

Music Therapists' Experiences and Perspectives
in Working with LGBTQ+ Youth in Canada

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ABSTRACT

Music Therapists' Experiences and Perspectives in Working with LGBTQ+ Youth in Canada

Eleanor Hart

LGBTQ+ youth are a diverse group of individuals with a variety of experiences, strengths, and resources. However, this group is at greater risk of mental and physical health challenges due to the systemic oppression and marginalization they face. Research has begun to explore how music therapy can support LGBTQ+ youth in navigating these challenges, but there is currently a lack of literature on this topic in Canada. The purpose of this qualitative interview study was to understand the experiences and perspectives of certified music therapists (MTAs) in their work with LGBTQ+ youth in Canada. Semi-structured qualitative feminist interviews were conducted with three participants over Zoom. Interviews were analyzed using qualitative thematic analysis with a critical lens. The three overarching themes that emerged in the results were (a) client priorities; (b) music therapist competence, commitments, and reflexivity; and (c) representation, visibility, and shared experiences. Implications are discussed for Canadian music therapy practice, training and education, and research, and limitations of the study are presented. This study aims to expand knowledge of how music therapists in Canada can best support LGBTQ+ youth clients, contribute to the development of more music therapy programs for these clients, and initiate more research in this area.

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Chapter 1. Introduction

Significance and Need

LGBTQ+ youth in North America experience a variety of personal, interpersonal, and societal challenges that include differential access to financial, social, and healthcare resources, and live in varying circumstances (Bain et al., 2016). While their lived experiences vary widely, many members of this group face marginalization, discrimination, oppression, and minority stress due to their minoritized identities (Bain et al., 2016; Institute of Medicine [IOM], 2011). These experiences, in turn, are associated with increased risk of physical and mental health problems throughout their lives (Austin et al., 2016; Kahn et al., 2018; Lee et al., 2020; Rivers et al., 2018; Sterzing et al., 2019; Taylor & Peter, 2011).

Survey studies examining the experiences of LGBTQ+ youth in Canada found that many LGBTQ+ youth experience victimization, family rejection, feeling unsafe at school, and verbal, physical, and sexual harassment (Dorais, 2015; Taylor & Peter, 2011). They are subsequently at higher risk of depression and suicide (Dorais, 2015; Peter & Taylor, 2014). Similar research conducted in the United States revealed that LGBTQ+ youth are at higher risk of self-harm (Liu & Mustanski, 2012), homelessness (Choi et al., 2015), and smoking (Lee et al., 2020) than those who do not identify as LGBTQ+. Notably, the self-esteem of LGBTQ+ youth has been identified as a protective factor against the risk of suicidality (Peter & Taylor, 2014) and a positive identity formation process has been identified as being particularly important for sexual and gender minorities (Starks & Millar, 2017).

A small number of qualitative studies and scholarly articles suggest that music therapy can address identified needs of LGBTQ+ youth through anti-oppressive approaches that acknowledge and dismantle systems of oppression while validating the experiences and diversity of this group (Bain et al., 2016; Boggan et al., 2017; Hardy & Monypenny, 2019; Scrine, 2019). Research findings suggest that the integration of critical theories within music therapy practice can enhance the value of this service in supporting LGBTQ+ clients (Bain et al., 2016; Baines et al., 2019; Boggan et al., 2017; Scrine & McFerran, 2018). Hadley (2013) describes critical theories as “ones which seek to expose and therefore create an impetus for action against subjugation,” (p. 374) with queer theory, feminist theory, and critical race theory being the most prominent examples in the creative arts therapies literature (e.g. Bain et al., 2016; Baines et al., 2019; Sajjani, 2012; Seabrook, 2019; Wright & Wright, 2017).

Qualitative studies and program descriptions examining music therapy practices with LGBTQ+ youth indicate that music therapy experiences can support clients by providing a space in which they feel accepted, empowered, and free to explore their identities (Bain et al., 2016; Boggan et al., 2017; Hardy & Monypenny, 2019; Scrine, 2019). These authors described music therapy practices that were proposed or carried out for a variety of purposes. These included the development of autonomy, empowerment, and self-esteem, exploring and affirming personal identities, broadening and embracing diverse perspectives, critically examining concepts of gender and sexuality, challenging normative assumptions, and promoting emotional and personal expression. (Bain et al., 2016; Boggan et al., 2017; Hardy & Monypenny, 2019; Scrine, 2019). The authors described the use of music therapy experiences such as song sharing and discussion, lyric analysis, playlist compilation, songwriting, music and visual arts experiences, music recording, and music performance. These experiences often acknowledged and explored the significance of gender and sexuality in the clients' lives. Practices involved both individual and group music therapy experiences, but mostly focused on collaborative group processes.

In spite of the potential outlined above, little scholarly literature seems to exist pertaining specifically to music therapy practices with LGBTQ+ youth in Canada. While Canada shares certain cultural characteristics with other countries, it differs in approaches to music therapy (Curtis, 2015; Goodman, 2015) and attitudes towards LGBTQ+ communities (Andersen & Fetner, 2008; Rayside, 2008; Waite et al., 2015). For example, Curtis (2015) found a higher prevalence of self-identified feminist music therapists and community music therapists in Canada than in the United States. Furthermore, it is an increasingly accepted notion that music therapy can and should be practiced according to the cultural context within which it occurs (Hadley & Norris, 2016; Stige, 2002; Young, 2016). Accordingly, this exploratory study aimed to expand the literature base in this area by examining the experiences of selected music therapists who have worked with LGBTQ+ youth in Canada.

Researcher Identity

At the time of writing, I was a newly certified music therapist enrolled in a master's music therapy program in Montreal, Canada. My interest in the research topic was motivated by my personal experiences as a queer youth, as a part of queer youth communities, and as a queer music therapist and music instructor who has worked with a small number of LGBTQ+ youth and adults. In my own life, I have experienced firsthand how sexual and gender identities

intersect with professional identities, health-related identities, and musical identities. I have also listened to and witnessed the complex experiences of people from many different areas of my life who identify as LGBTQ+. These include family members, friends, peers, colleagues, teachers, and partners who come from a variety of backgrounds and life experiences. Through my personal and professional experiences, I have developed an initial understanding of how music therapy can develop and strengthen the personal and collective resources of LGBTQ+ people. It is because of these experiences that I was interested in learning about music therapy work with LGBTQ+ youth in Canada.

My identities as a queer, cisgender, white, able-bodied, young adult woman had an influence on my perception of the topic, my interactions with the participants, and my approach to data analysis. My lived experiences of privilege as a queer person are important to note. I grew up in a middle-class, open-minded, and accepting family in a large city in Canada. Partly because of this upbringing, I have very little experience of being victimized, rejected, or harassed due to my sexual orientation. I have not developed serious physical or mental health challenges as a result of marginalization. My experiences of growing up in Canada were also from a settler perspective. These personal experiences have influenced my relationship with the research.

Purpose Statement

The purpose of this research was to understand the experiences of certified music therapists in their work with LGBTQ+ youth in Canada. This research aims to contribute to an understanding of how music therapists in Canada can best support LGBTQ+ youth clients. This study also intends to serve as a springboard for the development of more music therapy programs for LGBTQ+ youth in Canada, and to initiate more research in this area. The present study may have implications for music therapy clinical practice as well as music therapy education and training in Canada.

Research Questions

The primary research question was: What are the experiences of three certified music therapists in their work with LGBTQ+ youth in Canada? The subsidiary research questions were: (a) What do these music therapists perceive as the client priorities of the LGBTQ+ youth they have worked with? (b) What skills have these music therapists found important in their work with LGBTQ+ youth? (c) What considerations do these music therapists perceive as being specific to their music therapy work with LGBTQ+ youth?

Definitions of Key Terms

Certified music therapists are credentialed professionals who have completed a Bachelor's degree, Certificate, Graduate Diploma, or Master's degree in music therapy, a supervised clinical internship of at least 1000 hours, and an exam by the Certification Board of Music Therapists (Canadian Association of Music Therapists [CAMT], 2020; CAMT, 2021a). *Music therapy* is defined by the CAMT (2020) as “a discipline in which Certified Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being” (para. 1). *LGBTQ+* is an acronym which refers to all sexual and gender minorities, including lesbian, gay, bisexual, transgender, two-spirit, queer, questioning, intersex, asexual, and pansexual (OK2BME, n.d.). Other terms such as gender queer, non-binary, and gender creative are also sometimes included in this acronym (Hardy & Monypenny, 2019; OK2BME, n.d.). Language used for identities is constantly evolving and there are increasingly more identities included within this acronym (Gold, 2019). When referring to groups of sexual and gender minorities in related literature, the present study will use whichever acronym the authors used within their respective studies. In this study, the term *youth* is used to denote individuals aged 13 to 29 (Canadian Observatory on Homelessness [COH], 2019; Statistics Canada, 2019). This age range was chosen to reflect Canadian definitions of youth. However, chapter 2 identifies a different age range in its definition of youth in order to be inclusive of all age ranges outlined in the related literature on the topic, which includes studies conducted in a variety of different countries.

There are several key umbrella terms that are often included in the LGBTQ+ acronym. *Queer* can be used as an umbrella term for sexual and gender minorities or for “individuals, and theoretical perspectives, that reject heteronormative sexual and gender politics” (Bain et al., 2016, p. 22). *Transgender* or *trans* can be used as an umbrella term for people who do not identify with the gender they were assigned at birth (PFLAG, 2020). *Gender expansive* is another umbrella term that may be used to “describe people that expand notions of gender expression and identity beyond what is perceived as the expected gender norms for their society or context” (PFLAG, 2020, “Gender Expansive,” para. 1). *Cisgender* or *cis* is defined as identifying with the gender assigned at birth (Gold, 2019).

Summary of Chapters

This thesis is organized into five chapters. Chapter 1 describes the significance and need for this research, the purpose of the study, and the primary and subsidiary research questions. Researcher identity is explicated as a way of articulating my personal connection to this study and how this has influenced the research. Lastly, key terms for the study are defined. Chapter 2 presents a review of relevant literature. This is organized under the following headings: Experiences of LGBTQ+ Youth, Therapy with LGBTQ+ Youth, Music Therapy Practice with LGBTQ+ Youth, and Summary. Chapter 3 describes the qualitative methodology utilized, and chapter 4 outlines the research results. Chapter 5 draws connections between the findings and related literature, discusses implications of the findings, and identifies limitations of the research.

Chapter 2. Related Literature

This chapter provides an overview of literature relevant to the present study. It begins by summarizing literature related to the experiences and needs of LGBTQ+ youth. The historical context of therapy with LGBTQ+ clients and the development of anti-oppressive practice follows. Finally, scholarly literature pertaining to the use of music therapy with LGBTQ+ clients is summarized with particular emphasis placed on the use of music therapy with LGBTQ+ youth within and outside of Canada.

Experiences of LGBTQ+ Youth

Historically, LGBTQ+ people have been marginalized within Western societies. While acceptance of sexual and gender minorities has improved, they still experience many forms of discrimination. These include prejudicial attitudes in school, home, work, and healthcare settings; discriminatory legislation and attitudes regarding marriage and family rights; and victimization (Deschamps & Singer, 2017). These oppressive experiences often lead to minority stress, which can be defined as the chronic stress experienced by minorities as a result of marginalization (IOM, 2011). The minority stress and health challenges that LGBTQ+ people face often begin in childhood or adolescence, when youth begin to identify as a gender or sexual minority. Minority stress contributes to a prevalence of mental and physical health needs among LGBTQ+ people (IOM, 2011). Despite these needs, many LGBTQ+ youth and adults avoid accessing healthcare services for fear of stigmatization (IOM, 2011). In this chapter, the term *youth* will encompass people aged 10 to 36 in order to be inclusive of all ages determined to be *youth* within the related literature outlined.

