THE IMPACT OF PERSONAL LOSS ON MUSIC THERAPISTS' ABILITY TO WORK WITH CLIENTS

By

Ashley Marie Younis, MT-BC

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[redacted]

Joni Milgram-Lutterman, Ph.D., MT-BC, LCAT
Thesis Advisor/ Discipline Chairperson
Music Therapy

[redacted]

Kevin P. Kearns, Ph.D.
Associate Vice President for Graduate Studies & Research

Abstract

Loss and grief are common experiences across age, gender, race, religion, socioeconomic status, sexual orientation, and occupation. However, there is a paucity of research on how loss impacts music therapists' clinical work. The purpose of this descriptive study was to explore the influence of personal losses on music therapists' clinical work. Ninety-five music therapists participated in an internet survey via SurveyMonkey®, and answered questions regarding (a) the impact loss has had on their work with clients, (b) self-care techniques they use to work through these losses, and (c) their viewpoints on taking a leave of absence to cope with loss. Relocation, death of a loved one (not otherwise specified), decline in health, loss of a pet, car accident, death of a parent, end of a friendship, end of a romantic relationship, loss of job, and loss of safety were the most reported losses that impacted the music therapists' clinical work, either positively or negatively. The most commonly reported coping strategies were to talk with friends (92.4%), cry (83.5%), listen to music (81.0%), and talk with family (79.7%). All participants consistently reported that taking a leave of absence to cope with loss may be beneficial depending on the situation, and that music therapists must help themselves before they can help clients, even if that includes a leave of absence. Results are described, and limitations and implications for future research are discussed.

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Introduction

"Loss is a recurrent theme in human life, ever-present and bound up with a person's experience" (Kouriatis and Brown, 2011, p. 205). The majority of individuals experience some form of loss, whether it is the death of a loved one or pet, divorce, miscarriage, relocation, loss of safety, decline in health, loss of job, loss of home/property, loss of independence, etc. Everyone reacts to loss differently; some individuals experience little or no impact from a loss, while others experience a significant impact (Worden, 2009).

Although most people experience loss at some point in their lives, there is limited research on how loss influences helping professionals, specifically therapists. Kouriatis and Brown (2011) stated that "personal loss can have a great impact not only on therapists' but also on any individual's belief system and way of thinking, feeling, acting, and relating to self and other" (p. 205). Loss is a universal issue, yet there is a paucity of research studies regarding the impact of loss on therapists, and more specifically to this study, how loss impacts music therapists.

Junkin (2006) studied how clinical grief influenced music therapists' continued clinical work. From her research, Junkin (2006) recommended that her study be expanded upon to investigate the impact personal grief and loss has on music therapists' clinical work because personal grief may have a greater impact than clinical grief. Kouriatis and Brown (2011) also called for more research, stating "hopefully, more research on therapists' significant loss experiences will facilitate reflection on personal losses and their possible impact in clinical practice" (p. 206). More research on how loss impacts music therapists' clinical work would improve treatment provided by music therapists.

Understanding how loss impacts music therapists is important, but also understanding

self-care strategies music therapists use to cope with the loss is equally important. As music therapists, we are ethically bound to practice self-care in order to provide the best treatment to our clients (Williams et al., 2010). Everall and Paulson (2004) said, "As professionals who are trained to care for others, we often overlook the need for personal self-care" (p. 25). We strive to help clients explore ways of improving their emotional, mental, physical, psychological, and social well-being, yet occasionally we find it difficult to do this for ourselves. "Balancing self-care and other-care seems like a universal struggle for those in the helping professions (Skovholt et al., 2001, p. 168). Music therapists, or any individual working in the helping professions, cannot help others work through their own emotional and psychological issues until they have done so for themselves (Skovholt et al., 2001; Telepak, 2010; Williams et al., 2010).

I became interested in researching how personal loss impacts clinical work because of my own experience with loss. After I completed my internship and shortly before beginning coursework for my Master's degree, my best friend committed suicide. His death left me completely broken hearted, shocked, angry, sad, confused, and feeling guilty. The first few weeks were unbelievably unbearable. I took a couple of weeks off from my food service job to begin to process what had occurred. Upon returning to work, I found it difficult to concentrate. The smallest thing made me burst into tears; a song on the radio that reminded me of him, someone who wore the same cologne as him, anyone that sounded or looked like him. Sometimes there was no trigger for the tears and they came on their own. For the first month or so, I was physically ill from the shock and horror of his death. To sum it up simply, I was a complete mess.

I knew shortly after my best friend's death that I could not work as a music therapist. I was too vulnerable and emotional. There was no way that I could help clients with their issues

when my issues were so fresh and intense. I made the decision not to seek employment as a music therapist until I felt that I had a grasp on my issues and could make it through most of the day without crying uncontrollably. I needed to work through my grief and take care of myself first and foremost. Although I knew my decision not to work with clients was the best choice for me, other people in my life did not necessarily agree. Some people did not understand why I could not "just move on" and "get over" my best friend's suicide. Others said they supported my decision, but were not respectful of my choice and tried to push me into taking a job. Even though I did not receive support from everyone in my life, I stuck by what I knew was the right choice for me. My health and well-being were more important than anyone's opinion on my situation. I was aware that taking a music therapy job could potentially harm the welfare of my clients since I had not worked through my issues. I knew my personal issues could impact my clinical work, and working as a music therapist when I know that I was not capable of providing the best services possible to my clients is not only ethically wrong, but also morally wrong.

As music therapists, it is our ethical duty to address personal issues and to practice self-care in order to provide the best treatment possible for our clients. The Code of Ethics developed by the American Music Therapy Association (AMTA) provides a declaration for professional conduct. The Professional Competence and Responsibilities states,

> 1.5 The music therapist is aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage, will take whatever action is necessary (i.e. seeking professional help, limiting or discontinuing work with clients, etc.) to ensure that services to clients are not affected by these limitations and problems. (American Music Therapy Association, 2012)

Also, the Code of Ethics section on Relationships with Clients/Students/ Research Subjects states "3.1 The welfare of the client will be of utmost importance to the music therapist" (American Music Therapy Association, 2012). The Personal Development and Professional Role section of

the Advanced Competencies developed by the AMTA provide the following competencies: "8.2-Identify and address one's personal issues, 8.5-Recognize limitations in competence and seek consultation, and 8.6-Practice strategies for self-care (American Music Therapy Association, 2009). All board-certified music therapists, music therapy students, and music therapy interns are obligated to abide by the Code of Ethics. Regardless of the issue the music therapist is facing, whether it is a professional issue or personal problem, it is music therapists' job to address the issue, and work through the issue to the best of their ability. It is also music therapists' job to practice self-care strategies to address any issues, as well as to maintain overall well-being.

Purpose

The purpose of this descriptive study was to explore the impact of personal losses on music therapists' work with clients, the self-care techniques that music therapists use to work cope with loss, and their viewpoints on taking a leave of absence to cope with loss. The research study was a result of the researcher's personal experience with the death of a loved one, and the significant impact that had the researcher's ability to work with clients. The following questions created the foundation of this research study: (1) What types of personal losses do music therapists report experiencing? (2) What is their perception of the impact (positive or negative) the loss had on their clinical work? (3) What is their perception of the magnitude of impact (slight, moderate, or profound) loss had on their clinical work? (4) What strategies do these music therapists report using to cope with their losses? (5) Have they taken a leave of absence to cope with a loss? If yes, how long was the leave of absence and was it beneficial? If no, what is their opinion on taking a leave of absence?

Review of Literature

Introduction to Grief and Loss

"Grief is a universal experience that is both a natural emotional response to loss, as well as an expressive response learned in the context of our individual cultures" (Eliason, Lepore, & Myer, 2007, p. 418). Every person experiences grief and loss at some point in their life; no one is immune to it (Worden, 2009). As music therapists, or other health-care professions, we do not always address our own loss and grief because it is our nature to be more attuned to the needs and well-being of our clients. Personal loss tends to have some type of impact on the individual, therefore it is important to consider how personal loss impacts clinical work (Kouriatis & Brown, 2011). "This impact becomes even more important in the case of the therapist where one's self informs therapeutic work" (Kouriatis & Brown, 2011, p. 206). Therefore, it is also important to consider self-care strategies that may help music therapists cope with loss (Fowler, 2006), so they may be able to "offer one's own experience as a source of healing to those who are often lost in the darkness of their own misunderstood suffering" (Nouwen, 1972, p. 87, as cited in Hayes, Yeh, & Eisenberg, 2007, p. 351).

Impact of Personal Loss on Ability to Work with Clients/Patients

Almost all people experience loss at least once throughout their lives (Worden, 2009). Although loss is a universal experience, each individual copes with each loss differently (Kouritias & Brown, 2011; Worden, 2009). Loss has the ability to impact our lives profoundly on a personal and professional level (Worden, 2009). However, there is limited research on how loss impacts individuals whose job includes helping others cope with loss and grief, such as therapists, counselors, music therapists, and psychotherapists. Deutsch (1985) surveyed therapists about common personal problems they experience and treatment they seek for those

problems. Givelber and Simon (1981) interviewed four therapists about the impact a recent loss had on their clinical work. Telepak (2010) interviewed four psychotherapists about their experiences as "wounded healers" and how their personal struggles affected their work with clients. Junkin (2006) conducted a study to discover how music therapists' mourning impacts clinical work.

