized Sales Tax) Number

SELF CARE
• Calendar to specifically mark in time for yourself
(yoga, tea with friends, hiking)
• Tea and mug to leave at site
• Remember to warm up your voice before sessions and to cool down after!
• A good lunch and lots of snacks
• The 4 Cs:
Confidence, Charisma, Communication
and Compassion

MUSIC THERAPY DOCUMENTS
(If provided by the workplace, make sure to familiarize yourself with the clinical documentation process. If not, make sure to explain your document process to your workplace. If hard copies are created, these documents need to be kept in a locked area on-site. Use dividers to keep yourself organized.)
• Referral Template
• Assessment Template
• Progress Notes Template
• Evaluation Template
How are you going to keep in direct communication with the other professionals you work with? Some sites have a small notebook that needs to be checked at the start of every shift, some use email, and some use team meetings to stay in touch.

MUSIC THERAPY SESSIONS
• Assessment Protocol/Session Plans
• Tick sheet (for groups), notebook, and pencil, or another way of documenting key moments in sessions
• Music song lyrics/chord charts (appropriate for population)
• Session materials:
Guitar, tuner, and capo
Keyboard
Rhythm instruments
Hand bells
A chair with wheels and music stand
Other unique musical materials you may use (Baton, Communication boards, materials for musical games, etc.
• Deep breath

Appendix B: Certificate of Ethical Acceptability

CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS

Name of Applicant:	Andrew Dudley
Department:	Faculty of Fine Arts \ Creative Arts Therapies
Agency:	N/A
Title of Project:	Exploring English Canadian Music Therapy Graduates' Experiences of Transitioning into Professional Practice
Certification Number:	30008002
Valid From:	May 09, 2017 to: May 08, 2018

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

Dr. James Pfaus, Chair, University Human Research Ethics Committee

Appendix C: CAMT Email Invitation

Canadian Association of Music Therapists
Association canadienne des musicothérapeutes
1124 Gainsborough Rd, Suite 5
London, ON, N6H 5N1
1-800-996-2268
519-641-0421
info@musictherapy.ca

Call for MTA's Who Graduated In or After Spring 2015

(Internship Completed)

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un message en français suit

Dear CAMT Members

Please find attached an invitation to participate in a study that is being conducted by Andrew Dudley, an MTA Graduate Student at Concordia University. This study has been approved by the Concordia University Human Research Ethics Committee .

Chers Membres ACM

Veuillez trouver en pièces jointes une invitation pour participer à une étude menée par Andrew Dudley,MTA-Études supérieures à l'Université Concordia. Cette étude a été approuvée par lecomité d'éthique de la recherche humaine de l'Université Concordia.

May 13, 2017

Dear Music Therapy Colleague,

This is an invitation to participate in a research study being conducted by Andrew Dudley under the supervision of Dr. Laurel Young at Concordia University. This research study is being done in partial fulfillment of the requirements for the Master's program at Concordia University, and has received ethics approval from the University Human Research Ethics Committee (protocol # 30008002). This study will examine new music therapists' experiences of transitioning from their pre- professional training environments into their professional music therapist roles within Canada.

The researcher is seeking to interview individuals who:

- Are English speaking
- Are not a former classmate/close professional affiliate of the researcher

- Graduated from a pre-professional Canadian music therapy training program in Spring 2015 OR LATER (but not before)
- Successfully completed their internship
- Has obtained or is in the process of obtaining (i.e., they have applied to write the exam) their Music Therapist Accredited (MTA) status (i.e., their professional certification)
- Are currently working or have worked (part time, full time, on contract, etc.) as a music therapist, in Canada, for at least three months.
- Have had no prior career in another field (i.e., music therapy is their first professional career choice)
- Are not currently pursuing further post secondary studies
- Are willing to participate after reviewing the Informed Consent document

The purpose of this phenomenological study is to explore music therapists' perspectives of their experiences of transitioning from their pre-professional training environments into their professional music therapist role within Canada.

If you choose to participate and informed consent is received, a time will be scheduled at a time (and location, if applicable) that is convenient for both the researcher and the participant. This interview will take approximately 45 minutes, will be conducted in person, or via Skype, and will be audio recorded.

Participation in this research study is voluntary and confidential.

If interested, please contact Andrew Dudley at a_dudle@live.concordia.ca. If you decide to participate, all efforts will be made to arrange a time that suits your availability. Participation will be limited to the first three participants who contact the researcher, meet the criteria for inclusion, and complete the interview process (i.e., do not withdraw from the study).
If you have any questions, please do not hesitate to contact either myself or my supervisor.

Warmest regards,

Andrew Dudley, MTA

Faculty supervisor:
Dr. Laurel Young, MTA, Professor of Music therapy laurel.young@concordia.ca

Appendix D: Information and Consent Form

INFORMATION AND CONSENT FORM

Study Title: Exploring English Canadian Music Therapy Graduates' Experiences of Transitioning into Professional Practice

Graduate Student Researcher: Andrew Dudley
Researcher's Contact Information: Email: a_dudle@live.concordia.ca

Faculty Supervisor and Faculty Supervisor's Contact Information:
Laurel Young Email: Laurel.young@concordia.ca

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of this research is to understand new music therapy graduates' experiences of transitioning from their pre-professional training environments into their professional music therapist roles within Canada. Three recent Anglo Canadian music therapy graduates will be interviewed to gather their perspectives on their experiences of transitioning into professional practice. It seems appropriate to explore what that transition can be like as this information could be useful for educators, supervisors, graduates, employers and supervisees/students, helping them to, in turn, facilitate more constructive transition to professional practice processes for new Canadian music therapy graduates.

