

LEVERAGING CULTURAL ASSETS OF CULTURALLY AND LINGUISTICALLY
DIVERSE INDIVIDUALS IN MUSIC THERAPY: A QUALITATIVE
PHENOMENOLOGICAL STUDY

THESIS

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requirements for the degree of Master of Music in the College of Fine Arts
at the University of Kentucky

By

Emma King

Lexington, Kentucky

Director: Dr. Alaine Reschke-Hernández, Assistant Professor of Music Therapy

Lexington, Kentucky

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<https://orcid.org/0000-0002-0457-4242>

ABSTRACT OF THESIS

LEVERAGING CULTURAL ASSETS OF CULTURALLY AND LINGUISTICALLY DIVERSE INDIVIDUALS IN MUSIC THERAPY: A QUALITATIVE PHENOMENOLOGICAL STUDY

The purpose of this thesis was to explore how music therapists can engage in cultural humility and leverage cultural assets of those who are culturally and linguistically diverse (CLD). The primary research question involved in this study was: “In what ways can music therapists leverage cultural assets of CLD individuals in practice?” Sub-questions were: “What awareness, knowledge, and skills do music therapists need to grow in culturally sensitive practice?” “How can music therapists whose first language is English effectively serve linguistically diverse individuals?” “What steps might music therapists take to effectively serve culturally diverse individuals?” and “How might cultural and linguistic diversity influence the therapeutic relationship?” I investigated these questions using a qualitative phenomenological study. Specifically, I conducted semi-structured interviews with a purposive sample of eight experts including music therapists, specialists in Universal Design for Learning (UDL), and specialists in diversity, equity, and inclusion. I analyzed and interpreted the findings from these interviews using a combined inductive and deductive qualitative data analysis approach. Throughout this study, I used the frameworks of UDL and the Multicultural and Social Justice Counseling Competencies to inform research and interview questions, analysis, and interpretation of results. Findings of this study provide foundation and practical guidance for music therapists regarding inclusive, equitable, and culturally sensitive clinical practices with CLD individuals.

KEYWORDS: Music Therapy, Cultural and Linguistic Diversity, Culturally and Linguistically Diverse Individuals

Emma Grace King

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By

Emma King

Dr. Alaine Reschke-Hernández

Director of Thesis

Dr. Lance Brunner

Director of Graduate Studies

08/11/2022

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CHAPTER 1. INTRODUCTION

The number of culturally and linguistically diverse (CLD) individuals in the United States has grown substantially over the last 20 years, including a 25% increase in English language learners in public schools (U.S. Department of Education, 2020). In the United States in 2019, 67.8 million people reported speaking a language other than English at home, and 25.5 million people were considered *limited-English proficient* (Batalova et al., 2021). The U.S. Department of Education uses the term *culturally and linguistically diverse* to refer to students who are either *non-English proficient* or *limited-English proficient*, as well as students from homes where the primary language of communication is not English (Gonzalez et al., 2011). Researchers have found that when CLD individuals access healthcare services, cultural and language barriers can reduce patient satisfaction, patient safety, and quality of service delivery (Al Shamsi et al., 2020) and are important considerations for music therapists.

Music therapy is the evidence-based use of music within a therapeutic relationship with a credentialed professional to optimize physical, social, emotional, and cognitive well-being and quality of life of individuals in a variety of everyday, educational, and medical settings (World Federation of Music Therapy, 2021). CLD individuals work and participate in services in various settings where music therapists practice, including schools, hospitals, long-term care facilities, rehabilitation facilities, correctional facilities, and community-based settings (American Music Therapy Association [AMTA], 2021). In the United States, music therapists are credentialed professionals who complete interdisciplinary studies in music, psychology, and healthcare, as well as a minimum of 1200 hours of clinical training. They complete

continuing education to maintain their credentials (AMTA, 2017). Despite this education and training, emphasis on individualized music experiences in music therapy (AMTA, 2005), and the importance of music in culture (Cross, 2016; Davis & Gfeller, 2008), music therapists are not required to complete education and clinical training specific to working with CLD individuals (King, 2021; Leonard, 2020a).

According to the AMTA Code of Ethics (2019), music therapists must practice in a responsible, fair manner and follow a set of core values. Such values include social responsibility, dignity, respect, and equality – all relevant in music therapists’ work with culturally diverse individuals. While the Code of Ethics describes standards of equal opportunity and non-discrimination (AMTA, 2019), it lacks concrete information on how to prioritize social justice (Leonard, 2020a) or effectively work with individuals from diverse cultural groups.

Rationale

To improve the evidence base for music therapists and quality of services provided to CLD individuals, it is vital to document how seasoned professionals within and outside the profession approach and engage in inclusive, equitable, and culturally sensitive practices. Through this thesis, I seek to synthesize expert wisdom to inform inclusive practices for working with CLD individuals in music therapy settings. When music therapists practice in an equitable and culturally sensitive manner, they engage in core values from the AMTA Code of Ethics (2019), including social responsibility and equality. Additionally, practicing in a manner that honors CLD individuals is valuable in service to inclusion, justice, and fairness.

The purpose of this qualitative thesis was to explore how music therapists can engage in cultural humility and leverage cultural assets with CLD individuals. I used semi-structured expert interviews to investigate how music therapists can leverage cultural assets of CLD individuals in practice. In the next section, I discuss Universal Design for Learning (UDL; CAST, 2021) and the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016), through which I investigated how music therapists can leverage cultural assets of CLD individuals in clinical practice. In combination, these two frameworks enabled me to examine the intersection of cultural competence (i.e., knowledge of cultural differences and effective cross-cultural communication; Dictionary.com, 2021) and cultural humility (i.e., ongoing self-reflection on how one’s identities and background, and those of others, influence lived experiences; University of Oregon Division of Diversity and Inclusion, 2022).

Theoretical Framework

UDL Framework

The UDL framework offers concrete guidelines that are intended to make experiences accessible for all learners. UDL is built on a neuroscientific basis for the enhancement of learning through three networks: *recognition* (“what”/multiple means of representation), *strategic* (“how”/multiple means of action and expression), and *affective* (“why”/multiple means of engagement; CAST, 2021). The guidelines for providing multiple means of engagement relate to providing options for the following: recruiting interest, sustaining effort and persistence, and self-regulation. In other words, offer a variety of ways to motivate and support learners. Providing options for engagement is

valuable as people's cultures, interests, identities and experiences may influence what they find motivating (CAST, 2022b).

Under multiple means of representation, the guidelines recommend providing options for perception, language and symbols, and comprehension. This guideline means providing a variety of ways to access materials and information, such as visual and auditory means. Providing a variety of means of representation may be particularly helpful for improving accessibility of materials when learners speak different languages (CAST, 2022c). Last, the guidelines for providing multiple means of action and expression relate to providing options for physical action, expression and communication, and executive functions. In other words, multiple means of action and expression provide opportunities for people to express themselves in a way that is meaningful and accessible for them (CAST, 2022a). This may be especially relevant for CLD individuals who may communicate or engage in a manner different from the music therapist. Each guideline is associated with a set of checkpoints: concrete strategies for implementing multiple means of engagement, representation, or action and expression. For instance, Checkpoint 1.3, "offer alternatives for visual information," falls under the guideline umbrella of multiple means of representation (CAST, 2021). Collectively, this framework relates to providing options and improving accessibility, which can increase engagement and autonomy, enhance communication and the therapeutic relationship, and improve opportunities to address goals in a culturally sensitive manner for CLD individuals in music therapy.

Each UDL guideline is associated with a set of checkpoints: concrete strategies to ensure one is implementing multiple means of engagement, representation, or action and expression. For instance, Checkpoint 1.3, "offer alternatives for visual information," is a

specific item to follow under the umbrella of multiple means of representation (CAST, 2021). Collectively, the UDL framework relates to providing options and improving accessibility, which may increase engagement and autonomy, enhance communication and the therapeutic relationship, and improve opportunities to address goals in a culturally sensitive manner for CLD individuals in music therapy.

MSJCC Framework

The MSJCC (Ratts et al., 2016) is a multilevel framework originally designed to prompt licensed counselors to consider the intersection of privilege and marginalization within the therapeutic relationship and to advocate for social justice through practice and research (Association for Multicultural Counseling & Development, 2021). Privilege refers to unearned advantages that people with particular identities (e.g., white, heterosexual, cisgender, men) hold in society (Dictionary.com, n.d.). Marginalization describes the denial of justice, equity, and power in economic, political, or societal realms that people may experience due to systemic oppression of particular identities (e.g., systemic racism, xenophobia, and homophobia; Oxford Reference, 2022).

The MSJCC conceptualizes the relationship between the counselor and client through two intersecting continua: privileged and marginalized identities of the counselor, and privileged and marginalized identities of the client. The first quadrant represents a counselor from a privileged group (e.g., a heterosexual cisgender counselor) working with a client from a marginalized group (e.g., a lesbian, gay, or bisexual client; Ratts et al., 2016). The second quadrant illustrates a client and counselor who hold a similar marginalized identity (e.g., a client and counselor who are both transgender; a client and counselor who are both immigrants). The third quadrant depicts a client with a

privileged identity and counselor with a marginalized identity (e.g., a Black counselor providing services to a white client). Finally, the fourth quadrant represents a counselor and client who hold shared privileged identities (e.g., a white client and counselor; both client and counselor share wealthy socioeconomic status). Across various aspects of identity (e.g., gender, ethnicity, race, religion, sexuality), people can hold multiple privileged and marginalized identities. For example, a white, cisgender, gay man may experience both white privilege and heterosexism. Additionally, people may identify more strongly with a particular aspect of their identity depending on the setting, relationship, and scenario (Ratts et al., 2016, p. 37).

Four developmental domains overlap each quadrant, illustrated as concentric circles divided into a pie with four slices. These domains involved in multicultural and social justice practice development are: (1) counselor self-awareness, (2) client worldview, (3) counseling relationship, and (4) counseling and advocacy interventions (Ratts et al., 2016). Counselor self-awareness is centered in the circle to represent the lifelong process of self-reflection and commitment to ongoing learning that is required to recognize the impact of privilege and marginalization on lived experiences. Client worldview relates to the impact of power, privilege, and oppression on identity development, perspectives, and experiences. The counseling relationship refers to the ways counselors' and clients' experiences of privilege and marginalization influence the therapeutic relationship, skill development, cross-cultural communication, and a culturally sensitive, affirming, and safe therapeutic environment. In the outermost circle, counseling and advocacy interventions regard the use of techniques and strategies that are

culturally relevant and foster change on individual, interpersonal, and societal levels (Ratts et al., 2016).

In addition to the developmental domains, the MSJCC includes four aspirational and developmental competencies: (a) attitudes and beliefs, (b) knowledge, (c) skills, and (d) action. These competencies are embedded in the first three developmental domains (counselor self-awareness, client worldview, and counseling relationship). The competencies relate to practicing from a multicultural and social justice stance (i.e., attitudes and beliefs), using theoretical knowledge to guide multicultural and social justice competence, developing culturally relevant interventions, and operationalizing these competencies (i.e., attitudes and beliefs, knowledge, and skills) to achieve outcomes rooted in social justice and multiculturalism (Ratts et al., 2016). Overall, the MSJCC framework can support music therapists as they work to become more aware of their own identities and biases, and how their identities intersect with clients' identities and lived experiences. It also offers guidance for incorporating advocacy and change on a systemic level into their intrapersonal and interpersonal practices.

Theoretical Synthesis

By prioritizing inclusion through UDL and examining intersecting identities through the MSJCC, music therapists can approach their practice with CLD individuals in a manner that leverages cultural assets and honors diverse experiences and identities. UDL lends itself to identifying concrete applications in music therapy with CLD individuals because, like music therapy, UDL is designed to target actionable steps toward goals. Music therapists can utilize the UDL framework to inform the design of culturally responsive, appropriately challenging music experiences to target therapeutic

goals. Using UDL concepts such as multiple means of representation, music therapists can improve accessibility and cultural relevance of materials and music experiences. For example, in a group session with people who speak multiple languages, a music therapist could represent the lyrics of a song using auditory means, printed lyrics, related images and manipulatives, and movement to represent song concepts in order to communicate information in a variety of formats. Additionally, music therapists can use the UDL framework to examine areas for ongoing learning to inform culturally inclusive practices with CLD individuals. In the present study, I used the UDL framework to examine data that emerged from interviews to provide music therapists with concrete strategies and applications to inform design of inclusive music experiences.

Using the MSJCC, music therapists can learn and practice through an aspirational framework of cultural humility and develop cultural competence. Throughout this thesis, I used the MSJCC to consider the influence of privilege and marginalization on music therapy practices and experiences, as well as the intersecting identities of music therapists and the people they serve. As presented in this framework, I examined multicultural and social justice praxis encompassing the following developmental domains: helping professional self-awareness, client worldview, the therapeutic relationship, and interventions. Additionally, I reflected on aspirational competencies regarding attitudes and beliefs, knowledge, skills, and action (Ratts et al., 2016). This approach helped me to identify person-level factors (e.g., cultural identity) of both the therapist and client that could influence the therapeutic relationship within music therapy practices with CLD individuals.

Subjectivity Statement

As qualitative research involves constructed meaning, the interpretation of data represents my perspective of what the interviewees shared. In order to minimize the influence of my personal experiences, biases, and expectations that may have influenced interpretation (McFerran & Grocke, 2007), I wrote a list regarding my own worldview and expectations for the phenomenon under investigation. Factors that could have influenced my perspective include my identities, my family and support system, my personal and educational background, my previous interactions with CLD individuals, my travels, my professional experiences, and my expectations and beliefs about my thesis. From this list, I crafted the following narrative.

Personal Identities and Experiences

I am a 25-year-old, white, cisgender woman who uses she/her pronouns. I grew up in a town of approximately 20,000 people in western Kentucky. I lived in the same house for my entire childhood. The town and neighborhood where I grew up were made up of mostly white families. I was raised in a two-parent household with a mother and father who were born and raised in the United States. My mother was raised in western Kentucky, and because my father's father was in the Navy, he grew up in a variety of states including North Carolina, California, and Missouri. I grew up attending a United Methodist Church and currently attend an Episcopal church.

I have been interested in learning about different cultures for as long as I can remember. When I was a child, a German exchange student lived with our family for a year, and I think this influenced my desire to learn about other countries. My father is interested in language learning, so I grew up hearing him practice Spanish, German, and

Dutch. Spanish became one of my favorite subjects in high school, largely because of my teacher. Through Advanced Placement Spanish class, I had the opportunity to tutor adults and a child in my community in English as a second language. These individuals were from Central America, Colombia, Mexico, and France. For almost two years in college, I tutored college students in English as a second language through a program at Western Kentucky University. These students were mostly from Saudi Arabia and East Asia. In all of these tutoring experiences, I valued getting to know the individuals and learn about their cultures. As a student, I also had opportunities to learn from friends who had immigrated to the United States and whose experiences learning English did not always provide much space or time for exploration or expression of their cultural and linguistic identities.