Deutsch (1985) examined therapists' personal problems and treatment they seek for those problems. Six hundred twenty-nine psychotherapists were invited to participate in the study by completing a questionnaire, and 310 completed the questionnaire. Some participants were excluded from the final sample for a variety of reasons, such as not meeting the requirements of the study, or not completing a large portion of the questionnaire. Of the 310 participants who completed the questionnaire, 264 therapists' responses were used for the final sample. The questionnaire consisted of demographic information and questions about personal problems, whether or not they sought out treatment for those problems, and why participants chose not to seek treatment. Personal problems included relationship difficulties, depression, death of a loved one, divorce, substance abuse, and suicide attempts. The two most reported problems were relationship difficulties and depression. Participants who reported seeking treatment stated they used medication, were hospitalized, or saw a therapist. Survey results showed that 217 participants (82%) reported experiencing relationship issues. Of those 217 participants, 47% sought therapy, 8% were prescribed medication, and 2% were hospitalized. One hundred fifty participants (57%) reported experiencing depression at some point in their lives. Twenty-seven percent of therapists who reported experiencing depression saw a therapist, 11% used medication, and 3% were hospitalized as treatment. The researcher also investigated why participants may not seek treatment for personal issues. Ninety participants (34%) reported not

seeking therapy for the personal problems they reported experiencing. The most commonly reported reason for not seeking treatment was an inability to find a therapist they did not already know personally or professionally. The next most common reasons for not seeking professional treatment were (1) participants sought help from family, friends, and co-workers, and (2) the issues resolved before therapy was undertaken. Other reasons included cost of therapy being too high, failure to admit the problem was serious, inability to put in effort to seek therapy, concern for confidentiality, and fear of exposure. Several participants wrote unsolicited comments on their questionnaires. These comments included reports that the opportunity to share their personal problems provided relief because of the societal belief that therapists are supposed to be models of mental health and should not have serious personal issues. The researcher believed the results of her study might help the psychotherapy profession to eliminate the myth that therapists should be "superhuman" and not have problems of their own. The study describes personal problems experienced by therapists, treatments they may seek, and reasons for not seeking treatment. The researcher suggests more research is needed to understand the impact therapists' personal issues have on their professional work.

Givelber and Simon (1981) studied the client-therapist interaction after the therapist experienced a recent loss. The researchers focused on this topic because of their own experiences with the death of a loved one and returning to clinical work after that loss. Givelber and Simon (1981) interviewed four colleagues who had experienced the death of a loved one, and asked about the impact the death had on their therapeutic relationship with clients. Participants included two therapists, one analyst, and one group therapist. Two participants experienced the death of a parent, the other two experienced the death of their spouse. The researchers asked participants to focus on one client, or group, and share the positive and

negative impacts of the loss on therapy. One therapist reported an improvement in the therapeutic relationship after the therapist revealed her loss to a client. The client informed the therapist that her disclosure helped them to be "more equal" and allowed the client to work through some deep-seated issues. Another participant, the analyst, recently lost his wife after a lengthy illness and reported experiencing countertransference, lack of empathy, and over-identity issues with a client who had lost his mother several years prior to treatment. The analyst learned to be more flexible and open-minded in regards to analyzing a client. The group therapist shared her loss with her group, and the disclosure was not received well by group members. Some clients were angry, felt manipulated by her sharing, and others blamed themselves for her loss. The therapist used this as a learning experience, and used subsequent sessions to explore group members' reactions and associations to the therapist's disclosure. The fourth therapist had recently lost his wife and did not share his loss with a client. The therapist was noticeably distracted and distressed, and the client confronted the therapist about this. The therapist acknowledged his actions and the client's concerns. The client was grateful that the therapist validated the client's concerns, and this allowed the therapy process to improve. The therapist also reported that this experience aided in his own self-awareness. Overall, the study illustrates how loss can both positively and negatively impact a therapists' work.

Junkin (2006) studied how clinicians' experiences with mourning impacts music therapy treatment. Participants included nine music therapists from the east coast of the United States and Canada, all of whom were asked to participate in the study because they were working with dying clients. Participants were interviewed about their experiences with death and its musical impact. After transcribing the interviews, the researcher analyzed the data by coding and sorting data into categories for each participant, and then combining common themes from all

participants to create general categories and sub-categories. The researcher found that the categories fell into two main areas: (1) intentional use of music, and (2) how the death of a patient impacted the music therapists' continued clinical work, both interpersonally and musically. The general categories identified through participants' interviews were connections, prophylactic use of music, kinesthetic experiences, boundaries, rituals, closure, musical beliefs and concepts, and clinical impact. Results showed most participants discussed the role of music as a source of comfort/peace, providing moments of connection, or a sense of "letting go." Another theme that emerged frequently was a spiritual or creative connection between client and therapist through the use of music, and honoring, appreciating, or cherishing those memories of the client after the client's death. Another major theme that emerged was self-care. Almost all participants discussed using music as a self-care strategy, and all participants discussed their personal relationship with music. The researcher concluded all participants had experienced death and loss, and that this loss and grief impacted their clinical work. For some participants, their loss motivated them to work with the dying, and some participants used their clinical work as a way to remember their own losses. Junkin (2006) found participants used clinical work as a way to remember personal loss, "not in a narcissistic way, but in a desire to be part of the completion of life, hoping to provide a sense of quality of life, however small" (p. 55).

Telepak (2010) investigated the impact of personal struggles on clinical work and therapists as "wounded healers." She described the "wounded healer" as both a healer and a patient within the therapist. Telepak (2010) believed that "a personal experience of woundedness may create an empathic environment suitable to promote the healing process in the client" (p. 7). Telepak's study consisted of eight psychotherapists across the United States who responded to a flyer asking for participants who were willing to discuss their experiences as

wounded healers. Although 32 individuals responded to the flyer, eight participants were picked for the final sample of based on their experiences with psychological issues. The researched interviewed participants individually about personal beliefs and experiences regarding self-disclosure, personal reactivity to client content based on past history, and maintaining personal well-being. The researcher recorded interviews, transcribed them, and then coded the transcripts to uncover common themes that were relevant to the research questions. Researcher described four themes: experience of treatment and recovery, countertransference, impact of personal woundedness, and self-care were deemed most significant by the researcher. All participants sought some form of treatment for psychological distress they had experienced, such as the use of medication, taking a leave of absence from work, and the use of humanistic, psychodynamic, or active Rogerian psychotherapy. Participants also found family support, support from friends, relationships with supervisors and colleagues, professional workshops and training, and spirituality to be beneficial for recovery. All participants reported experiencing countertransference within the therapy setting, and had been triggered by clients that reminded them of their own personal wounds. Some participants discussed their concern about not being as effective with clients because the client's issues were too close to their own woundedness, resulting in less objectivity. In regards to personal woundedness, most of the participants felt their personal experiences with psychological distress were necessary in order to relate to clients more effectively, as well as to understand themselves better as therapists. Participants' personal experiences influenced their therapeutic approaches with clients, the type of clients they work with, their knowledge of psychological struggles, their self-awareness of their own limitations, and their own emotional needs and how to meet those needs. All participants recognized the need to practice self-care for themselves, and to help clients learn self-care techniques. The most

common self-care strategies mentioned by participants related to staying healthy and taking care of one's physical needs. Although all participants recognized the importance of self-care, not all were able to put these strategies into practice. Based on the results of the study, Telepak (2010) stated "self-care may be difficult to practice but there are a broad range of strategies the participants have adopted in order to maintain their physical, mental, and emotional health" (p. 34).

Deutsch (1985), Givelber and Simon (1981), Junkin (2006), and Telepak (2010) collectively found loss is an important factor in therapists' personal and professional lives, and that significant loss impacts therapists' work with clients, both positively and negatively. These findings suggest therapists need to be cognizant of their experiences with loss, need to address their losses, and become aware of how those losses may influence their work with clients.

Self-care

Individuals working in helping professions care for others on a daily basis, but often forget the need for personal self-care (Everall and Paulson, 2004). Personal and professional self-care research has become an area of interest and concern in recent years. Although there is limited research on the importance of self-care, some studies have illustrated coping strategies used by health-care professionals, and the importance of taking care of oneself in order to maintain professional longevity. Williams, Richardson, Moore, Gambrel, and Keeling (2010) documented their own experiences with self-care strategies and discussed the benefits they experienced from using these techniques. Kravits, McAllister-Black, Grant, and Kirk (2008) discussed a psycho-educational program they developed to educate nurses on self-care strategies. Murrant, Rykov, Amonite, and Loynd (2000) discussed a workshop they developed for hospice and palliative caregivers to learn creative self-care strategies. Skovholt, Grier, and Hanson

(2001) created a developmental framework for self-care throughout the professional lifespan of counselors. Fowler (2006) researched the relationship between demographics, professional well-being, attitudes towards the workplace, stress management, and preventative health habits of music therapists in order to identify factors that may contribute to music therapists' well-being and professional longevity.

Williams et al. (2010) were interested in the importance and benefits of self-care strategies, and investigated the usefulness of practicing self-care by documenting their own personal experiences with different self-care strategies. Four of the researchers described their experiences with specific self-care techniques over the course of one to two weeks. Each researcher focused on one technique, which included music, spirituality, autohypnosis, and mindfulness, and wrote reflections in a journal after each experience with that specific technique. Researchers reported feeling more relaxed and calm, and felt more connected to themselves and to their clients after using self-care techniques. They also suggested ways that clients could potentially benefit from using the self-care techniques the researchers used in the study.

Kravits et al. (2010) implemented and reviewed a psycho-educational program to teach nurses self-care behaviors to help prevent burnout. The program consisted of one 6-hour class, and included art exploration of positive coping strategies, relaxation and guided imagery training, and creating a personalized wellness plan. Participants included 248 nurses in Southern California. The researchers used a pre-post evaluation of burnout using the *Maslach Burnout Inventory- Human Services Survey,* wellness plans, and Draw-a-Person-in-the-Rain art assessment. They analyzed data collected from handwritten statements made by participants during the creation of their wellness plans. One hundred forty-five wellness plans were used for analysis. Researchers found that 43% of the statements could be categorized as emotional, 34%

of intention statements were physical, 21% were cognitive/mental, 5% were social, and 2% were spiritual. Prayer, deep breathing, exercise, affirmation, and family/friend support self-care strategies were identified the most by the participants. Evaluations of the program revealed participants found it challenging to discuss and explore coping strategies, yet beneficial, and suggested changes for future programs, including offering the course a couple times a year, increasing time for creating wellness plan, using music therapy, and addressing specific needs of the mature worker. Future research could also include using this psycho-educational program with counselors, music therapists, physicians, art therapists, social workers, expressive arts therapists, and other health-care professionals.

