Music Therapy for the Mental Health Needs of Individuals with Intellectual Disabilities (IDs):
A Qualitative Survey of Clinical Practices and Perspectives

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A Thesis Submitted in Partial
Fulfillment of the Requirement
for the Master of Arts Degree

Master of Arts in Music Therapy Program
In the Department of Graduate Studies
and Music and Theatre
Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, Indiana

May 2024

Abstract

The purpose of this study was to collect information through a qualitative survey regarding the clinical practices and perspectives of music therapists (MT-BCs) for supporting the mental health needs of individuals with Intellectual Disabilities (IDs). The results from the eight participants revealed that MT-BCs may be aware of the presence of mental health needs, higher risk of trauma, differences in mental health needs, and the false assumptions related to ID and mental health, but there are personal gaps in knowledge regarding mental health needs. Participants believe that their role in supporting these needs is through promoting and aiding in self-expression, fostering connection, demonstrating the use of music for generalizable skills, and addressing needs in the moment; all while staying within their scope of practice. Participants work towards emotional skills and self-expression goals, and they utilize various improvisational, re-creative, compositional, and receptive music experiences to address these goals. Participants adapt these music experiences through simplification, adapted aids, addressing sensory needs, and providing more structure. Participants would like there to be more education and discussion on this topic, mental health needs to be addressed in music therapy sessions, and for MT-BCs to stop making false assumptions related to ID and mental health. This information can be used to inform the clinical practices of current and future music therapists in supporting individuals with IDs.

Keywords: Music therapy, intellectual disabilities, mental health

Acknowledgements

I want to first express my gratitude for the individuals with IDs who I currently provide services for, as well as to those I supported in the past. It has been an absolute pleasure to work with all of you and getting the opportunity to support you sparked my passion for this topic. This thesis literally would not exist without you.

I would also like to thank the members of my thesis committee: Gray Baldwin, MA, MT-BC, Krista Cole, MS, MT-BC, and Chelsea Mabes, MA, MT-BC for taking the time to meet with me and providing me with the feedback necessary to get this thesis to the final product. Additionally, thank you to all the other professors in the MAMT program who have helped me grow, so I could embark on this process.

Lastly, I express my gratitude to my friends, family, and the members of my cohort who have continuously provided me with encouragement and support throughout this process.

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Chapter I: Introduction

Background

Individuals with Intellectual Disabilities (IDs) have a higher prevalence of mental disorders such as clinical depression and anxiety, as well as general mental health needs like general depression and anxiety symptoms than neurotypical individuals (Huff, 2021; Lineberry et al., 2023: Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Witwer et al., 2022; Zisman-Ilani, 2022). Factors, such as stressful life events, degree of disability, and stigma can contribute to the high prevalence of mental disorders and mental health needs (Tapp et al., 2023; Witwer et al., 2022). Individuals with IDs are four to ten times more likely to experience abuse, neglect, exploitation, and mistreatment, which can cause trauma (Davis, n.d.; Pinals et al., 2022). Additionally, individuals with IDs can experience trauma due to social isolation, being a marginalized member of society, and societal expectations to follow neurotypical norms (Houck & Dracobly, 2022). Some may experience difficulties integrating their perceptions of traumatic events and their emotional responses due to communication differences, which often causes aggression and behavioral needs (Davis, n.d.; Pinals et al., 2022).

While many individuals with IDs experience a need for mental health services, many experience barriers to receiving them, such as uneducated mental health professionals and diagnostic overshadowing (Huff, 2021: Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Wiemeyer, 2019; Witwer et al., 2022; Zisman-Ilani, 2022). Mental health treatments like psychotherapy can be an effective form of treatment for individuals with IDs in the areas of anger/aggression, depression, anxiety, bereavement, social awareness/social skills, social phobia, mood/emotional disorders, general phobia, self-concept/self-determination, and trauma (Tapp et al., 2023; Witwer et al., 2022). However, this

form of treatment is not as accessible for individuals with IDs due to the barriers they may experience in receiving mental health care, as well as it not being available on many states' Medicaid Waivers (Tapp et al., 2023; Witwer et al., 2022). Due to the inaccessibility of psychotherapy, currently, the most common and accessible treatment methods for individuals with IDs are behavioral therapy and psychotropic medications, which primarily focus on reactive strategies to behaviors that may or may not be symptoms of a mental health need (Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Wiemeyer, 2019). Also, some individuals with IDs may experience negative side effects from psychotropic medications such as decreased quality of life, as well as an increase in undesired behaviors like aggression (Pinals et al., 2022).

Another common therapy service used with individuals with IDs is music therapy, which is effective in addressing cognitive, physical, and socio-emotional needs in individuals with IDs (Cameron, 2017; Hooper et al., 2008). Board-certified music therapists (MT-BCs) can address cognitive needs, such as motivation, concentration, perceptual ability, learning, music development, and technology usage for music creation during music therapy sessions. (Cameron, 2017; Hooper et al., 2008; Hoyle & McKinney, 2015). Music therapy can also address physical needs of individuals with IDs, such as gross/fine motor movement, body awareness, spatial awareness, limb extension, and range of motion (Hooper et al., 2008; Hoyle & McKinney, 2015). MT-BCs can address social needs like communication, relating to others, cooperation, peer acceptance, and community involvement with individuals with IDs (Cameron, 2017; Hooper et al., 2008; Hoyle & McKinney, 2015). Lastly, MT-BCs can address emotional needs during music therapy sessions with individuals with IDs, such as expressing emotions, alleviating agitation, increasing pleasure, improving self-esteem, increasing accomplishment, and decreasing self-injurious behaviors (Cameron, 2017; Hooper et al., 2008; Hoyle & McKinney, 2015).