Risk Factors

LGBTQ+ youth are at particular risk of developing mental and physical health issues due to both their stage of development and the marginalization they experience on a daily basis (Kahn et al., 2018; Starks & Millar, 2017; Taylor & Peter, 2011). A national Canadian survey by Taylor and Peter (2011) of 3607 youth aged 13 to 19 examined the participants' experiences in high schools across Canada, in relation to their sexual and gender identities. The results found that 70% of both LGBTQ and non-LGBTQ respondents reported hearing homophobic comments at school on a daily basis (Taylor & Peter, 2011, p. 15). The majority of LGBTQ students experienced verbal harassment, with the highest rates being reported by trans students at 74% (Taylor & Peter, 2011, p. 15). Results showed that physical and sexual harassment were also

disproportionately experienced by LGBTQ students. The majority of LGBTQ students and students with LGBTQ parents responded that they did not feel safe at school, especially in washrooms and in change rooms.

A survey of 1,205 university students by Peter and Taylor (2014) in Manitoba, Canada investigated differences in suicidality between LGBTQ and non-LGBTQ students aged 17 to 36. Results found that LGBTQ students reported higher suicidal risk than non-LGBTQ students. Variables that were correlated with suicidal risk included experiences of victimization, history of childhood trauma, socioeconomic status, age, and symptoms of depression. Notably, self-esteem was identified as a protective factor against suicidal risk. This suggests the importance of providing services that foster the development of personal resources among LGBTQ+ youth in preventing suicidal risk. Dorais (2015) conducted survey research examining the experiences of 259 LGBT youth aged 14 to 21 in Quebec, Canada. Respondents reported experiences with family rejection, victimization, depression, and suicidal ideation and attempts.

Research conducted in the United States revealed similar results. Kahn et al. (2018) reported on a survey conducted by the Human Rights Campaign and the University of Connecticut, which investigated the experiences of 12,005 LGBTQ youth aged 13 to 17 in their school, family, social, and community settings in the United States. This survey found that 67% of participants reported hearing negative comments about LGBTQ individuals from members of their family (Kahn et al., 2018, p. 4). Seventy-seven percent of participants reported experiencing unwanted sexual attention in the past year (Kahn et al., 2018, p. 7). Less than a third of participants reported that they could fully express their LGBTQ identities in school, that they heard positive comments about LGBTQ people, and that they always felt safe in class. Seventy-three percent of participants had been verbally threatened because of being or presenting as LGBTQ (Kahn et al., 2018, p. 10).

This report also identified many challenges that are specific to transgender and gender expansive youth. More than half of trans participants reported that they were not able to use the bathrooms or locker rooms that correspond to their gender. In addition, trans youth were twice as “likely to be taunted or mocked by family for their LGBTQ identity than cisgender LGBTQ youth” (Kahn et al., 2018, p. 5). The report also acknowledged the intersectional considerations of LGBTQ youth of colour. Importantly, they found that the majority of participants of colour reported being impacted by racism and only 11% felt that their racial or ethnic group is viewed

in a positive light in the country (Kahn et al., 2018, p. 12). Participants of colour also reported hearing negative views of LGBTQ identities from their families more often than Caucasian participants (Kahn et al., 2018).

Findings from several studies in the United States revealed the prevalence of mental health issues among LGBTQ+ youth. In the survey by Kahn et al. (2018), 95% of participants reported difficulty sleeping and 85% reported “their average stress level as ‘5’ or higher on a 1-10 scale” (p. 6). The results of another survey conducted by the Human Rights Campaign (HRC, 2013) five years earlier, which included both LGBT and non-LGBT youth, also identified mental health as an area of concern. This survey found that 14% of LGBT youth identified mental health issues as the biggest problem in their current life, while only 3% of non-LGBT youth identified this as their biggest problem (HRC, 2013, p. 7). Other research findings in the United States have shown that LGBTQ+ youth are at higher risk of suicidal ideation (Liu & Mustanski, 2012; Silva et al., 2015), engaging in self-harm (Liu & Mustanski, 2012), and becoming homeless (Choi et al., 2015). The survey studies outlined above reveal many factors which are implicated in the development of minority stress and subsequent risk of mental health challenges among LGBTQ+ youth.

Identity Formation

Adolescence and early adulthood are crucial developmental periods for identity formation (Starks & Millar, 2017). The development of identity for LGBTQ+ youth can be particularly challenging due to the experiences of discrimination and mental health issues previously discussed. It is therefore essential for LGBTQ+ youth to receive support and develop coping strategies during this process of identity formation (Fassinger & Arseneau, 2007). LGBTQ+ youth also have specific experiences of identity development due to their minoritized identities, which enhance the need for support and coping strategies (Starks & Millar, 2017). Bain et al. (2016) assert that the experience of coming out can be particularly complex for identity formation because of the change from a majority to a minority sexual or gender identity. LGBTQ+ youth also go through stages of identity formation at a variety of different ages (Grossman et al., 2011; Rosario et al., 2006), which may make it difficult to relate to peers of the same age. In summary, LGBTQ+ youth have a wide range of needs due to their experiences of marginalization, their stage of identity development, and their minoritized identities.

Consequently, a number of therapeutic strategies have been developed to support these identified needs.

Therapy with LGBTQ+ Youth

Historical Context

Healthcare fields have a history of stigmatizing LGBTQ+ clients accessing services, and this stigmatization has manifested in a number of ways (IOM, 2011). Hardy and Monypenny (2019) have conceptualized the inaccessibility of healthcare services for LGBTQ+ people as one of the historical traumas that LGBTQ+ communities have faced. Many of these services have historically focused on changing the non-normative identities of LGBTQ+ people (Kunzel, 2017). In the Diagnostic and Statistical Manual, *homosexuality* was listed as a mental disorder until 1973 (Drescher, 2015). Conversion therapy, which seeks to change the sexual or gender identity of LGBTQ+ people, has been practiced in the United States since the late nineteenth century (Mallory et al., 2019). It is still practiced to this day and is legal in 32 states (Mallory et al., 2019). In Canada, conversion therapy has only been banned in three provinces and three cities. However, the Canadian government recently introduced a bill which would criminalize the practice on a national level (Bensadoun, 2020).

LGBTQ+ people have also experienced many barriers in accessing healthcare services for their physical health. For example, prejudicial attitudes towards gay men led to difficulty accessing medical health services during the AIDS epidemic (Fitzsimons, 2018). LGBTQ+ people continue to experience both personal and structural barriers to accessing physical healthcare services, including stigma, lack of knowledge among healthcare professionals, and challenges with insurance (IOM, 2011). Transgender individuals in particular experience a myriad of obstacles in their access to healthcare, including verbal harassment, refusal of care, and denial of insurance coverage for healthcare needs related to their gender identity (James et al., 2016). These barriers to care demonstrate the historical and ongoing oppression that LGBTQ+ communities experience within healthcare fields.

Anti-oppressive Practice

In response to these oppressive practices, several affirmative approaches to therapy with LGBTQ+ clients have developed (Fassinger, 2017). Many affirmative approaches employ principles of critical theories, such as queer theory (Grzanka & Miles, 2016), feminist theory (Moradi, 2017), and critical race theory (Haskins & Singh, 2015). Anti-oppressive practice

(AOP) is one such approach which was largely developed through the fields of social work and education. However, it is now being implemented in many helping professions (Baines & Edwards, 2015). Boggan et al. (2017) have stated that “anti-oppressive therapy practice centers itself around (1) acknowledging the connection between oppressive social systems and the personal struggles of individuals with stigmatized identities; and (2) empowering clients to resist these oppressive social systems” (p. 395). The following section will summarize what is known about the use of music therapy with LGBTQ+ youth, starting with how AOP has been implemented in this field of practice.

Music Therapy Practice with LGBTQ+ Youth

Anti-oppressive Practice in the Creative Arts Therapies

Several authors have explored how AOP can be applied within the creative arts therapies to address the needs of diverse populations. These studies have informed creative arts therapy practices with LGBTQ+ youth. Sajnani (2012) examined the ways in which critical race feminism can be applied to AOP approaches in the creative arts therapies. Baines (2013) explored how AOP can be implemented in music therapy and outlined several music therapy approaches that implicitly integrate anti-oppressive principles. Hadley (2013) suggested that the use of AOP in the creative arts therapies can address the needs of LGBTQ+ clients by challenging dominant narratives of clients’ intersecting identities, including gender and sexual identities. More recently, further research has emphasized the need to consider critical theories, social justice, and intersectionality when implementing AOP within the creative arts therapies, in order to acknowledge and work against the many ways in which clients experience oppression (Baines & Edwards, 2015; Sajnani et al., 2017; Seabrook, 2019; Wright & Wright, 2017).

In examining music therapy practices with youth, Scrine and McFerran (2018) described how AOP can address issues of gender and power. Their critical ethnography investigated the experiences of 16 adolescents who had taken part in music therapy groups in a school setting in Australia. The participants took part in qualitative unstructured interviews exploring how they viewed the role of the music therapist. Data analysis involved inductive analysis, the development of a critical theoretical narrative, and dialogical questioning of interpretations. Scrine and McFerran (2018) identified the themes that emerged as the music therapist’s role in creating an environment in which “real world issues” (p. 58) could be examined, in “shar[ing] power and hold[ing] space” (p. 60), and in allowing for “emancipatory potentials and complex

consequences” (p. 61). This study was part of a larger participatory action research project in which participants were empowered to shape the trajectory of the study.

Music Therapy and Identity

There has been a variety of research conducted on how music therapy can support identity formation in youth. It is important to provide affirmative approaches to identity formation and acknowledge the cultural contexts and intersections which impact experiences of identity. Several authors have explored how music therapy can address youth’s development of identity by providing structure as well as nurturing both musical and personal resources. Krüger (2019) outlined how music therapy can provide structure in supporting adolescents’ identity formation, by balancing considerations related to individual and collective aspects of identity through various phases in the treatment process. Lamont and Hargreaves (2019) discussed connections between musical preferences and the social identity development of adolescents. The authors described how cultural activities involving music listening are implicated in adolescents’ identity formation (Lamont & Hargreaves, 2019). This idea is supported by the findings of participatory research conducted by Hense and McFerran (2017), which found that strengthening the musical identities of youth participants was related to improvement in mental health. Similarly, resource-oriented music therapy is an approach that has been shown to support identity formation by helping clients identify and develop their personal potentials (Rolvjord, 2010).

Music Therapy and Gender Identity. Literature suggests that music therapy has a potential supportive role in the development of gender identity for both cisgender and transgender clients. Rolvsjord and Halstead (2013) explored the implications of how gender can be performed and affirmed in music therapy. They focused on the particular complexity of gender politics when using the voice in music therapy, through a case example of a female client. This case study suggested that exploring gender through use of the voice in music therapy can promote client empowerment, by both disrupting and affirming concepts of gender.

While the client described in the study by Rolvsjord and Halstead (2013) was presumably cisgender, other authors have examined how addressing gender in music therapy voicework can have significant implications for work with transgender clients. Phenomenological research by Lipson (2013) investigated the lived experiences of three transgender individuals who participated in a vocal music therapy experience. The findings suggested that participants’

experiences of their voices were closely connected with their conceptualization and expression of their gender identities. Building on this research, Gumble (2019b) outlined a potential approach to gender affirming voicework in music therapy for clients with diverse gender identities. This approach is informed by the author's personal experiences, which they explored in their queer ethnographies (Gumble, 2019a, 2020). Gumble (2019b) has suggested that music therapists are well situated to provide gender affirming voicework because their training allows them to work with both the physiological and emotional aspects of the voice.

In looking more closely at cultural contexts of gender identity, Halstead and Rolvsjord (2017) have further discussed the importance of understanding how musical instruments themselves can be gendered when considering issues of gender identity within music therapy. It is also important to acknowledge how gender identity intersects with other personal and communal identities and contexts. The previously identified study by Scrine and McFerran (2018) described how the intersections between gender identity and other identities can lead to the marginalization of youth, especially within institutional settings. They stated that music therapy provides “opportunities for marginalised identities to reposition themselves outside of a narrative of risk” (Scrine & McFerran, 2018, p. 62), which illustrates the potential value of music therapy in fostering positive self-concept. Taken together, the related literature outlined above suggests that music therapy can support LGBTQ+ youth in exploring the complex issues of identity, and in particular gender identity, that they experience.

Music Therapy with LGBTQ+ Clients

The following topics summarize music therapy research with LGBTQ+ clients to date. The literature outlined here explores the implications and best practices of working with LGBTQ+ clients, music therapy training and education, the concept of queering music therapy, music therapy with LGBTQ+ youth, and Canadian perspectives.