Murrant et al. (2000) facilitated a one-day workshop to help hospice and palliative caregivers discover creative self-care strategies: creating artwork, improvising music, and journaling activities. The researchers believed that self-care is important because "those who understand how they respond to stress, and what mechanisms sustain them and prevent stress overload are the most healthy and effective caregivers" (p. 44). Participants were divided into three groups, and each group rotated through all three modalities in two-hour sessions. After experiencing all three sessions, participants gathered for debriefing and to complete evaluations of their experiences. Some participants reported the workshop helped them express themselves in a creative manner. Some participants also reported that experiences helped facilitate communication and self-awareness, and they valued the opportunity to take time for themselves and to share their experiences with other caregivers. Participants suggested the workshop should occur over the course of several days, and more self-care strategies should be used. The research study illustrated short-term effects of three specific self-care strategies. However, future research is needed to determine long-term effects. Even though this research study focused on

palliative care and hospice caregivers, the information might easily translate to the music therapy profession since both are health-care professions, and music therapists work in hospice and palliative-care settings.

Skovholt et al. (2001) created a developmental framework for self-care throughout the professional lifespan of counselors. The researchers hypothesized that the most important factors for continued development and longevity of counselors were "an acceptance and tolerance of the complexity and ambiguity of clients and the helping process, a continual reflection on professional and personal beliefs, skills, and values, and an awareness that the process of growth is elusive and difficult to see" (Skovholt et al., 2001, p. 176). The researchers believed both professional and personal self-care are vital to professional longevity, and that counselors need to be assertive about their own emotional, physical, social, and spiritual well-being. The researchers do not mention the effect loss may have on counselors, but their framework does address how personal and professional issues, which could include loss and grief, may impact clinical work.

Fowler (2006) conducted a correlational study to investigate the relationship between professional well-being, age, income, level of education, attitudes towards the workplace, stress level, stress management, and preventative health habits of music therapists. The purpose of the study was to identify factors that may contribute to music therapists' well-being and professional longevity. Participants included 49 music therapists from the Midwest Region of the American Music Therapy Association, and methods included the use of three surveys: the *Stress Profile*, which measures stress and stress management; and *Maslach Burnout Inventory*, which measures attitudes towards work; and a questionnaire developed by Fowler that contained questions about demographic information, personal coping strategies for reducing stress, and attitudes towards

the workplace. Questionnaire responses showed participants used reading, playing music for fun, being outdoors, going to the movies, exercise, talking with family/trusted friends/co-workers, prayer, attending professional conferences, and scrapbooking for stress reduction. The results of this study indicated that positive coping skills had a positive correlation to professional longevity of music therapists. Although Fowler's research does not directly relate to how loss impacts clinical work, her research does illustrate the importance of self-care for music therapists' in order to increase professional longevity and overall well-being.

Collectively, Fowler (2006), Skovholt et al. (2001), Murrant et al. (2000), Kravits et al. (2008), and Williams et al. (2010) found self-care is a significant and necessary tool for preventing burnout, increasing professional longevity, and decreasing the chance of personal issues negatively affecting clients/patients. These findings also affirm that more education, training, and research are necessary to develop and understand effective self-care strategies for music therapists.

Methodology

Participants

Before data collection could begin, approval from the Human Subjects Review Committee was required in order to survey music therapists about their experiences with loss and self-care. Upon approval (See Appendix A), the research proposal was sent to the AMTA to obtain e-mail addresses of music therapists in the Mid-Atlantic region of the American Music Therapy Association (AMTA) who possessed a music therapy credential. Four hundred and forty potential participants were e-mailed a letter of invitation stating the name of the study, the purpose for the research, and a link to an internet survey created by the researcher. When participants followed the survey link, they were directed to a consent form. The consent form notified participants of possible risks, such as survey questions bringing up unpleasant thoughts and feelings (See Appendix B). Participants were advised to contact a counselor, direct supervisor, or seek peer support if they experienced any adverse reactions to the survey questions. Informed consent was obtained by participants clicking "Yes, I understand what is being asked of me and I give my consent to participate", found at the bottom of the consent form survey page. When a music therapist agreed to participate in the research study, the link redirected them to the survey questions. If an individual clicked "No, I do not wish to participate at this time", they were redirected to another page, thanking them for their time and closing out the survey. One hundred and one music therapists followed the survey link, and three of those individuals declined to participate. Of the 98 music therapists who agreed to participate, three were deleted from the study because they did not answer any questions after agreeing to participate. The final sample size was 95 music therapists.

Data Collection

The researcher used SurveyMonkey® to design the survey (See Appendix C) and receive responses electronically. Participants were sent a letter of invitation via e-mail that stated the name of the study, the purpose for the research, and a link to an internet survey (See Appendix D). Participants were asked to complete the survey within a two week period, and were informed that the survey may take approximately 20 minutes to complete. At the end of the two weeks, another invitation e-mail was sent (See Appendix E); encouraging participants who were interested in the research study but had not completed the survey yet, to do so within the next seven days. Survey responses were submitted anonymously, and responses were stored securely on the researcher's password protected SurveyMonkey® account. Multiple choice, closed-ended, and open-ended questions were used to collect the data. Questions regarding demographic information included age, gender, race, state of residence, number of years working as a music therapist, client populations they have worked with over their career, client population(s) they currently work with, number of years working with current population, highest level of education, and music therapy credential. Survey questions pertaining directly to the research topic were:

- Consider all of the losses you've experienced. From the following list of losses, check if the loss had a slightly positive impact, moderately positive impact, profoundly positive impact, slightly negative impact, moderately negative impact, profoundly negative impact, or no impact on your ability to work as a music therapist. If you have not experienced a particular loss listed below, please check "Does Not Apply". (17 types of loss were listed, and a text box was also included for participants to write in different losses they have experienced)

- Considering the losses you identified, what strategies did you use to cope with those losses? (25 self-care strategies were listed, and a text box was provided for participants to write in other responses).

- Was "leave of absence" one of the coping strategies you identified?

- If yes, how long was the leave of absence? Was this leave of absence beneficial? How so?
- If no, discuss your opinion on taking a leave of absence to cope with a loss.

Data Analysis

The researcher used descriptive statistics to analyze the data. Raw numbers and percentages were calculated through SurveyMonkey®. Mean and mode were calculated by the researcher for several of the survey questions. For open-ended survey questions, the researcher looked for common trends and categorized responses.

Results

Four hundred and forty potential participants were e-mailed a letter of invitation to participate in the research study. One hundred and one music therapists followed the survey link provided in the e-mail, and three of those individuals declined to participate. Three participants agreed to complete the survey, but did not respond to any questions, and their data was removed from the study. Of the final sample of ninety-five participants, fifteen participants completed only demographic information and one participant completed demographic information and some research questions. Even though they did not complete the survey in its entirety, their responses will be included in the data. Table 1 illustrates demographics of participant distribution by gender, age, race, state of residence, educational level, and board certification credentials.

Table 1

Demographic Information of Participants

Question	Responses	
	n	%
Gender		
Female	79	83.2%
Male	13	13.7%
Did Not Wish to Disclose	3	3.1%
Age		
18-25	6	6.3%
26-30	26	27.4%
31-35	15	15.8%
36-40	4	4.2%
41-45	13	13.7%
46-50	5	5.3%
51-55	12	12.6%
56-60	8	8.4%
61-65	4	4.2%
66-70	0	0.0%

Table 1 continued

Demographic Information of Participants

Age		
71-75	1	1.1%
76-80	1	1.1%
Race		
White	89	94.7%
Asian	5	5.3%
Black or African American	1	1.1%
American Indian or Alaska Native	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
State of Residence		
New York	31	33.3%
Pennsylvania	28	30.1%
New Jersey	15	16.1%
Maryland	11	11.8%
Virginia	7	7.5%
West Virginia	1	1.1%
Delaware	0	0.0%
Washington D.C.	0	0.0%
Educational Level		
Master's Degree	55	61.1%
Bachelor's Degree	23	25.6%
Doctoral Degree	8	8.9%
Currently Pursuing Masters	3	3.3%
Graduate Certificate	1	1.1%
Credentials		
MT-BC	85	87.6%
Not Reported	7	7.2%
RMT	3	3.1%
CMT	1	1.0%
ACMT	1	1.0%

The most common client populations participants reported working with were individuals with diagnosis on the Autism spectrum (n = 65), elderly (n = 64), Alzheimer's/dementia (n = 60), behavioral (n = 60), mental health (n = 58), school age population (n = 56), multi-disabled (n = 52), and early childhood (n = 50). All client population results can be found in Table 2. Participants were given the opportunity to list other populations they had worked with that were not included in the survey question. Their responses included attention deficit disorder (n = 1), disorders of consciousness (n = 1), neonatal (n = 1), anxiety (n = 1), depression (n =1), abandonment trauma (n = 1), well adults (n =1), music therapy educator/ supervisor (n = 4), and corrections (n = 1). Participants also reported obtaining specialized training and certifications, such as LCAT (Licensed Creative Arts Therapist) (n = 3), FAMI (Fellows of the Association for Music and Imagery) (n = 2), Advanced Vocal Psychotherapy (n = 2), Orff (n = 1), Percussion Techniques (n = 1), Dalcroze (n = 1), and Neurologic Music Therapy (n = 1).

Table 2

Client Populations Participants Reported Working with as a Music Therapist

Client Populations	Responses	
	n	%
Individuals with Diagnosis on the Autism Spectrum	65	72.2%
Elderly Persons	64	71.1%
Alzheimer's/Dementia	60	66.7%
Behavior Disorder	60	66.7%
Mental Health	58	64.4%
School Age Population	56	62.2%
Multiply Disabled	52	57.8%
Early Childhood	50	55.6%
Emotionally Disturbed	49	54.4%
Physically Disabled	48	53.3%
Neurologically Impaired	47	52.2%
Learning Disabled	46	51.1%
Speech Impaired	45	50.0%
DD	44	48.9%

Table 2 continued

Client Populations Participants Reported Working with as a Music Therapist

Head Injury	44	48.9%
Terminally Ill	44	48.9%
ASD	38	42.2%
Dual Diagnosis	43	47.8%
Stroke	42	46.7%
Visually Impaired	40	44.4%
Abuse/Sexually Abused	38	42.2%
Cancer	36	40.0%
Hospice	36	40.0%
Medical/Surgical	35	38.9%
PTSD	35	38.9%
Substance Abuse	35	38.9%
Hearing Impaired	33	36.7%
Chronic Pain	32	35.6%
Parkinson's	31	34.4%
Rett Syndrome	28	31.1%
Non-disabled	27	30.0%
AIDS	22	24.4%
Eating Disorders	22	24.4%
Comatose	19	21.1%
Forensic	17	18.9%

Survey question 12 asked participants to identify all of the losses they have experienced and to determine the impact (positive or negative) and magnitude (slight, moderate, or profound) the loss had on their ability to work with clients. Participants chose from a predetermined list of common types of loss, and were able to add in losses not included in the list. The most commonly reported losses experienced by participants were: death of a loved one not specified (68%), relocation (52.7%), loss of a pet (51.3%), end of a friendship (47.9%), and end of a romantic relationship (45.2%). Relocation had a mostly positive impact on music therapists' ability to work with clients, while death of a loved one, loss of a pet, end of a friendship, or end of a romantic relationship had a predominately negative impact on music therapists' work. Table 3 shows responses regarding the level of impact and magnitude various losses had on

participants.