Educational and Professional Background

I attended Western Kentucky University (WKU) in Bowling Green, KY and earned a bachelor's degree in music education. WKU has approximately 15,000 undergraduate students and roughly 2,000 graduate students. I began college as a double major in music education and Spanish, but ultimately decided to major in only music education. When thinking about the Spanish classes I took, some of the experiences that stand out are attending cultural presentations in Spanish and interviewing Spanish speakers in the Bowling Green community. While attending WKU, I studied music abroad during two different summers: one in Salzburg, Austria and one in Florence, Italy. I did not know very much German or Italian. I learned some common phrases and carried a translation book with me. Many of the people I met, especially in Salzburg, spoke English. I remember feeling excited to try to communicate in German and Italian, but

also anxious, particularly when my attempts at communication were not effective. I remember instances of relief when people would speak to me in English. I have considered how this experience differed from the experiences of CLD individuals in much of the United States – the short-term duration of my study abroad, the privileges I have in many countries with English as my native language, and the number of CLD individuals who are multilingual.

After I graduated from WKU, I attended the University of Kentucky, where I earned an equivalency in music therapy and am pursuing a master's degree in music therapy. My first practicum as a music therapy equivalency student was with an afterschool program in which several students who spoke Spanish at home participated. I completed a music therapy internship in Florida, where a few of the patients and clients I met were CLD individuals. I have been a board-certified music therapist since August 2020. Since then, my clinical experience has increasingly included CLD individuals.

Expectations and Beliefs for Thesis

I believe all people deserve music that is meaningful for them. Music provides opportunities to honor and connect with people's cultures and identities. Cultural humility is necessary for providing effective healthcare services to individuals from a variety of cultural and linguistic backgrounds. As a music therapist, I believe it is important for me to value justice and compassion in my clinical practices and in my everyday life. As I worked on this thesis, I felt eager to learn more about how music therapists can honor the experiences of CLD individuals. I felt passionate about sharing the wisdom of the experts I interviewed with the music therapy profession in hopes of contributing to ongoing equity and inclusion efforts. As a result of these beliefs and

hopes, my perspective is that it is important for music therapists to continually learn and engage with available resources while also creating space for people's unique experiences and identities. I believe that the interconnected concepts in this thesis of clinical practice, equity, and inclusion are relevant to the music therapy profession at large. Individuals participating in music therapy deserve a space in which their unique identities and experiences are valued.

Purpose

The purpose of this qualitative phenomenological study was to explore how music therapists can engage in cultural humility and leverage cultural assets of people who are culturally and linguistically diverse (CLD). The primary research question was, "In what ways can music therapists leverage cultural assets of CLD individuals in practice?"

Additionally, four sub-questions were:

1. What awareness, knowledge, and skills do music therapists need to grow in culturally sensitive practice?
2. How can music therapists whose first language is English effectively serve linguistically diverse individuals?
3. What steps might music therapists take to effectively serve culturally diverse individuals?
4. How might cultural and linguistic diversity influence the therapeutic relationship?

Glossary

I have provided definitions below of some key terms that may pertain to CLD individuals and culturally sensitive practices. This list of terms is not exhaustive but is intended to support understanding regarding prevalent concepts in this thesis.

Acculturation: “Cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture” (Merriam-Webster, 2022a)

Attitudes and beliefs-knowledge-skills-action: Competencies of the MSJCC regarding a commitment to practicing from a multicultural and social justice framework, using knowledge of relevant theories to guide multicultural and social justice competence, developing cultural interventions, and operationalizing the aforementioned concepts to achieve outcomes rooted in multiculturalism and social justice (Ratts et al., 2016)

Client worldview: “How clients’ identity development...power, privilege, and oppression influence their worldviews and experiences” (Ratts et al., 2016, p. 39–40)

Counseling and advocacy interventions: “Multicultural and social justice competent counselors use interventions and strategies that are culturally relevant and...occur at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels” (Ratts et al., 2016, p. 42)

Counseling relationship: A developmental domain of the MSJCC regarding counselors’ understanding of how their own and their clients’ experiences of privilege and marginalization may influence the therapeutic relationship, development of skills related to cross-cultural communication and facilitation of discussions related to privilege and marginalization, and commitment to learning how to create a “safe, welcoming, and

culturally affirming counseling relationship and environment for all clients” (Ratts et al., 2016, p. 41)

Counselor self-awareness: A lifelong process of developing awareness of one’s own attitudes and beliefs through self-reflection and ongoing learning to recognize how privilege and marginalization impact lived experiences (Ratts et al., 2016)

Culturally and linguistically diverse: The U.S. Department of Education uses the term “culturally and linguistically diverse” to refer to students who are either “non-English proficient” or “limited-English proficient,” as well as students from homes where the primary language of communication is not English (Gonzalez et al., 2011).

Cultural competence: “Ability to effectively interact with people from cultures different from one’s own, especially through a knowledge and appreciation of cultural differences” (Dictionary.com, 2021)

Cultural humility: “A practice of self-reflection on how one’s own background and the background of others impacts teaching, learning, research, creative activity, engagement, leadership, etc.” (University of Oregon Division of Diversity and Inclusion, 2022)

Deductive: An analysis approach based on pre-existing theory and literature (Azungah, 2018; Gale et al., 2013)

Diaspora: “The movement, migration, or scattering of a people away from an established or ancestral homeland” (Merriam-Webster, 2022b)

Emigration: “The process of leaving a country permanently and going to live in another one” (Cambridge Dictionary, n.d.-a)

Immigration: “The process by which people come in to a foreign country to live there, or the number of people coming in” (Cambridge Dictionary, n.d.-b)

Inductive: An analysis approach in which the researcher uses raw data and participant experiences to derive themes (Azungah, 2018; Thomas, 2006)

Marginalization: “A process of social exclusion in which individuals or groups are relegated to the fringes of a society, being denied economic, political, and/or symbolic power and pushed towards being ‘outsiders’” (Oxford Reference, 2022)

Multiculturalism: “The belief that different cultures within a society should all be given importance” (Cambridge Dictionary, n.d.-c)

Multiple means of action and expression: Providing options for ways for people to “navigate a learning environment and express what they know” (CAST, 2022a)

Multiple means of engagement: Providing options for ways people “can be engaged or motivated to learn,” which may be influenced by “neurology, culture, personal relevance, subjectivity, and background knowledge, along with a variety of other factors” (CAST, 2022b)

Multiple means of representation: Providing options for “ways for people to perceive and comprehend information that is presented to them” (e.g., visual and auditory means; CAST, 2022c)

Privilege: “The unearned and mostly unacknowledged societal advantage that a restricted group of people has over another group” (Dictionary.com, n.d.)

Semi-structured open-ended interview guide: A qualitative approach to data collection that begins with a standardized set of questions that the researcher asks multiple participants, then is guided by new information obtained from interactive discussion (Ahlin, 2019)

Thematic analysis: A prevalent, theoretically flexible qualitative analytic method for identifying, analyzing, and reporting themes by describing a data set in detail (Boyatzis, 1998; Braun & Clarke, 2006; Roulston, 2001)

Transnational: “Extending or going beyond national boundaries” (Merriam-Webster, 2022c)

CHAPTER 2. REVIEW OF LITERATURE

Over 67 million people in the United States speak a language other than English at home (Batalova et al., 2021), and this number has continued to increase over the last 20 years (U.S. Department of Education, 2020). The U.S. Department of Education describes students from homes where the primary language is not English, as well as students who are “non-English proficient” or “limited-English proficient,” as “culturally and linguistically diverse” (CLD; Gonzalez et al., 2011). In healthcare settings, cultural and linguistic barriers can reduce patient satisfaction and safety, as well as the quality of services (Al Shamsi et al., 2020).

Music therapists may work with CLD individuals in a variety of settings such as schools, hospitals, rehabilitation facilities, correctional facilities, long-term care facilities, and community-based settings. To increase access to equitable, inclusive, safe, empowering, culturally sensitive, and high-quality music therapy services, it is important to improve the evidence base regarding music therapy practice with CLD individuals. The purpose of this qualitative phenomenological study was to explore how music therapists can engage in cultural humility and leverage cultural assets of people who are CLD. In this chapter, I will briefly outline cultural and linguistic diversity and inclusive practices, discuss the role of cultural and linguistic diversity in music therapy, and review previous research on music therapy with CLD individuals.

Cultural and Linguistic Diversity

Linguistically diverse individuals in the United States represent a variety of multifaceted cultures. Kim (2021) defines culture as “shared beliefs, values, worldviews, ideas, artifacts, and styles” (p. 11). Culture includes music, language, visual art, theatre,

and literature, among other art forms (Cambridge Dictionary, 2022). Individuals belong to multiple, intersecting cultures, and elements of culture can influence our identities and behavior (Kim, 2021).

Experiences of emigration, immigration, transnationalism, and/or cultural diaspora may influence the perspective of CLD individuals (Estrella, 2017). Emigration is the process of leaving one country to live in another, whereas immigration is the process of entering a country to live there (Cambridge Dictionary, n.d.-a; Cambridge Dictionary, n.d.-b). A related concept, transnationalism, regards cultural, social, and economic processes that extend beyond national boundaries (Merriam-Webster, 2022c). Finally, diaspora occurs when people move, migrate, or scatter away from an established homeland (Merriam-Webster, 2022b). Levels of acculturation that follow these experiences vary, and music therapists must be mindful of the wide variety of experiences and worldviews represented among CLD individuals.

Cultural stereotypes can impact all aspects of the treatment process (Swamy, 2017). Stereotypes are preconceived and oversimplified generalizations applied to every individual of a particular group of people regarding certain characteristics, such as personality, appearance, ability, and behavior, which are often untrue (The Britannica Dictionary, 2022). For instance, in assessment, a music therapist may assume a person prefers a particular genre of music based on their appearance (e.g., assuming someone who appears to be Mexican prefers Norteña; assuming a Black person prefers hip hop). This assumption could be incorrect for a variety of reasons – the music therapist may be incorrect about the person’s culture and how they identify without sufficient information, or the person may express and engage with their cultural identity in a different way than

the music therapist assumed. Such assumptions and stereotypes could negatively impact the therapeutic relationship.

The worry engendered by stereotypes forms a phenomenon known as stereotype threat, in which individuals fear confirming negative stereotypes about their social group (Alcalde, 2020b). Individuals who experience stereotypes and stereotype threat are likely to face microaggressions, which are brief and demeaning forms of prejudice (Alcalde, 2020c). Microaggressions encompass exchanges that send harmful messages to members of historically marginalized groups (Sue et al., 2007). Types of microaggressions include microassaults (purposeful discriminatory actions), microinsults (subtle insulting messages), and microinvalidations (nullifying or minimizing a person's lived experience; e.g., "I don't see color;" Sue et al., 2007). According to Sue and colleagues, microaggressions may be intentional or unintentional, and regardless of their impact and pervasiveness, they are often dismissed. Stereotypes, stereotype threat, and microaggressions can increase stress and negatively impact health, prohibit access to healthcare services, and sow mistrust in a healthcare provider and the broader profession (Marcelin et al., 2019; Newcomb, 2015).

Concepts for Inclusion and Equity

Multiculturalism is an inclusive framework that encompasses various aspects of one's identity, such as race, ethnicity, gender, socioeconomic status, religious affiliation, sexual orientation, age, and disability (Sue & Sue, 2016). Multiculturalism provides insight into inequities and privileges people may experience as a result of their identities (Ratts et al., 2016). A multicultural framework could help reduce discrepancies in service

delivery by providing healthcare workers with a lens that promotes justice and empowerment in CLD patients (Kim, 2021).

Cultural competence and cultural humility are key tenets for providing culturally sensitive healthcare services. Both cultural competence and cultural humility encompass three actions on the part of the practitioner: 1) bringing awareness of one's own experiences and identities into interactions, 2) working collaboratively with the patient or client, and 3) addressing inequity through advocacy and social justice (Edmond, 2021). Cultural competence is largely based on knowledge – understanding the values and background of cultures and building knowledge and awareness of one's own culture. Because of the emphasis on knowledge, Hadley and Norris (2015) describe musical cultural competence as a process of transformational learning. Cultural competence requires awareness of the combination of cultural variables that the therapist and the individual or group they are working with bring into the therapeutic relationship (American Speech-Language-Hearing Association, 2022). Such cultural variables may include ethnicity, race, gender identity, disability, age, immigration status, religion, sexual orientation, and veteran status (American Music Therapy Association [AMTA], 2019; American Speech-Language-Hearing Association, 2017).

As a complement to cultural competence, cultural humility is rooted in a commitment to ongoing self-reflection, learning, empathy, and curiosity (Wheeler, 2018). It emphasizes an interpersonal stance focused on others, as well as holding systems accountable for power imbalances (Cooke, 2020). For instance, healthcare providers should be aware of and sensitive to realities of oppression against particular groups of people, such as the abuse and harm Black people have historically experienced in

healthcare and research settings (Sufrin, 2019). Multiculturalism, cultural competence, and cultural humility, as well as the intersections of these concepts, are instrumental in centering the experiences, identities, and perspectives of CLD individuals. Improving access to inclusive healthcare services for CLD individuals is a necessary step toward equity and social justice, including in music therapy.

Music and Culture

Music and culture are intertwined, as we learn music from the cultural groups in which we share membership (Kim, 2021). In both structure and function, the music of two cultures can be different enough that a member of one culture may not categorize the music of another as music (Cross, 2016). A variety of multidimensional factors may influence the role of music in healthcare within a particular culture: the purposes for which music is used, perspectives on health and illness, degrees of individualism or collectivism, and the degree of assimilation to a dominant culture (Kim, 2021). Additionally, certain compositions, instruments, musical practices, or musical traditions may be sacred or solely intended for the members of a particular culture (West & Kenny, 2017). It is important for music therapists to be aware of the specific roles of music in a culture, as well as sensitive to aspects of historic oppression and cultural appropriation, so that music experiences in sessions can honor the individual's cultural identities, customs, and experiences.

While distinctions may exist between the music of two cultures, cross-cultural functions of music are also notable. Clayton (2016) suggested that musical behaviors across cultures tend to fill at least one of the following functions: regulation of emotional, cognitive, or physiological state; interaction and communication; symbolic

representation; or coordination of action, such as participation in a group tradition.