Implications and Best Practices. Chase (2004) laid the foundations of examining how music therapy approaches can address the needs of gay and lesbian clients. In her article, she outlined clinical issues related to sexual minority clients in psychotherapy and suggested how music therapists can consider these issues when working with gay and lesbian clients. Expanding upon this initial research, Whitehead-Pleaux et al. (2012) developed best practices for working with LGBTQ clients. Proposed best practices included clinical, work setting, and education considerations. In general, these best practices emphasized the importance of recognizing

diversity within LGBTQ communities, affirming identities, being mindful of language usage, becoming informed about LGBTQ identities, advocating for clients, and educating others. Focusing specifically on transgender issues, Lipson (2019) wrote about their experiences working with transgender clients in music therapy. In their book chapter, they provided recommendations and potential goal areas, interventions, and evaluation measures for group music therapy with transgender clients.

Music Therapy Training and Education. A significant proportion of the literature on the topic of LGBTQ+ issues in music therapy has been devoted to investigating music therapy training and education. An international survey of 183 music therapy program directors and associations by Ahessy (2011) revealed that only a minority of music therapy education programs covered LGB issues in the curriculum at the time. Only one professional music therapy association addressed LGB issues in their guidelines and continuing education opportunities. More recently, researchers in Canada, the United States, and Australia have argued that music therapy education programs worldwide can better integrate queer theory and anti-oppressive principles into their coursework (Baines et al., 2019; Fansler et al., 2019). They suggest that rather than treating queer issues as a distinct topic, music therapy training itself can be queered to challenge systems of oppression and normativity that affect all students.

The experiences of music therapy students and music therapists reflect the insufficient training on LGBTQ+ issues within music therapy education. An international survey of 409 music therapists conducted by Whitehead-Pleaux et al. (2013) revealed that while music therapists responded that they were comfortable working with LGBTQ clients, the majority stated that they had received minimal to no training on queer issues, did not feel prepared to work with this clientele, and did not use supervision to address clinical work with LGBTQ clients. In addition, the majority of participants indicated that they were not very familiar with LGBTQ cultures, with specific needs of LGBTQ people, or with queer-affirmative approaches. Similarly, results of a survey of 43 music therapy students in the United States by Wilson and Geist (2017) found that only a minority of respondents had received education regarding LGBT issues within their music therapy program. In general, students indicated that they felt only somewhat prepared to work with LGBT clients. The results of this study should be interpreted with caution, as the sample size was small and participants were solely students of one

university. The overall lack of training on LGBTQ+ issues within music therapy education suggested by these studies has serious implications for clinical practice with LGBTQ+ clients.

Queering Music Therapy. In 2019, a “Special Issue on Queering Music Therapy” (Bain & Gumble, 2019a) was published in the journal *Voices: A World Forum for Music Therapy*. This issue included research and essays exploring the possibilities of going beyond inclusive practice to change the clinical and research frameworks within which music therapists work. Scrine (2019) has argued that the establishment of best practices suggests that queer people are a unified group, which is not the case. The author asserted that a focus on general acceptance of diversity can lead to avoidance of addressing the systemic political and social issues that continue to marginalize people (Scrine, 2019). This is where the need to queer music therapy comes into play.

In response to the question: “What does it mean to queer music therapy?” Bain and Gumble (2019b) stated:

One answer might be that we – as music therapists, educators, and students – slow down our clinical, educational, and research practices to enter the fertile waters of our own 'river deltas,' to examine the in-between's and both/and's of our work, and also that which expands beyond, moves outside of, circles around, and goes through. This is where we notice the psychic effects of norms that maintain power hierarchies, spreading like mist through our understandings of ourselves and our self-other relations, permeating the atmosphere almost invisibly. It is, perhaps, here – as we sit within the dirt, noticing the ways it creates a mess of what we know – where we are able to grow and expand. (p. 2)

The views and practices articulated in this special issue suggested a need to adopt anti-oppressive practices that challenge the political and social systems affecting music therapy clients of all genders and sexual orientations.

Music Therapy with LGBTQ+ Youth. A small number of studies have examined the use of music therapy specifically with LGBTQ+ youth. Through a critical inquiry examining the application of queer theory to music therapy, Bain et al. (2016) proposed a model for working with LGBTQ youth called queer music therapy. The authors outlined how the therapeutic frameworks within which we might try to include LGBTQ people have embedded histories of oppression towards them. They suggested that queer theory offers an opportunity to develop a “radically inclusive approach” (Bain et al., 2016, p. 22) to music therapy which challenges

normativity and embraces diversity. Queer theory is a critical theory which concerns the analysis and theorizing of issues related to sexual and gender identity within various fields (Giffney & O'Rourke, 2016). Bain et al. (2016) proposed several interventions which integrate principles of queer theory into established music therapy interventions to support and empower LGBTQ youth. These interventions involved the use of song selection, music listening and discussion, creating art in response to music, and songwriting with a focus on clients' exploration and expression of their sexual and gender identities.

Boggan et al. (2017) conducted a qualitative analysis of the queer music therapy model developed by Bain et al. (2016), in order to determine the efficacy of the model and suggest potential areas for improvement. The participants were 11 music therapists or music therapy students in the United States who had either worked with LGBTQ+ clients or identified as LGBTQ+ themselves (Boggan et al., 2017). Semi-structured qualitative interviews were conducted with the participants and critical discourse analysis was carried out to identify themes. Strengths of the model recognized by participants included how its foundation in queer theory was manifested in the approach, its effectiveness in a group context, and its emphasis on diverse intersectional experiences with a shared purpose. Participants pointed out that music therapy as a field has structural issues that lead to a lack of representation and cultural competency among music therapists. There were contrasting opinions of the role of politics within therapy and the impact that therapists' political beliefs could have on therapeutic boundaries.

Other literature has focused on the specific needs of transgender, non-binary, and gender creative youth in music therapy. In their program description, Hardy and Monypenny (2019) described a closed creative arts therapy group which ran for 10-week cycles with non-cisgender youth aged 10 to 14 in the United States. The group involved both art therapy and music therapy experiences. The authors noted the importance of holding the group in the Utah Pride Center (Hardy & Monypenny, 2019), as research has shown that transgender youth preferred accessing services in queer-focused agencies (Wells et al., 2012). In line with the queer music therapy model (Bain et al., 2016), the group embraced the diversity of the youth's experiences and views (Hardy & Monypenny, 2019). Clients' exposure to the stories of other transgender youth provided opportunities for discussions surrounding trans-specific needs and queering of clients' preconceptions influenced by dominant narratives. The authors mentioned the significance of

collaborating with the clients, acknowledging intersectionality, and finding a balance between clinical practice and community within their approach.

An important issue that Hardy and Monypenny (2019) brought up was that of therapist self-disclosure. They found that their self-disclosure of personal narratives provided validation, contributed to the creation of a safe space, and minimized power dynamics. These choices are supported by research indicating that transgender youth preferred accessing services facilitated by LGBTQ+ people and that self-disclosure of facilitators' LGBTQ+ identities strengthened therapeutic rapport (Wells et al., 2012). The importance of self-disclosure is echoed by Bain et al. (2016), who suggest that self-situating can be important to acknowledge systems of oppression and equalize power distribution. However, some participants in the study by Boggan et al. (2017) cautioned that therapists' disclosure of political views could impact therapeutic boundaries. Taken together, the literature suggests that while self-disclosure seems to hold an important role with LGBTQ+ youth, music therapists must be aware of balancing this with appropriate setting of boundaries.

Since the existence of music therapy groups including exclusively LGBTQ+ youth is uncommon, it is important to examine practices which involved both majority and minority sexual and gender identities. Scrine (2019) described a pilot study which explored the theme of gender through seven separate music workshops with youth aged 14 to 17. This study was conducted as part of the larger participatory action research involving the study by Scrine and McFerran (2018) discussed previously. The workshops of the pilot study by Scrine (2019) took place in government schools in Australia, England, and Scotland. The participants included a total of 73 LGBTQ+ and non-LGBTQ+ youth from a diverse range of backgrounds. Each workshop culminated in the group writing a song based on the prompt of gender in a "perfect world" (Scrine, 2019, p. 6). The songwriting process acted as both data collection and data analysis, as the participants engaged in group discussion about the song and about how they would like to use it after the workshop. The results demonstrated that youth of many identities are interested and prepared to critically discuss the topic of gender. The group discussions suggested awareness among youth of how institutions perpetuate gender expectations. The process of songwriting revealed themes of gender going beyond the binary, embracing diverse identities, being in charge of their own reality, and political debate surrounding gender.

In summary, the articles discussed above demonstrate that researchers are beginning to examine music therapy practices with LGBTQ+ youth. These authors describe a variety of music therapy contexts, which include work with queer youth in both LGBTQ+ specific and non-LGBTQ+ specific settings. They emphasize the importance of moving from inclusive practices towards challenging and deconstructing the ways that we approach music therapy with LGBTQ+ youth and youth in general.

Canadian Perspectives. The current research literature demonstrates that there is a strong interest in understanding how the needs of LGBTQ+ youth can be met in music therapy. However, the vast majority of research on this topic has been conducted in the United States. A few studies have examined music therapy practices with LGBTQ+ youth in Australia, England, and Scotland (Scrine, 2019; Scrine & McFerran, 2018). While a few Canadian articles have examined queer issues in relation to the topics of music therapy education (Ahessy, 2011; Baines et al., 2019) and professional identity as a music therapist (Lee, 2008, 2019), no articles were located at the time of writing which specifically address music therapy practices with LGBTQ+ youth in Canada. It is possible that there is a lack of Canadian research being conducted on this topic because there is a relatively small number of music therapists working in Canada (CAMT, 2021b). In addition, there are only three Master's level music therapy programs and no Doctorate level music therapy programs in the country (CAMT, 2021a), which has likely limited the number of music therapy researchers in Canada. It is also possible that this topic has been subsumed within broader music therapy research topics examined more widely by Canadian researchers, such as feminism and social justice within music therapy (Baines, 2013; Curtis, 2012, 2013a, 2013b, 2015; Kenny, 2006; Seabrook, 2019; Vaillancourt, 2012). Despite the importance of related Canadian research, there is a clear need to specifically investigate music therapy practices with LGBTQ+ youth in Canada.

Summary

This chapter has explored the marginalization and developmental challenges that LGBTQ+ youth face. The historical oppression of LGBTQ+ people in accessing therapeutic services and the development of anti-oppressive practice as an affirmative approach has been discussed. This chapter has examined how music therapy can address needs related to identity, with a focus on gender identity. Research literature on music therapy practices with LGBTQ+ people has been outlined, which consists of implications, best practices, training considerations,

and a shift towards queering music therapy as a field. Lastly, this chapter has identified recent research addressing music therapy practices with LGBTQ+ youth and has recognized a lack of Canadian research on this topic. The next chapter will explore the methodology used in the present study to address this gap in the literature, by investigating the experiences of three certified music therapists in their work with LGBTQ+ youth in Canada.

Chapter 3. Methodology

Research Design

The study was grounded in a relativist ontology, an interpretivist methodology, and a social constructionist epistemology. Understanding was sought as the purpose of this research and knowledge was seen as being interpreted individually rather than existing as an ultimate reality (Hiller, 2016). Data interpretation was therefore perceived as a crucial and meaningful component of the research. Reality and meaning were viewed as co-created constructions between individuals with shared contexts, acknowledging the influence of culture on our understandings of experience (Hiller, 2016). The epistemological foundations integrated a critical lens by considering the significance of social locators, intersectionality, and multiple perspectives (Rolvjord & Hadley, 2016).

Delimitations

In order to remain within the scope of a master's thesis and stay focused on a clearly defined research topic, certain delimitations were imposed on this study. Only the experiences of music therapists were investigated, rather than examining the experiences of LGBTQ+ youth clients directly. While music therapy research in other countries has informed this thesis, the present study is concerned only with the work of music therapists in Canada. The number of participants was delimited to three due to time limitations and the scope of a master's thesis. Delimitations established for the inclusion criteria of participants are described in the following section.