Table 3

Impact of Loss on Ability to Work with Clients

Type of Loss	Does Not Apply	No Impact	Slightly Positive	Moderately Positive	Profoundly Positive	Slightly Negative	Moderately Negative	Profoundly Negative	Total Response Count
Car Accident	46	13	1	0	2	11	3	0	76
Divorce	65	2	0	1	0	5	0	2	75
Miscarriage	61	1	1	2	0	7	4	0	76
Relocation	35	6	6	7	7	7	5	1	74
Death of a Parent	46	1	6	5	5	3	3	5	74
Death of a Sibling	68	0	1	0	0	2	1	0	72
Death of a Spouse	73	0	1	0	0	0	0	0	74
Death of a Child	75	0	0	0	1	0	0	0	76
Death – not Otherwise Specified	24	2	11	5	3	17	12	1	75
Loss of a Pet	37	12	9	5	1	4	6	2	76
Decline in Health	43	3	2	3	1	13	3	6	74
End of a Friendship	38	7	5	2	1	1	8	1	73
End of a Romantic Relationship	40	4	1	4	3	9	7	5	73
Loss of Job	49	2	3	5	3	6	6	2	76
Loss of Safety	50	1	1	0	1	10	6	6	75
Loss of Independence	64	1	0	1	1	5	1	1	74
Loss of Home/ Property	67	1	0	0	0	1	2	3	74

A small number of participants used the text box provided for question 12. A participant stated their child leaving for college had a profound impact, but did not mention whether this loss was positive or negative. Another stated that infertility had a profoundly negative impact on their clinical work. One music therapist experienced their child being severely injured, which had a negative impact on their ability to work with clients. Two participants stated that their experiences with loss had both a positive and a negative impact on their clinical work. Three participants reported the loss of a client having an impact on their ability to work as a music therapist. Two of these participants said the loss had a slightly negative impact, and the third participant did not rank their experience. One participant wrote that the loss of a boss/mentor had a moderately negative impact. One participant stated the past trauma impacted their ability to work with clients, but did not report the type of impact or magnitude of the loss. Another participant shared "witnessing families and children coping with crisis, death, and loss in pediatric intensive care settings had a slight negative impact on my personal life, but a slight positive impact on my professional functioning".

Survey question 13 asked participants to identify self-care strategies they have used to cope with loss from a list of self-care strategies provided by the researcher. Participants were also provided a comment box to share any strategies they have used that were not included in the list. All results for question 13 can be found in Table 4.

Table 4

Self-care Strategies Participants Reported Using to Cope with Loss

Coping Strategy	Responses	
	n	%
Talk with friends	73	92.4%
Cry	66	83.5%
Listen to music	64	81.0%
Talk with family	63	79.7%
Peer support	50	63.3%
Seek help from a therapist	46	58.2%
Praying/Spirituality	45	57.0%
Create music	44	55.7%
Exercise	39	49.4%
Sleep	39	49.4%
Spend time outdoors	36	45.6%
Take deep breaths	34	43.0%
Laughing	31	39.2%
Create other forms of art (painting, drawing, etc.)	30	38.0%
Journal/Writing	26	32.9%
Seek professional supervision	25	31.6%
Eating healthy	25	31.6%
Read	23	29.1%
Leave of absence from work	22	27.8%
Mediation	19	24.1%
Get a massage	18	22.8%
Dance	13	16.5%
Yoga	13	16.5%
Photography	4	5.1%
Find a new hobby	3	3.8%

Several participants utilized the text box provided by the researcher to list coping strategies not addressed in the survey question. Other responses were: knitting, volunteering, playing computer games online, donating, playing card games and board games with friends, canning, clinical debriefing with colleagues, baking, alcohol consumption, seeking support from the church community, and short term sexual relationships. Regarding the provided list of coping strategies, one participant wrote “these may be considered healthy coping skills. I do

wonder what may occur for you should you include unhealthy coping skills (i.e. substance abuse, self-harm, etc.)", but did not list any personal negative coping strategies he/she has used. Although all the coping strategies provided by the researcher were positive and the survey question did not specify to identify only positive coping strategies, only one participant identified alcohol consumption and short term sexual relationships as negative self-care strategies they had used to cope with loss.

The next survey question asked participants "Was 'leave of absence' one of the coping strategies you identified in Question 13?" Fifty-four participants clicked "No", and 17 skipped the question. Twenty-four participants clicked "Yes". However, in question 13 only 22 participants actually chose taking a leave of absence from work as a self-care strategies they had used. Clicking "Yes" or "No" redirected participants to different questions. Clicking "Yes" led participants to "How long was the leave of absence?" Answers included one to five days (n = 7), one week (n = 2), three weeks (n = 6), one month (n = 2), one and half months (n = 1) two and a half months (n = 3), and three months (n = 5). One participant shared that after taking time off after the death of a parent, they stayed at part-time hours for a year and a half upon returning to work. Of the 24 participants who stated they had taken a leave of absence, 91.3% (n = 21) said the leave of absence was beneficial, and 8.7% (n = 2) said the time off from work was not beneficial.

Next, participants were asked to describe how the leave of absence seemed beneficial to them. Of the 21 music therapists who said their leave of absence was beneficial, 20 music therapists actually described how their experience was helpful. After reviewing all responses, the researcher grouped responses into eight categories. Some participants shared several examples of how their leave of absence was beneficial. Therefore some responses fell into

multiple categories. The responses are shown in Table 5.

Table 5

Participants' Perspectives on How Their Leave of Absence from Clinical Work was Beneficial

Categories	Responses	
	n	%
Let me focus on my needs/my process	9	45%
Gave me time to heal/recover	6	30%
Let me grieve/mourn/process the loss	6	30%
Allowed me to get my head on straight	2	10%
Leave of absence was mandatory	2	10%
Let me focus on my family	2	10%
Not risk harm to clients	2	10%
Helped me to get a perspective	1	5%

Some examples of responses included:

It provided dedicated time and space for active grieving, rest, and recuperation. I was able to devote my energy to my own process and not that of my clients.

I was able to organize aspects of my life that were far too complicated to organize while working full-time.

Time to get my head on straight, time to focus on my needs and my family's needs.

Required through workman's compensation. Time to see therapist and work through traumatic event.

It allowed me time to mourn as I needed to, to spend time with my family, to help plan the funeral…. this time provided closure, a time to reminisce and to spend time with those I love.

Allowed time for healing and time to take care of myself without simultaneously having to be a therapist to others.

Helped to get a perspective.

The majority of responses described a leave of absence as providing an opportunity to grieve, begin the healing process, and focus on personal needs. All responses provided insight into the benefits of taking time off from work to cope with loss. There was no vehicle for the two

participants who said their leave of absence was not helpful to describe how they did not benefit from their time off.

Participants who clicked "No" when asked if they had used a leave of absence from work to cope with a loss were directed to their last survey question; "Even though you have not personally taken a leave of absence, discuss your opinion on taking a leave of absence to cope with a loss in the box below". Fifty participants responded to the question, and 49 shared their support for a leave of absence as a viable coping mechanism. One participant shared his/her experience with an extended medical leave from work, but did not discuss his/her support or opposition to taking a leave of absence to cope with loss. The researcher read and coded all responses for recurring ideas, and grouped them into seven categories. The results are shown in Table 6.

Table 6

Statements on Taking a Leave of Absence from Participants Who Have Not Experienced One

Categories	Responses	
	n	%
Depends on the situation, and is a personal choice	26	53.1%
Need to do whatever helps you provide the best services possible to clients	17	34.7%
It is our ethical duty to practice self-care, even if that means taking time off	7	14.3%
Leave of absence should be combined with professional counseling	6	12.2%
Working while coping with loss was more helpful and therapeutic	5	10.2%
Employers should be more supportive of taking time off to cope with loss	4	8.2%
Support others taking a leave of absence, not an option I would use	3	6.1%

Examples of responses are:

I believe that it may be necessary, depending on the nature of the personal loss, to take a leave of absence from work if the loss will have a negative impact on work with clients, and/or continuing to work would lead to eventual burnout due to lack of taking care of one's self.

It is a very individual choice and not one that I think I would choose.

Sometimes, a loss is so life-changing that a leave is necessary in order to take personal inventory and cope with your own experiences before returning to work.

I worked through my loss - it gave the work I was doing a purpose, therefore I don't think that taking a leave of absence was the best route. Mine was about a relationship, however, and I think a loss of family would have been more appropriate for a leave of absence.

It all depends on the severity of the loss and the closeness of the individual you lose. Prior to being a MT, I lost a fiance and took a leave of absence from a job in a different career. I was unable to work effectively in my other job and the leave of absence coupled with professional counseling helped me to dig my way out of a deep depression. At the time, I was also a musician and used my music to help me out of my situation, prior to having any knowledge that music therapy existed as a field of study.

I believe it must be a consideration if you are deeply impacted by a loss. We are of no use to others if we are unstable!