Merriam (1964) proposed 10 functions of music: aesthetic enjoyment, communication, contributing to the continuity and stability of culture, emotional response, enforcing conformity to social norms, entertainment, integration of society, physical response, symbolic representation, and validating social institutions and religious rituals. When music therapists understand which functions certain music fills within a particular culture, they can use music in a more culturally appropriate and relevant manner in health and wellness applications.

Valentino (2006) found that music therapists who received training in cross-cultural therapy demonstrated significantly higher scores in cross-cultural empathy. Key components of cross-cultural training for music therapists included awareness of one's own cultural context and the communication of empathy. Additionally, Valentino noted that music therapists should be aware of contraindications when working with clients whose cultural backgrounds are different from the music therapist's. The music therapist should be aware of non-musical associations and lyrical content of music from different cultures, as these elements may indicate potential for harm (Valentino, 2006). For example, a song or instrument may not be appropriate for a person outside a particular culture to play due to religious, spiritual, or emotional significance or connotations. Regarding how music therapists can develop effective cross-cultural practices, Hadley and Norris (2015) described how musical cultural competence involves a process of transformational learning that deepens the music therapist's self-awareness. This process requires understanding of the role of specific music within a culture, the relevance of the music to the individual, and the personal and musical biases that the music therapist may

bring into therapeutic interactions, as all interactions are cross-cultural (Hadley & Norris, 2015).

Music Therapy

Individualized Music Therapy Experiences

The music therapy treatment process consists of assessment, treatment planning and implementation, and ongoing evaluation. Each element within the treatment process presents an opportunity for a music therapist to build a therapeutic relationship with their client. The therapeutic relationship is an interpersonal process focused on the best interest and outcome of the client (RNAO, 2002). Knowledge of culture, self-awareness, empathy, and awareness of boundaries and limits provide valuable foundation for a therapeutic relationship (RNAO, 2006).

Music therapists design individualized music experiences based on participants' physical, social, emotional, or cognitive goals (AMTA, 2005). Throughout the duration of the therapeutic relationship, music therapists conduct ongoing assessments of individuals' strengths and needs, and they adjust goals and objectives accordingly. Assessments may relate to individuals' physical health, mental health, physiological responses, cognitive abilities, motor skills, receptive and expressive language, social relationships, musical background, and music preferences (Cleveland Clinic, 2020; Hanser, 2018), among other areas. It is important that music therapists assess and learn about individuals' cultures, as well as the roles of music in various cultures, in order to design culturally sensitive music experiences (Hahna, 2017).

Culturally sensitive assessments can provide useful insights into how individuals experience and express their identity and culture (King, 2021). As people express their

cultural identity in different ways, effective assessment provides useful insights for individualizing the treatment plan. Recognizing and honoring these individual differences is important for avoiding harmful effects of assumptions and stereotypes (Swamy, 2017). Culture-centered assessments are particularly important for establishing and addressing treatment goals, as an assessment may function as a baseline measurement for goal setting (Hahna, 2017). In *Cultural Intersections in Music Therapy: Music, Health, and the Person* (2017), Whitehead-Pleaux, Brink, and Tan described questions for music therapists to consider throughout the assessment process with CLD individuals, such as “How do the client’s culture(s) of heritage influence thoughts, attitudes, and beliefs about music, therapy, and wellness?” (p. 278).

Additionally, culture may impact individuals’ music preferences, and researchers have shown the efficacy of patient-preferred music across a variety of goals (Mitchell & MacDonald, 2006). When music therapists practice without regard for culture, the therapeutic relationship may suffer due to a lack of equity and personal agency (Hahna, 2017; King, 2021). Conversely, when music therapists intentionally incorporate and create space for cultural identity in the session, participants may be more likely to feel included, supported, and empowered (King, 2021). Understanding how culture may influence family structures and communication patterns (Tan & Hsiao, 2017), for example, may increase rapport in the therapeutic relationship.

The Universal Design for Learning (UDL) framework (CAST, 2021) may also provide useful tools for culturally sensitive music therapy practice. Using UDL, music therapists may use multiple means to increase engagement and interest in the session and materials (CAST, 2022b), represent information in a variety of formats (CAST, 2022c),

and provide multiple options for ways for people to participate and express themselves in the session (CAST, 2022a). These UDL principles provide opportunities to promote autonomy and cross-cultural communication, which could enhance the therapeutic relationship and therapeutic outcomes (King, 2021; RNAO, 2002).

Access to the Music Therapy Profession

The music therapy profession in the United States consists predominantly of white women. Approximately 88% of U.S. music therapists are white, and 85–87% are women (AMTA, 2018; Leonard, 2020b). Understanding the composition of the profession and education and clinical training related to working with CLD individuals with a variety of identities and backgrounds are important to understanding why music therapists could benefit from more guidance on how to engage in cultural humility with people who are culturally and linguistically diverse.

Internships

In addition to earning a bachelor's degree or its equivalent in music therapy (with some clinical settings requiring more advanced degrees), music therapists are required to complete 1200 clinical training hours, including a six-month internship (AMTA, 2022). Most of these internships are unpaid, which presents a financial barrier on top of college tuition and disadvantages students of lower socioeconomic status to enter the music therapy profession. Additionally, music therapy interns pay university tuition for internship course credit. The cost of tuition may exceed any stipend they received from the internship for living expenses. The economic impact of systemic racism and historic redlining contributes to financial barriers for Black people and People of Color attending

college (hooks, 1981; Leonard, 2020b) and may further perpetuate the disproportionate whiteness of music therapists as a professional group.

Music therapists serve clients and patients with a variety of identities, backgrounds, and experiences (AMTA, 2019). The music therapy profession may be better equipped to serve diverse clients if they represent a more diverse range of perspectives, cultures, and experiences themselves. Additionally, diverse leadership has been shown to increase innovation and problem-solving (Phillips, 2017), qualities that would benefit the field of music therapy.

College auditions

Acceptance into a college or university music therapy program typically requires a music audition. Audition requirements vary among schools but often include requirements rooted in a Western classical tradition. The “standard” repertoire of classical music is disproportionately by European white male composers (Griffiths, 2020). For people who grew up in a different culture and music tradition, western classical audition requirements may function as a barrier.

While some college audition requirements involve performing the student’s choice of multiple contrasting works (Ithaca College, 2020), others request works from particular time periods or composers, such as Mozart or Beethoven (Juilliard, 2020). College auditions also tend to require performing scales and arpeggios. As not all high school orchestral, choral, and band programs teach scales and arpeggios, some students are left to either teach these skills to themselves or take private lessons. Given its complexity, learning the works of composers like Mozart is typically addressed in a private lesson setting as well. While some schools may offer funding for students to take

private lessons, many do not. Therefore, the cost of lessons typically falls on students, who may not have the time or financial resources for private lessons and is a barrier to learning the skills needed to prepare for a college music audition. Furthermore, college music programs often require students to travel to the campus for the audition process. While this requirement may have become less common since 2020 due to the COVID-19 pandemic, travel costs render the audition process more accessible to students of higher socioeconomic status.

Curriculum

To situate knowledge in a cultural understanding, curriculum should honor students' diverse identities and experiences (Leonard, 2020b). This helps the learning process to reflect a variety of worldviews and cultures, rather than disproportionately capturing the experiences of the white population (Hadley, 2017). The use of Culturally Sustaining Pedagogies (Paris & Alim, 2017) is one manner that may foster cultural pluralism and thereby increase diversity and inclusion through education. In college music curricula, it is also necessary to acknowledge the origins of music or even to replace pieces with discriminatory origins with more inclusive ones. An example relates to songs with origins in minstrel shows. Students should take a proactive approach to their clinical work by planning sessions and suggesting songs without discriminatory origins (Leonard, 2020b), which may promote student autonomy and inclusion. In turn, this proactive approach could create more culturally sensitive spaces for students in college music therapy programs and for the individuals these students serve. In the following sections, I will discuss how diversity training and updates to professional

documents could also be actionable steps to make the music therapy profession more accessible and representative of a variety of cultures.

Diversity training

Both in university curricula and in continuing education for professionals, diversity training could increase equity across the profession. The music therapy program at the University of Kentucky has incorporated diversity training through experiential learning using a privilege walk, the Harvard Implicit Associations Test, and bias training. Implementing these trainings consistently over an extended period (Dobbin & Kalev, 2018) could lead to a more diverse and inclusive profession. However, the challenge is to not only consider curriculum that impacts students, but how to convey information to practicing music therapists who exist outside of a university setting to make lasting change in the profession. Additionally, reflecting on one's own identities and relationships to race is likely to contribute to reflective music therapy practice and improve therapeutic relationships (Hadley, 2013). Liu (2017) discussed the role of servant leadership training in the development of culturally sensitive practices. Servant leadership incorporates aspects of diversity training, professional identity, and leadership. Training regarding these concepts could lead to a more inclusive and equitable field of music therapists by cultivating a professional environment that prioritizes cultural humility, listening, and empathy (Liu, 2017).

Professional documents

The AMTA Non-discrimination and Equal Opportunity Policy was last revised in 2015. This document commits to “fairness, justice, and respect” for all individuals. Under the policies of the association in this document, the Board of Directors writes that the

association “does not engage in or condone...policies that discriminate” against people due to aspects of someone’s identity such as race, religion, age, immigration status, ability, or gender. These are necessary protections for music therapists and clients. However, an update to this document could illustrate more specific benefits of diversity and inclusion. For example, music therapists are required to earn ethics credits during each continuing education cycle (AMTA, 2019). Nonetheless, there is not a specific requirement for continuing music therapy education related to diversity and inclusion. The American Speech-Language Hearing Association added a requirement for certificants to complete professional development related to DEI, cultural competency, cultural humility, or culturally responsive practice beginning in 2023 (American Speech-Language Hearing Association, 2022). A similar requirement could equip music therapists to more effectively serve people with a variety of cultural backgrounds and identities. Operationalizing inclusion through updates to professional documents could provide additional protections to music therapists, music therapy students, and individuals participating in music therapy, through protective guidelines and policies.

The AMTA Code of Ethics espouses five ethical principles: “(1) respecting the dignity and rights of all, (2) acting with compassion, (3) being accountable, (4) demonstrating integrity and veracity, and (5) striving for excellence” (AMTA, 2019). In order to uphold these ethical principles, we as a profession must value diversity by engaging in equitable and inclusive practices. Music has the potential to help improve humanity or to negate it (Allen, 2019) and its diversity and complexity. Leveraging cultural assets of CLD individuals in music therapy and providing culturally sensitive

music therapy services are relevant steps to using music to improve humanity and create a more inclusive, just world.

Previous Research on Music Therapy with CLD Individuals

Several texts exist to inform culturally sensitive practice (e.g., Belgrave & Kim, 2020; Whitehead-Pleaux & Tan, 2016). While these texts share wisdom regarding music therapy as it relates to a variety of cultures, as well as cultural humility and cultural competence in music therapy, research evidence is more limited. Music therapy research involving CLD individuals generally pertains to interventions, goals, and the cultural implications of these core elements of doing music therapy (i.e., “what” music therapists do) rather than how music therapists might approach their practice and the therapeutic relationship with cultural sensitivity and cultural humility. For example, Schwantes and McKinney (2010) conducted a pilot study to investigate the effects of music therapy on depression, anxiety, and perceived wellness in Mexican migrant farmworkers. Following active music therapy sessions based on culturally relevant musical material, the authors found decreased depression levels among the participants (Schwantes & McKinney, 2010). This study was informative regarding the importance of culturally sensitive materials. Similarly, Rilinger (2011) incorporated references regarding materials for music therapists to use in clinical practice, such as Latin Billboard and LaCuerda.net, which provides free online chords for popular Spanish music. Music therapists could benefit from further practical information on how to select and access culturally sensitive and relevant materials.

Multiple authors have found that music therapy may enhance language learning. In an exploratory study regarding the use of music therapy with children who were learning

English as a second language, Schwantes (2009) found that participation in music therapy was associated with increases in vocabulary and receptive and expressive language skills. In a 2013 case study, Jerling explored the music therapy experiences of nine male students in an English-medium school (a school where English is the language of instruction, although English may not be students' first language) using questionnaires, video excerpts, and a focus group. At home, three of the students spoke English, three spoke Portuguese, and three spoke siSwati. Results suggested that music therapy enhanced the students' social interaction and integration, as well as attitudes toward learning English (Jerling, 2013). Like the study by Schwantes and McKinney (2010), these studies provide useful insights regarding potential benefits of music therapy for CLD individuals. However, these studies offer little guidance on how music therapists might leverage cultural assets of CLD individuals in practice. Gathering further input from experts using qualitative inquiry regarding how to approach music therapy in similar settings could offer rich information about how to approach culturally sensitive practice.

Literature Synthesis

Although music therapy research related to this topic is emerging, practical guidance regarding how to effectively approach treatment and the therapeutic relationship with CLD individuals has largely remained absent from the literature (Leonard, 2020a; Rilinger, 2011; Schwantes & McKinney, 2010). Specifically, Rilinger (2011) described the need for additional research on music therapy practices with Mexican American individuals, whose culture is complex and varied. As 24% of immigrants in the United States in 2019 were from Mexico (Batalova et al., 2021), further research on music therapy with Mexican immigrants is particularly warranted. This sentiment could be

applied to many cultures, which are rich, complex, and varied. Furthermore, in a recent article in *Music Therapy Perspectives*, Leonard (2020a) wrote about the necessity for healthcare professionals to explicitly prioritize equity in order to provide ethical services and make ethical decisions.

In this chapter, I provided an overview of cultural and linguistic diversity and its importance in relation to music therapy. Music therapists work with CLD individuals with a variety of intersecting identities and lived experiences across a range of healthcare, educational, and community-based settings. Through individualized music experiences and a supportive, empowering therapeutic relationship, music therapists can address a variety of goals in a culturally sensitive manner in partnership with CLD individuals. To improve the evidence base for music therapists working with CLD individuals, it is important to understand how seasoned professionals engage in equitable, inclusive, and culturally sensitive practices (i.e., “why” and “how” experts approach practice with CLD individuals). Through this thesis, I seek to synthesize expert wisdom to inform how music therapists can engage in cultural humility and leverage cultural assets of CLD individuals in practice.

CHAPTER 3. METHODS

The purpose of this thesis was to explore how music therapists can engage in cultural humility and leverage cultural assets of culturally and linguistically diverse (CLD) individuals. In this chapter, I provide a detailed overview of the methods used for this qualitative phenomenological study. The primary research question was: “In what ways can music therapists leverage cultural assets of culturally and linguistically diverse individuals in practice?” The four sub-questions were:

1. “What awareness, knowledge, and skills do music therapists need to grow in culturally sensitive practice?”
2. “How can music therapists whose first language is English effectively serve linguistically diverse individuals?”
3. “What steps might music therapists take to effectively serve culturally diverse individuals?”
4. “How might cultural and linguistic diversity influence the therapeutic relationship?”