B. PROCEDURES

If you participate, you will be asked to identify a time to conduct the interview that is mutually convenient for you and the researcher. You will be interviewed at the set time individually either via skype or in person. The interview is expected to last approximately 45 minutes.
Please note that the interview will be audio recorded, transcribed, and organized into categories and themes. Although direct quotes may be used to support the categories and themes that emerge, they will contain no identifying information. The audio recordings will be used solely

for purposes of analysis, and there will be no public presentation or publications using the audio recordings themselves in any way.

C. RISKS AND BENEFITS

Participating in this research may benefit you as you may develop greater self-awareness related to your experience of transition to practice. This awareness may help inform your practice. The information you share, reflected in the results of the thesis/future publications could be useful for the music therapy community at large as it may provide valuable insights into the most salient issues pertaining to the transition to professional practice experience for music therapy graduates within Canada. In turn, this could help to facilitate more constructive transition to professional practice processes for new Canadian music therapy graduates. Finally, this proposed inquiry might also help to identify relevant areas for future research.

As the discussion of transitioning to professional practice involves remembering a process of change, the potential does exist for issues to emerge that may be somewhat emotionally charged. However, no major risks are foreseen given the professional nature of the topic and the fact that the information being gathered is not likely to be particularly sensitive or controversial. You are free to stop the interview at any time and withdraw from the research should you wish to do so.

Security in the digital age is something you should be aware of. Electronic communications may not be entirely secure. Please be aware that as you are using your personal skype/email accounts to participate in this research, this information may appear in your computer's history. Please ensure that you delete this information should you wish to do so.

As a certified music therapist the researcher is bound to abide by the Canadian Association of Music Therapists' code of ethics and Canadian laws at large and will carry out all research procedures accordingly.

D. CONFIDENTIALITY

Participation in this research is entirely confidential. The researcher, his supervisor, and a research assistant (to help with transcribing the audio recordings) will be the only persons able to access the audio recordings and transcripts. We will only use the information for the purposes of the research as outlined in this consent form,
The researcher will know your identity, but it will not be shared with anyone. To maintain confidentiality and anonymity, your identity will be assigned a code. Only the researcher will have access to a list that matches a code to a participant. This code will be used to label each participant's data. All efforts will be made to ensure that any identifying information contained in your interview transcript is not included in the final thesis or any subsequent publication. Therefore, no link should be possible between the results presented in the research and the research participant in question.

A zoom H2 digital recorder will be used as a primary recorder and a SONY MV1 digital camcorder with audio only will be used as a backup digital recorder to record interviews. Once all interviews are transcribed; all SD cards will be erased following transfer of audio files and

code named transcribed documents to a computer hard drive and a back up external flash drive. All information will be protected and kept in electronic format; information on the computer hard drive will be password protected. The user account and folder will each have a different password that must be entered in order to access them. The back up flash drive will contain a password-protected folder and it will be kept in a fireproof safe only the researcher has access to. Although the researcher is not planning to create hard copies of the transcripts, if this does happen for some reason, the researcher will store these documents in a safe/locked cabinet that only he has access to.

5 years after the completion of the study, all of the raw data will be destroyed.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information, or judgement from the researcher.

If you do participate, you can stop at any time. You can also ask that the information you provide not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher within 10 days (inclusive) following the day of the interview (e.g. if you are interviewed on July 1st then you would need to inform the researcher that you want to withdraw your data by July 11th). After this point, the researcher will include the data in his analysis.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print)_____

SIGNATURE X_____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, and 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

I would like to be informed me via e-mail when the final results are available via SPECTRUM – Concordia University's open access research forum

Yes: ☐ NO: ☐

Please provide your email: _____

Appendix E: Sample Interview Questions

1) Gender: Male Female Prefer not to say
2) Was your pre-professional music therapy training at the undergraduate or Graduate level?
3) Are you/have you been employed full time, part time or on contract, other (please specify)?
4) Is the nature of your work a private practice, community setting, or other?

Please specify: _____

5) How long have you been employed for at each position?
6) What populations do you/have you worked (most) with since completing your training?
7) What populations did you worked with as part of your music therapy training?
8) Do you/have you work(ed) alone, with another MTA, in a team or other type of situation?

Open-ended Questions:

1) Describe what it was been like for you to transition from your pre-professional music therapy training into your role as a professional music therapist.
2) Was there anything about transitioning from being a student/intern to becoming a professional music therapist that surprised you/caught you off guard?
3) What factors (if any), would you say had a positive influence on your experience of transitioning from training to professional practice?
4) What skills and/or resources were most helpful to you as you made this transition from training to professional practice?
5) What, challenges, (if any) did you face during your transition from training to professional practice?
6) Is there anything that you wish you had known before entering professional practice?
7) Is there any advice that you would like to share with future Music Therapy graduates who will be entering the work force?

In closing, is there anything else that you would like share regarding your experience of transitioning from a pre-professional music therapy student/intern to a professional music therapist in Canada?

Other questions:
"Can you say more about that?"
"What was that like for you?"