While the state of music therapy literature regarding individuals with IDs addressing various cognitive, physical, social, and emotional needs is robust, there is little research regarding the effects of music therapy on improving mental health needs. Saperston (1989), a foundational researcher in this area of literature, and Hoyle and McKinney (2015) found that receptive music therapy techniques can help individuals with IDs decrease stress and anxiety and process grief. However, in contrast to Saperston and Hoyle and McKinney, de Witte et al. (2020) found that music therapists prefer to use more active music experiences to decrease the stress levels of the people they support with IDs.

de Witte et al. (2020), Hoyle and McKinney (2015), and Saperston (1989), investigated the effectiveness of music therapy to support specific mental health needs of individuals with IDs. While these foundational studies examined music therapy to specifically address the mental health needs of stress and anxiety reduction and bereavement in individuals with IDs, many other mental health needs, such as depression and trauma, are unresearched. Currently, there is a gap in the literature regarding MT-BCs' perspectives when working with individuals with IDs and what approaches and techniques they are using to address all the mental health needs of individuals with IDs. Having this knowledge of MT-BCs and their clinical practices will add to previous literature, as cited above, and inform current and future MT-BCs to better support individuals with IDs.

Purpose Statement and Research Questions

The purpose of this study was to collect information through a qualitative survey regarding the clinical practices and perspectives of MT-BCs for supporting the mental health needs of individuals with IDs. This study aimed to answer the following questions:

1. What do MT-BCs know about the mental health needs of individuals with IDs?

2. What do MT-BCs believe is their role in supporting these needs with individuals with IDs?
3. What are MT-BCs currently doing to support the mental health needs of individuals with IDs?
4. What do MT-BCs think the music therapy field could do to better support these needs in individuals with IDs?

Operational Definitions

Intellectual Disability (IDs)

IDs were defined as individuals who demonstrate differences in intellectual functioning and adaptive behavior before the age of 22 that may impact their daily lives (American Association on Intellectual and Developmental Disabilities [AAIDD], 2023; American Psychiatric Association [APA], 2023). Intellectual functioning refers to a person's general mental capacity, and adaptive behavior refers to the skills that a person uses in their daily life (AAIDD, 2023; APA, 2023; Wu & Boat, 2015). The researcher investigated the mental health needs of these individuals, as well as how music therapy supports these needs in this study.

Mental Health Needs

Mental health needs were defined as aspects related to emotional, psychological, and social wellbeing, which can affect thoughts, feelings, and behaviors (Centers for Disease Control and Prevention [CDC], 2023). Examples of mental health needs can include factors related to anxiety, depression, trauma, self-esteem, self-acceptance, grief, social connections etc. Mental health needs can be the result of a specific mental disorder, or they can just consist of general mental health needs not considered with a specific diagnosis. The researcher investigated the

clinical practices and perspectives of MT-BCs related to supporting these needs of individuals with IDs in this study.

Music Therapy

Music therapy was defined as the clinical use of music to work towards individualized goals within a therapeutic relationship with an MT-BC (American Music Therapy Association [AMTA], 2023). MT-BCs work with people from all life stages, various backgrounds, and strengths and needs, and they address cognitive, communication, social, emotional, physical, psychological, spiritual, and musical goals during sessions. There are four methods of music therapy: improvisational, re-creative, compositional, and receptive, which are comprised of different music experiences and chosen based on a person's preferences, strengths, and needs to address individualized goals (Bruscia, 1998). Examples of music experiences can include but are not limited to songwriting, lyric analysis, improvisation, movement to music, therapeutic singing, music and relaxation, musical games, instrument play, and adapted music lessons. The researcher investigated the clinical practices and perspectives of MT-BCs who work with individuals with IDs to support their mental health needs in this study.

Clinical Practices

Clinical practices were defined as models of practices for providing services where decisions are made with the needs of the person or people supported in mind (East Tennessee State University [ETSU], 2022). Clinical practices can be related to factors, such as goals/objectives, experiences, techniques, approaches, adaptations, etc., and they range the whole span of support from assessment to termination. The researcher investigated tMT-BC's assessment methods, formal goals, music experiences, and adaptations to music experiences regarding the mental health needs of individuals with IDs in this study.

Perspectives

Perspectives were defined as a viewpoint and stance on a particular topic (American Psychological Association [APA], 2024). The researcher investigated the perspectives of MT-BCs regarding their role in supporting the mental health needs of individuals with IDs, the unique qualities of music for supporting these needs, how music therapy is not supporting these needs, and how the music therapy field could improve in supporting these needs in this study.

Chapter II: Review of Literature

Intellectual Disabilities (IDs)

For a person to be diagnosed with an ID, they must demonstrate differences in intellectual functioning, as well as adaptive behavior before the age of 22 as indicated by both intellectual functioning and adaptive behavior assessments (AAIDD, 2023; APA, 2023; Heward et al., 2016; Wu & Boat, 2015). Intellectual functioning refers to a person's general mental capacity, which encompasses different abilities, such as problem solving, learning, judgement, planning, abstract thinking, and reasoning (AAIDD, 2023; APA, 2023; Wu & Boat, 2015). Therefore, individuals who have differences in intellectual functioning may experience difficulties with sustained and/or selective attention, learning new tasks, solving problems, completing short-term memory tasks, maintaining motivation, and generalizing and maintaining information (AAIDD, 2023; APA, 2023; Heward et al., 2016; Wu & Boat, 2015).