Research Design

This study was approved by the University of Kentucky Institutional Review Board (see Appendix A). To answer the stated research questions, I conducted a qualitative Hermeneutic (interpretive) phenomenological study. I explored the phenomenon of culturally sensitive practice experienced by experts to offer insights regarding the ways music therapists can leverage cultural assets of CLD individuals in practice. In contrast to a descriptive approach, interpretive phenomenology focuses on participants’ lived experiences and worldview and the researcher’s subjectivity in the

research process, such that “...past experiences and knowledge are valuable guides to the inquiry” (p. 95). The researcher can focus the interpretation using a theoretical framework (Neubauer et al., 2019). In this study, I gained focus by applying the Universal Design for Learning (UDL) framework and the Multicultural and Social Justice Counseling Competencies (MSJCC) framework to all aspects of the design, analysis, and interpretation of this study.

I used a semi-structured open-ended interview guide (provided in Appendix B) to conduct interviews with eight participants with expert-level lived experience with CLD individuals. In qualitative research, interviews with open-ended questions yield in-depth responses about people’s experiences and knowledge (Patton, 2002). I analyzed interview data using a qualitative data analysis for health services research approach (Bradley et al., 2007), which has been previously applied in music therapy research (Gfeller et al., 2019). This integrative approach involved inductive analysis of themes that emerged from the data followed by deductive interpretation. Specifically, I followed the thematic analysis process described by Braun and Clarke (2006) as the inductive analysis method (presented in Chapter 4). Then, for the deductive approach, I analyzed the themes that had emerged from the data in relation to my research questions and the MSJCC and UDL frameworks (presented in Chapter 5).

Participants

Inclusion criteria were as follows: (a) at least 25 years old, (b) residing in the United States, (c) able to speak and understand English fluently, and (d) either music therapists with at least five years of clinical experience that included regular work with CLD individuals, or experts in one of the following areas: ethnomusicology; diversity,

equity, and inclusion (DEI); or UDL. Music therapists who were currently practicing were required to be board-certified (i.e., MT-BC), and I verified credentials with the Certification Board for Music Therapists online “find a music therapist” tool. Retired music therapists were also eligible for this study and did not need to hold current credentials. All other experts (ethnomusicology, DEI, or UDL) were required to have demonstrated scholarship related to CLD individuals, culture, DEI, or UDL (e.g., peer-reviewed journal publications, dissertation, conference presentations, book chapters). I selected these inclusion criteria to explore the phenomenon from multiple disciplinary perspectives and with consideration of what was feasible for a master’s thesis.

Participant Recruitment

I recruited participants for two months beginning in October 2021. I used purposive sampling to recruit participants. I identified experts based on the recommendations of my committee members. My committee (Drs. Alaine Reschke-Hernández, Olivia Yinger, and Julie Hobbs) sent recruitment emails to colleagues who they believed were eligible candidates using the template in Appendix C. Those colleagues were able to forward the email to other potentially eligible and interested individuals (i.e., snowball sampling). Eleven people expressed interest in participating in this study and contacted me directly via email. I provided a copy of the cover letter (i.e., informed consent; see Appendix D) and interview questions to those individuals for their review via email. When a prospective participant remained interested, I set up a mutually agreeable time for a Zoom interview. At that time, I verified that the participant was eligible, reviewed study details, and provided the opportunity for the participant to ask questions. I documented verbal consent using a cover letter (see Appendix D). I also

asked each participant to provide a short biosketch about their professional expertise after documenting their informed consent to aid with the description of the participant sample.

Participant Characteristics

Eight participants ultimately enrolled in the study. I have listed characteristics of the eight participants in Table 1. Participants were at least 25 years old and resided in the United States (mean age = 41.25, range 30–49 years). All intended areas of expertise were represented (i.e., music therapy, ethnomusicology, DEI, and UDL). All participants spoke and understood English fluently. In order to protect participants' identities, I chose pseudonyms and anonymized references to specific people and work settings. I assigned each participant a pseudonym because if participants selected their own, there would be a higher chance they could deduce other participants' identities. My thesis chair and I were the only individuals with access to identifying information about participants.

Seven participants identified as women, and one identified as a man. When asked about their racial and ethnic identities, four participants identified as white and non-Hispanic/Latinx, one identified as white and Latina, and one identified as Black or African American. Two participants identified as multiracial, with one identifying as Black and white and one identifying as Black, white, and Latina. Some participants elaborated on their ethnic identities, which included Argentinian, Azerbaijani, Costa Rican, Icelandic, Jamaican, Louisiana Black Creole, Native American, and western European.

Participants had an average of 15.38 years working in their area of expertise (range: 9–25 years). This sample had a high level of education, reflective of their “expert” designation: three participants' highest level of education completed was a

master’s degree, and five participants held a doctoral degree. Participants represented a variety of intersecting areas of expertise, including UDL, accessibility, inclusive teaching practices, differentiated learning, leadership, higher education leadership, anti-oppression work, trauma-informed care, resilience, music therapy, music performance, music pedagogy, arts administration, community engagement, distance education, instructional design, international and multicultural education, health equity, health disparities, aging, social psychology, neuropsychology, intersectionality, and DEI. Out of an abundance of caution to protect participants’ identities, and because of the interconnected nature and specificity of participants’ areas of expertise, I did not associate participants’ expertise with their pseudonyms.

Table 1, *Participant characteristics*

<i>Characteristic</i>	<i>Number of participants</i>
Ethnic or racial identity:	
White/not Hispanic or Latinx	4
Black or African American, Louisiana Black Creole	1
Multiracial, Black/white	1
Multiracial, Black/Latina/white	1
White/Latina	1
Gender identity:	
Woman	7
Man	1
Age in years	Mean = 41.25 (range = 30–49)
Years of work in area of expertise	Mean = 15.375 (range = 9–25)
Highest level of education completed:	
Master’s degree	3
Doctorate	5

Data Collection

Interview Protocol

I emailed each participant the interview questions and informed consent document prior to their scheduled interview. Interviews took place via a private, password-protected Zoom meeting. Participants had the option to turn their video camera on or off. During the Zoom meeting, all participants provided verbal consent to participate prior to beginning the interview. After confirming and documenting their consent, I asked each participant to email me a biosketch about their professional expertise. I stored these biosketches on my password-protected personal computer and in university OneDrive. I de-identified the biosketches to write about the participants' professional experiences.

I conducted a single hour-long interview per participant and recorded the interviews via Zoom and audio backup. To enhance the rigor of my interview protocol, I developed interview questions based on my theoretical framework (i.e., UDL and MSJCC) and research questions, and in consultation with my thesis chair and committee. Prior to engaging in participant interviews, I informally piloted and refined the questions with a peer who is a musicologist. I then confirmed that each interview question linked to the research questions and theoretical framework, and that a balanced number of interview questions represented each research question. I followed a semi-structured open-ended interview guide (provided in Appendix B) that included a scripted introduction, all interview questions, the question order, and allowable verbal and non-verbal prompts. The interview questions were:

1. "Tell me about how awareness of your own cultural identity has influenced your work with culturally and linguistically diverse individuals."

2. “Describe how your own life experiences have influenced your work with culturally and linguistically diverse individuals.”
3. “In your view, please describe how experiences of privilege or marginalization might impact music therapists’ work with culturally and linguistically diverse individuals.”
4. “What recommendations do you have for music therapists working with people whose language the music therapist does not know or understand?”
5. “In your view, please describe how music therapists can work to continually grow in culturally sensitive practice.”
6. “Please tell me about any self-awareness you have found especially important in working with or learning about culturally and linguistically diverse individuals and their music.”
7. “Please tell me about any knowledge or skills you have found especially important in working with or learning about culturally and linguistically diverse individuals and their music.”
8. “Please describe ways that music therapists could represent ideas and concepts in multiple ways or formats for culturally and linguistically diverse individuals.” (multiple means of representation)
9. “Please describe ways that music therapists could provide culturally and linguistically diverse individuals with multiple options for participation, communication, and goal-setting.” (multiple means of action and expression)

10. “Please describe ways that music therapists could provide culturally and linguistically diverse individuals with multiple options or ways to engage in a session.” (multiple means of engagement)
11. “Please describe ways that music therapists could prioritize autonomy in sessions with culturally and linguistically diverse individuals.” (multiple means of engagement)
12. “Please share any particularly meaningful examples of ways you have interacted with culturally and linguistically diverse individuals.”
13. “Is there anything else you would like to add that I have not asked you about?”

Trustworthiness

To enhance trustworthiness, credibility, dependability, and rigor, I regularly consulted and debriefed with my thesis advisor throughout the analysis process. I also maintained a qualitative researcher notebook with notes to discuss with my advisor. In these notes, I reflected on study progress, data, and ideas. In alignment with interpretive phenomenology, I also used this researcher journal to reflect on my own subjectivity (see subjectivity statement in Chapter 1).

Throughout this project, I consulted the University of Kentucky Office of Research Integrity as well as resources on qualitative research (Bradley et al., 2007; Braun & Clarke, 2006; McFerran & Grocke, 2007; Patton, 2002). I used an audit trail to link data to each participant in an anonymized manner: I assigned each participant a number, and I linked each key statement and code for analysis to its participant number, as well as the page number and line number from the corresponding interview transcript.

To monitor any personal bias throughout this project, I maintained a researcher journal, used member checking, and debriefed with my committee chair. I wrote a subjectivity statement (see Chapter 1) regarding my own identities and lived experiences that could influence my interpretation of the data to increase my openness to participants' descriptions of their lived experiences (Moustakas, 1994).

Analysis

I began with an inductive approach to analysis before deductively analyzing the data in relation to the research questions and theoretical framework. Specifically, I followed Braun and Clarke's thematic analysis (2006). The six recursive phases of thematic analysis were: familiarizing myself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. In Table 2, I have outlined each stage of the thematic analysis process with a corresponding definition by Braun and Clarke (2006).

Table 2, *Thematic analysis definitions*

Thematic Analysis Stage	Definition
Familiarizing yourself with your data	“Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.” (Braun & Clarke, 2006, p. 87)
Generating initial codes	“Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.” (Braun & Clarke, 2006, p. 87)
Searching for themes	“Collating codes into potential themes, gathering all data relevant to each potential theme.” (Braun & Clarke, 2006, p. 87)
Reviewing themes	“Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.” (Braun & Clarke, 2006, p. 87)
Defining and naming themes	“Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.” (Braun & Clarke, 2006, p. 87)
Producing the report	“The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.” (Braun & Clarke, 2006, p. 87)

Note. This table includes definitions by Braun and Clarke (2006, p. 87) for each phase of the thematic analysis process.

Familiarizing Myself with the Data

All interviews occurred via Zoom and were recorded. I transcribed each interview verbatim and in its entirety. I listened to the recording of each interview and read each interview transcript multiple times to become more familiar with the data. My advisor provided a transcription format for the interviews and assisted with transcript revisions for one of the interviews. Once I completed a transcription, I emailed it to the participant to verify that the information was accurate, and they informed me if they wanted to change or add anything (i.e., member checking). I heard back from seven out of eight participants regarding their interview transcripts. Once interviews were transcribed and reviewed by participants (or, starting two weeks after sending a follow-up email regarding transcript confirmation), I analyzed the data under the guidance of my committee chair.

Generating Initial Codes

Using raw transcript data from each interview, I divided the data into key statements. Key statements were passages within an interview that represented a single meaning and were relevant to my research questions (i.e., non-tangential or extraneous information; e.g., one participant commented on their pet during the interview). The length of key statements ranged from a few words to a few sentences that all relayed a singular idea. I then wrote memos regarding the literal meaning of each key statement and followed a recursive process of revisiting the raw data, my subjectivity statement, my research questions, and memos. This process helped me generate an initial code to correspond with each key statement. Throughout this process, I consulted with my thesis advisor, who assisted with identifying key statements and memoing for two of the interviews as I learned this process.

Searching for Themes

To search for themes, I physically printed all codes, cut the printed pages into paper strips (one code per paper strip), and organized the paper strips into theme-piles (“coding is a process not a technology...” Braun & Clarke, 2006, p. 89). My advisor and I worked together to search for themes and organize the paper strips, especially when I was learning this process. We grouped the paper strips by content similarity (e.g., paper strips related to UDL principles; paper strips related to privilege and marginalization), adding new candidate theme-piles as different topics emerged.

Reviewing Themes

As some participants emphasized certain topics more than others according to their experiences and professional expertise, different candidate themes emerged during

the search for and review of themes. When a new theme emerged, I reviewed previously sorted codes to examine if the new theme would better encompass some of those codes, or if a candidate theme-pile was representative of more than one theme. This recursive process allowed the themes to emerge from the data in an interpretive process (as in Hermeneutic phenomenology), rather than retrofitting the data to suit a preconceived idea. I discussed trends I noticed in the data with my advisor as I searched for and reviewed themes, and we worked together to develop candidate themes and a thematic map.

Defining and Naming Themes

I next worked with my advisor to develop the final thematic structure. This process included identifying primary themes and sub-themes and developing definitions of each theme. I reviewed the codes I had sorted into theme-piles and verified that the themes and sub-themes accurately represented the information participants had shared and the “overall story the analysis [told]” (Braun & Clarke, 2006, p. 87).

Producing the Report

In Chapter 4, I present the results of inductive analysis. I used the codes that corresponded with each theme to facilitate production of the report and to write about the results of analysis. I included direct quotes to support each theme and sub-theme. Because I used an audit trail, I was able to refer to participants’ raw interview transcript to determine the context linked to each code and direct quote, which enabled interpretation of the analysis. In Chapter 5, I present the deductive analysis and interpret findings in relationship to my research questions, theoretical framework (UDL and the MSJCC), and existing literature.

CHAPTER 4. RESULTS

The purpose of this study was to explore how music therapists can engage in cultural humility and leverage cultural assets of people who are culturally and linguistically diverse (CLD). The overarching research question was: “In what ways can music therapists leverage cultural assets of CLD individuals in practice?” The four sub-questions were:

1. “What awareness, knowledge, and skills do music therapists need to grow in culturally sensitive practice?”
2. “How can music therapists whose first language is English effectively serve linguistically diverse individuals?”
3. “What steps might music therapists take to effectively serve culturally diverse individuals?”
4. “How might cultural and linguistic diversity influence the therapeutic relationship?”

In this chapter, I present the results of the analysis from interviews with eight participants. Qualitative interviews followed a semi-structured open-ended interview guide (provided in Appendix B; Patton, 2002). I transcribed each interview in its entirety and then analyzed each interview using the thematic analysis process described by Braun and Clarke (2006; for a detailed description of each step, refer to Chapter 3). Briefly, the steps in this inductive approach to analysis were: 1) become familiar with the data by immersing myself in interview transcriptions, 2) generate initial codes, 3) search for themes, 4) review themes, 5) define and name themes, and 6) produce the report.