Participants

The research received approval from the Concordia Human Research Ethics Committee (UHREC) prior to initiating any recruitment or data generation (see Appendix A). Participants needed to meet the following eligibility requirements: (a) certified music therapists (MTAs) who were members in good standing with the CAMT; (b) had worked or were currently working with one or more LGBTQ+ youth aged 13 to 29 (COH, 2019; Statistics Canada, 2019) in any capacity within music therapy in Canada (this included work in LGBTQ+ specific settings as well as work with LGBTQ+ clients in non-LGBTQ+ specific settings); (c) had been practicing professionally for at least two years; and (d) were able to participate in interviews conducted in English. Music therapists with whom I had previous or existing professional relationships with

(e.g., those in the role of teacher, supervisor, colleague, or classmate) were not eligible to participate.

Collectively, the three eligible music therapists who participated in the study held diverse gender identities and had professional experience working in three different Canadian provinces. The contexts in which they had worked with LGBTQ+ youth included a mental health treatment facility; social pediatrics; a group home setting; and a community setting for trans, non-binary, and allied youth. The LGBTQ+ youth they had worked with were between the ages of 12 and 18, and they had offered music therapy services to these youth in both group and individual settings.

Recruitment

Eligible participants were found through purposeful sampling. They were identified based on professional knowledge of music therapists who have worked with LGBTQ+ youth or youth in general in Canada. Their contact information was accessed via publicly available websites. An email was sent to potentially eligible participants, explaining the study and asking if they would be interested in participating (see Appendix B). Potential participants were selected in the order in which they responded, and recruitment procedures stopped once the targeted sample size of three was fulfilled. Once a participant agreed to take part in the study, an individual online interview was scheduled to take place over Zoom at their convenience.

Ethical Considerations

Participants were provided with an informed consent form by email which they were asked to sign and return electronically prior to their interview (see Appendix C). The information in the form was addressed again at the time of the interview and participants were asked to re-affirm their consent verbally. Participants were free to ask questions at any point of the interview and were given the opportunity for questions at the beginning and end of the interview. Participants were free to withdraw at any time up to two weeks (ten business days) after the end of their interview. This was indicated in the consent form and addressed verbally at the beginning of the interview.

Foreseeable risks to participants were the possibilities of slight psychological discomfort with the sensitive subject matter. As a researcher, I responded to participants' discussions of their experiences with empathy and emotional support when needed. It should be noted that the experiences and perspectives expressed by the participants represent their views as individual professionals and not as representatives of their workplaces. Participants were informed that they

will have access to the study's results via Spectrum, Concordia University's open access repository.

Data Generation Strategy

This study employed qualitative interviewing in order to obtain descriptive data about participants' experiences of working with LGBTQ+ youth, with the aim of developing a holistic, nuanced, and contextualized understanding of each individual participant (Curtis, 2016). A critical lens was used to acknowledge the impact of systemic factors on the participants, their clients, and the study itself. Feminist qualitative interviews were chosen to integrate an anti-oppressive approach to data generation which sought to affirm participant experiences (DeVault & Gross, 2012). Due to the research topic's investigation of music therapy practices with a minoritized group, it was important to acknowledge the contexts of oppression that the participants and their clients may have experienced. Furthermore, the values of feminist interviewing were upheld to support the participants' exploration of the sensitive topics of gender and sexuality.

Semi-structured feminist qualitative interviews were conducted online with the participants over Zoom. A virtual waiting room and password were used to secure the Zoom meeting. The interviews were characterized by reflexivity and active listening. In this context, reflexivity involved examining the impact that personal experiences have on thoughts and interactions, while active listening involved being fully present and engaged with the participant (DeVault & Gross, 2012). The interviews consisted of close-ended questions about demographics and work contexts, as well as open-ended questions about the participants' experiences working with LGBTQ+ youth. An interview guide (see Appendix D) was sent to the participants by email prior to the interview, so that they could prepare and reflect on the subject matter before discussing it. Topics covered in the interview guide included perceived client needs and goals; music therapy experiences, skills, and challenges; and considerations and advice for music therapy work with LGBTQ+ youth. Additional questions were asked throughout the interviews as needed for clarification or to further explore topics that emerged.

The interviews were audio recorded on a laptop using the application Audacity and on a cellphone using the application Voice Memos. Both devices were password-protected and were not backed up to cloud storage. After each interview, the recording on the cellphone was downloaded onto the laptop and then deleted from the cellphone. Recordings were backed up on

a password-protected external hard drive. Both the laptop and external hard drive were stored in a secure location. Participants were informed that recordings would be kept for a period of five years after the study was complete. A journal was used to make field notes about contextual considerations, thoughts, and reflections that came up during the interviews. Precautions were taken to ensure that participant names remained confidential, by using pseudonyms and removing any identifying information from the transcripts.

Materials

Materials used were a password-protected cellphone, a password-protected external hard drive, a password-protected laptop, and a journal.

Data Analysis Procedures

To analyze the data, the interviews were transcribed and the transcripts were sent to each participant by email to review for accuracy. Participants were each given two weeks (ten business days) to indicate any revisions to the transcript. Indicated revisions included providing information for inaudible sections of the recordings and identifying information that needed to be removed to further anonymize the data. Qualitative thematic analysis was conducted using the steps outlined by Braun and Clarke (2006) of (a) becoming familiar with the data, (b) creating initial codes, (c) organizing the codes into possible themes and sub-themes, (d) reviewing the themes and sub-themes to ensure that they accurately represented the data, and (e) developing definitions and names for the themes and sub-themes. The results chapter was then written, in which the established themes and sub-themes were described and elaborated upon. Lastly, the discussion chapter was written, which identified implications of the findings and connected them to existing literature. Throughout the analysis process, a critical lens was integrated by considering the significance of social locators and intersectionality within the data, and by embracing the diversity of the participants' perspectives (Rolvsjord & Hadley, 2016). Field notes were used to corroborate and enhance the descriptions of the themes.

Chapter 4. Results

To answer the research questions, interviews were conducted with three music therapists who fit the eligibility requirements. This chapter begins by describing my experiences of conducting these interviews with the participants. It felt important to acknowledge the personal impact of these conversations, for the purposes of both transparency as a researcher and positioning of the data analysis. Following this, the themes and sub-themes that emerged through the data analysis process are outlined. Participant quotations and examples are used to describe and elaborate on the themes. Pseudonyms are used for participants in order to maintain anonymity.

Research Interview Experiences

The process of conducting research interviews for this study was an enriching, surprising, and inspiring experience. I was struck by how each participant brought a unique and insightful perspective to the research. Throughout this process, I found myself feeling moved when a participant would share their personal feelings about their work. Each participant expressed passion, appreciation, and care for their work with LGBTQ+ youth. One participant explored how witnessing clients' musical interests influences his own perception of the music in session. Another participant shared the concern he feels when he doesn't hear from youth who have not been attending sessions, as well as the pride he feels when the youth advocate for themselves. A third participant expressed feeling privileged to work with clients who openly identify as LGBTQ+, because in previous generations and in other contexts it has not always been safe to identify as such. She elaborated on her view that "it's our distinct privilege to work with people who say to us, 'I'm, I'm queer, I'm a lesbian, I'm transgender.' I think, again I think about how many people never ever got the chance to tell anybody." This view had a profound impact on how I perceived the significance of this research. I felt a deep sense of gratitude and grief at the thought of how generations of LGBTQ+ people who advocated for their rights have paved the way for LGBTQ+ youth today to express themselves openly in settings like music therapy. Throughout the interviews, I was touched by the thoughtful care and consideration that these music therapists have put into their work. Having these conversations with participants greatly enhanced my understanding of music therapy's value in supporting LGBTQ+ youth.

Themes and Sub-themes

Data analysis of the research interviews revealed three themes. These themes were client priorities; music therapists' competencies, commitments, and reflexivity; and representation, visibility, and shared experiences. Each of these themes and its respective sub-themes are described below.

Theme 1: Client Priorities

All participants described what they perceived to be client priorities in their work with LGBTQ+ youth. Based on participant discussions, *client priorities* are defined as the needs and goals of LGBTQ+ youth in music therapy, as perceived by the participants. Through the data analysis process, three sub-themes emerged within this theme. These sub-themes are validation; identity and self-expression; and connection.

Theme 2: Music Therapist Competence, Commitments, and Reflexivity

Each participant discussed competencies and commitments as music therapists that they perceived to be important in their work with LGBTQ+ youth. In response to the research conversations, *music therapist competence* is defined as skills that participants described using to address clients' needs and goals within music therapy sessions. *Music therapist commitments* are defined as personal responsibilities, both within and outside of sessions, that the participants felt were important to their work but went beyond basic music therapy competencies. *Music therapist reflexivity* is defined as participants' personal explorations and reflections on their experiences working with LGBTQ+ youth. Within this theme, there were three sub-themes of competence, therapeutic alliance, and expanded commitments.

Theme 3: Representation, Visibility, and Shared Experiences

Participants described experiences working with LGBTQ+ youth that were concerned with the theme of representation, visibility, and shared experiences. Through examination of participant discussions, *representation* is defined as LGBTQ+ youth's experiences of seeing themselves in the identities and lived experiences of the people, arts, and cultures they encounter. *Visibility* is defined as the degree to which LGBTQ+ identities and lived experiences are perceived by others. *Shared experiences* are defined as similarities in the lived experiences of LGBTQ+ individuals due to identifying in similar ways. The three sub-themes embedded in this theme were representation in arts and culture; identities of therapists; and shared experiences of LGBTQ+ youth.

Theme 1: Client Priorities

Each participant discussed the areas that they perceived to be priorities for their LGBTQ+ youth clients in music therapy. These priorities included needs and goals that they considered important in their clients' music therapy work. There was significant overlap between the needs and goals identified by participants, which is why these areas are described more generally as prioritized areas of music therapy work.

Sub-theme A: Validation

All participants identified validation as a critical aspect of their work with LGBTQ+ youth in music therapy. They described how validation can take many forms, including celebration of identity, affirmation of present experiences, support for emotional expression and exploration, recognition of strengths, and engagement with client knowledge. Participants also suggested that validation may hold enhanced importance for LGBTQ+ youth as minoritized individuals.

Each participant spoke about their clients' needs to feel seen and heard in music therapy. They emphasized the importance of affirming the identities of LGBTQ+ youth. Andrea explained that in her music therapy practice she has aimed "to validate the experience of these youth. And, and even to celebrate it, ... for it to be joyful." This comment captures the significance of extending validation towards embracing the identities and experiences of LGBTQ+ youth. Participants elaborated on how clients' needs are often changing as a result of what they are experiencing. Philip described how, because of these changing needs, it is important for the youth to have "a place to support them, affirm their gender, and just welcome them however they come into the group, just validate what they're going through." This statement really highlights the stability that validation provides as clients experience fluidity in the emergence of their needs. Participants also identified emotional expression and exploration as a priority for LGBTQ+ youth in music therapy. Simon described how music therapy experiences can address this by saying, "to have a song that they relate to, but then also that they can really dive into as far as that emotional expression through singing is just really exciting to work on and to be a part of." His perspective demonstrates how providing a space in which clients can explore and express their emotions is yet another way in which their experiences can be validated.

All participants recognized the strengths that LGBTQ+ youth often demonstrate, and they spoke in ways that connect this recognition to another form of validation. Philip identified

resilience, maturity, community, and introspection as strengths that he has observed in his LGBTQ+ youth clients. Simon shared his perception that many LGBTQ+ youth he has worked with have the strength of embracing difference. He provided the example of noticing that some of these youth have been more interested in singing than the other youth he has worked with, and he speculated that this may be due to their inclination towards things that are different. He explained that, “I think a lot of these youth gravitate to things that aren’t super popular. I think they find their place in things that aren’t in the mainstream.” This statement suggests that having opportunities to celebrate experiences of difference is one way in which music therapy can validate LGBTQ+ youth. Andrea elaborated on the strength of bravery that she has noticed in the youth she has worked with, particularly through the processes of sharing their identities, experiences, and feelings with others during music therapy.

Participants also emphasized the knowledge of their LGBTQ+ youth clients. The areas of knowledge identified included language usage, norms such as pronoun introduction, and an understanding of concepts related to oppression and discrimination. In speaking about how this knowledge has come up in sessions, Andrea expressed:

These kids are smart right? And a lot of the language that we’re all learning like, ‘what’s your pronouns?’ This is not new to them. Right? Kids often introduce themselves to me with their pronouns, right? Like they don’t think about it. So they’ll say, ‘well it can’t be racist. And it can’t be transphobic. And it can’t be homophobic.’ And if kids don’t know what those mean, we talk about them.