Intellectual functioning is typically assessed using Intelligence Quotient (IQ) tests like the Weschler Intelligence Scale for Children (WISC-V) and the Stanford Binet Intelligence Scale (SB5) (Heward et al., 2016: Siegal et al., 2020). An ID may be diagnosed if a person's IQ score is at least two standard deviations below the neurotypical population, and their IQ score can be used to determine the level of severity (AAIDD, 2023; APA, 2023; Heward et al., 2016; Wu & Boat, 2015). IDs, from lowest severity to highest severity, include mild, moderate, severe, and profound, and the level of additional support needed for activities of daily living may increase with severity (Heward et al., 2016; Wu & Boat, 2015).

IQ tests are important for measuring a person's intellectual functioning; however, individuals must also be assessed in adaptive behavior to be officially diagnosed with an ID (AAIDD, 2023; APA, 2023; Heward et al., 2016; Wu & Boat, 2015). Adaptive behavior refers to

the skills a person uses in their daily life like independent living and communication (AAIDD, 2023; APA, 2023; Wu & Boat, 2015). Common assessments used are the Adaptive Behavior Assessment System (ABAS) and the Vineland Adaptive Behavior Scale (VABS), and individuals must score at least two standard deviations below the neurotypical population to be diagnosed with an ID (APA, 2023; Siegal et al., 2020). According to AAIDD (2023) and APA (2023), adaptive skills assessed include conceptual, practical, and social skills. Conceptual skills include literacy, money, time, language, writing, math, and self-direction skills. Practical skills, or activities of daily living, relate to personal care; occupation; management of money, transportation, and healthcare; recreational activities; and safety. Interpersonal skills, empathy, social judgement, the ability to make and maintain friendships, communication, rule adherence, social responsibility, self-esteem, and social problem solving make up the social skills area of adaptive behavior.

Some individuals with IDs communicate using spoken language, while others may use alternative means of communication to add to or be in place of their spoken language, which is known as Augmentative and Alternative Communication (AAC) (American Speech-Language-Hearing Association [ASHA], 2024). There are many different types of AAC, such as gestures; pointing to pictures, words, or letters; writing; drawing; facial expressions; communication apps; and speech generating devices (ASHA, 2024). Some may communicate using American Sign Language (ASL) or an adapted version of ASL (ASHA, 2024). Communicating may be difficult for individuals with IDs who use AAC if the person they are trying to communicate with does not understand it, which may cause struggles in forming friendships, frustration, and/or social isolation (Rensfeld Flink et al., 2022). Individuals with IDs may also demonstrate harmful

behaviors like self-injury or aggression, and/or less impulse control due to not being understood by others that can impact their daily functioning and relationships (Heward et al., 2016).

Environmental and genetic factors can cause IDs (APA, 2023; Wu & Boat, 2015). Several common environmental factors are exposure to toxins (i.e., alcohol, drugs, lead), maternal infections (i.e., rubella and cytomegalovirus), childhood illnesses (i.e., whooping cough, meningitis, and measles) and nutritional deficiencies (APA, 2023; Wu & Boat, 2015). The most common environmental cause of IDs is fetal alcohol syndrome, a disorder that occurs when a child has been exposed to alcohol before birth (CDC, 2022; Lee et al., 2023). Exposure to these environmental factors most often occurs before birth or in the early years of life; however, head trauma and brain injuries that occur later in life can cause IDs (APA, 2023; Wu & Boat, 2015).

Genetic syndromes, such as down syndrome and fragile X syndrome can also cause IDs (Wu & Boat, 2015). Down syndrome, the most common genetic cause of IDs, occurs when the 21st chromosome has been copied three times instead of two (Kazemi et al., 2016). Another common genetic cause of IDs is fragile x syndrome, which is caused by changes in the gene Fragile X Messenger Ribonucleoprotein 1 (FMR1) that normally produces a protein responsible for brain development (CDC, 2022; Wu & Boat, 2015).

Individuals with IDs also often have a 50% prevalence of having a co-occurring developmental disability with their unique characteristics and need areas that are then combined with the characteristics and need areas from the ID (APA, 2023; Pinals et al., 2022; Wu & Boat, 2015). The most common co-occurring developmental disabilities with IDs are autism spectrum disorder (ASD) and attention deficit/hyperactivity disorder (ADHD) (APA, 2023; Wu & Boat, 2015). According to the Autism Self Advocacy Network (ASAN) (n.d.), autistic people may experience cognitive, communication, social, motor, and/or sensory differences compared to

their neurotypical peers, and autistic people may experience difficulties in interacting with their neurotypical peers due to their differences being misunderstood Like IDs, ASD is a spectrum where each person may demonstrate different characteristics of ASD, strengths, and levels of need. Combining the differences that are characteristic of ASD with the differences in intellectual functioning in individuals with IDs may create greater difficulties for individuals with co-occurring disabilities to interact with their peers, which could cause feelings of isolation (AAIDD, 2023; APA, 2023; Wu & Boat, 2015).