I considered a leave of absence. However, in my situation I was only able to take a 2 week vacation. Even though it was hard to go back to work and listen to other people's problems, for some reason it worked out quite well with everything else I did. My wife and I ended up spending every available minute outside in nature, I worked in my vegetable garden, listened to music and I also performed a lot... Looking back at those devastating days - weeks - month, I would like to say that a lot has been taken away - at the same, however, a lot has been given back to my wife and myself. I feel, that I am definitely a better therapist today. Still, a loss is a loss and that's the way I will probably feel - always.

I believe that there are definitely times when taking a leave of absence is appropriate and may even be necessary, especially if there is a significantly negative impact on one's work. Self-care is essential and ethical. Taking time for one's self-healing is vitally important.

I think that this is a highly personal decision and respect anyone's desire to do this if they are able.

I think it is complicated because a therapist needs to take care of themselves in order to take care of others, but it could be disruptive to the continuity of care of patients/clients to take a leave of absence. In some settings, this may be more feasible than others such as when another music therapist is employed and can cover duties for a time. I think in our society we don't leave enough time for grief. In companies, 3 days are allotted for bereavement. For some this may be enough. For others, more time may be needed.

I think as therapist's, we have an obligation to take a leave of absence if the grief is not resolving any other way so that it will not negatively effect our clients. Further, I think the message it sends to our clients, "It's okay to take care of yourself. It's okay to take time off. It's okay to feel vulnerable." is a powerfully healthy message. It's a "walk the walk" kind of message.

Three participants stated that they support others using a leave of absence to cope with loss, but they would not use that option. Another participant stated that he/she did not take a leave of absence, but used his/her two weeks of vacation for time off after a devastating loss.

Discussion

The survey consisted of 14 to 16 questions that included both open-ended and close-ended questions regarding demographics, losses participants have experienced, magnitude of impact loss had on their ability to work with clients, self-care strategies used to cope with loss, and experiences and opinions regarding a leave of absence from work to cope with loss. The most common losses reported were death of a loved one not specified, relocation, loss of a pet, end of a friendship, and end of a romantic relationship. The most common self-care strategies reported by participants were talk with friends, crying, listen to music, and talk with family. Also, the majority of participants seemed to believe that music therapists should take a leave of absence if the loss has affected their work negatively or has the potential to harm clients. Participants also stated that individuals need to do what is best for themselves, and are ethically bound to practice self-care, even if it requires taking a leave of absence from work.

Of note, very few participants reported experiencing the death of a spouse or a child. Only one participant reported experiencing the death of a spouse, and one participant reported experiencing the death of a child. Both participants reported that these losses had a positive impact on their clinical work. Also of note, 19.7% of participants who responded to the question about experiencing a miscarriage reported experiencing one, and 14.4% of those participants stated that their experience had a negative impact on their clinical work. Another interesting occurrence was the number of participants that disclosed the impact the loss of a pet had on their clinical work. The loss of a pet had a positive impact on the clinical work of 15 participants, and 12 participants reported that the loss of a pet had a negative impact on their ability to work with clients.

Overall, results showed that experiencing loss can have a positive and/or negative impact

on clinical work. Some participants who had a loved one pass away found that the loss had a positive impact on their ability to work with clients, while others who experienced similar loss experienced a negative impact on their work. Some participants reported that loss had a positive impact on some aspects of work and a negative impact on other aspects. These results help illustrate that loss may be extremely individualized experience and everyone is affected in a different way.

Participants reported using a wide variety of self-care strategies to cope with loss. The majority of participants found that talking with friends and family was helpful when coping with loss. It is interesting to note that of these participants, who are all music therapists, a large number of participants reported using some type of music activity as a coping mechanism; 81.0% of participants reported listening to music to help them work through a loss, and 55.7% reported creating music as a self-care strategy.

The results also showed that 91.3% of music therapists who took time off from work to cope found their experience with a leave of absence beneficial. Participants reported that a leave of absence allowed them time to heal, to grieve/mourn, to focus on their own needs, to focus on their families, and to work through their grief without risking harm to clients. Participants who had not taken a leave of absence to cope with loss expressed their support of the choice to take a leave of absence, regardless of whether or not they would take time off themselves.

Several participants shared their support of others taking a leave of absence, but stated that they would not take one themselves. Another participant said they took a two week vacation to cope with a loss, but did not consider his/her time off to be a leave of absence. Perhaps this indicates a sense of shame in admitting that one needs time off from work to grieve and begin healing, or that there is a wide variety of definitions of what constitutes a leave of absence. The

participant who stated they took a two week vacation instead of a leave of absence could be reluctant to define the two weeks as a leave of absence, or they could base a leave on filing official paperwork to take extended time off. Further research is needed to better understand the length of time that defines a leave of absence, as well as to explore why there may be a silent shame in taking time off from work to cope with loss.

There is limited research on the impact loss has on music therapists, and more research can lead to a better understanding of how to address and cope with loss. More research can also increase awareness and importance of self-care. As music therapists, it is our nature to put the needs of our clients and others before our own. However, it is crucial to take care of ourselves in order to be good therapists.

Another area of investigation could be to interview music therapists in person or via telephone to gather a more in depth look at the impact of loss on the ability to work with clients. A qualitative interview with participants could provide more detail into exactly how loss impacts music therapists personally and professionally, and provide more information about the self-care strategies used to cope with loss.

Limitations of the Study

There were several factors that may have limited the results of the study. One limitation of this study was the time available to survey music therapists. Allowing a few more weeks or possibly several months to complete the survey may have resulted in more participants. Another limitation was the small sample size. Of the 440 music therapists invited to participate in the study, only 21.59% completed the survey. Inviting music therapists from all regions of AMTA may have resulted in a greater sample size and more insight into the research topic since regional differences may play a role in how loss impacts music therapists' clinical work. There were only

thirteen males out of 95 participants (consistent with AMTA membership gender distribution: 85-90% female, 10-15% male), and there may be a possibility that gender could play a role in how music therapists cope with loss and how loss influences their work. This statistic was not analyzed due to the large ratio of female to male participants.

A fourth limitation of the study was a structural error that occurred in Question 12 that did not allow participants to click each rating more than once. For example, if a participant clicked "Does Not Apply" for experiencing a car accident, they could not click on "Does Not Apply" for any other loss listed in Question 12. Participants alerted the researcher immediately and the problem was resolved quickly. However, up to ten participants had already encountered the issue and either answered part of the question or skipped it entirely. Without this issue, more data may have been gathered, thus resulting in more insight into how personal loss impacts music therapists ability to work with clients.

The fifth limitation was not including negative coping strategies in Question 13. The researcher included a text box for participants to list other coping strategies they have used and made the assumption that participants would write in positive and negative coping strategies. However, only one participant shared negative self-care strategies they had used to cope with loss. The final limitation of the study was not asking why some participants who took a leave of absence from work did not find their time off beneficial.

Conclusion

At the beginning of data collection one participant emailed the researcher and said, "This is an extremely important area for us to be aware of in our practice, and lives, as music therapists, and human beings". This statement echoes the purpose of this research study. The majority of people experience loss at some point, yet the impact loss has on music therapists'

work has not been commonly researched, and self-care is often forgotten. More research into these topics can only lead to a better understanding of how loss affects music therapists, as well as more acceptance of self-care for the caregiver.

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Appendices

Appendix A

E-mail Approval from Human Subjects Review Committee at SUNY Fredonia

November 23, 2012

Ms. Younis and Dr. Milgram-Luterman --

Thank you for your revised application for your proposed research titled "The Impact of Personal Loss on Music Therapists' Ability to Work with Clients." Your revisions have answered the concerns of the Committee. This e-mail is your approval and your research may proceed as described.

As a reminder, you must comply with Part D of the Campus Policies on Human Subjects requiring notification at the time data collection begins and when it is done. You may accomplish this with a simple e-mail to me.

Thank you for keeping the high standards relating to research and the protection of human subjects on the Fredonia campus. Best wishes on your research.

Maggie Bryan-Peterson

Human Subjects Administrator

Appendix B

Letter of Consent

Thank you for considering participating in this survey for research. The purpose of this research study is to investigate the influence of personal losses (e.g. death of a loved one, divorce, illness) on music therapists' work, the self-care techniques that music therapists use to work through these losses, and their viewpoints on taking a leave of absence to cope with loss.

Please take approximately 20 minutes to complete the linked survey before December 22. In the survey, I do not ask for your name or any other identifying information. Responses will be kept confidential, and participation is voluntary. One month after the completion of the study, the internet survey and responses will be deleted, along with all data from computer hard drive. All raw data will be kept in a locked file in my thesis advisor's office for up to three years after completion of this study.

Again, participation is voluntary. You may skip any questions you do not want to answer, and may stop participation at any time without penalty. The survey may contain questions that are of a sensitive nature. If any questions bring up unpleasant thoughts and feelings, you may skip these questions or stop participation completely. It is recommended that you contact a counselor, your direct supervisor, and/or seek peer support if any questions bring up uncomfortable thoughts or feelings. You may also use the following website to find a crisis center, hotline, or clinic in your area: http://www.befrienders.org/index.asp. If you have any questions or concerns you may contact me at the contact information below, or my thesis advisor, Dr. Joni Milgram-Luterman, Director of Music Therapy and Associate Professor of Music, SUNY Fredonia School of Music, 3158 Mason Hall, Fredonia NY 14063 (716-673-4648). You may also direct questions to Maggie Bryan-Peterson, Human Subjects Administrator, Office of Sponsored Programs, E230 Thompson Hall, SUNY Fredonia, Fredonia NY 14063 (716-673-3528). Though you may not experience any direct benefit of participating in this study, you might find it beneficial to reflect on personal loss and how personal losses impact your ability to work as a music therapist.

Thank you, in advance, for your time and participation.