Andrea’s discussion suggests that music therapy provides a space in which the knowledge that these youth hold can be validated and shared. The participants’ emphasis on strengths and knowledge of LGBTQ+ youth suggests that music therapy can contribute to a validation of these clients’ resources.

While participants acknowledged that validation is a need for all music therapy clients, they explored its significance for LGBTQ+ youth because of the discrimination they may experience as minoritized identities. Simon explained that, “I perceive that they have had experiences that are not accepting and that are ... very judgmental. So ... for the music therapy room to be a place where those things don’t happen I think is very, very important.” This point illustrates how validation may be especially critical for LGBTQ+ youth as minoritized individuals.

Andrea similarly highlighted the vital role that validation plays, and her comments brought focus to intersectionality as a complicating reality. She discussed her view that, while all clients face stigma, the challenges that LGBTQ+ youth face are “especially nuanced and, and there are more intersections. ... It’s complicated in a different way. And, and the world is just a little bit tougher for them right now.” This perspective acknowledges the systemic oppression that LGBTQ+ youth experience, as their sexual and gender identities intersect with other marginalizing experiences (Scrine & McFerran, 2018). Participant conversations suggested that validation in music therapy may be particularly important as a response to these oppressive forces.

Philip further emphasized the heightened need for validation by articulating that his work with transgender youth has been “systematically different” to his work with cisgender youth. He identified that “finding pride” has been one of the most significant differences in his work with LGBTQ+ youth. He explained that:

You can have cisgender kids that have self-esteem trouble, but it’s not the same as being proud of your identity. I’ve seen a lot of trans kids that don’t have self-esteem problems, but aren’t totally proud of their trans identity either. You know, they’re proud of a couple of things but their identity is so important. Finding pride, stopping that, that self-shame that comes with having to come out, having to like always peddle to get recognition. So finding pride is like something that ... you won’t really need to work on with kids that aren’t in the LGBT community. Or at least not in the way that you will have to do it systematically with kids that are in the LGBT community.

This explanation highlights how identity validation is layered and complicated for LGBTQ+ youth in ways that might not be experienced by straight or cisgender youth. It also illustrates how the stigmatization of LGBTQ+ identities can affect the youth’s self-image, which speaks to the heightened need for validation in music therapy.

Sub-theme B: Identity and Self-Expression

A client priority that all participants discussed was that of identity exploration and expression. Participants suggested that in order to support this work with identity, it has been important to foster a flexible space, provide a supportive and responsive timeline, and promote self-expression. Participants talked about how music therapy can provide a valuable flexible space to support identity exploration. Andrea elaborated on this goal area by saying that, “in

music therapy we create a space where ... you have ... a lot of freedom and a lot of flexibility and a lot of support and tools at your disposal to explore and express your identity.” This statement describes how music therapy can give LGBTQ+ youth the space to explore their identities in the ways that feel right to them.

Participants further emphasized the significance of flexibility by indicating that music therapy can support identity exploration at a client-determined pace. Philip described this work as “honouring self-compassion.” He explained that:

Honouring self-compassion comes with teaching your client that it’s okay to be themselves, that it’s okay to try new names, it’s okay to try new pronouns. It’s okay to, to come out when you feel like you want to come out. It’s okay to, to ask for respect. It’s okay to ask for people to use the right names and right pronouns. So those are all things that come with self-compassion.

His discussion demonstrates how music therapy can support LGBTQ+ youth in accepting where they are in their own process of identity exploration.

Participants also discussed the priority of LGBTQ+ youth being able to express different parts of themselves freely in music therapy. For example, Simon spoke about how singing in music therapy can support self-expression, by explaining that “I’ve heard the comment from several youth that you know, ‘when I sing, I feel free. And I, I feel like I can really express myself.’ ... It becomes this like really authentic form of expression.” This perspective suggests that music therapy experiences can provide non-verbal opportunities for LGBTQ+ youth to feel comfortable expressing themselves. Philip extended this idea by articulating how music therapy can offer a space for transgender youth to:

Be themselves outside of their transition as well, where they can just not have that question all the time of ... ‘What services do you need? Do you need to transition? Do you not need to transition?’ Sometimes it’s good to have a break from that as well.

This implies that in music therapy, LGBTQ+ youth may benefit from exploring aspects of themselves that are not directly connected to their gender identity or sexual orientation.

Sub-theme C: Connection

All participants identified connection as an important part of their work with LGBTQ+ youth in music therapy. This included the perceived need for these youth to develop connections with other people as well as with resources. All participants emphasized the significance of

clients forming relationships with others, including the music therapist, other adults, and other youth. Simon focused on the importance of LGBTQ+ youth developing a strong therapeutic relationship with the music therapist. Andrea elaborated on the priority of building relationships by expressing that, “the point is to create as many relationships that feel safe as possible. To allow these kids to feel super safe with other people, especially adults.” This statement suggests the significance that building trusting relationships can hold for LGBTQ+ youth. She also explored how staff participation in music therapy can contribute to the youth’s development of positive relationships with adults. Philip explained that it is very important for transgender youth to connect with one another, because many have limited opportunities to meet other trans youth in person.

Regarding connections with resources, Philip identified the need for youth to have access to services and resources to support them in the particular challenges they might face as LGBTQ+ people. He described this by saying:

As a therapist what we do is mostly of course teach them about their rights. And make sure that they know that they have the right for the teachers to use the right pronouns, the right names. And if they want to take action they can, they should. ... We try to empower them to make those steps.

This comment demonstrates how connection to resources can not only support youth but also empower them to advocate for themselves. This in turn can contribute to the clients’ development of autonomy, agency, confidence, and self-esteem, which were also identified by participants as notable areas of their work with LGBTQ+ youth.

Theme 2: Music Therapist Competence, Commitments, and Reflexivity

Each participant described the competencies that they have found essential to their work with LGBTQ+ youth and the commitments that they have made as music therapists that go beyond these core competencies. Within their conversations, all participants emphasized the importance of developing and maintaining reflexivity as a music therapist. They discussed how therapist reflexivity is an integral part of both competence and commitments in their music therapy work with LGBTQ+ youth.

Sub-theme A: Competence

All participants communicated the importance of well-developed competencies that must manifest in the planning and implementation of a variety of experiences with LGBTQ+ youth.

Participants centered musical skills, verbal processing skills, structuring sessions, music therapy training and education, awareness of bias, and ongoing learning experiences as valuable areas of competence in this work.

In their discussion of musical skills, participants described the music therapy experiences they have found helpful, the musical competencies these experiences require, and the particular importance of adaptability in carrying out these experiences. Music therapy experiences that participants named as being valuable in their work included music listening and discussion, lyric analysis, singing, songwriting, re-creating music, playlist creation, composition, use of music creation software, and educating clients about the psychology of music. Participants each identified musical competencies that they have found significant in the implementation of these experiences. Philip spoke about how he has adapted music therapy experiences to the context of a group he works with by giving youth opportunities to create music individually and then come back to share with the group what they created. Simon said that he has found it helpful to have the musical competencies to re-create songs in the moment, because this can validate the present experiences of LGBTQ+ youth and build therapeutic rapport.

Andrea shared her view that, “I think strong musical skills are actually extremely important when working with this population. Because you want to be able to facilitate whatever type of musical expression that these youth need.” This statement expands on the other perspectives highlighting musical competence by specifically raising the need for adaptability. In order to be adaptable, she stressed the importance of being familiar with diverse styles of music and having basic knowledge of how to play a variety of instruments so that experiences are musically pleasing. She also discussed her view that being able to quickly teach youth how to play an instrument has supported group cohesion and empowerment. Andrea elaborated on the significance of adaptability by saying, “at any given time, anything I try can not work. ... What is critical is how it’s handled.” This highlights the need to respond reflexively to LGBTQ+ youth’s experiences in session. Other participants also identified adaptability as a valuable competency in their work. Philip explained that “it’s always counterproductive when we come in with a, an experience because you don’t, you don’t get to, to meet them where they’re at,” a view that emphasizes the significance of adapting music therapy experiences to clients’ present needs.

Participants also spoke about the importance of verbal processing competencies in their work with LGBTQ+ youth. Andrea commented that this has been particularly important in group

settings in order to establish ground rules and process music therapy experiences. She discussed her view that “learning to name how music makes us feel like by association allows us to use it a bit more intentionally,” a statement which illustrates the specific value of intentionality in verbal processing. Simon focused on the particular need for verbal competencies during music listening and lyric analysis experiences. Philip discussed the value of a verbal check-in and verbal processing within group sessions. He also stressed the importance of facilitating verbal group discussions so that clients can express themselves and connect with each other.

All participants touched on the competency of structuring sessions. Philip spoke about how his group sessions always begin with a verbal check-in, followed by a time for creation, and then discussing the creation back with the group. He emphasized the importance of structuring the time for creation in response to what comes up in the check-in. He elaborated on this by saying the following:

No structure is the best structure in terms of creation. We have to create on the fly, don't come in with something – listen to the check-in, figure it out quick, and then decide to either structure an intervention or give them time.

This comment implies the importance of responding to the clients' current experiences when deciding how to structure a session.

Simon spoke about the sequence of music therapy experiences he tends to follow when structuring sessions, explaining that he usually begins with listening and lyric analysis. He described these opening experiences as often being “the first point of real connection,” which can then lead into other music therapy experiences such as playing or singing the song they listened to. His discussion illustrates how clinical choices regarding the order of music therapy experiences can be significant in the development of a therapeutic relationship.

Andrea addressed structure by discussing the importance of outlining ground rules and boundaries with the youth she has worked with. She explained that:

At the very beginning of the sessions I had to outline what, what is expected of them, what they can expect of me and I have to be consistent. ... If I say we're going to do something, I have to deliver. If, if I outline something for them, I have to maintain that boundary.

This statement suggests that establishing structure and consistency with these youth can create a safe space with clear expectations.

Two participants commented on the role music therapy training and education has played in the development of the competencies they use in their work with LGBTQ+ youth. Their exploration of this topic included discussion of both university education and research literature. Andrea shared her perspective that her university education did not address all the competencies that she has found important in her work with these youth. She identified verbal counselling skills as one competency area that she felt was not focused on in her education to the extent that she uses it in her current work. She also indicated that she did not read any research literature during her pre-professional music therapy training program on the topic of working with LGBTQ+ clients. She expressed that part of her interest in participating in the present study was to contribute to music therapy research in this area. Philip also referred to research literature, by recounting:

I remember reading that statistic where they said that a lot of therapists didn't think that they would ever meet a trans person in their, in their practice. Which seems baffling to me because they were in – they were in hospitals, clinics, private practice, like you're for *sure* going to meet somebody.

This statement highlights the importance of music therapists being prepared through their training programs to work with LGBTQ+ clients, because these clients are present in most clinical settings. Taken together, these participants spoke to the important role training programs play in preparing music therapists to work with LGBTQ+ youth, and their comments suggest that programs need to consider how to best ensure this happens. Since the competencies that music therapy programs need to address are established by the CAMT (2016), participants' comments also imply that competencies related to work with LGBTQ+ youth may need to be more directly outlined by the association.

Each participant identified the need to maintain reflexivity as a music therapist, by becoming aware of one's own biases and engaging in ongoing learning to address them. Simon brought up this topic by acknowledging that he has come into his work with LGBTQ+ youth with "an unconscious bias. Maybe with even a conscious bias. And that has definitely changed over the years." He went on to say, "what I know and what I don't know and what I believe and all that has an impact in my sessions is just something to be aware of, especially I think with this population." This perspective suggests that awareness of personal biases may be particularly

important when working with LGBTQ+ youth. Andrea expanded on this consideration by articulating the following:

You have to do the work to recognize your own biases and, and, and check your own assumptions about like, you know, what it looks like or feels like to be a queer person. ... Expanding your vocabulary and, you know, thinking about ... if there's not a ton of like LGBTQ+ artists in your music library, why is that?