Another common co-occurring developmental disability with IDs is ADHD (APA, 2023; Wu & Boat, 2015). According to APA (2023), some individuals with ADHD) may experience inattentive, hyperactive, or impulsive symptoms that could impact their academic/job performance, interactions with others, and self-worth. There are three types of ADHD: inattentive, hyperactive/impulsive, and combined. Those diagnosed with the inattentive type may experience difficulties with sustaining attention, organizing, and completing tasks (APA, 2023), whereas those diagnosed with the hyperactive/impulsive type may have excess energy and difficulties with sitting still and engaging in tasks quietly. These individuals may also engage in impulsive behaviors like acting without thinking, blurting out thoughts, and not waiting their turn (APA, 2023). The combined type of ADHD is a combination of the inattentive and hyperactive/impulsive types. Individuals with IDs may already experience difficulties in maintaining attention, and they may also demonstrate excess undesired impulsive behaviors (AAIDD, 2023; APA, 2023; Wu & Boat, 2015). Combining the possible inattention and hyperactivity/impulsivity of ADHD with these existing characteristics of intellectual functioning could negatively affect academic performance to a greater extent and make it harder for

individuals to interact with their peers, potentially negatively impacting self-worth (AAIDD, 2023; APA, 2023; Wu & Boat, 2015).

Some individuals with IDs may also have co-occurring physical disabilities like cerebral palsy (CP), spina bifida, and/or muscular dystrophy that could cause greater challenges with completing activities of daily living and/or interacting with others (APA, 2023). According to CDC (2023), CP is a group of disorders caused by abnormal brain development or brain damage impacting a person's posture, balance, and gross motor skills. There are four types of CP: spastic, dyskinetic, ataxic, and mixed. Individuals with spastic CP often have high muscle tone, causing their muscles to be stiff and can negatively affect movement (CDC, 2023). Dyskinetic CP can involve difficulties with controlling the muscle movements of the arms, legs, feet, and hands. Individuals with ataxic CP may also experience difficulties with controlling the muscle movements of their arms and legs, as well as difficulties with walking, coordination, and balance. Lastly, mixed CP can involve a combination of the different types of CP with the most common mixed type being spastic-dyskinetic CP (CDC, 2023)..

Another physical disability that can co-occur with IDs is spina-bifida, which is caused by the spine and spinal cord not forming properly (CDC, 2023). According to CDC (2023), there are three types of spina-bifida; each with varying symptoms and severity. Spina-bifida occulta does not impact functioning in any way. Meningocele may impact bowel and bladder function; however, there are usually no other symptoms. Myelomeningocele can also impact bowel and bladder function and their ability to move their legs. (CDC, 2023). Muscular dystrophy is another physical disability that can co-occur with IDs (APA, 2023). Muscular dystrophy is caused by gene mutations that weaken the muscles over time, making movement and daily living tasks difficult (CDC, 2022).

Motor difficulties from CP, spina-bifida, and muscular dystrophy can add to the challenges of completing daily living tasks that some individuals with IDs may experience due to differences in adaptive behavior (APA, 2023). Also, difficulties in movement, as well as with bladder and bowel control that individuals with co-occurring myelomeningocele or meningocele spina-bifida may experience may limit participation in activities with peers, which may cause further social isolation (APA, 2023).

Mental Health Needs

In the mid-1900s, some mental health professional believed that individuals with IDs could not have a co-occurring mental disorder and behavioral needs were due to the ID; however, current research has disproven this idea (Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022). Individuals with IDs are three to four times more likely to have a mental health disorder (potentially co- occurring depression, anxiety, schizophrenia, psychotic illness, and impulse control disorders), as well as general mental health needs than neurotypical individuals (Huff, 2021; Lineberry et al., 2023: Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Witwer et al., 2022; Zisman-Ilani, 2022).

Genetic and environmental factors are causes of mental health disorders (Department of Developmental Disability Neuropsychiatry [3DN], n.d.; Tapp et al., 2023; Witwer et al., 2022). According to 3DN (n.d.), like those without an ID, certain genes can increase the chances of individuals with IDs acquiring a mental disorder. However, when genetic factors cause a person's ID, like down syndrome, there is an even greater risk of developing a mental disorder. As previously mentioned, individuals with IDs also have co-occurring conditions, such as developmental and physical disabilities that can impact a person's mental health due to the lack of accommodations and adaptations available (APA, 2023; 3DN, n.d.). Individuals with IDs also

have a higher exposure to environmental stressors, such as stressful life events, degree of disability, fewer supportive relationships, and stigma, which are highly predictive of psychological trauma (3DN, n.d.; Tapp et al., 2023; Witwer et al., 2022).

Additionally, according to Davis (n.d.) and Pinals et al. (2022), individuals with IDs are also three to four times more likely to experience abuse, neglect, exploitation, and mistreatment, which can be traumatic for them. For individuals with IDs, processing memories or integrating perceptions of traumatic events and their emotional responses may be challenging due to their differences in intellectual functioning, which can make them at risk for developing post-traumatic stress disorder (PTSD) or acting aggressively (Pinals et al., 2022). Individuals with IDs experiencing communication differences may not have the tools to express their experiences and feelings to others, which could lead to further trauma and manifest as external behaviors like aggression and self-harm (Pinals et al., 2022)., Additionally, due to social stigma, individuals with IDs may not be viewed as reliable witnesses when describing their trauma, so they may be forced to stay in their current situation, which could also create feelings of hopelessness (Pinals et al., 2022). Many individuals with IDs also have legal guardians making most of their decisions, which can negatively affect their feelings of independence, autonomy, self-worth, and self-determination (Pinals et al., 2022). Legal guardians of individuals with IDs are also often perpetrators of abuse, neglect, exploitation, and mistreatment, which can add to mental health effects that they may experience (Davis, n.d.).