Theme Development

Based on the interview data, 478 initial codes emerged from the raw transcript data from each interview. To generate these codes, I divided the interview data into key statements (i.e., those that represented a single meaning and were relevant to my research questions). I then used a memoing process (described in Chapter 3) to generate a code to correspond with each key statement. I developed a final thematic structure and definitions in consultation with my thesis chair. The final thematic structure consisted of an overarching principle regarding the importance of a supportive, empowering, and collaborative therapeutic relationship. The following quote attributed to Maya Angelou captures this principle: “Do the best you can until you know better. Then when you know better, do better.” Three primary themes relate to this principle and pertain to being in relationship to better leverage cultural assets of CLD individuals in music therapy practice: 1) know better to do better, 2) know the impact of self on others to do better, and 3) know and honor others better to do better. These three themes are listed in Table 3 and are described in the following sections.

Table 3, *Themes, meaning of themes, and sub-themes*

Primary Themes	Meaning	Sub-themes
Theme 1: Know better to do better	This theme relates to developing and acquiring knowledge (e.g., concrete planning strategies, barriers to engagement and rapport) to leverage cultural assets of CLD individuals in music therapy practice.	<ul style="list-style-type: none"> • Use concrete planning strategies • Learn what the barriers are • Anticipate barriers
Theme 2: Know the impact of self on others to do better	This theme regards the roles of self-awareness and self-reflection (e.g., reflecting on clinical wisdom and professional experiences, assumptions and stereotypes, and privilege and marginalization) in leveraging cultural assets of CLD individuals.	<ul style="list-style-type: none"> • Clinical wisdom: Examine what I know and what I don't know • Examine assumptions • "Most music therapists that I know look like you"
Theme 3: Know and honor others better to do better	This theme is related to the role of knowing and honoring others through an empowering therapeutic relationship, empathy, and perspective-taking to leverage cultural assets of CLD individuals.	<ul style="list-style-type: none"> • Stand in their shoes • Empower the individual

Theme 1: Know better to do better

The first theme, "know better to do better," regards the importance of developing and acquiring knowledge to leverage cultural assets of CLD individuals in music therapy practice. I collated a total of 173 codes under this primary theme. Participants discussed how individuals may express similar cultural identities in a variety of ways, particularly as intersecting identities shape individuals' unique experiences and worldviews. Additionally, participants described how cultural and linguistic identities may impact people's perspective on music. Participants also discussed cultural assets of CLD individuals, challenges individuals may experience as a result of their CLD identities, and the implications these ideas have for music therapy practice.

Participants expressed the importance of understanding how individuals may experience, express, and participate in cultures in different ways. They described how a better understanding of a CLD's individual's lived experience could help shape and inform their care. For example, Sofía explained how a behavior may be considered rude in one culture but not in another. She emphasized differences in physical contact and standards of personal space appropriateness across cultures: "For American culture, the space that I was giving [a previous teacher] was way too crowded; he needed more space, right? But for me, my spatial perception was a lot closer than for the American standard of personal space." The different ways people express cultural identities may shape how music therapists and the people they serve interpret each other's behavior.

Several participants described how cultural and linguistic differences can lead to differences in the ways people interpret, communicate, and use music. Phoebe acknowledged that while people across cultures may vary in their perspective and understanding of music, people share in their ability to make and engage with music, "whatever understanding [they] have on what music is." Similarly, Roger emphasized the differences in melodic techniques, intonation, and other musical elements that may distinguish the music of one culture from that of another. Phoebe described how definitions of excellence in the realm of western classical music may not reflect or capture the strengths of individuals from other music traditions. Sofía explained how music therapists should consider ways in which geographic, religious, and spiritual environments shape expression of behaviors, habits, customs, and traditions within a culture.

Participants emphasized that differences in intersecting identities may have a significant impact on people's lived experiences. Donna and Lorraine emphasized that music therapists should understand intersectionality and how two people who share one cultural identity, such as ethnicity, may vary in other identities, such as sexual orientation. As Genevieve expressed, "Blackness...is really such a myriad." Lorraine explained how multiple privileged and marginalized identities may exist within one person. She expressed that music therapists should understand "someone's multiple identities and how they fit to make that person the whole person that they are."

Participants also expressed the need for music therapists to learn about the challenges that CLD individuals may experience as a result of their identities as well as their assets. Sofía shared about her immigration experience and language learning, and the sense of culture shock she felt: "Even though I was a smart individual in any Spanish-speaking country, having migrated and having to learn to speak from ground zero, I really very much felt like a baby, you know, like I really couldn't communicate." She described "that experience of having to rapidly assimilate linguistically and culturally to a new setting" and "the experience of living in a setting that it is not culturally aligned with your history." Gabriela explained how she had come to view her dual language ability as a "superpower" and how she wished to foster the view of linguistic diversity as an asset. She identified language ability as "a powerful connection to community and to culture." In response to the assets and challenges CLD individuals may experience, Donna noted the importance of music therapists using their role to push back against harmful systemic expectations, such as "expectations that are inconsistent with values or the needs" of the individual. She elaborated on the need for "recognizing how...whatever system it is that

you're working in does have expectations for people's behavior that are not culturally sensitive.” Lorraine further expressed the inherent need for collaboration in diversity, equity, and inclusion and centering voices that have been historically marginalized and underrepresented. Donna mentioned how music may function as a vessel for communicating different perspectives.

All participants expressed how music therapists’ knowledge and understanding of the aforementioned concepts may lead to music therapy services that better center and honor the experiences and identities of CLD individuals. Within this primary theme, three sub-themes emerged: use concrete planning strategies (94 codes), learn the barriers (25 codes), and anticipate barriers (30 codes; note that 24 codes fit solely within the primary “know better to do better” theme). These sub-themes offer more nuanced richness to understanding the primary theme and how using concrete planning strategies, learning what the barriers are, and anticipating those barriers function as ways for music therapists to “know better to do better” in their work with CLD individuals.

Sub-theme 1.1: Use concrete planning strategies

Each participant identified actionable steps music therapists can take when planning a music therapy session to leverage cultural assets of CLD individuals. These concrete planning strategies are related to cultural sensitivity, autonomy, available resources, specific music experiences, ideas from related disciplines, individualization, rapport, and UDL principles. Across these different types of strategies, participants emphasized the importance of providing options.

“Some of the content that you are using for your session needs to be culturally relevant to the person,” said Sofia. She suggested using songs and instruments pertinent

to the person's culture. To learn about a culture, Leyla suggested making time for "quick research" about the culture or country. Leyla described how providing familiar repertoire could increase participation in the session and connection within the therapeutic relationship. One strategy she mentioned was asking the person to teach or demonstrate a traditional dance or style of music from their culture. Leyla also suggested that, when working with a person with Alzheimer's disease and related dementias, a music therapist could ask the person or their support system about their culture and cultural experiences. Similarly, Gabriela suggested "[calling] in...diversity by asking people for their own experience, for their own ideas, for their own words to describe something." To emphasize autonomy, she recommended seeking the person's input on ways to participate and "asking them for ideas so that they feel like the session is theirs." Donna described an experience facilitating a music therapy group discussion of cultural awareness. Roger recommended learning more about the music and elements of music that are important within a culture, such as particular scales or rhythmic patterns.

Participants noted the value of using available information and resources for planning. Multiple participants described using internet-based resources to learn more about a country, culture, or language. Donna remarked on using assessment information, then adapting session planning and implementation to fit the person. Donna, Phoebe, and Roger also mentioned the use of in-person or phone-based translation and interpreting services to support communication. As a language-based strategy, Leyla stated, "Providing a really quick and brief translation of the lyrics could be helpful." Sofia shared that when she was a graduate student in the United States and was learning English, she found it helpful in her coursework to have access to written materials she

could translate later. She suggested using video resources as an additional way for CLD individuals to be able to access and translate materials. Donna also recommended having written materials available in the person's language.

Participants offered specific ideas for music experiences in a session. Gabriela noted the role of call-and-response in many participatory music traditions. Leyla suggested that the person could write in their language for a call-and-response and could potentially help the music therapist with pronunciation if needed and beneficial. Leyla also stated, "If they play an instrument, maybe they could have that in there with them," and Phoebe suggested using instruments from the person's culture. Roger expressed that "movement is a really good way" to help people feel connected and engaged. When planning music experiences, Roger suggested considering the roles of different elements of music, such as harmony, rhythm, melody, and lyrics. He suggested using a variety of instruments, particularly given the significant role of rhythm across music traditions. Sofía suggested musical imitation as one strategy that could be engaging without requiring communication in the language.

Leyla offered many ideas to promote engagement, particularly if the music therapist does not know or understand the person's language. For instance, the music therapist might review the chorus or repetitive section of a song first. She also recommended providing a variety of options for projects, lyrics, instruments, and repertoire, including music from the person's culture and language. Leyla listed a variety of ways people could participate, including singing, songwriting in the person's language, body percussion, and playing percussion instruments. She further suggested potential songwriting prompts, such as a "defining moment" in the person's life or culture.

Some participants also suggested concrete strategies from related disciplines. Leyla suggested incorporating art and storytelling. Genevieve, who described her background in yoga, suggested humming as another strategy, with prompts including: “If you had to describe how you’re feeling, what is the pitch that you would use?” and “How would you, without words but audibly, express yourself?” Genevieve also recommended drawing as a strategy that could focus on expression of oneself, feelings, or thoughts. She noted that drawing does not have to be elaborate to be effective in addressing the person’s goals.

To provide individualization and build rapport, Genevieve also suggested asking to hear or see an example of what is important to the person. Lorraine similarly commented on the value of representing CLD individuals in materials, such as in visuals and culturally relevant repertoire options. She emphasized the importance of ascertaining how the person culturally identifies and what their cultural priorities are. Roger suggested offering different degrees of structure and freedom within the session to respond to the comfort level of the person. Leyla recommended giving options that may correspond with different levels of energy, pain, familiarity, and comfort, as well as options “that are diverse and different enough so that you’re not always constantly doing the same sort of project.” Roger emphasized learning from what the person responds to and adjusting accordingly.

Genevieve emphasized the value of devoting time to get to know the person, such as by using the first 10 minutes of the session to discuss who the person is and what their goals are. Roger similarly commented on the value of learning about the person’s music interests, culture, and capabilities. As a way to connect, Leyla described the value of

efforts to communicate in the person's language by using "basics" such as hello, goodbye, thank you, and please, particularly if located in "an area that has a really big diaspora." As one strategy for communication, Roger described how the music therapist could simplify what they are saying while being sensitive to how the other person may receive that. Genevieve suggested that the music therapist share about their own heritage and to discover commonalities with the person, and Sofía described how music therapists could balance sharing about their own cultural identity with elements that might be familiar to the person. Furthermore, Genevieve expressed the importance of reciprocity as means to build rapport: ask the person to share while being open to sharing back. Leyla expressed a similar perspective regarding "using whatever sort of background the current music therapist has, and [trying] to relate it as much as possible to this person and to the language."

Participants described the use of UDL principles as a concrete planning strategy. Phoebe emphasized this perspective, stating, "I would just really suggest people get a hold of UDL and use the heck out of it." Phoebe and Sofía noted the use of multiple means of representation (e.g., visual and auditory representations of music) as particularly valuable. Phoebe also suggested providing multiple ways to engage (e.g., offer materials with tactile components; use Braille labels and lyric sheets). Related to providing multiple ways to access materials, Sofía expressed the need to rely on methods other than language when interacting and communicating. Lorraine suggested that music therapists provide multimodal options for engagement and communication and utilize tools to improve the accessibility of music, such as captions. Roger identified tactile, kinetic, and physical participation "wherever possible in whatever way possible" as "very

critical.” Participants noted the value of visuals in particular, mentioning the value of visual communication skills and visually congruent materials. Phoebe suggested that music therapists pair visuals with music to increase understanding and success. Sofía commented on pairing visuals with concise verbal instructions.

Sub-theme 1.2: Learn what the barriers are

Participants identified a range of potential barriers to leveraging cultural assets of CLD individuals in music therapy practice. These barriers related to systemic factors, musical factors, and clinical practices. One systemic factor that multiple participants identified was that rigid standards and milestones may not account for or reflect people’s varied experiences. The rigid expectations of established systems lack cultural sensitivity. Systemic oppression and marginalization can be traumatic experiences, Donna described. Additionally, “one-size-fits-all” approaches do not effectively encompass a range of cultures, identities, experiences, and strengths.

Sofía described how learning a language can be very difficult, particularly when required to learn the language quickly, or when coupled with the additional responsibilities and stressors involved in migration, education, work, and everyday life. A person may experience stress due to the dissonance or duality of expectations between their work or academic environment compared to their family or home environment. For example, one can be more sensitive to the fact that the person may be expected to do X with their family and simultaneously Y expectation in an academic setting. Cultural differences in how such behaviors are understood may lead to miscommunication, Sofía explained.

Participants described musical barriers that are often a result of broader systemic oppression. Participants remarked on the lack of representation of diverse identities in classical music, and that the underlying western classical lens in music and music therapy may be prohibitive to individuals from a variety of cultures. Roger observed that the underrepresentation of music from diverse cultures and traditions in music therapy “seems like a loss.”

In clinical practice, power dynamics within the therapeutic relationship can result from intersecting marginalized and privileged identities, as well as the music therapist role. Donna explained how power dynamics can impact the sense of choice or autonomy in a music therapy session. She expressed that “inauthentic choices” in which the person’s input has a limited influence on the outcome present a barrier to autonomy. Participants noted other such barriers; for instance, Donna described potential issues with automatic translation services. Phoebe mentioned the inability to “learn everything about every culture” as a barrier. Similarly, Leyla noted that music therapists may lack familiarity with cultural and linguistic diversity, and Roger noted that a lack of experience with diverse people is a barrier. Lorraine described cultural appropriation of music and customs as a barrier to therapeutic relationship-building. Genevieve explained, “There’s not a lot of individuals across the Black diaspora included in their own healthcare, you know, their decision-making,” as well as a lack of Black representation in research “due to a long history of cultural grievances.” She also stated, “Sometimes the questions can be interventions themselves, or the education can be triggering for them...in ways that have nothing to do with you.”