Her discussion demonstrates the importance of music therapists exploring their attitudes towards LGBTQ+ identities and the biases inherent in their musical knowledge and practices. She also acknowledged making mistakes early on in her career because of her lack of knowledge. For example, she discussed accidentally misgendering individuals in the past. Lastly, she emphasized the need for music therapists to reflect on how their biases may impact what they perceive as important in their work with LGBTQ+ youth.

Participants described how they have tried to address these biases through experiences of ongoing learning. They each noted that they have learned a lot from their LGBTQ+ youth clients. Andrea acknowledged that she has acquired knowledge from the youth she has worked with, but she identified the importance of not putting them in a position of teaching her how to best support them. She emphasized this by saying, “they’re always the best teacher but always being mindful that they are not doing the emotional labour of teaching you how to be a therapist to an LGBTQ+ person, in therapy. That is not their job.” This perspective brings up the important consideration that music therapists should not rely on LGBTQ+ youth to teach them about LGBTQ+ issues. Philip built upon this idea by discussing the value of music therapists supporting and advocating for LGBTQ+ youth so that they are not responsible for teaching everyone in their life about their identities and experiences.

In extension of these considerations, participants emphasized the significance of seeking out continuing education. The continuing education discussed included attending presentations, courses, and trainings, increasing their interactions with LGBTQ+ communities, and educating themselves about LGBTQ+ topics through reading and seeking out information online. For example, Simon spoke about how he specifically sought out courses and trainings to learn more from transgender individuals, because he recognized that he had limited knowledge of transgender identities and experiences. In contrast, Andrea discussed the challenge of “staying up to date on language” as part of her continuing education, because language in LGBTQ+

communities is continuously changing. Philip encouraged music therapists to seek out education on LGBTQ+ topics, both for professional and personal reasons. Participants' exploration of their learning experiences revealed the significance of both first voice and professional learning in their work with LGBTQ+ youth.

Sub-theme B: Therapeutic Alliance

All participants focused on the importance of therapeutic alliance, and their comments indicated the development of this alliance is connected to a number of factors that must be considered. They spoke both overtly and covertly about the importance of establishing a therapeutic relationship with these youth. Simon emphasized his view that active listening is one of the most important skills he uses to build therapeutic rapport. He described how he approaches this by saying:

In a lot of cases listening is going to probably be your best friend. As far as starting out and as far as making an immediate connection. I mean clearly the, the therapeutic relationship is ... what you're going for, in all cases. And I think that can be just such a, a quick and immediate thing that facilitates that relationship.

This statement captures the important role that listening can play in the development of a therapeutic relationship with LGBTQ+ youth.

Andrea discussed how she has needed to be more intentional about developing rapport with at-risk LGBTQ+ youth than with other populations she has worked with. She explained that "there's something about music that like creates sometimes instantaneous bonds and like this sense of safety. With this particular population, so like youth at risk is the first layer, that's not a thing. They don't trust you right away." This comment suggests that it may take more time and intentional effort on the part of the music therapist for certain LGBTQ+ youth to feel safe in music therapy. Andrea also elaborated on how the establishment of expectations, boundaries, and consistency have allowed her to gain trust from the youth she has worked with.

Participants explored the need to be authentic as a music therapist as part of their therapeutic alliance with LGBTQ+ youth. Simon discussed how being "authentically accepting, ... engaged, ... and encouraging" has contributed to positive relationships and development among the youth he has worked with. He explained the significance of authentic acceptance by saying, "I think if they perceived any kind of, ... 'I don't like this' or 'I don't accept this,' from me, it would ... shut a door that would be very hard to, to open again." This perspective

highlights how therapist authenticity can be particularly significant for LGBTQ+ youth, because of the potential negative views of their identities that they may experience outside of music therapy. Andrea discussed authenticity in terms of “being willing to say, ‘I don’t know’” when areas of knowledge come up that she is unfamiliar with. She mentioned the importance of expressing care for the clients in these moments and making a commitment to increasing her knowledge to better support them. Her discussion of this topic illustrates the importance of pairing therapist authenticity with an expression of commitment to the client. Philip spoke to the need for therapist authenticity through his discussion of therapists being open about their identities and how they impact their experiences. For example, he expressed that:

From a cis perspective I would say like you really have to be open about your, your gender and, and how that creates that ... dynamic in the group. To really, to really be humble in terms of their experience versus yours.

This view highlights how therapist authenticity can acknowledge differences in experience, and in turn contribute to respect and trust in the therapeutic alliance.

All participants expressed that empowering LGBTQ+ youth clients is very important, and they explored the various ways that they approach this in music therapy. They described how empowerment can be supported through music therapy experiences, such as re-creating music and learning about music psychology. They also discussed ways in which they have sought to empower youth outside of the music experiences, such as by encouraging them to take action in their life. Simon discussed how trusting clients’ musical choices during music therapy experiences can contribute to the youth’s sense of agency, as well as enhanced creative expression. He also voiced his perception that his experiences of learning from his LGBTQ+ youth clients have been:

In some cases an empowering situation for the youth, because they have been educating me. And seeing and sensing that ignorance or that naivety but also sensing that acceptance and, and feeling that they can do some education. Without changing our relationship or without, you know, not being accepted anymore.

This view suggests that LGBTQ+ youth may feel a sense of agency when they have the opportunity to teach others. Andrea spoke about how youth can be empowered by communicating what they need for themselves. She stated:

Usually they let you know what they need. Right? You're basically just there with like your big frame, it's a big frame and there's all these things and it's like, 'hey I'm holding this for you, what do you need in here?'

This analogy illustrates how music therapists can hold space for LGBTQ+ youth to foster agency by showing others what they need.

Sub-theme C: Expanded Commitments

Participants discussed commitments that they have made that expand beyond skills they use in sessions. They explored their engagement in systemic activism and advocacy and shared the challenges they have experienced in carrying out these commitments. All participants acknowledged the systemic challenges that LGBTQ+ youth face as a minoritized group. They each expressed awareness of the oppression that these youth may experience outside of music therapy. Andrea expanded on the responsibilities that she tries to take on in order to contribute to societal change, with the aim of LGBTQ+ youth experiencing increasingly less oppression in the future. She highlighted this by saying:

That's the challenge I think sometimes is like the weight of the responsibility of like: if we don't change this, it won't change. It's more than just becoming, being a competent therapist. Like it's the social responsibility sometimes that I find challenging, living in this time. Because I would love to be the generation that, you know, is the last one that remembers before this.

This statement really captures the commitment to systemic activism that these music therapists find significant to their work with LGBTQ+ youth.

Some participants spoke about how LGBTQ+ youth may even encounter ignorance or discrimination within the organizations offering music therapy services. Andrea spoke to this by expressing, "we have to recognize that even the structures that ... we are encountering them in are like fundamentally oppressive. ... I think like therapy can feel like a really scary thing for these populations. And that is understandable." This suggests that music therapists who work with this group may need to confront the systems of oppression within which their services function. Simon asserted that because these youth often face discrimination outside of session, it is critical that they do not experience it in music therapy. In acknowledging the reality of these oppressive forces, participants identified the importance of advocating for youth and educating staff within the organizations they work for.

Two participants explored how commitment to systemic activism and advocacy comes with complex challenges. They voiced the difficulty they have experienced in accepting that they do not always have control over the marginalization that these youth face due to their identities. Philip commented that “sometimes it’s difficult to be an activist as well as a therapist,” a statement which highlights how music therapists who work with this group may navigate different roles. Andrea summarized the challenges of systemic activist responsibilities by saying:

The gap in the knowledge and how quickly knowledge moves in our world, and how much there is to know and learn, and how many hard conversations there are to have, while protecting and upholding and celebrating these youth, it just feels like you’re carrying a million things to your car.

This perspective illustrates the intersectional considerations that music therapists may need to acknowledge when working with LGBTQ+ youth, and suggests the importance of taking time to process this as a clinician.

Theme 3: Representation, Visibility, and Shared Experiences

All participants identified the importance of LGBTQ+ representation, visibility, and shared experiences in music therapy work with LGBTQ+ youth. The need for representation and visibility is largely due to LGBTQ+ identities being underrepresented and minoritized in society (Taylor & Peter, 2011). Shared experiences among LGBTQ+ individuals are deeply valuable because of this lack of representation and visibility.

Sub-theme A: Representation in Arts and Culture

Some participants discussed the significance of LGBTQ+ youth feeling represented by the arts and culture they encounter. Simon spoke to this by explaining that his clients have sometimes taken interest in music from a television show that portrayed LGBTQ+ identities in a positive light. As discussed in theme 1, he also identified his perception that LGBTQ+ youth often embrace things that are different from the mainstream. This suggests that these youth may feel represented by that which is different from social and cultural norms. Andrea expanded on the need for LGBTQ+ youth to feel represented by arts and culture. As a commitment to her clients, she discussed “making an intentional effort to familiarize myself with LGBTQ+ creators and artists and speakers and authors. ... Because that’s part of how we validate our clients’ experience, right, is that we know their music.” This statement suggests that youth are aware of

their under-represented status and that music therapists' attentiveness to the work of LGBTQ+ artists is a vital part of their work.

Andrea elaborated on how music therapy experiences can provide opportunities for youth to feel represented by arts and culture. For example, she described how she has used playlist creation with LGBTQ+ youth as a way to "share our queer selves." This playlist included music but also other arts and media, such as television shows, authors, and podcasts. This example highlights how youth can express their identities by sharing arts and media that represent their experiences. Andrea also discussed how music by LGBTQ+ artists can communicate affirmative messages about identities and acceptance. She described how youth's responses to music listening have often involved identifying with the music or artist. She also shared her experience of youth choosing to disclose their LGBTQ+ identities to her after listening to music with LGBTQ+ artists and themes. She suggested the significance of representation in the arts by saying: "The beautiful thing about sharing art is that it's, it's not about like education. It can be educational but there's this humanity right? In, in experiencing things through that arts medium. And it's a little bit less threatening." This idea highlights how engaging with the creations of LGBTQ+ artists can be an important means of supporting the identity exploration and expression of LGBTQ+ youth.

Sub-theme B: Identities of Therapists

All participants spoke about the importance of therapists' identities and associated lived experiences, either overtly or covertly. They discussed how it was not necessary to identify as LGBTQ+ to work with this group of youth, but emphasized the need to be aware of how sharing one's identity can impact music therapy work. Philip was the participant who elaborated most on this sub-theme. He explained that the organization he works with, which supports trans and non-binary youth, is primarily led by LGBT individuals. He discussed how he and a colleague who he collaborates with both openly identify as trans when working with these youth. He explained that being open about their identities, "gives them [the youth] the right to identify as well." He described how his colleague's open exploration of gender identity "gave the right to the kids to just try it as well. Come in trying different pronouns, different names in, in the group. That gave them a lot of space." He expressed his view that because he and his colleague are trans, "it's easy for us to, to give them empathy and for them to feel it. 'Cause we know, we know what they're

talking about.” These statements illustrate how LGBTQ+ representation among therapists can support the identity exploration of LGBTQ+ youth.

Philip discussed his perception that disclosing his gender identity as a music therapist has been empowering for the youth. When speaking about the need to promote self-compassion among the LGBTQ+ youth he works with, he commented that “you’re the first example of it when you’re the therapist. You have to do it yourself, otherwise they’re never going to do it.” This statement suggests the role that modeling can play in music therapy with LGBTQ+ youth. His discussion emphasizes the significance of LGBTQ+ youth feeling represented by the music therapists and staff that they work with. It also speaks to the importance of visibility of LGBTQ+ identities among staff who work with LGBTQ+ youth. Lastly, it suggests that shared experiences between clients and therapists may be particularly significant to this group of youth.

While the other two participants did not speak about self-disclosure of identity, they suggested the significance of therapist identity in their discussions of authenticity, awareness of bias, and continuing education. The ways in which they explored these topics suggest they may have lacked shared experience with some of the LGBTQ+ youth they have worked with. Their discussions imply the importance of music therapists examining how their identities and lived experiences interact with those of their LGBTQ+ clients. Philip spoke to this important consideration by saying, “identity is important. It’s not impossible to be trans-affirming if you’re cisgender as well. ... It’s possible to lead that group as well from an outside perspective but it will require being completely open and communicate about that, address it.” This view articulates the need for transparency and reflexivity when a music therapist is working with LGBTQ+ youth whose identities differ from their own.