In addition to experiencing abuse, neglect, exploitation, and mistreatment, individuals with IDs may experience trauma due to societal factors (Houck & Dracobly, 2022). According to Houck and Dracobly (2022), individuals with IDs have historically been isolated from the rest of society due to institutionalization. Although most individuals with IDs are no longer

institutionalized, they are often not encouraged to participate in community activities with people who are different from them, and they experience a marginalized status, which may contribute to trauma symptoms. Individuals with IDs may also feel pressure from society to conform to neurotypical norms, which can cause trauma (Houck & Dracobly, 2022).

Even though individuals with IDs have a high prevalence rate of co-occurring mental health disorders and general mental health needs, as well as have a greater risk of experiencing trauma due to a variety of factors, individuals with IDs are underserved and often encounter many barriers to receiving mental health care (Huff, 2021: Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Wiemeyer, 2019; Witwer et al., 2022; Zisman-Ilani, 2022). One of the main barriers is that mental health practitioners are often not trained to treat the mental health needs of individuals with IDs (Huff, 2021; Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019). Lack of training and education can contribute to the potential therapeutic bias and stigma of mental health practitioners that individuals with IDs cannot benefit from mental health treatment due to concerns related to their differences in intellectual functioning (Huff, 2021; Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019). Psychology graduate students reported not receiving enough education related to working with individuals with IDs beyond diagnostic characteristics and desire more training opportunities (Weiss et al., 2010). Many mental health practitioners may be unfamiliar with IDs, and therefore, may be unprepared to provide treatment due to lack of training, which then impacts the overall quality of these services (Huff, 2021; Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019). There are also no clear codes or guidelines when working with

individuals with IDs, which can also impact the quality of services (Weise et al., 2019; Witwer et al, 2021).

Additionally, lack of experience working with individuals with IDs can lead to mental health practitioners not diagnosing individuals (Huff, 2021; Pinals et al., 2022). Practitioners may experience diagnostic overshadowing-view the person's behaviors as symptoms of the ID instead of illness, due to not experiencing different presentations of mental health disorders (Huff et al., 2021; Pinals et al., 2022; Tapp et al., 2023). For example, depression in an individual with an ID may present as them being irritable, aggressive, and not wanting to socialize with their peers instead of verbalizing their depression (Huff, 2021; Pinals et al., 2022). Diagnostic overshadowing can lead to individuals' behavior being labeled as "problematic," which places a greater emphasis on treating external behaviors (Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Wiemeyer, 2019).

Many individuals with IDs are often served under their state's Medicaid waiver, which includes a variety of services like behavior therapy speech therapy, physical therapy, and occupational therapy (Pinals et al., 2022). However, mental health treatment options like psychotherapy are often not available services on the Medicaid waiver, making accessing mental health treatment inaccessible due to the cost of these treatments and the financial strain that individuals with IDs often experience (Huff, 2021; Pinals et al., 2022). Therefore, services like behavioral therapy, as well as the prescribing of psychotropic medications are often recommended to support the mental health needs of individuals with IDs due to the emphasis on external behaviors and the inaccessibility of psychotherapy (Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Wiemeyer, 2019).

According to Lineberry et al. (2023) and Pinals et al. (2022), behavioral therapy involves conducting of functional behavioral analysis to determine target and replacement behaviors, as well as providing interventions to address these behaviors. Examples of target behaviors include but are not limited to physical and/or verbal aggression, unexpected social interactions, and harmful self-stimulation. Examples of corresponding replacement behaviors could include emotional expression, communication of wants and needs, appropriate social skills, and teaching coping strategies. Behavioral therapy is effective in decreasing target behaviors; however, this service primarily focuses on reactive strategies, which may or may not address the actual mental health need (Leaf et al., 2021; Wiemeyer, 2019). Also, certain types of behavior therapy, such as applied behavior analysis (ABA), have been reported by some service users to be harmful due to its attempts to push neurotypical norms and eliminate differences (Leaf et al., 2021). Individuals with IDs are also often prescribed psychotropic medications to treat mental health conditions (Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Wiemeyer, 2019). Although these medications can be effective in decreasing certain symptoms and conditions like anxiety, depression, and psychosis, these medications are often prescribed to treat the external behavioral challenges instead of the internal need (Pinals et al., 2022; Wiemeyer, 2019). Mental health practitioners may run the risk of overmedicating individuals with IDs, which can cause a decrease in quality of life and increase in undesired behaviors like aggression due to the unhealthy combination of certain medications (Pinals et al., 2022).

Psychotherapy with IDs

While behavior therapy and psychotropic medications are currently the most common treatments for individuals with IDs, there is evidence supporting the effectiveness of psychotherapy to treat mental health needs (Lineberry et al., 2023; Pinals et al., 2022; Pinals et

al., 2022; Tapp et al., 2023; Wiemeyer, 2019; Witwer et al., 2022).Tapp et al. (2023) and Witwer et al. (2021) both reviewed the effectiveness of psychotherapy with individuals with IDs. The systematic reviews examined the effects of cognitive-behavioral (CBT), integrative, community-based, trauma-focused, eye movement desensitization and reprocessing (EDMR), and general anger management programs with individuals with IDs on anger/aggression, depression, anxiety, bereavement, social awareness/social skills, social phobia, mood/emotional disorders, general phobia, self-concept/self-determination, PTSD, and trauma (Tapp et al., 2023; Witwer et al., 2022). Based on the culmination of studies from both literature reviews, psychotherapy appears to be an effective form of treatment for the mental health needs of individuals with IDs (Tapp et al., 2023; Witwer et al., 2022).