Sincerely,

Ashley Younis, MT-BC
P.O. Box 22
Dunkirk, NY 14048
youn3510@fredonia.edu
(315) 727-2562

Appendix C

Survey

***1. Thank you for considering participating in this survey for research. The purpose of this research study is to investigate the influence of personal losses (e.g. death of a loved one, divorce, illness) on music therapists' work, the self-care techniques that music therapists use to work through these losses, and their viewpoints on taking a leave of absence to cope with loss.**

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Again, participation is voluntary. You may skip any questions you do not want to answer, and may stop participation at any time without penalty. The survey may contain questions that are of a sensitive nature. If any questions bring up unpleasant thoughts and feelings, you may skip these questions or stop participation completely. It is recommended that you contact a counselor, your direct supervisor, and/or seek peer support if any questions bring up uncomfortable thoughts or feelings. You may also use the following website to find a crisis center, hotline, or clinic in your area: http://www.befrienders.org/index.asp. If you have any questions or concerns you may contact me at the contact information below, or my thesis advisor, Dr. Joni Milgram-Luterman, Director of Music Therapy and Associate Professor of Music, SUNY Fredonia School of Music, 3158 Mason Hall, Fredonia NY 14063 (716-673-4648). You may also direct questions to Maggie Bryan-Peterson, Human Subjects Administrator, Office of Sponsored Programs, E230 Thompson Hall, SUNY Fredonia, Fredonia NY 14063 (716-673-3528). Though you may not experience any direct benefit from participating in this study, you might find it beneficial to reflect on personal loss and how personal losses impact your ability to work as a music therapist.

Thank you, in advance, for your time and participation.

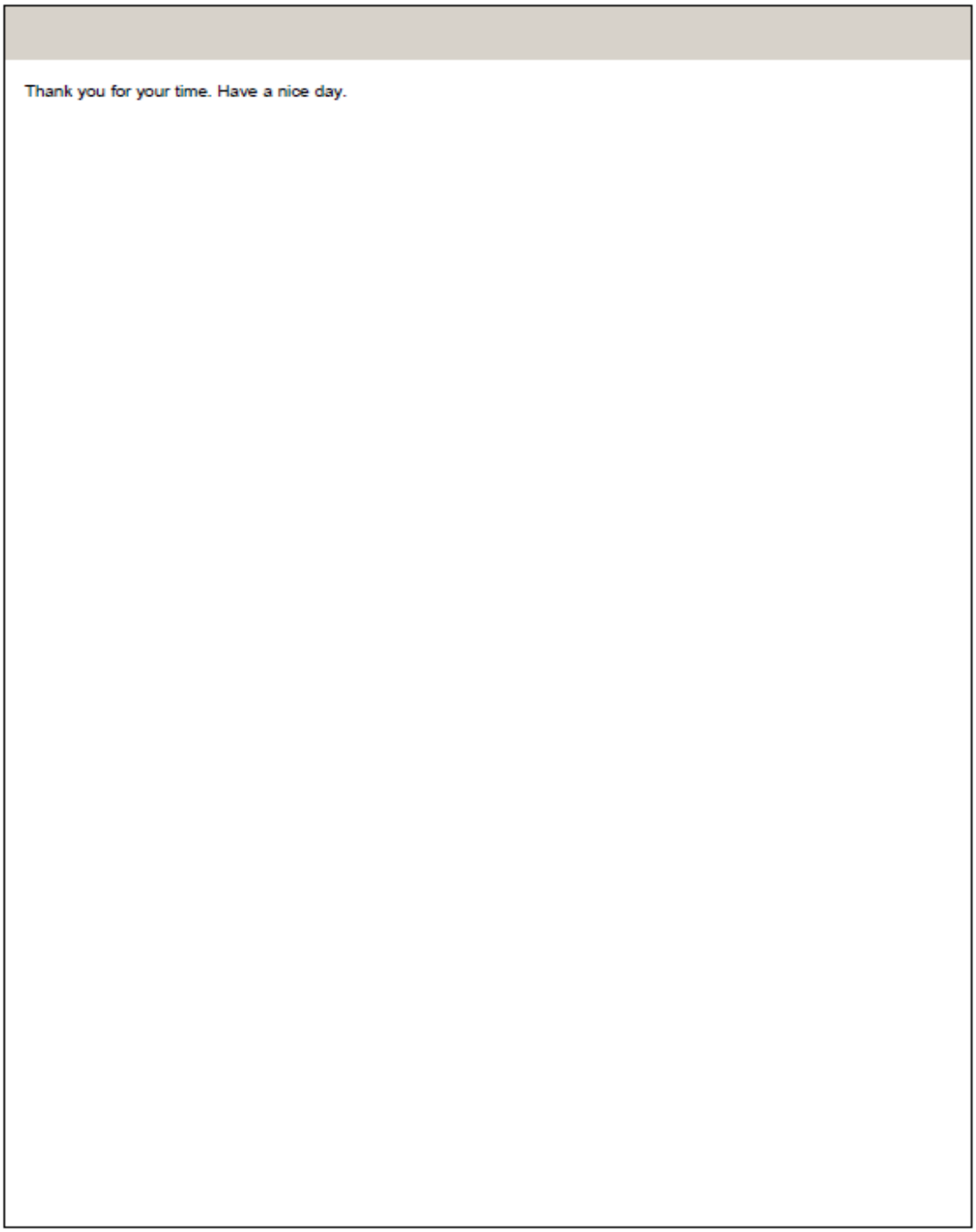
Sincerely,
Ashley Younis, MT-BC
P.O. Box 22
Dunkirk, NY 14048
youn3510@fredonia.edu
(315) 727-2562

◯ Yes, I understand what is being asked of me and I give my consent to participate

◯ No, I do not wish to participate at this time

Page 1

Clicking "Yes" will redirect participants to Page 3 - Question 2
Clicking "No" will redirect participants to Page 2 - "Thank you for your time. Have a nice day."



Page 2

Page 2 will close out the survey

2. Age:

- ◯ 18-25
- ◯ 26-30
- ◯ 31-35
- ◯ 36-40
- ◯ 41-45
- ◯ 46-50
- ◯ 51-55
- ◯ 56-60
- ◯ 61-65
- ◯ 66-70
- ◯ 71-75
- ◯ 76-80
- ◯ 81-85
- ◯ 86-90
- ◯ 91-95
- ◯ 96-100

3. Gender:

- ◯ Male
- ◯ Female
- ◯ Do not wish to disclose

4. Race:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian

Other (please specify)

5. State of Residence:

- ◯ Delaware
- ◯ Maryland
- ◯ New Jersey
- ◯ New York
- ◯ Pennsylvania
- ◯ Virginia
- ◯ West Virginia
- ◯ Washington D.C.

Other (please specify)

6. Number of years working as a music therapist:

7. Click all populations you've worked with during your career as a music therapist:

- ☐ Abuse/sexually abused
- ☐ AIDS
- ☐ Alzheimer's/ Dementia
- ☐ ASD
- ☐ Behavioral disorder
- ☐ Cancer
- ☐ Chronic pain
- ☐ Comatose
- ☐ DD
- ☐ Dual diagnosed
- ☐ Early childhood
- ☐ Eating disorders
- ☐ Elderly persons
- ☐ Emotionally disturbed
- ☐ Forensic
- ☐ Head injury
- ☐ Hospice
- ☐ Hearing impaired
- ☐ Individuals with diagnosis on the Autism Spectrum
- ☐ Learning disabled
- ☐ Medical/surgical
- ☐ Mental health
- ☐ Multiply disabled
- ☐ Neurologically impaired
- ☐ Non-disabled
- ☐ Parkinson's
- ☐ Physically disabled
- ☐ PTSD
- ☐ Rett syndrome
- ☐ School age population
- ☐ Speech impaired
- ☐ Stroke
- ☐ Substance abuse
- ☐ Terminally ill
- ☐ Visually impaired

Other (please specify)

8. Current client population(s) you are working with:

- ☐ Abuse/sexually abused
- ☐ AIDS
- ☐ Alzheimer's/ Dementia
- ☐ ASD
- ☐ Behavioral disorder
- ☐ Cancer
- ☐ Chronic pain
- ☐ Comatose
- ☐ DD
- ☐ Dual diagnosed
- ☐ Early childhood
- ☐ Eating disorders
- ☐ Elderly persons
- ☐ Emotionally disturbed
- ☐ Forensic
- ☐ Head injury
- ☐ Hospice
- ☐ Hearing impaired
- ☐ Individuals with diagnosis on the Autism Spectrum
- ☐ Learning disabled
- ☐ Medical/surgical
- ☐ Mental health
- ☐ Multiply disabled
- ☐ Neurologically impaired
- ☐ Non-disabled
- ☐ Parkinson's
- ☐ Physically disabled
- ☐ PTSD
- ☐ Rett syndrome
- ☐ School age population
- ☐ Speech impaired
- ☐ Stroke
- ☐ Substance abuse
- ☐ Terminally ill
- ☐ Visually impaired

Other (please specify)

9. Number of years working with current population(s):

10. Highest level of education:

- [ ] 4-Year College Degree (e.g. BA, BS)
- [ ] Master's Degree
- [ ] Doctoral Degree

Other (please specify)

11. Music therapy credential or designation:

- [ ] MT-BC
- [ ] RMT
- [ ] CMT
- [ ] ACMT

Other (please specify)

12. Consider all of the losses you've experienced. From the following list of losses, check if the loss had a slightly positive impact, moderately positive impact, profoundly positive impact, slightly negative impact, moderately negative impact, profoundly negative impact, or no impact on your ability to work as a music therapist. If you have not experienced a particular loss listed below, please check "Does Not Apply". If you have experienced a loss that is not listed, please fill in the "Other" box and state the type of impact the loss had on your ability to work (slightly positive impact, moderately positive impact, profoundly positive impact, slightly negative impact, moderately negative impact, profoundly negative impact, or no impact). You may fill in multiple losses in the "Other" box.