Sub-theme 1.3: Anticipate barriers

Participants identified ways to anticipate and respond to the barriers described above, as well as additional potential barriers to leveraging cultural assets of CLD individuals in music therapy practice. Phoebe explained how UDL increases accessibility across culture by offering accessible options to all, which prevents barriers to inclusion. She explained that awareness of potential barriers to engagement can be helpful in and of itself. An example Phoebe identified was providing options for people to use different senses to engage in music. Roger held a similar perspective, encouraging music therapists “as often as possible” to work in “different modes, that some things where possible are visual, some are auditory, some are tactile” so that at least one mode would be effective. Roger further suggested that music therapists use strategies that facilitate participation without requiring reading or understanding the language. He also described the importance of adaptations and modifications to support engagement. Sofia described how written information can provide an opportunity to look up a translation or interpretation. She also noted, “I would not rely simply on language.” Sharing this view, Roger stated, “Rely a whole lot less on language.”

Participants described interpersonal factors to consider in order to prevent barriers. Under the umbrella of UDL, Phoebe reflected on the need for “minimizing threats and distractions.” Gabriela and Roger explained that, while autonomy is important, people may become overwhelmed with options. Donna expressed that music therapists should be mindful not to use leading questions in verbal processing. In a group setting, which Donna noted can be a “completely different dynamic” from an individual session, Roger described the value of providing multiple means to contribute to the

group. He elaborated on the importance of valuing each group member's "unique voice" without provoking the anxiety of the spotlight. Genevieve encouraged music therapists to be "creative in engaging folks...that just may be shy or a little more introverted, and just may not feel comfortable with an unfamiliar person...or with information that may be overwhelming."

Theme 2: Know the impact of self on others to do better

This theme relates to the role of music therapist self-awareness and self-reflection in leveraging cultural assets of CLD individuals. In total, I collated 199 codes under the umbrella of this theme. Within this theme emerged three sub-themes. Ninety-two codes are under the first sub-theme, "clinical wisdom: examine what I know and what I don't know." Thirty codes are under the second sub-theme, "examine assumptions," while 23 codes are under the third sub-theme, "Most music therapists that I know look like you."

Participants examined the role of their own cultural identity in their worldview and practices. Phoebe noted the role of the place where she grew up in the development of her cultural identity. She also noted that her personal and professional background had influenced her worldview. Regarding her experiences growing up as a CLD individual, Leyla said, "I've kind of always been like an ambassador for both music, but also culturally, linguistically." She also noted how her own experiences as a CLD individual have increased her desire to be around others with a CLD background. Gabriela discussed how her connection to culture, language, and community has been valuable to her well-being. She described the value of opportunities to connect with her own culture, tradition, and music. Genevieve shared about how her experiences living in different places have increased her understanding of the diversity of Black experiences. Roger shared about his

lived experience of being “one of a very small minority in any given situation” and his sense of being “lucky that I haven’t had really bad experiences or that I haven’t been too damaged by experiences I’ve had.”

Multiple participants discussed the value of travel and spending time in different environments as learning opportunities. Donna and Genevieve discussed how their worldview expanded from moving to more culturally diverse environments. Sofía encouraged music therapists to learn by “having an immersive experience in another culture where you have to subject yourself to being culturally diverse.” Similarly, Roger suggested immersing oneself in learning about others’ cultures. Gabriela suggested that music therapists should seek opportunities to travel and engage with music around the world.

Several participants verbalized the importance of humility, particularly cultural humility. Regarding her previous learning about music in different cultural traditions, Phoebe asked, “Who says that the way I’ve been trained is the right way?” Roger expressed, “I try to not make the mistake of conflating my experience with other people’s experience.” Donna discussed the responsibility of individuals to practice humility. She suggested practicing self-compassion, learning from mistakes, and considering mistakes a prompt to do better next time. She also emphasized cultural sensitivity as a way of being in the world. Multiple participants noted the importance of ongoing learning and a stance of curiosity. Gabriela suggested “finding out about your culture and...what is unique about your culture.” Donna expressed the importance of committing to learning about others.

Several participants emphasized the need for music therapists to be aware of their own cultural identity, how cultural experiences impact identity, and how cultural identity influences the therapeutic relationship. Sofia emphasized “awareness...that we are interpreting someone else from the lenses of our own culture.” She explained how people tend to be familiar with the music of their own culture and that what is standard in one culture may not be in another. Genevieve expressed that her awareness of her own cultural identity as Black increased her awareness of systemic and cultural factors impacting others. She emphasized that music therapists should be aware of who they are and what their influences are. She also noted the importance of being aware of how a person may view the music therapist and what the music therapist may represent to that person. Donna described how self-awareness deepened her understanding of others’ perspectives and values. She emphasized awareness of how personal music is. Roger suggested “being very aware of everything you’re bringing into that experience, and it’s not just your own intent and your own knowledge.” He pointed out that identity awareness affects work with other people and suggested that music therapists work to be aware of their privilege in various roles and identities. Lorraine discussed how awareness of her own cultural identity broadened her understanding of systemic equity and inequity.

Participants discussed the impact of self-knowledge on their perspectives and work with others. Roger described how awareness of privilege nested within marginalization “makes me want to make sure that I’m supporting others.” He also expressed his sense of benefitting from interacting with diverse people. Donna explained, “I would not want to suggest to somebody to make friends with someone who’s different

from you just so that you can pick their brain about what it's like to be different from you." She expressed how self-awareness impacted her understanding of the need to work toward equity and inclusion. Genevieve captured the essence of this theme: "Know thyself while also being open to others fully."

Sub-theme 2.1: Clinical wisdom: Examine what I know and what I don't know

Participants described a sense of growth from their professional experiences. Multiple participants emphasized the value of community for learning and growth. Gabriela suggested "looking for connections in community." Strategies she suggested for music therapists working with a person who communicates in a different language were forming groups to learn together, learning some of the language, and engaging in professional development. Leyla shared about her professional experiences leading communities to mentor and increase representation of CLD individuals in music.

Participants discussed the role of awareness in clinical and professional wisdom. Lorraine noted that music therapists may base practices on their own lived experiences and past successes. Donna explained that once she began working as a music therapist, her cultural awareness increased. She described growth from learning about implicit bias. Genevieve described how she worked with "very heterogeneous" cultural communities but found some overlap. She also explained how awareness of her own cultural identity and systemic factors influenced her clinical work. Considering the role of self-awareness in therapeutic settings, she suggested being cognizant of tendencies to react or tune out. Gabriela stated, "Cultural awareness makes me want to center my students' experience." Genevieve explained, "We're bringing our full selves whether we know it or not to each interaction."

Participants discussed the role of ongoing learning in clinical wisdom. Sofia stated, “The key to being a very sensitive person...is curiosity. Be curious about the other culture with an attitude of surprise and revelation.” Donna emphasized learning as a continual process. She discussed the value of diversity, equity, and inclusion work and trauma-informed care in providing culturally sensitive services. Leyla suggested learning about the historical background of a culture or country, while Gabriela suggested learning by attending local performances of music from different cultures and styles, such as attending an Irish music performance at an Irish bar. Sofia similarly recommended learning about music or instruments of a culture by attending concerts. Gabriela expressed that live music provides a unique opportunity to learn through participatory music experiences in some cultures. Phoebe noted the impact of learning about different musical standards between cultures and how different cultures define musical success. Sofia suggested taking an approach of curiosity and “attending to situations that are, in a way, foreign to you” such as holidays and traditions. Participants suggested learning from colleagues, traveling, learning by listening to patients, attending workshops, continuing education, using interdisciplinary resources, and using preexisting research, books, and online resources. Roger recommended being humble and open to learning rather than simply being a practitioner. Gabriela said, “Your learning is never going to stop.”

Participants also identified direct applications for clinical settings. Roger described “one of the most effective musical moments [he had] ever witnessed” because “it just really had...their abilities and their interests in mind.” Gabriela suggested keeping this question in mind: “How can I bring my knowledge of [cultural and linguistic differences] to help them feel invested in what they’re doing?” Participants suggested

maintaining openness to unexpected learning in practice. Genevieve expressed that being open and knowing herself “freed [her] up to being [her] best self in every interaction.” Lorraine emphasized “not getting stuck in how you think it’s going to go, and how you really want it to go.” Donna described the value of adaptability when discussing a previous session, stating, “The direction it was going was much more valuable than the direction I had expected or, or planned for.” Genevieve expressed the importance of keeping the person’s goals in mind: “You can have the best audio, visual, written communications, but if they completely miss the mark on the person’s goals regardless of their culture or language...then it’s useless.” Donna stated, “Recognize the diversity that exists in the clients...then not stay tied to what your plan was if that is not going to be a good fit for the people that you have.”

Sub-theme 2.2: Examine assumptions

Participants described the impact of assumptions and stereotypes on CLD individuals, as well as types of awareness that can help to combat the harmful effects of stereotypes. Sofía shared about her experiences as an immigrant and English learner and how people would try to figure out her culture based on her accent and physical features, then respond based on how that aligned with their idea of “Latina.” In response to these experiences, she described a sense of having to adjust based on people’s perceptions of her accent and identity.

Multiple participants described how stereotypes related to music itself can inhibit the music therapy experience and therapeutic relationship. Roger noted how the western classical lens can lead to unconscious bias that influences music therapy practice and rapport. Lorraine described her observations of Latinx identities being “lumped together.”

She explained how one song in Spanish can become the point of reference or default for a variety of multifaceted cultures under the Latinx and Hispanic cultural umbrellas.

Participants also identified ways to mitigate the harmful impact of stereotypes. Sofía recommended being mindful not to make assumptions about what actions a person will find helpful. Roger suggested being cognizant not to assume that a language or communication barrier represents a person's intellectual abilities. Sofia emphasized mindfulness of one's own cultural lens and biases when interpreting another person's behavior: "Be careful there not to interpret the behaviors of a diverse individual through the lenses of our own culture."

Sub-theme 2.3: "Most music therapists that I know look like you"

Under this sub-theme, participants discussed the influence of privilege on the music therapy profession and therapeutic relationship. Although this sub-theme contains less content (fewer codes and more overlapping ideas) than previous sub-themes, I categorized it as an independent sub-theme because of its impactful ideas and relationship to the research questions. Participants described the impact of the western classical lens that centers music by European white male composers. Additionally, participants discussed the disproportionate demographics in the music therapy profession in the United States. Leyla stated, "Most music therapists that I know look like you." I am a white woman who was 25 years old during the interviews for this study.

Participants discussed the impact of white privilege and the intersections with the western classical lens: Genevieve stated, "the privileged side of what kind of music is standardized as being classic, or being well-known, or being peaceful." Participants also noted the privilege involved in the music therapist role and the steps to become a music

therapist, which can include access to instruments, music lessons, and a college education. Multiple participants shared observations of how most music used in music therapy settings is rooted in a western classical or western folk tradition.

Theme 3: Know and honor others better to do better

This theme regarded the role of knowing and honoring others in leveraging cultural assets of CLD individuals. In total, I placed 106 codes under the umbrella of this theme. Of those codes, 36 codes are under the first sub-theme, “stand in their shoes.” Twenty-nine codes are under the second sub-theme, “empower the individual.”

Participants discussed the importance of knowing the person as an individual and building on that knowledge, such as by calling on the person’s experience “to fuel the session so that they feel like it’s their own individual session,” as Gabriela explained. She also suggested providing options to represent the person’s experience and knowing whether more or fewer options tend to be more effective for the person. Genevieve described the value of a “meet someone where they are” approach.

Several participants emphasized the importance of centering the person’s identities and experiences. Leyla recommended “connecting with them on that bare minimum basic language level.” Gabriela similarly suggested learning some of the language to connect with the community. Genevieve recommended practicing openness toward the person and their cultural influences. Donna said, “The way it worked for one person may not be the way it worked for another person.”

Multiple participants reinforced the importance of not making assumptions. Gabriela noted that cultural and linguistic diversity is one of many layers of diversity.

Phoebe stated, “I can always assume that there’s going to be a variety in that...particular setting and... [across] people.”

Sub-theme 3.1: Stand in their shoes

This sub-theme is related to empathy, perspective-taking, and how cultural empathy may function in a music therapy setting. Roger described the potential feeling of isolation people may experience in relation to marginalization. Sofia noted the emotional component of interactions and the importance of being compassionate, empathetic, and patient. She also expressed that music is not a universal language: “What we understand as music in the West may not be understood in an equal manner or a similar manner” by a person from another culture.

Participants offered insights into how empathy could look in therapeutic practice with CLD individuals. Leyla encouraged music therapists to help people feel welcomed, heard, and respected by learning about the culture and using some of the language. Gabriela expressed that music therapy provides an opportunity for people “to make music that they feel a deep connection to, maybe in their own language.” Genevieve said, “Through that rapport building, the culturally sensitive materials, and you learning and sharing about yourself as well, they can feel comfortable with you helping them steer towards where they want to go.”

Sub-theme 3.2: Empower the individual

This sub-theme related to fostering autonomy and empowerment in the therapeutic relationship and music therapy setting. Participants discussed strategies and approaches for establishing a supportive therapeutic partnership. Genevieve discussed being “an active backseat driver” and giving the client, patient, or student the driver’s

seat. Gabriela suggested involving the person in goal setting and drawing in the person's diverse experiences and cultures. Lorraine also recommended defining the goal, as well as barriers and facilitators to the goal, in partnership with the CLD individual. She emphasized the importance of spaces for people to bring their full selves. Roger suggested building on where the person feels comfortable to promote agency, individuality, and independence. He stated, "The best music therapy doesn't seem like the music therapist is the one leading it."

In this chapter, I presented the results from analysis of eight expert interviews. In the fifth and final chapter, I discuss the relation of these results to existing literature and theoretical frameworks. Additionally, I discuss limitations and future research directions related to the topic of music therapy with CLD individuals.

CHAPTER 5. DISCUSSION

The purpose of this study was to explore how music therapists can engage in cultural humility and leverage cultural assets of people who are culturally and linguistically diverse (CLD). The first two chapters provided background information and discussion of existing literature related to music therapy and CLD individuals. In chapter three, I described the research methods used to conduct this study. The fourth chapter focused on results of inductive analysis of qualitative interviews regarding how music therapists can leverage cultural assets of CLD individuals in music therapy practice. In this final chapter, I relate findings to existing literature and theoretical frameworks. I conclude this thesis by discussing limitations and future directions for research.

Discussion of the Research Questions

The primary research question was, “In what ways can music therapists leverage cultural assets of CLD individuals in practice?” The four sub-questions were:

1. “What awareness, knowledge, and skills do music therapists need to grow in culturally sensitive practice?”
2. “How can music therapists whose first language is English effectively serve linguistically diverse individuals?”
3. “What steps might music therapists take to effectively serve culturally diverse individuals?”
4. “How might cultural and linguistic diversity influence the therapeutic relationship?”

In What Ways Can Music Therapists Leverage Cultural Assets of CLD Individuals in Practice?