However, few studies investigate the effectiveness of psychotherapy for different mental health needs and conditions besides anger/aggression, which demonstrates that most of the research in the psychotherapy field is primarily interested in overt behaviors of individuals with IDs as opposed to internal and emotional processes. There were also very few studies that did not use the cognitive-behavioral approach, and no mention in any studies of adaptations used to make psychotherapy more accessible for individuals with IDs. Therefore, there is a need for additional research on the use of psychotherapy for other mental health needs, as well as with other psychotherapeutic approaches.

Keesler et al. (2023) began to fill the gap in the research by investigating the effectiveness of progressive counting (PC) with individuals with IDs who had experienced trauma. According to Kessler et al. (2023), PC is a manualized treatment for trauma that involves a person visualizing a prior traumatic event in the context of a movie that first begins and then ends with positive memories. While the person is visualizing the traumatic event, the therapist

counts to a certain number, which indicates how long the person is to be exposed to that traumatic memory. The amount of exposure gradually increases in length the longer the person receives this treatment. The results of this study indicated the effectiveness of PC in the reduction of trauma symptoms of individuals with IDs. However, Kessler et al. recommended using visual aids through the different stages of the treatment, proving additional prompts, asking more probing and clarifying questions, teaching different coping strategies to go along with the treatment, and using the fairytale model, which involves using fairytale imagery to help process the trauma.

Wiemeyer (2019) added to the literature by surveying a group of counselors who worked with individuals with IDs and co-occurring mental illness on how the ID impacts the therapeutic process, as well as recommendations and adaptions for these differences. The participants stated that the most prevalent impacts of a person's ID on the therapeutic process included differences in executive functioning, expressive and receptive language, abstract thinking, attention span, and motivation for change. When creating therapeutic goals, it is important to collaborate with the people receiving services, so they can be in charge of their own services (Huff, 2021). Goals for individuals with IDs will look very similar to the goals of neurotypical people; however, the therapist will need to work to adapt their treatment process to fit a person's specific strengths and needs when attempting to accomplish these goals (Huff, 2021). According to Wiemeyer (2019), the gaining of insight can also look different compared to neurotypical people through changing behavior, identifying feelings, making connections, labeling psychosis, and problem solving. The overall treatment process may also take longer due to these differences. Participants recommended measuring progress on a smaller scale, increasing motivation through explaining reasons for therapy and for certain goals, being flexible, changing the experiences used in

sessions, incorporating different mediums, incorporating a person's interests into sessions, using an individualized and strengths-based approach, providing ample processing time, slowing down the pace of sessions, providing frequent check-ins, using repetition, incorporating psychoeducation, and involving caregivers in the therapeutic process as adaptations for therapy.

Music Therapy and Mental Health

Music therapy has been found to be an effective form of treatment to support the mental health needs of people with varying ages and diagnoses (Allen, 2012; Bradt, 2012; Clark et al., 2013; Clements-Cortes & Pascoe, 2020; Eyre & Lee, 2015; Gonzalez-Ojea et al., 2022; Johnson & Heiderscheidt, 2018; Lui et al., 2015; Silverman, 2007). According to Clements-Cortes and Pascoe (2020), engaging in music both recreationally and therapeutically can positively impact mental health. Even the act of listening to music can activate the brain's reward system, which can improve emotional regulation and increase pleasure and motivation (Clements-Cortes & Pascoe, 2020). Music for relaxation purposes can to reduce stress and arousal levels. Other musical activities like making music with others, have been found to improve interpersonal skills, social and emotional wellbeing, self-esteem, self-awareness, mood, and stress levels (Clements-Cortes & Pascoe, 2020). The inherent benefits of music engagement on mental health combined with therapeutic intent can be effective in supporting the mental health needs of many people with varying ages and diagnoses (Clements-Cortes & Pascoe, 2020).

Many MT-BCs work in mental health settings like state hospitals, community mental health centers, behavioral health centers, day treatment centers, and group homes to support those living with mental disorders (Eyre & Lee, 2015; Johnson & Heiderscheidt, 2018; Silverman, 2007). Music therapy is often a valued treatment option in these settings, and patients often prefer music therapy to other psychoeducational presentations (Silverman, 2007). MT-BCs

in these settings address a variety of goals, which include but are not limited to socialization, communication, self-esteem, coping skills, stress reduction/management, group cohesiveness, relaxation, decision making, impulse control, leisure skills, emotional expression, problem solving, self-image, insight, reality orientation, anger management, symptom management, mental health knowledge, physical exercise, spirituality, community integration, daily living skills, and medication management (Eyre & Lee, 2015; Johnson & Heiderscheidt, 2018; Silverman, 2007). Common music experiences for addressing these different goals include but are not limited to music assisted relaxation, songwriting, improvisation, lyric analysis, movement to music, instrument play, therapeutic singing, guided imagery and music, musical games, music and art, song composition, conducting, music and writing, and music performance (Eyre & Lee, 2015; Johnson & Heiderscheidt, 2018; Silverman, 2007). MT-BCs' choice of music experiences is often influenced by their therapeutic approach, and common therapeutic approaches in mental health settings include cognitive-behavioral, psychodynamic, person-centered, and humanistic (Eyre & Lee, 2015; Johnson & Heiderscheidt, 2018; Silverman, 2007).