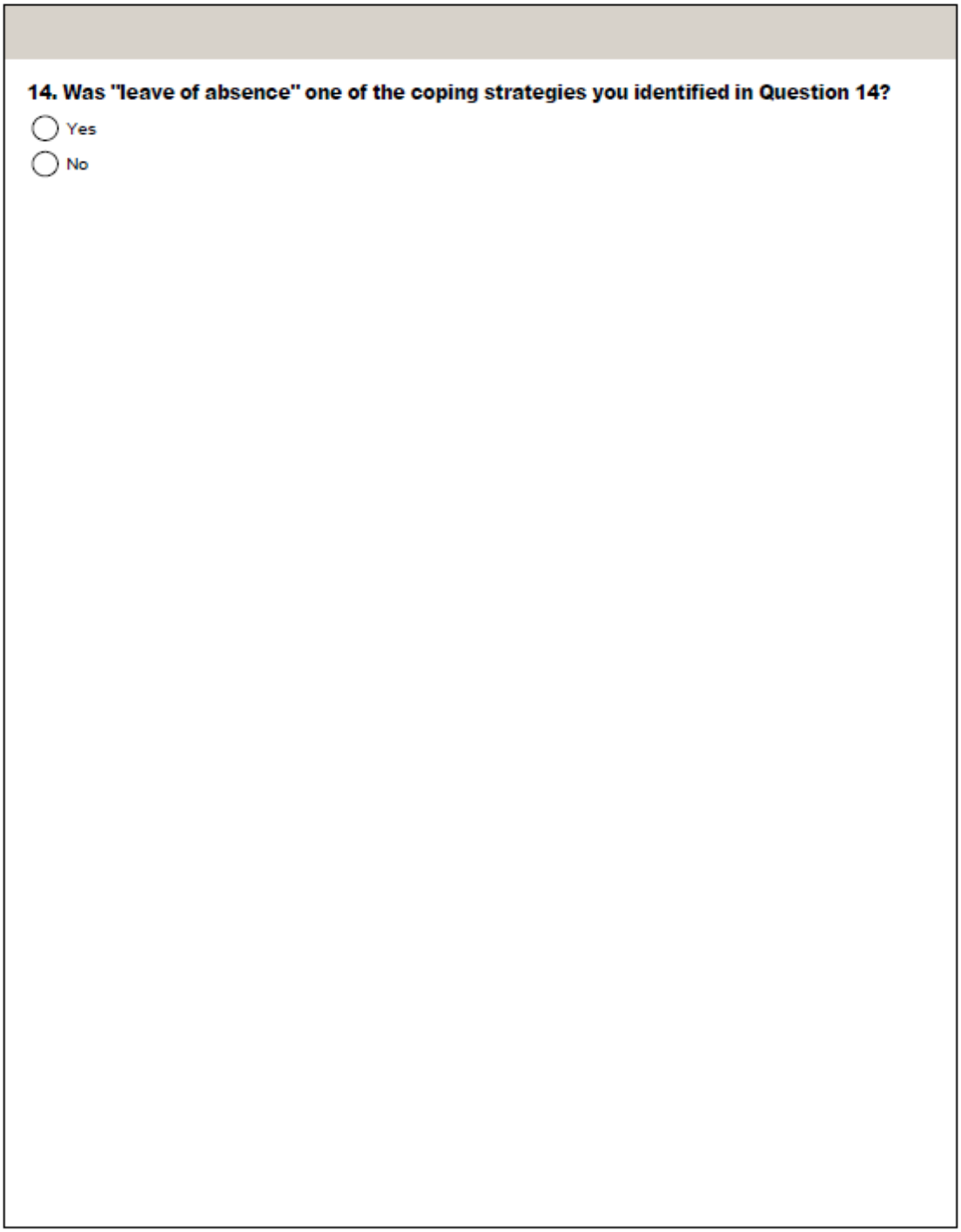
	Does Not Apply	Slightly Positive Impact	Moderately Positive Impact	Profoundly Positive Impact	Slightly Negative Impact	Moderately Negative Impact	Profoundly Negative Impact	No Impact
Car accident	◯	◯	◯	◯	◯	◯	◯	◯
Divorce	◯	◯	◯	◯	◯	◯	◯	◯
Miscarriage	◯	◯	◯	◯	◯	◯	◯	◯
Relocation	◯	◯	◯	◯	◯	◯	◯	◯
Death of a parent	◯	◯	◯	◯	◯	◯	◯	◯
Death of a sibling	◯	◯	◯	◯	◯	◯	◯	◯
Death of a spouse	◯	◯	◯	◯	◯	◯	◯	◯
Death of a child	◯	◯	◯	◯	◯	◯	◯	◯
Death of a loved one, not specified above	◯	◯	◯	◯	◯	◯	◯	◯
Loss of a pet	◯	◯	◯	◯	◯	◯	◯	◯
Decline in health	◯	◯	◯	◯	◯	◯	◯	◯
End of a friendship	◯	◯	◯	◯	◯	◯	◯	◯
End of a romantic relationship	◯	◯	◯	◯	◯	◯	◯	◯
Loss of job	◯	◯	◯	◯	◯	◯	◯	◯
Loss of safety (feeling unsafe after robbery, crises, rape, betrayal, traumatic events or disasters, etc.)	◯	◯	◯	◯	◯	◯	◯	◯
Loss of independence	◯	◯	◯	◯	◯	◯	◯	◯
Loss of home/property	◯	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

13. Considering the losses you identified, what strategies did you use to cope with those losses? Click all that apply:

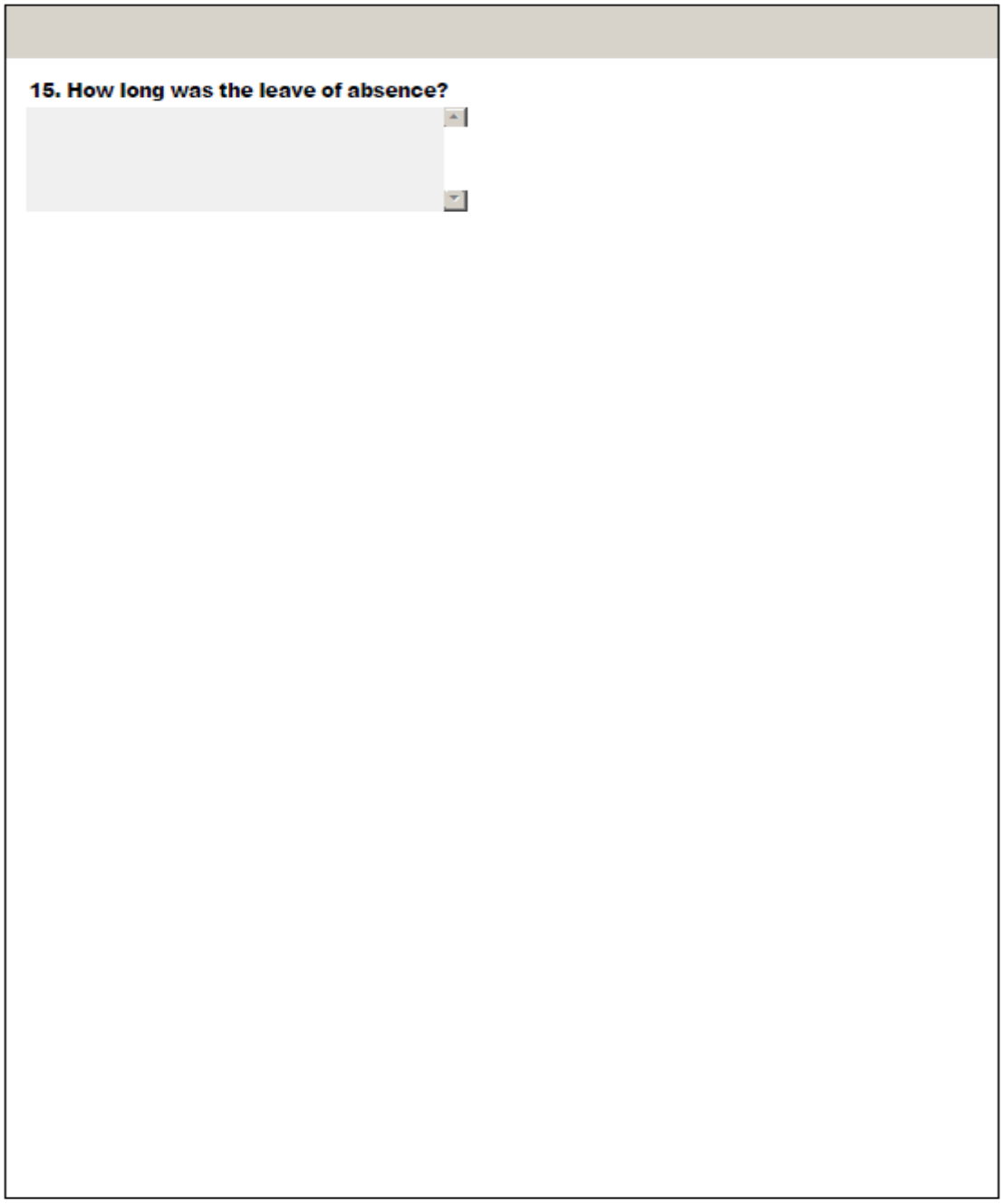
- ☐ Talk with friends
- ☐ Talk with family
- ☐ Seek help from a therapist
- ☐ Peer support
- ☐ Seek professional supervision
- ☐ Exercise
- ☐ Listen to music
- ☐ Create music
- ☐ Create other forms of art- painting, drawing, etc.
- ☐ Dance
- ☐ Leave of absence from work
- ☐ Praying/Spirituality
- ☐ Laughing
- ☐ Journal/Writing
- ☐ Eating healthy
- ☐ Read
- ☐ Photography
- ☐ Sleep
- ☐ Meditation
- ☐ Get a massage
- ☐ Take deep breaths
- ☐ Cry
- ☐ Find a new hobby
- ☐ Yoga
- ☐ Spend time outdoors