Sub-theme C: Shared Experiences of LGBTQ+ Youth

Participants who discussed group music therapy settings described how LGBTQ+ youth can connect over shared experiences in music therapy. Philip explained how in his context:

Creating networks that, that are kids that go through the same thing as they do is very, very important. A lot of them come in and only know trans kids that are on the internet, they don’t have a, an in-person connection with a network that’s close to them. So that’s, that’s another thing creating network has been a, a lifesaver for a few of them.

This comment speaks to the significance of feeling represented by other youth in a group setting. Andrea discussed her experiences of how LGBTQ+ youth disclosing their personal experiences

with the group can inspire and validate other youth who may share these identities and experiences. She suggested that in some cases, this can lead a client who has not openly identified as LGBTQ+ to start feeling comfortable exploring their identity. She also discussed how the youth's shared experiences of representation and visibility can manifest themselves musically, such as through songwriting and song sharing. She brought up the consideration of visibility by commenting that she may have worked with many LGBTQ+ people who never disclosed their identities. The experiences described by these two participants suggest that feeling represented through shared experiences with other LGBTQ+ youth may support clients in becoming more comfortable exploring and disclosing their identities. In addition, these participants implied that by seeing their experiences mirrored in the experiences of others, LGBTQ+ youth may feel an enhanced sense of connection and support with one another.

Chapter 5. Discussion

The primary research question of this study was: What are the experiences of three certified music therapists in their work with LGBTQ+ youth in Canada? The subsidiary research questions were: (a) What do these music therapists perceive as the client priorities of the LGBTQ+ youth they have worked with? (b) What skills have these music therapists found important in their work with LGBTQ+ youth? (c) What considerations do these music therapists perceive as being specific to music therapy work with LGBTQ+ youth? The findings demonstrate that music therapists' work with LGBTQ+ youth can play an important role in validating lived experience, supporting identity work, and building connections. While requiring similar competencies to work with other youth, there are some unique aspects of the work that necessitate specific considerations, commitments, and competency development. This chapter begins by exploring connections between the findings of the present study and the existing related literature. This will be followed by discussion of the findings' implications in relation to music therapy clinical practice, education and training, and future research in Canada. The chapter will finish by outlining the limitations of the research.

Connections Between Findings and Related Literature

Several connections can be drawn between the three themes that emerged through the data analysis and the related literature on the topic. These connections are explored below within each of the themes that emerged.

Theme 1: Client Priorities

The findings suggest that validation is a significant part of the work music therapists do with LGBTQ+ youth. In their discussions, participants focused in particular on how they aim to validate the strengths and knowledge of LGBTQ+ youth. This finding is in line with the approach of resource-oriented music therapy, which seeks to embrace and build upon clients' resources as part of the therapeutic process (Rolvjord, 2010). The participants' emphasis on strengths and knowledge is also suggests that music therapy is a service that can validate youth's resources rather than focusing on risk factors, which is connected to the research of Scrine and McFerran (2018). This is particularly important because, as the current findings and related literature demonstrate, sexual and gender minority youth are often viewed through the lens of being at risk (Scrine & McFerran, 2018).

Work in the area of identity and self-expression also emerged as significant in the participants' experiences, a finding that is consistent with previous research. Specifically, participants indicated that their work supported identity development in LGBTQ+ youth, which has been suggested by several authors (Hense & McFerran, 2017; Lamont & Hargreaves, 2019; Krüger, 2019; Rolvsjord, 2010). In line with the findings of other researchers, certain participants addressed how music therapy can support clients' exploration of gender identity specifically (Gumble, 2020; Halstead & Rolvsjord, 2017; Rolvsjord & Halstead, 2013; Scrine & McFerran, 2018; Scrine, 2019). The importance of identity and self-expression identified in the current findings aligns with existing literature on music therapy practices with LGBTQ+ youth which recognizes these areas as priorities for this client group (Bain et al., 2016; Boggan et al., 2017; Hardy & Monypenny, 2019; Scrine, 2019).

Theme 2: Music Therapist Competence, Commitments, and Reflexivity

Specific competencies emerged as vital to the work of supporting LGBTQ+ youth. Many of the music therapy experiences described as helpful by participants of the present study were also described as such by other research on music therapy practices with LGBTQ+ youth (Bain et al., 2016; Boggan et al., 2017; Hardy & Monypenny, 2019; Scrine, 2019). These included the experiences of music listening and discussion, lyric analysis, songwriting, re-creating music, playlist creation, and use of music technology. The finding in the present study of verbal processing as an important music therapy competency is also reflected in the related literature (Bain et al., 2016; Boggan et al., 2017; Hardy & Monypenny, 2019; Scrine, 2019). The role of music therapy training and education in preparing music therapists to work with LGBTQ+ clients has been explored significantly in previous research (Ahessy, 2011; Baines et al., 2019; Fansler et al., 2019; Whitehead-Pleaux et al., 2013; Wilson & Geist, 2017). The present study expands on this research by identifying the importance of training and education for competency development related to work with LGBTQ+ youth as a specific age group.

According to participants, relational skills were particularly important in their ability to develop effective therapeutic alliances. The significance of empowering LGBTQ+ youth clients is one area of therapeutic alliance which has particular emphasis in the existing scholarly literature (Bain et al., 2016; Hardy & Monypenny, 2019; Rolvsjord, 2010; Scrine, 2019; Scrine & McFerran, 2018). Bain et al. (2016) proposed ways in which queer theory can be integrated into music therapy experiences in order to empower LGBTQ youth. Hardy and Monypenny

(2019) explored how they sought to empower trans, non-binary and gender creative youth by minimizing power dynamics and collaborating with the youth in creative arts therapy. Scrine and McFerran (2018) highlighted the importance of empowerment in the participatory action research they carried out with youth who took part in music therapy. The finding of the present study that music therapists value the commitment to empowering LGBTQ+ youth through their work is consistent with related literature.

Participants each discussed expanded commitments that their work with LGBTQ+ youth has necessitated. This finding is reflected in the Code of Ethics of the CAMT (2002) by the principle of extended responsibility. Participants' exploration of systemic activist responsibilities was a notable area of focus within this sub-theme. Findings emphasized the need to confront and dismantle systems of oppression while advocating for LGBTQ+ youth. These responsibilities relate in particular to research on anti-oppressive practice, which has been identified as an approach that can be used in music therapy to acknowledge and combat systems which oppress marginalized individuals (Baines, 2013; Boggan et al., 2017; Scrine & McFerran, 2018). Some participants highlighted the need to be aware of how music therapy as a service may function within oppressive structures. This is connected to literature which suggests creating new frameworks for music therapy with LGBTQ+ individuals, since many existing therapeutic approaches have been developed within historically oppressive systems (Bain et al., 2016; Scrine, 2019; Hardy & Monypenny, 2019). In addition, the present study's findings on the importance of music therapists advocating for LGBTQ+ youth clients are echoed by the research of Whitehead-Pleaux et al. (2012), which identified client advocacy as a significant consideration for music therapy work with LGBTQ individuals.

Theme 3: Representation, Visibility, and Shared Experiences

The theme of representation, visibility, and shared experiences is also tied to scholarly literature related to the topic. The importance of considering LGBTQ+ representation in arts and culture is reflected in research examining music therapy practices with LGBTQ+ youth (Bain et al., 2016; Boggan et al., 2017). The findings are also connected to research examining how exploration and expression of musical identity can support identity formation in youth (Lamont & Hargreaves, 2019; Hense & McFerran, 2017). Some participants emphasized the significance of LGBTQ+ representation and visibility among the staff working with LGBTQ+ youth, which has also been raised as an important consideration in related scholarly articles (Bain et al., 2016;

Boggan et al., 2017; Hardy & Monypenny, 2019; Wells et al., 2012). While participants expressed that it was not necessary to identify as LGBTQ+ to work with this group, they explored the value in addressing lack of shared experience openly with their clients. This finding is echoed by research that identified the significance of music therapists situating themselves when working with LGBTQ+ youth (Bain et al., 2016). Lastly, the finding that group music therapy is a particularly helpful setting for LGBTQ+ youth due to its facilitation of connection between youth is also supported by the related literature (Boggan et al., 2017; Hardy & Monypenny, 2019).

Implications

The results of the present study have implications for music therapy clinical practice, education and training, and research in Canada. Implications within each of these areas are discussed below.

Implications for Music Therapy Clinical Practice in Canada

This study has significant implications for music therapy practice as part of the therapeutic work that is critical to the well-being of LGBTQ+ youth. While participants acknowledged that LGBTQ+ youth clients have many of the same needs and goals as other youth in the same contexts, they identified certain priorities that are either specific to LGBTQ+ youth or have heightened importance with this client group. Validation, identity and self-expression, and connection were identified by participants as vital aspects of their music therapy practices with LGBTQ+ youth. These findings suggest that music therapists should be aware that these areas may require particular focus when working with LGBTQ+ youth in Canada. This theme also revealed the significance in acknowledging how these priorities relate to the systemic and intersectional challenges that LGBTQ+ youth may face as minoritized individuals. Within the sub-theme of validation, participants highlighted LGBTQ+ youth's strengths and knowledge. The focus on this area emphasizes the importance of music therapists acknowledging and fostering these resources when working with LGBTQ+ youth. Participants' discussions suggest that embracing clients' strengths can change perceptions of LGBTQ+ youth and music therapists' approaches to working with them.

Similarly, findings suggest that there are some unique competencies and commitments that music therapists must be aware of, work to develop, and maintain in their work with LGBTQ+ youth. These findings imply that music therapists may need to actively and reflexively

work on their development as clinicians in certain areas that may have greater significance with this client group. The sub-themes that developed in this area were that of competence, therapeutic alliance, and expanded commitments. Participants' perspectives on competence imply that music therapists working with LGBTQ+ youth should have a strong foundation of musical competencies, verbal competencies, and competencies for structuring sessions. Their discussions also suggest that it is particularly important for music therapists to be aware of personal biases when working with this minoritized client group. Participants' exploration of learning experiences implies that while music therapists may learn from their LGBTQ+ youth clients in ways that contribute to positive therapeutic growth, it is also important for music therapists to educate themselves rather than relying on their clients to teach them about LGBTQ+ experiences. The findings suggest that within sessions, music therapists working with LGBTQ+ youth may need to pay particular attention to relational skills which foster therapeutic alliance. Outside of sessions, music therapists may need to take on expanded commitments of systemic activism and advocacy.

Participants also discussed the significance of representation, visibility, and shared experiences in their work. They explored how representation manifests through arts and culture; the identities of therapists; and the shared experiences of LGBTQ+ youth. The focus on representation in arts and culture implies that music therapists who work with LGBTQ+ youth should be aware of LGBTQ+ representation in relation to the music used in sessions, as well as in relation to other arts and culture both within and outside of sessions. Music therapists should also be aware that LGBTQ+ youth clients may seek out LGBTQ+ representation in arts and culture. These findings indicate that it is important for music therapists to intentionally familiarize themselves with LGBTQ+ artists and cultures when working with this group.

Findings suggest important considerations regarding representation among music therapists and other staff who work with LGBTQ+ youth. One participant discussed how LGBTQ+ representation among staff working with LGBTQ+ youth can model and normalize LGBTQ+ experiences, and contribute to the youth feeling more understood and represented. This suggests that it may be important for organizations providing music therapy services for LGBTQ+ youth to consider the representation of LGBTQ+ identities among staff. Participants' exploration of this topic also implies that it is important for music therapists working with LGBTQ+ youth to be aware of how their own identities and associated experiences may

influence their work with these clients. In addition, findings suggest that music therapists may find it helpful to use self-disclosure of their identities as part of the therapeutic process with LGBTQ+ youth.

Lastly, some participants articulated how group music therapy work with LGBTQ+ youth provided a space for clients to share experiences with other youth of similar identities. These findings suggest that group music therapy may be a particularly helpful context, because it allows youth to relate to their peers. This is especially significant because LGBTQ+ youth may not come into contact with many other youth who share their identities, due to lack of visibility and having minoritized identities. Additionally, findings suggest that music therapy with other LGBTQ+ youth may allow them to explore their identities, share their experiences openly, normalize LGBTQ+ experiences, and develop a network of support. These considerations demonstrate the value of developing more music therapy programs for LGBTQ+ youth groups in Canada.