In addition to supporting individuals living with mental disorders in mental health settings, music therapy can support the mental health needs of many others with different ages and diagnoses in a variety of settings such as hospitals, assisted living facilities, and hospice care (Allen, 2012; Bradt, 2012; Clark et al., 2013; Gonzalez-Ojea et al., 2022; Lui et al., 2015). For example, children who have experienced Adverse Childhood Experiences (ACEs) can experience a variety of mental health needs that music therapy can effectively address (Clark et al., 2013). People with ACEs are more likely to experience difficulties academically and are 12 times more likely to participate in a health risk such as alcohol and drug use, as well as have mental health related symptoms like depression and suicidality (Webster, 2022). When working

with children with adverse experiences, MT-BCs most often address goals related to self-expression, self-esteem, identity, coping skills, sexual health, and sexual orientation to help them navigate their current life circumstances, as well as to prevent future concerns (Clark et al., 2013). The music experiences most used to address these goals include lyric analysis, songwriting, drumming, and improvisation (Clark et al., 2013).

Music therapy can also support the mental health needs of hospitalized children and adults, as well as their caregivers in the medical setting by addressing depression, anxiety, and grief experienced due to loss (i.e., of their normal functioning, independence, appearance, and support system), and the uncertainty of the future (i.e., potential surgeries/procedures and future of their illness/recovery) (Allen, 2012; Bradt, 2012). Some common music therapy interventions include music assisted relaxation, music and imagery, music listening, improvisation, song discussions, singing preferred music, songwriting, and music recording (Allen, 2012; Bradt, 2012).

Additionally, music therapy can support the mental health needs of older adults, including those with dementia in nursing homes and assisted living facilities (Gonzalez-Ojea et al., 2022). According to Gonazlez-Ojea et al. (2022), older adults may experience feelings of isolation, depression, and anxiety, as well as experiencing an overall decreased quality of life. Those with dementia may experience a greater amount of anxiety due to loss of memories and possible confusion over where they are and where family members are. Therapeutic singing, instrument playing, movement to music, and music listening have been used to address mental health needs.

Lastly, music therapy cam address the mental health needs of individuals in hospice care, as well as their family members (Lui et al., 2015). According to Lui et al. (2015), those in hospice care are usually determined to have six months or less to live and are often served in

their homes, residential facilities, nursing homes, and hospice inpatient facilities. Common mental health goals that MT-BCs address with individuals receiving services and their family members include decreasing anxiety and isolation and improving social support, spiritual support, quality of life, mood, and relaxation (Lui et al., 2015). Common music experiences used to address these goals include music listening, singing, music-based life review, instrument playing, music assisted relaxation, lyric analysis, music discussion, and composition (Lui et al., 2015). The above examples of music therapy to support the mental health needs of people with a variety of ages and diagnoses demonstrate the ability of music therapy to support mental health needs regardless of the presence of a specific mental health disorder and regardless of individuals' strengths and needs.

Music Therapy with IDs

Music therapy can also be effective in supporting those with IDs in a variety of settings like homes, schools, and out in the community (Brown & Jellison, 2012; Cameron, 2017; Clements-Cortes, 2019; Hooper et al., 2008). The act of creating music can serve as a method of communication, and music can provide a means of emotional and self-expression that does not require verbalization, which is extremely helpful for those with IDs who have communication differences (Cameron, 2017; Clements-Cortes, 2019; Hooper et al., 2008). Boxill (1981) explained this idea through the "continuum of awareness", which is the level of awareness a person has of themselves, as well as of the people around them. Music combined with the therapeutic relationship can be used to help increase a person's level of awareness. This approach can be especially helpful for individuals with IDs who use AACs (Boxill. 1981). As previously mentioned, individuals who use AACs may experience feelings of isolation due to others potentially not understanding what they are attempting to communicate (Rensfeld Flink et al.,

2022). Musically reflecting on what the person is doing, identifying the purpose and intention behind their actions, and then establishing musical contact can help the person become aware of their actions and how they are being used to interact and communicate with the world, as well as how they can further develop their communication (Boxill, 1981).

Another foundational music therapy approach used with individuals with IDs is the Nordoff-Robbins approach, also known as the creative music therapy approach, which exemplifies the use of music to help a person realize their true selves and abilities (Clements-Cortes, 2019). Nordoff and Robbins believed that each person has a "conditioned self," which includes the responses the person has learned from the world; however, through improvisational music making along with the caring and empathic nature of the co-therapists, a person can access their "music child" and realize their "new self" regardless of the person's diagnosis (Clements-Cortes, 2019, p. 41). While the humanistic approaches of Boxill's (1989) continuum of awareness and Nordoff-Robbins are a couple of foundational approaches used with individuals with IDs, many MT-BCs additionally use analytic, behavioral, and community music therapy approaches (Cameron, 2017; Hooper et al., 2008; Hoyle & McKinney, 2015).

Cameron (2017), Hooper et al., (2008), and Hoyle and McKinney (2015), demonstrated the effects of music therapy from creative, analytic, and community approaches with individuals with IDs. Hooper et al. culminated the results from various surveys and case examples of MT-BCs working with people with IDs to identify clinical practices and outcomes of music therapy. The results indicated that MT-BCs primarily assessed motor, communication, cognitive, social, and musical skills, which do not include mental health need areas, when working with individuals with IDs. However, the case examples provided in Hooper et al. indicated that music therapy can be effective in addressing emotional and psychological needs (i.e. expressing

emotions, alleviating agitation, increasing pleasure/accomplishment, and improving self-esteem), as well as social, cognitive, and physical needs.