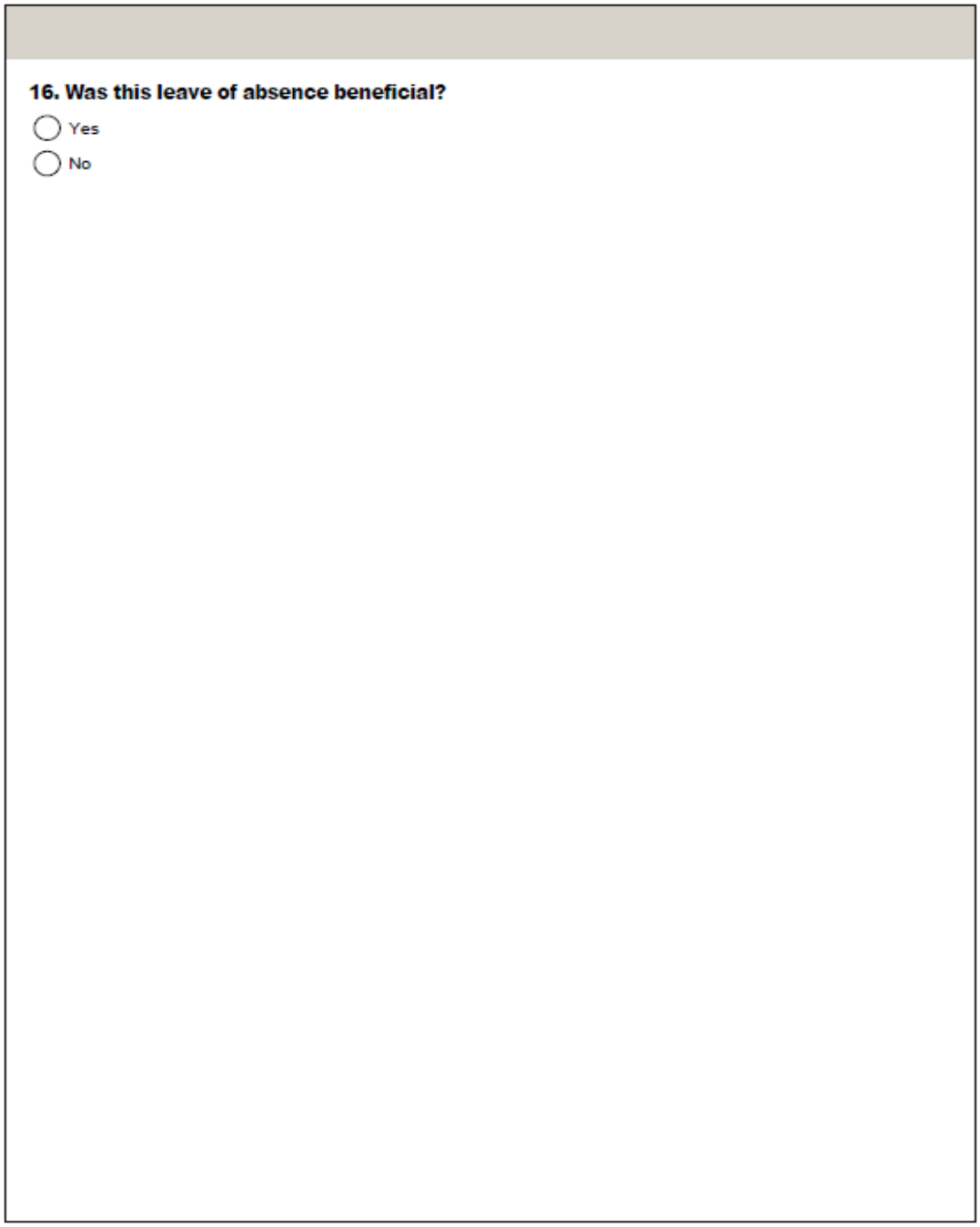
Other (please specify)



Page 9

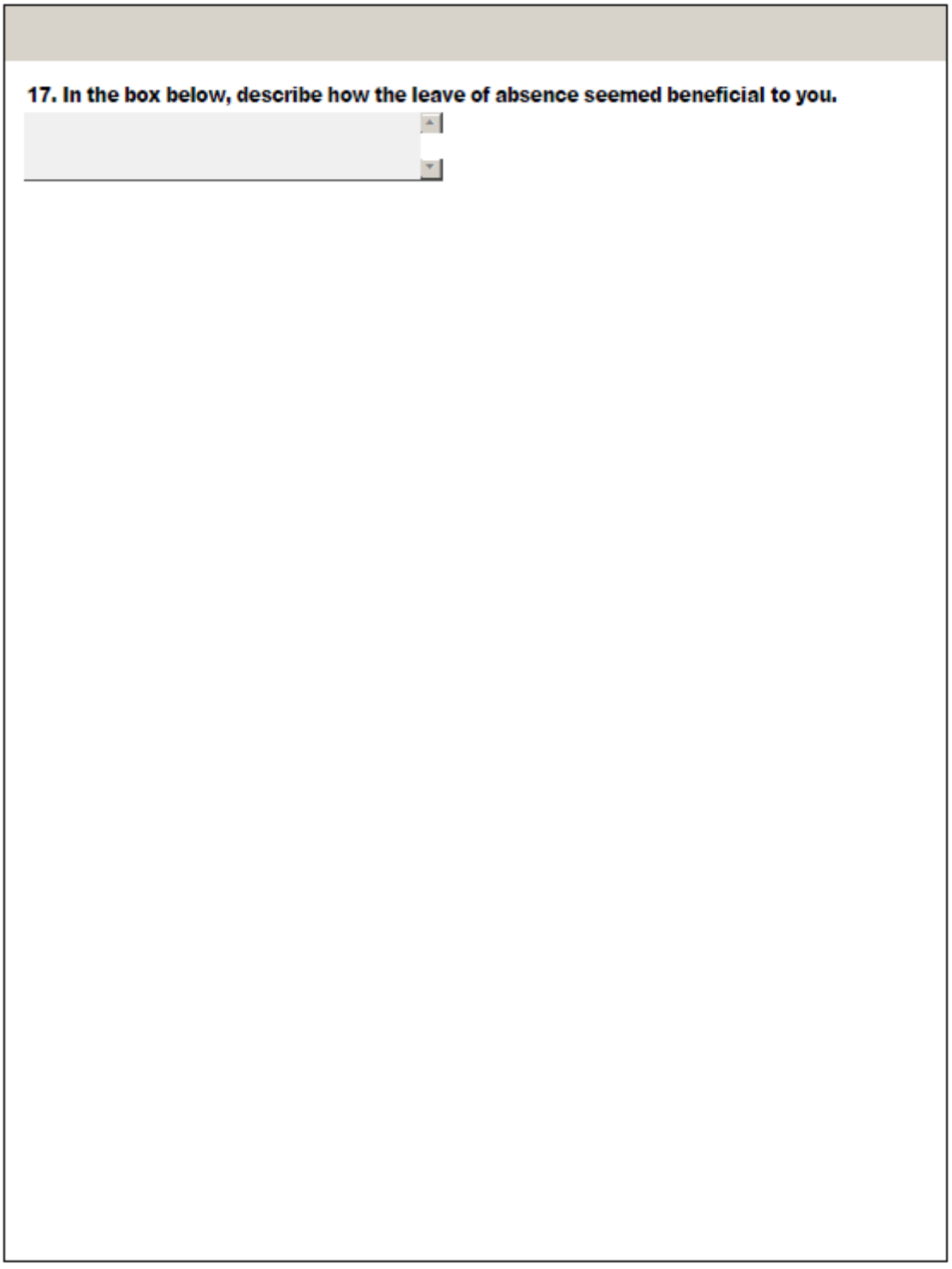
Clicking “Yes” will redirect participants to Page 10, and skip page 13
Clicking “No” will redirect participants to Page 13


15. How long was the leave of absence?



Page 11

Clicking “Yes” will redirect participants to Page 12
Clicking “No” will redirect participants to Page 14


17. In the box below, describe how the leave of absence seemed beneficial to you.

18. Even though you have not personally taken a leave of absence, discuss your opinion on taking a leave of absence to cope with a loss in the box below.

Click DONE to submit your survey responses.

Thank you for your time and participation.

Appendix D

Invitation to Participate E-mail

Dear Music Therapist,

I am a graduate music therapy student at the State University of New York at Fredonia. I am interested in conducting a research study to investigate the impact of personal loss (e.g. death of a loved one, divorce, illness, loss of a friendship) on music therapists' abilities to work with clients. The purpose of this study is to describe how personal loss impacts the ability of music therapists to work with clients, various coping strategies music therapists use to cope with these losses, and to document their perspectives on taking a leave of absence from clinical work to cope with personal losses.

Participation in this study will include an internet survey that contains questions about the research topic and demographic information. The survey may take 20 minutes to complete. All responses are anonymous; the name of the participant and other identifying information is not asked for in the survey. If you are interested in participating in this study, please complete the survey within the next two weeks, before December 22.

The survey will begin with a letter of consent describing the study and your rights as a participant in a research study. At the bottom of the letter, you will find two buttons regarding your consent to participate. Please click either "Yes, I understand what is being asked of me and I give my consent to participate" or "No, I do not wish to participate at this time". Clicking "Yes" will link you to the survey, and clicking "No" will redirect you to another page. Even if you agree to participate, you are not obligated to complete the survey, and can skip any questions you feel uncomfortable answering. Participation is voluntary and you may withdraw at any time without penalty.

https://www.surveymonkey.com/s/26ZT5K2

Thank you for taking the time to review this information, and for considering participating in this study.

Thank you,

Ashley Younis, MT-BC

Appendix E

Resending of Invitation to Participate E-mail

Dear Music Therapist,

I am a graduate music therapy student at the State University of New York at Fredonia. I am interested in conducting a research study to investigate impact of personal loss (e.g. death of a loved one, divorce, illness, loss of a friendship) on music therapists' abilities to work with clients. The purpose of this study is to describe how personal loss impacts the ability of music therapists to work with clients, various coping strategies music therapists use to cope with these losses, and to document their perspectives on taking a leave of absence from clinical work to cope with personal losses.

Participation in this study will only include an internet survey, which will contain questions regarding the research topic and demographic information. The survey may take 15 to 20 minutes to complete. All responses are anonymous; the name of the participant and other identifying information is not asked for in the survey. If you have not already done so, please complete the survey by November 30.

The survey will begin with a letter of consent. At the bottom of the letter, you will find two buttons regarding your consent to participate. Please click either "Yes, I understand what is being asked of me and I give my consent to participate" or "No, I do not wish to participate at this time". Clicking "Yes" will link you to the survey, and clicking "No" will redirect you to another page. Even if you agree to participate, you are not obligated to complete the survey. Participation is voluntary and you may withdraw at any time without penalty. If you are uncomfortable answering certain questions, but wish to continue participating, you may skip these questions.

https://www.surveymonkey.com/s/26ZT5K2

Thank you for taking the time to review this information.

Thank you,

Ashley Younis, MT-BC