Three primary themes emerged from expert interviews in this study. Music therapists can leverage cultural assets of CLD individuals in practice by using concrete planning strategies, learning what barriers to engagement and rapport exist, and anticipating such barriers. Additionally, music therapists can engage in self-reflection regarding clinical wisdom (i.e., what the music therapist knows and does not know), examine assumptions, and recognize personal privilege and the privilege involved in the music therapist role. Last, music therapists can know and honor others better by engaging in cross-cultural empathy while recognizing the limitations of their understanding, and by empowering the individual in the session and therapeutic relationship. Music therapists who recognize cultural and linguistic diversity as an asset and source of connection may be better equipped to serve CLD individuals using a strengths-based approach that leverages their unique cultural experience. Music therapists can leverage cultural assets of CLD individuals through ongoing learning and acquiring knowledge, knowing the impact of their identities and lived experiences, and developing therapeutic relationships rooted in empowerment, empathy, and perspective-taking.

“What Awareness, Knowledge, and Skills Do Music Therapists Need to Grow in Culturally Sensitive Practice?”

Participants described the need for music therapists to be self-aware of their own influences, identities, and experiences, including experiences of privilege and marginalization and how those might impact the therapeutic relationship (Ratts et al., 2016). Additionally, participants explained the importance of music therapists’ awareness

of their clients' identities, experiences, and influences and how their culture may impact their worldview. Hadley (2013) previously described the value of music therapists reflecting on their own identities, which may contribute to reflective music therapy practice and improve therapeutic relationships.

Participants encouraged music therapists to be aware of barriers to engagement and rapport, such as stereotypes. Regarding stereotypes and assumptions, participants noted that music therapists should be aware of how clients with similar cultural identities may have highly different experiences or worldviews, and that what works best for one individual in the session or therapeutic relationship may not be what is best for another. Participants encouraged music therapists to take time to get to know the person and what is important to them both personally and culturally. Participants provided specific knowledge and skills for music therapists to apply in treatment planning and implementation under the sub-theme "concrete planning strategies," which includes examples such as using scales or rhythmic patterns from a culture, having written materials available in the person's language, and using musical imitation as a strategy that can be engaging without requiring language-based communication. Skills participants emphasized as important for music therapists mainly related to ongoing learning, providing multiple options and modes for participation in the session, and demonstrating empathy and curiosity. These skills relate to the process of transformational learning and self-awareness involved in developing musical cultural competence (Hadley & Norris, 2015).

“How Can Music Therapists whose First Language Is English Effectively Serve Linguistically Diverse Individuals?”

According to participants in this study, music therapists can effectively serve linguistically diverse individuals largely by avoiding overreliance on language. For example, participants suggested providing a variety of ways to participate that do not require language (e.g., body percussion, instrument play, movement, musical imitation). Additionally, participants encouraged music therapists to use available resources such as translation and interpretation services. Language-based strategies participants suggested for music therapists who do not know or understand the person’s language included learning “extreme basics” in the language such as “hello” and “thank you.” Additionally, participants suggested using repetitive sections of music in the language, such as through call-and-response music experiences. The use of the person’s language may help build rapport and demonstrate respect. These recommendations connect to findings by Schwantes and McKinney (2010) regarding the value of culturally relevant musical materials.

“What Steps Might Music Therapists Take to Effectively Serve Culturally Diverse Individuals?”

Across themes, participants identified intrapersonal and interpersonal steps for music therapists to effectively serve culturally diverse individuals. Participants encouraged music therapists to learn about their own culture and reflect on how it has impacted their perspective and lived experience. Several participants emphasized the need for continual learning in a variety of formats such as continuing education, online resources, multicultural and interdisciplinary resources, and travel. Participants explained

that using preexisting resources can help music therapists learn about cultural humility and cultural competence without placing a burden on culturally diverse individuals. Participants also identified concrete planning strategies and ways for music therapists to anticipate barriers to rapport and participation. These interpersonal strategies regarded planning culturally sensitive and relevant music experiences, offering a variety of modes and ways to participate, and meeting the person where they are: learning about the person's influences, boundaries, lived experiences, and preferences, then building on these elements in sessions to promote agency and rapport. These findings relate to extant literature on the therapeutic relationship regarding the importance of cultural knowledge, self-awareness, and empathy (RNAO, 2006).

“How Might Cultural and Linguistic Diversity Influence the Therapeutic Relationship?”

Without taking the time to try to understand how culture may influence people's behavior and musical background, music therapists may hold CLD individuals to standards that do not best serve the person, the person's goals, or the therapeutic relationship. Participants emphasized the need for music therapists to understand how culture can impact worldviews and lived experiences, as well as how highly personal culture and music can be. This finding connects to Rilinger's (2011) description of the need for further research on music therapy practices with Mexican American individuals, whose culture is varied and complex.

The theme “Know and honor others better to do better” focuses on the therapeutic relationship. Participants noted the need for music therapists to foster empowerment by embracing people's experiences to make the session their own. Additionally, the music

therapist should be open to the person’s cultural and individual influences and experiences. Tan and Hsiao (2017) similarly wrote that music therapists should understand how culture may influence family structures and communication patterns. Cultural and linguistic diversity may impact the therapeutic relationship in a variety of ways, and it is important for music therapists to avoid assumptions. Quotes from two participants capture these concepts. Gabriela described how music therapy provides a unique opportunity for CLD individuals to “make music that they feel a deep connection to, maybe in their own language.” Genevieve, described how through the development of rapport, use of culturally sensitive materials, and reciprocal sharing, CLD individuals “can feel comfortable with [the music therapist] helping them steer towards where they want to go.”

Discussion of Findings within the Theoretical Framework

Universal Design for Learning (UDL)

The sub-themes “concrete strategies” and “anticipate barriers” were particularly related to the UDL Framework (CAST, 2021). According to CAST (2021), the UDL Guidelines include concrete suggestions related to three networks of learning: affective networks (i.e., the “why” of learning), recognition networks (the “what” of learning), and strategic networks (the “how” of learning). Respectively, these networks relate to providing multiple means of engagement, representation, and action and expression. A set of checkpoints (i.e., concrete strategies for implementing multiple means of engagement, representation, and action and expression) corresponds with each guideline. For example, Checkpoint 1.3 is to “offer alternatives for visual information” (CAST, 2021).

The concrete strategies sub-theme relates to the UDL checkpoints because it similarly offers a set of ideas and techniques for self-assessment when engaging in cultural humility and leveraging cultural assets of CLD individuals in music therapy practice. Many of the concrete strategies participants identified functioned similarly to a checklist for treatment planning and implementation. For example, Leyla identified types of music experiences that could be effective for leveraging cultural assets: songwriting, body percussion, and rhythmic accompaniment. She also described potential songwriting prompts, including a “defining moment” in a person’s life or culture.

Similar to the UDL principles of multiple means of engagement and multiple means of action and expression, participants emphasized the necessity of providing options in music therapy sessions and the therapeutic relationship. Gabriela suggested asking the person “for ideas so that they feel like the session is theirs.” Leyla described giving options for different levels of familiarity and energy, in addition to options “that are diverse and different enough so that you’re not always constantly doing the same sort of project.” Roger recommended offering different degrees of freedom and structure to respond to the person’s comfort level in the session.

The “anticipate barriers” sub-theme related to UDL because the UDL guidelines and checkpoints offer ways to maximize accessibility and reduce barriers to engagement, participation, and expression. Phoebe reflected on the need for music therapists to utilize UDL checkpoint 7.1, “minimize threats and distractions.” She explained that UDL can increase accessibility across cultures by offering accessible options, and that music therapists’ awareness of potential barriers to engagement can be instrumental in preventing such barriers. Phoebe suggested that music therapists provide options for

people to engage in music using different senses. Roger similarly recommended that music therapists offer “different modes, that some things where possible are visual, some are auditory, some are tactile.” He noted that people may make connections to a particular mode, and that offering multiple modes increases opportunities for success since it can be difficult to know in advance which mode will be most helpful. Regarding anticipating barriers, participants recommended that music therapists not rely on language in the session or therapeutic relationship. Roger suggested using strategies that do not require the person to read or understand the language, while Sofía described how written information can provide opportunities for translation or interpretation.

Participants also described ways for music therapists to prevent interpersonal barriers that could impact the therapeutic relationship and people’s progress toward their goals. For example, Genevieve recommended that music therapists be “creative in engaging folks...that just may be shy or a little more introverted, and just may not feel comfortable with an unfamiliar person...or with information that may be overwhelming.” Donna described how group sessions can have a “completely different dynamic” from individual sessions. In group settings, Roger suggested that music therapists provide multiple means to contribute to the group. This relates to UDL Guideline 5, “Provide options for expression and communication” (CAST, 2021). Additionally, Roger and Gabriela reflected on the need for music therapists to balance autonomy with not overwhelming people with options.

Multicultural and Social Justice Counseling Competencies (MSJCC)

The overarching concept that emerged from the findings—the importance of a supportive, collaborative, empowering therapeutic relationship—related to the counselor-

client relationship represented in the MSJCC. As described in Chapter 2, the MSJCC represents therapeutic relationships between a (1) privileged counselor and marginalized client, (2) marginalized counselor and marginalized client, (3) marginalized counselor and privileged client, and (4) privileged counselor and privileged client. Each quadrant encompasses four developmental domains involved in multicultural and social justice practice: (1) counselor self-awareness, (2) client worldview, (3) counseling relationship, and (4) counseling and advocacy interventions (Ratts et al., 2016). Additionally, the MSJCC addresses four aspirational competencies related to attitudes and beliefs, knowledge, skills, and action. In this section, I will discuss how findings from this study related to the concepts from the MSJCC (Ratts et al., 2016).

Privilege and marginalization

From analysis of the expert interviews, the topics of privilege and marginalization emerged across themes. For example, participants discussed overreliance on the western classical music tradition as a barrier to engagement and rapport with individuals from other music traditions, particularly as white, European American men hold privilege in learning music written largely by people who share their identity. Griffiths (2020) similarly found that “standard” classical repertoire is disproportionately by European white male composers. Participants discussed the harm caused by assumptions and stereotypes, and the importance of being mindful not to assume what another person will find helpful. Swamy (2017) also discussed the impact of cultural stereotypes on the treatment process, and Estrella (2017) explained how experiences of emigration, immigration, and cultural diaspora may influence the development of a variety of diverse perspectives among CLD individuals.

Participants discussed privilege most prevalently under the sub-theme “Most music therapists that I know look like you.” The music therapy profession in the United States is disproportionately comprised of white women (AMTA, 2018; Leonard, 2020a). Participants noted the privilege typically involved in the path to becoming an MT-BC, which might include access to instruments, music lessons, and a college education.

Participants additionally discussed intersectionality and how music therapists and the people they serve may have some identities with privilege and others that are marginalized. This relates to the quadrants in the MSJCC and how music therapists and clients might have identities with varying degrees of privilege or marginalization on the axes of language, race, ethnicity, gender, sexuality, religion, socioeconomic status, and more. Music therapists and CLD individuals in music therapy might have similarly marginalized or privileged identities, which could influence the therapeutic relationship and ability to understand each other’s worldview. Furthermore, the music therapist and client might perceive their level of privilege or marginalization differently depending on their lived experiences (Ratts et al., 2016).

Counselor self-awareness

In the MSJCC, counselor self-awareness refers to a lifelong process of self-reflection and ongoing learning regarding one’s own attitudes and beliefs and how privilege and marginalization impact lived experiences (Ratts et al., 2016). Participants in this study emphasized the need for music therapists to reflect on their own identities and beliefs. Additionally, participants noted the need for music therapists to commit to lifelong learning and growth. The theme “Know the impact of self on others to do better” reflects what participants shared regarding self-reflection. Participants emphasized that

music therapists should be aware that they may be “interpreting someone else from the lenses of [their] own culture” and “it’s not just [their] own intent and [their] own knowledge” they are bringing into music experiences and the therapeutic relationship. Regarding clinical and professional wisdom, participants noted their growth and learning throughout their careers and the value of curiosity, using interdisciplinary and multicultural resources, and listening to others. The emphasis on multicultural resources relates to findings by Kim (2021) that a multicultural framework could reduce discrepancies in healthcare service delivery by fostering a lens of justice and empowerment.

Client worldview

Ratts and colleagues (2016) describe client worldview as the ways power, privilege, oppression, and clients’ identity development influence clients’ worldviews and experiences. In this study, the theme “Know and honor others better” relates to the MSJCC domain “client worldview.” Within this theme, participants discussed the importance of “[meeting] someone where they are,” being open to the individual and their influences, calling on the person’s experience “to fuel the session,” and remembering that “the way it worked for one person may not be the way it worked for another person.” A sub-theme, “Stand in their shoes,” regards participants’ insights on the importance of cross-cultural empathy. For example, Sofia stated “What we understand as music in the West may not be understood in an equal manner or a similar manner” by a person from another music tradition.

Counseling relationship

The counseling relationship in the MSJCC regards counselors' understanding of how lived experiences of privilege and marginalization may impact the therapeutic relationship, cross-cultural communication skills, and commitment to ongoing learning about creating a "safe, welcoming, and culturally affirming counseling relationship and environment for all clients" (Ratts et al., 2016, p. 41). This domain of the MSJCC also relates to a theme from this study, "Know and honor others better." Sub-themes, "Stand in their shoes" and "Empower the individual," related to the necessity for cross-cultural empathy and a supportive, empowering therapeutic relationship. As examples, participants suggested that music therapists be "an active backseat driver," involve the person in goal setting while drawing in the person's culture and experiences, defining facilitators and barriers to goals in partnership with the individual, and building on where the person feels comfortable. A quote from Roger provides insight into autonomy in the therapeutic relationship: "The best music therapy doesn't seem like the music therapist is the one leading it."

Counseling and advocacy interventions

In the MSJCC, counseling and advocacy interventions refer to interventions and strategies that counselors use to address change at personal and systemic levels. Ratts and colleagues (2016) specify that these interventions should be culturally relevant. A theme from this study that relates to counseling and advocacy interventions is "Know better to do better." Within this theme, the sub-theme "concrete strategies" provides actionable steps regarding music therapy experiences and interventions. Examples of concrete strategies included the use of visuals and multimodal options, providing translations of

lyrics when possible, using translation and interpretation services and resources, using the person's language (even on a "bare minimum" level), and engaging in research and learning about the person's culture. Most concrete strategies described in this study take place on an intrapersonal or interpersonal level. Participants also emphasized the importance of ongoing learning and centering multiple cultures to address systemic change. This information relates to previous findings in music therapy literature, such as the importance of culture-centered assessments for establishing treatment goals (Hahna, 2017) and the importance of centering culture to promote equity and personal agency (King, 2021).