Implications for Music Therapy Education and Training in Canada

The findings of the present study have implications for music therapy education and training in Canada, which includes both university training programs and continuing education. Participant discussions on university education imply that it may be important for Canadian pre-professional music therapy training programs to consider incorporating more educational material related to work with LGBTQ+ youth. One participant's view that verbal counselling skills were not focused on during her university education to the extent necessary for work with LGBTQ+ youth suggests that it may be beneficial for pre-professional programs to offer more training in this area as well. While participants' experiences with university education are not representative of all music therapy training programs, their perspectives suggest that the integration of more material related to these topics may allow music therapists to feel more prepared to work with LGBTQ+ youth in Canada. In order for programs to address these topics, it is important that CAMT identify competencies relevant to work with LGBTQ+ youth as essential areas of pre-professional music therapy training.

All participants also identified the significance of pursuing continuing education related to their work with LGBTQ+ youth. This finding implies that music therapists in Canada who work with this group of youth should consider seeking out education to address their gaps in knowledge surrounding LGBTQ+ identities and experiences. Participants' discussions suggest

that this is particularly important due to the biases that music therapists may hold and the potential tendency to rely on clients to teach them about LGBTQ+ issues. These findings also indicate that it may be important to develop more continuing education opportunities in Canada that address music therapy work with LGBTQ+ youth. These opportunities could be developed and implemented by the CAMT, provincial music therapy associations, music therapists who have worked with LGBTQ+ youth, and other organizations that provide services for LGBTQ+ youth.

In addition, distinctions were revealed in the findings between considerations related to gender identity and considerations related to sexual orientation. This suggests that it may be valuable to develop continuing education opportunities which focus on either gender identity or sexual orientation within music therapy contexts, rather than educating on more general considerations of LGBTQ+ youth as a group. In line with this implication, findings reveal the need to approach continuing education on LGBTQ+ topics within an anti-oppressive context rather than a treatment context that assumes deficit. The development and pursuit of more continuing education on these topics could lead to music therapists in Canada being able to better support LGBTQ+ youth clients.

Implications for Music Therapy Research in Canada

The present study examined the experiences of three music therapists in their work with LGBTQ+ youth in Canada. The findings suggest that future research would be valuable for our understanding of related topics. Due to the limited scope of this study as a master's thesis, future research could benefit from a larger sample size. This would deepen our knowledge by engaging more diverse experiences and perspectives. Similarly, the research question of the present study was broad and exploratory, so future research could address more specific areas of the topic. One way in which this could be done would be by focusing on either music therapist competence and commitments or on client experiences of music therapy. Research which focuses on client experiences would be enhanced by having LGBTQ+ youth who have received music therapy as research participants, so that these individuals could share their own personal perspectives.

Another way in which future research could narrow its focus would be by examining a specific phenomenon in music therapy with LGBTQ+ youth. Based on the findings of the present study, it would be indicated to examine the phenomena of validation, identity, empowerment, representation, or shared experiences in the context of music therapy with

LGBTQ+ youth. These phenomena could be explored from the perspective of the music therapist or from that of the client. The findings also suggest that it may be important to examine music therapists' experiences of self-disclosure, self-situating, or systemic activist responsibilities in their work with LGBTQ+ youth.

A final way in which future research could be more focused would be by being more specific about the client group or music therapy context of interest. The present study indicates that LGBTQ+ youth are a diverse group consisting of a wide variety of individual identities. The findings suggest that considerations for music therapy may differ between work with youth who are minoritized by their gender identity and those who are minoritized by their sexual orientation. Therefore, future research could focus on one of these two groups of youth rather than on LGBTQ+ youth as a collective. Another way in which the client group could be more specific would be by examining music therapy work with LGBTQ+ youth within a particular context, such as a community setting, a mental health setting, a medical setting, or an educational setting. Lastly, future research might consider focusing on either group or individual music therapy work with LGBTQ+ youth, as the present study indicates that different considerations may be relevant to each setting. Furthermore, since the present findings indicate that group settings may be particularly helpful for LGBTQ+ youth, it may be beneficial to prioritize research in these settings in order to further understand how and why they are valuable.

Limitations

There are several limitations to the present study. Firstly, my limited experience as a researcher had an influence on the data generation and analysis procedures. Only three participants took part in the study, due to the time constraints and scope of a master's thesis. Thus, the findings only portray the experiences of three music therapists who come from three different provinces in Canada. The data generation was limited to the context of video conferencing using the platform Zoom, which may have influenced participants' levels of ease and the information that they felt comfortable sharing. In pursuing this research, I held some assumptions which may have inadvertently limited or influenced how I collected the data and interpreted the results. The study assumed that identifying as a sexual or gender minority has an impact on life experiences in diverse, intersectional, and nuanced ways. It was also assumed that music therapy has the potential to be a valuable service in supporting LGBTQ+ youth in Canada.

Conclusion

This study sought to understand the experiences and perspectives of music therapists in their work with LGBTQ+ youth in Canada. The findings identified the three themes of client priorities; music therapist competence, commitments, and reflexivity; and representation, visibility, and shared experiences. The client priorities found to be significant in this work were validation, identity and self-expression, and connection. Competence, therapeutic alliance, and expanded commitments were identified as significant areas of responsibility for music therapists working with LGBTQ+ youth. Lastly, findings highlighted the importance of considering representation in arts and culture, therapist identity, and shared experiences of LGBTQ+ youth in music therapy work with members of this group. It is my hope that future research can build upon the findings of this exploratory study, in order to continue expanding our understanding of music therapy practices with LGBTQ+ youth in Canada.

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Appendix A
Ethics Approval



**CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS**

Name of Applicant: Eleanor Jean Hart
Department: Faculty of Fine Arts\Creative Arts Therapies
Agency: N/A
Title of Project: Music Therapists' Experiences and Perspectives in Working with LGBTQ+ Youth in Canada
Certification Number: 30013648

Valid From: September 04, 2020 To: September 03, 2021

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.

A handwritten signature in black ink that reads "Richard DeMont".

Dr. Richard DeMont, Chair, University Human Research Ethics Committee

Appendix B

Participant Recruitment Email

Invitation to Participate in a Research Study: Music Therapists' Experiences and Perspectives in Working with LGBTQ+ Youth in Canada

Hello,

My name is Eleanor Hart. I am a Masters student in the MA music therapy program at Concordia University. My Concordia faculty thesis supervisor is Cynthia Bruce, PhD, MTA. This is an invitation to participate in a research study examining the perspectives of music therapists who have experience working with LGBTQ+ youth in Canada. The purpose of this qualitative study is to understand the experiences and perspectives of certified music therapists who have worked with members of this group, with the aim that the findings will reveal considerations for music therapy practices with LGBTQ+ youth in Canada and lead to more research in this area. This research study is being done in partial fulfillment of the requirement for the MA program at Concordia University and has received ethics approval from Concordia's University Human Research Ethics Committee (protocol #30013648).

I am seeking to interview individuals who are certified music therapists (MTAs) in good standing with the CAMT; have a minimum of 2 years of professional clinical experience; and have worked or are currently working with one or more LGBTQ+ youth ages 13 to 29 in any capacity within music therapy in Canada. This experience can include work in LGBTQ+ specific settings as well as work with LGBTQ+ clients in non-LGBTQ+ specific settings. The interviews will be conducted in English.

If you choose to participate and informed consent is received, an interview will be scheduled at your convenience. This interview will take no longer than one hour, will be conducted over Zoom, and will be audio recorded. Audio recordings will be made on two password-protected devices and will be destroyed five years after the end of the study. Participation in this research study is voluntary, and confidentiality will be maintained by using pseudonyms and by removing any identifying information from the interview transcript.

Potential benefits of participating in this research include contributing to an expansion of other music therapists' knowledge of working with LGBTQ+ youth. Participating in this research may also lead you to personally reflect on your own practices and develop insight into your own experiences working with members of this group. Foreseeable risks for this research include the possibility of minor psychological discomfort with sensitive subject matter.

If you meet the eligibility criteria and are interested in participating, please contact me directly at eleanorjhart@gmail.com. Please feel free to contact me, or my research supervisor, with any further questions.

Kind regards,

Eleanor Hart, MTA, She/Her/Hers
Principal Investigator
Concordia University, Department of Creative Arts Therapies
514-346-7752
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Cynthia Bruce, PhD, MTA, She/Her/Hers
Faculty Supervisor
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Appendix C

Information and Consent Form



INFORMATION AND CONSENT FORM

Study Title: Music Therapists' Experiences and Perspectives in Working with LGBTQ+ Youth in Canada

Researcher: Eleanor Hart

Researcher's Contact Information: eleanorjhart@gmail.com

Faculty Supervisor: Cynthia Bruce

Faculty Supervisor's Contact Information: cynthia.bruce@concordia.ca

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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 the research is to examine the experiences and perspectives of selected certified music therapists (MTA) who have had professional experience with LGBTQ+ youth in Canada.

B. PROCEDURES

If you participate, you will be asked to take part in an individual online interview over Zoom, which will be scheduled at your convenience. This will be a semi-structured feminist qualitative interview involving close-ended demographic questions and open-ended questions about your experiences and perspectives in working with LGBTQ+ youth as a music therapist. After the interview is transcribed, you will be asked to review the transcript to indicate any revisions. You will be given two weeks (ten business days) to indicate any revisions needed.

In total, participating in this study will take approximately 3 hours. The interview will be approximately one hour and the review of the transcript and indication of revisions will take approximately an hour. One additional hour should be allotted for communication by email, review of the interview guide, and review of this information and consent form.

C. RISKS AND BENEFITS

You might face certain minimal risks by participating in this research. These risks include the possibility of minor psychological discomfort with sensitive subject matter.

Potential benefits include contributing to an expansion of other music therapists' knowledge of issues specific to LGBTQ+ youth. Participating in this research may provide opportunities for you to personally reflect on your own practices and develop insight into your own experiences working with members of this group.

D. CONFIDENTIALITY

We will gather the following information as part of this research: Your pronouns; your gender; the number of years of professional experience you have as a music therapist; the province(s) in which you have worked as a music therapist; the number of years of professional experience you have working with LGBTQ+ youth in music therapy; the age range of LGBTQ+ youth you work with; the type(s) of setting in which you work with LGBTQ+ youth.

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form.

The information gathered will be coded. That means that the information will be identified by a code. Only the primary researcher will have a list that links the code to your name.

We will protect the information by using pseudonyms and removing any identifying information from the transcripts.

We may publish the results of the research. However, it will not be possible to identify you in the published results.

We will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided 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 two weeks (ten business days) after the end of the interview.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

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 _____

DATE _____

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

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

Appendix D

Sample Interview Questions

Close-ended Questions:

1. What are your pronouns?
2. How do you identify your gender?
3. How many years of professional experience do you have as a music therapist?
4. Which province(s) have you worked in as a music therapist? Which province(s) do you currently work in?
5. How many years of professional experience do you have working with LGBTQ+ youth in music therapy?
6. What is the age range of LGBTQ+ youth you have worked with?
7. In what type(s) of setting(s) have you worked with LGBTQ+ youth?

Open-ended Questions:

1. In your experience, what are some specific needs of LGBTQ+ youth in music therapy?
2. What are some music therapy goals that you have worked on with LGBTQ+ youth clients?
3. Can you describe some music therapy experiences that you have used with LGBTQ+ youth clients?
 - a. Which experiences have you found the most helpful? Why?
 - b. Which experiences have you found the least helpful? Why?
4. What skills have you found important in working with LGBTQ+ youth?
5. What challenges have you encountered most often in your music therapy practice with LGBTQ+ youth?
6. What are some important considerations to keep in mind when working with LGBTQ+ youth in music therapy that may not be as important when working with non-LGBTQ+ youth?
7. What would you tell new certified music therapists (MTAs) about working with LGBTQ+ youth?

In closing, is there anything else that you would like to share regarding your experience of working as a music therapist with LGBTQ+ youth in Canada?

Other Questions:

- Can you tell me more about that?
- What was that like for you?