Competencies: Attitudes and beliefs-knowledge-skills-action

Competencies in the MSJCC are embedded in the developmental domains of counselor self-awareness, client worldview, and counseling relationship. These competencies relate to a commitment to practices rooted in multiculturalism and social justice, the use of relevant theories to guide multicultural and social justice competence, and development of culturally relevant interventions. The competency of action regards operationalization of these concepts to achieve outcomes based in multiculturalism and social justice. Across themes in this study, participants implored music therapists to aspire to continual self-reflection and learning, cross-cultural empathy and recognition of the limitations of their understanding, and development of empowering and culturally meaningful therapeutic relationships. Attitudes and beliefs relate most closely to the theme "Know the impact of self on others." The competencies of knowledge and skills relate to all themes in this study, which regard knowledge of information and its application, knowledge of self, and knowledge of others and the therapeutic relationship.

Readers can find specific actions the participants described for leveraging cultural assets and engaging in cultural humility under the sub-theme “concrete strategies.”

Limitations

Due to study design, participant recruitment, and methods used, there are limitations associated with this study. I conducted and wrote this thesis during the COVID-19 pandemic. Impacts of the pandemic on participants may have influenced their responses; they may have responded differently if not living through a historic moment. All interviews took place remotely via Zoom. This could have been a limitation because it precluded the participation of people without access to Zoom, and there were brief instances where the Internet connection made it difficult for me to hear what the participants shared (in those cases I asked them to repeat what they had said). Interviews lasted approximately one hour each. Participants were required to be able to participate in an hourlong virtual interview. Conversely, Zoom allowed me to interview experts in multiple states and capture a wider range of perspectives than I may have been able to represent if interviews had taken place in person.

As this was a qualitative study, the goal was to investigate the phenomenon in depth and results are not intended to be generalizable. While qualitative research offer rich information, these results cannot represent the full range of music therapy experiences among CLD individuals or perspectives regarding clinical and professional practices with CLD individuals. The decision to include participants who were music therapists, ethnomusicologists, experts in DEI, experts in UDL, or experts in working with CLD individuals could have left out individuals with other professional backgrounds who could have contributed insights relevant to this topic. Including people with different

professional backgrounds offered the music therapy profession interdisciplinary perspectives. If I had focused only on music therapists, I may have gotten different results and more depth specific to music therapy. Because of the resources available regarding time to complete my master's degree, funding, and my skillset, I included only participants who spoke fluent English. The inclusion criteria excluded individuals who could have contributed useful perspectives to this study but did not speak fluent English. Additionally, I am a beginning qualitative researcher, and a more experienced researcher could have discovered different information in the interview data or arrived at different conclusions.

Future Research Considerations

A primary finding of this thesis is that there are a variety of opportunities for music therapists to grow in their clinical practices with CLD individuals. In the future, researchers should continue to investigate current music therapy practices with CLD individuals to learn which recommendations from the experts involved in the present study are already being used, and which are not. One specific avenue to further investigate could be to develop a training or model that facilitates music therapists' use of concrete planning strategies for centering CLD individuals in music therapy. Researchers could also investigate how music therapy professors, instructors, and supervisors are addressing concepts related to CLD individuals and music therapy through curriculum. Another opportunity for further research could regard music therapists' use of music by composers from a variety of linguistic and cultural backgrounds. Additionally, a descriptive survey could be a logical next step for learning more about what music therapists know and how they could learn more about leveraging cultural assets of CLD

individuals and engaging in cultural humility. Researchers should continue to seek current resources regarding culturally sensitive and equitable practices, pursue further research on topics related to music therapy and CLD individuals while using existing resources, and be mindful of conducting research in a manner that does not place a burden on CLD individuals.

Conclusion

The value of honoring the experiences and identities of CLD individuals in music therapy practice is evident in the variety of strategies, personal and professional experiences, and areas for learning and growth participants shared. According to this study, music therapists can engage in interdisciplinary learning and reflection to grow in technical knowledge, knowledge of the impact of self on others, and knowledge of how to honor others in practice regarding CLD individuals. Music therapists as a professional group should prioritize inclusive, culturally sensitive, and equitable practices to leverage cultural assets of CLD individuals.

APPENDICES

Appendix A: IRB Certificate of Approval



Office of Research Integrity
IRB, RDRC

XP Initial Review

Approval Ends:
10/6/2022

IRB Number:
72649

TO: Emma King,
Music Therapy
PI phone #: 270-245-7232

PI email: egki227@uky.edu

FROM: Chairperson/Vice Chairperson
Nonmedical

Institutional Review Board (IRB)

SUBJECT: Approval of

Protocol

DATE: 10/7/2021

On 10/7/2021, the Nonmedical Institutional Review Board approved your protocol entitled:

Leveraging Cultural Assets of Culturally and Linguistically Diverse Individuals in Music Therapy: A Qualitative Phenomenological Study

Approval is effective from 10/7/2021 until 10/6/2022 and extends to any consent/assent form, cover letter, and/or phone script. If applicable, the IRB approved consent/assent document(s) to be used when enrolling subjects can be found on the approved application's landing page in E-IRB. [Note, subjects can only be enrolled using consent/assent forms which have a valid "IRB Approval" stamp unless special waiver has been obtained from the IRB.] Prior to the end of this period, you will be sent a Continuation Review (CR)/Annual Administrative Review (AAR) request which must be completed and submitted to the Office of Research Integrity so that the protocol can be reviewed and approved for the next period.

In implementing the research activities, you are responsible for complying with IRB decisions, conditions and requirements. The research procedures should be implemented as approved in the IRB protocol. It is the principal investigator's responsibility to ensure any changes planned for the research are submitted for review and approval by the IRB prior to implementation. Protocol changes made without prior IRB approval to eliminate apparent hazards to the subject(s) should be reported in writing immediately to the IRB. Furthermore, discontinuing a study or completion of a study is considered a change in the protocol's status and therefore the IRB should be promptly notified in writing.

For information describing investigator responsibilities after obtaining IRB approval, download and read the document "[PI Guidance to Responsibilities, Qualifications, Records and Documentation of Human Subjects Research](#)" available in the online Office of Research Integrity's [IRB Survival Handbook](#). Additional information regarding IRB review, federal regulations, and institutional policies may be found through [ORI's web site](#). If you have questions, need additional information, or would like a paper copy of the above mentioned document, contact the Office of Research Integrity at 859-257-9428.

see blue.

405 Kinkead Hall | Lexington, KY 40506-0057 | P: 859-257-9428 | F: 859-257-8995 | www.research.uky.edu/ori/

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Appendix B: Standardized Open-Ended Interview Guide

[Read aloud to participants who are not music therapists] Music therapy is the evidence-based use of music within a therapeutic relationship to optimize physical, social, emotional, and cognitive well-being and quality of life of individuals in a variety of everyday, educational, and medical settings (World Federation of Music Therapy, 2021) including schools, hospitals, long-term care facilities, rehabilitation facilities, correctional facilities, and community-based settings (American Music Therapy Association, 2021). *[Read aloud to all participants]* I appreciate the time you are taking to share your expertise to help inform how music therapists can engage in cultural humility and leverage cultural assets with culturally and linguistically diverse individuals.

Prompts will include: 1. “Please tell me more...”, 2. “Please explain further...”, and 3. Visual prompting by looking at the interviewee in silence for three to five seconds.

Interview Questions *[read each question at a relaxed pace to facilitate participant comprehension, in order as written]*

- “What is your ethnic or racial identity?”
- “What is your gender identity?”
- “What is your age?”
- “How long have you been working in your area of expertise?”
- “What is the highest level of education you have completed?”
- “Tell me about how awareness of your own cultural identity has influenced your work with culturally and linguistically diverse individuals.”

- “Describe how your own life experiences have influenced your work with culturally and linguistically diverse individuals.”
- “In your view, please describe how experiences of privilege or marginalization might impact music therapists’ work with culturally and linguistically diverse individuals.”
- “What recommendations do you have for music therapists working with people whose language the music therapist does not know or understand?”
- “In your view, please describe how music therapists can work to continually grow in culturally sensitive practice.”
- “Please tell me about any self-awareness you have found especially important in working with or learning about culturally and linguistically diverse individuals and their music.”
- “Please tell me about any knowledge or skills you have found especially important in working with or learning about culturally and linguistically diverse individuals and their music.”
- “Please describe ways that music therapists could represent ideas and concepts in multiple ways or formats for culturally and linguistically diverse individuals.” (multiple means of representation)
- “Please describe ways that music therapists could provide culturally and linguistically diverse individuals with multiple options for participation, communication, and goal-setting.” (multiple means of action and expression)
- “Please describe ways that music therapists could provide culturally and linguistically diverse individuals with multiple options or ways to engage in a session.” (multiple means of engagement)

- “Please describe ways that music therapists could prioritize autonomy in sessions with culturally and linguistically diverse individuals.” (multiple means of engagement)
- “Please share any particularly meaningful examples of ways you have interacted with culturally and linguistically diverse individuals.”
- “Is there anything else you would like to add that I have not asked you about?”

Appendix C: Recruitment Email

Dear [expert's name]:

I am writing on behalf of Emma King, who is a graduate student in the Music Therapy Program at the University of Kentucky. I am a committee member for Emma's master's thesis, and I am contacting you because I think that you may be a suitable participant for a research project that she is conducting exploring leveraging cultural assets with culturally and linguistically diverse (CLD) individuals in music therapy.

While music therapy research related to this topic is emerging, practical guidance regarding how to effectively approach treatment and the therapeutic relationship with CLD individuals has largely remained absent from the literature. To improve the evidence base for music therapists who work with CLD individuals, it is vital to document how seasoned professionals effectively engage in inclusive, equitable, and culturally sensitive practices. In order to better understand the approaches experts use for effective practice with CLD individuals, Emma hopes to interview a variety of experts with demonstrated scholarship or clinical expertise related to CLD individuals; culture; Universal Design for Learning; or diversity, equity, and inclusion (e.g., peer-reviewed journal publications, dissertation, conference presentations, book chapters).

If you would consider being a participant in Emma's study, please contact Emma at egki227@uky.edu to obtain additional information on her project. You will be asked to participate in one interview via Zoom that will last approximately 1 hour. Emma can provide you with more information to help you decide if you would like to participate.

Thank you so much for considering this inquiry. She is hoping to recruit participants within the next two weeks.

Again, thank you for considering this request. If you would like more information or are willing to participate, please contact Emma directly at egki227@uky.edu.

If there are other experts who you think would be eligible and interested in participating, you are welcome to forward them my email.

Best,

[Committee member's name]

Appendix D: Informed Consent Cover Letter

IRB Approval
11/16/2021
IRB # 72649
NMED

Informed Consent Cover Letter

To XXXXXX:

A graduate student researcher, being guided by a faculty advisor, at the University of Kentucky is inviting you to take part in an interview via Zoom about leveraging cultural assets of culturally and linguistically diverse individuals in music therapy practice. You are being asked to volunteer as a participant in this research study because you expressed interest in response to an email advertisement distributed by one of my thesis committee members. The purpose of this study is to provide foundation and practical guidance for music therapists regarding inclusive, equitable, and culturally sensitive clinical practices with culturally and linguistically diverse individuals.

Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about how music therapists can effectively serve culturally and linguistically diverse individuals. Some volunteers experience satisfaction from knowing they have contributed to research that may possibly benefit others in the future.

If you do not want to be in the study, there are no other choices except not to take part in the study.

The interview will last about one hour. You may skip or not answer any question in the interview, as all answers are voluntary.

The minimal risks associated with this study may include unintentional confidentiality breach, fatigue from talking and reading social cues over Zoom, and interview questions that may make you feel uncomfortable, which you may choose not to answer. Zoom meetings also present risk of third-party interference, although we will use a private email invitation and lock the meeting to minimize this risk. Please be aware that while we will make every effort to safeguard your data from the interview, as with anything involving the Internet, we cannot guarantee the confidentiality of the data while still on the Zoom servers. Third-party applications used in this study may have Terms of Service and Privacy policies beyond the control of the University of Kentucky.

Your interviews will be audio and video recorded and will be kept confidential to the extent allowed by law. The audio recording will be done with an app on the researcher's personal phone. Cloud sharing services will be turned off on the phone until the recorded interview has been deleted. When we write about the study you will not be identified and you will be assigned a pseudonym. You will be contacted by the researcher via email and given the opportunity to read a transcript of your interview to check for accuracy.

All identifiable information such as your name will be removed from the information collected in this study. After removal, the information may be used for future research or shared with other researchers without your additional informed consent.

We hope to interview ten people, so your answers are important to us. Of course, you have a choice about whether or not to complete the interview, but if you do participate, you are free to

skip any questions or discontinue at any time. You will not be penalized in any way for skipping or discontinuing the interview.

If you have questions about the study, please ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Thank you in advance for your assistance with this important project.

Sincerely,

Primary Investigator
Emma King, MT-BC
Graduate Student, Music Therapy Department, University of Kentucky
PHONE: (270) 245-7232
E-MAIL: egki227@uky.edu

Primary Investigator's Advisor
Alaine Reschke-Hernandez, PhD, MT-BC
Department of Music Therapy, University of Kentucky
PHONE: 859-257-4536
E-MAIL: Alaine.ReschkeHernandez@uky.edu

- Participant consents to participation
- Participant does not consent to participation

Participant name

Researcher signature/date

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VITA

Emma King, MT-BC

EDUCATION

Expected August 2022 <i>Master of Music in Music Therapy</i>	University of Kentucky
July 2020 <i>Music Therapy Equivalency</i>	University of Kentucky
May 2018 <i>Bachelor of Music in Music Education</i>	Western Kentucky University

PROFESSIONAL EXPERIENCE

October 2021–Present <i>Music Therapist</i>	Wellness Music Therapy Center
Fall 2021 <i>Music Therapist for a Research Study</i>	University of Kentucky
January–May 2021 <i>Graduate Teaching Assistant</i>	University of Kentucky
2012–Present <i>Flutist and Flute Instructor</i>	Self-employed

SCHOLASTIC HONORS

- Concurrent Session Presentation – Southeastern Chapter of the American Music Therapy Association Regional Conference | 2022
- Poster Presentation – Gerontological Society of America Annual Scientific Meeting | 2021
- Concurrent Session Presentation – American Music Therapy Association National Conference | 2021
- University of Kentucky Alumni Association Scholar | 2021
- Dr. Ralph McCracken Award, Music Therapy | 2021
- Concurrent Session Presentation – Flute Society of Kentucky Festival | 2019, 2021
- University of Kentucky Fine Arts Community Outreach Grant | 2019
- Scholar of the College – Western Kentucky University Potter College | 2018
- Western Kentucky University Outstanding Student in Music | 2018
- Flute Society of Kentucky Collegiate Competition Finalist | 2018
- Wesley Shepard Youth Performing Artist | 2014