Hoyle and McKinney (2015) continued Hooper et al. (2008), and found that music therapy can improve social interactions, community involvement, and technology usage for music creation, while decreasing self-injurious behaviors. Cameron (2017) added to the literature through specifically investigating the effects of long-term music therapy (creative music therapy and community music therapy approaches) with individuals with IDs. The results indicated many positive benefits to long-term music therapy, such as increased communication, self-expression, opportunities for choice and control, and development of skills and decreased cognitive and functional deterioration (Cameron, 2017).

Cameron (2017), Hooper et al. (2008), and Hoyle and McKinney (2015) demonstrate the effectiveness of music therapy in addressing the various important need areas related to intellectual functioning and adaptive behavior, such as improving cognitive, social, physical, and communication skills. Current literature regarding music therapy with individuals with IDs focuses on social, musical, and academic goals, while fewer articles focus on communication, motor, and emotional skills (Brown & Jellison, 2012). There is a gap in the music therapy literature regarding the use of music therapy to address the mental health needs of individuals with IDs.

Music Therapy for Mental Health Needs of IDs

In addition to the few case studies mentioned in Hooper et al. (2008) review utilizing music therapy to address emotional and psychological goals (i.e. expressing emotions, alleviating agitation, and increasing pleasure, self-esteem, and accomplishment), there have been a few additional studies that investigated the effectiveness of music therapy on certain mental health

needs like stress reduction and bereavement (de Witte et al., 2020; Hoyle & McKinney, 2015; Saperston, 1989).

Saperston (1989) was one of the earliest research articles on using music therapy to support the mental health needs of individuals with IDs. Saperston (1989) specifically created a music therapy protocol known as Music-Based Individualized Relaxation Training (MBIRT) to teach individuals with IDs different relaxation exercises to be used outside of sessions to reduce stress and anxiety levels. The music in MBIRT served the purposes of assisting in learning relaxation exercises, reinforcing relaxed behaviors, and helping elicit relaxation through the iso-principle. MBIRT was divided into four different levels: the development of enabling behaviors, therapist-directed relaxation responses, independent relaxation responses, and generalization skills, and a person could not progress until they had achieved the goal of their current level. Progression through the levels of MBIRT involved the gradual reduction of directions and assistance until generalization was achieved.

The music experiences involved in MBIRT included preferred music listening, concept songs, muscle relaxation songs, chanting, and breath control songs. Even though the stages and experiences used in MBIRT were standardized, the aspects of the experiences, as well as the music chosen/played were individualized, and the protocol was broken down into smaller steps. There has been very little research on the effectiveness of MBIRT with individuals with IDs; however, Saperston (1989) included a case example, demonstrating success in learning and generalizing the relaxation exercises.

A much more recent study, Hoyle and McKinney (2015), explored the feasibility of music therapy to address issues related to bereavement in individuals with IDs. The program consisted of nine group sessions that explored different themes each week using songwriting,

musical books, instrument play, and CD creation. Additionally, the program included education on topics like death and grief, emotional recognition of the self, and corresponding coping skills. Some adaptations were the use of visuals, icons, and literal language to help make concepts more concreate, reflection of topics, summarization at the end of the session, as well as at the beginning of the next session, making sessions shorter and more person-centered, and providing ample processing time.

Lastly, de Witte et al. (2020) investigated the clinical practices of MT-BCs for addressing stress reduction with individuals with IDs. The participants reported primarily working to first synchronize with the person and their stress levels, and then releasing the tension and stress through self-expression and stimulating relaxation. Additionally, the participants reported primarily using active music therapy experiences like improvisation, singing existing songs, and songwriting and composing to address stress reduction; however, the receptive method of playlist creation was also reported. de Witte et al. did not ask any questions related to specific adaptations that the MT-BCs used.

The use of active music experiences reported in de Witte et al. (2020) and Hoyle and McKinney (2015) contrasted with the Saperston (1989) protocol that only used receptive methods. de Witte et al. (2020), Hooper et al. (2008), Hoyle and McKinney (2015), and Saperston (1989) demonstrated how music therapy can address stress and agitation reduction, bereavement, and improvement of self-esteem, pleasure, and accomplishment. There is a gap in the research regarding how other mental health needs, like depression, trauma, and self-concept, are addressed during music therapy sessions.

Summary

Individuals with IDs have a variety of need areas related to intellectual functioning and adaptive behavior, and these need areas are often added to by a causing genetic condition, or by a potential co-occurring disorder (Heward et al., 2016; Wu & Boat, 2015; AAIDD, 2023; APA, 2023). In addition to these need areas, individuals with IDs also have high a prevalence of comorbid mental illness due to a variety of factors (Huff, 2021; Lineberry et al., 2023: Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Witwer et al., 2022; Zisman-Ilani, 2022). However, individuals with IDs often encounter many barriers when attempting to receive mental health care like diagnostic overshadowing, lack of professional training, and stigma (Huff, 2021: Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Wiemeyer, 2019; Witwer et al., 2022; Zisman-Ilani, 2022). Therefore, the primary forms of treatment for mental health needs with individuals with IDs typically consist of psychoactive medications and behavior therapy, which often do not target underlying mental health needs (Lineberry et al., 2023; Pinals et al., 2022; Wiemeyer, 2019). Music therapy can be an effective treatment option for supporting the mental health needs of people of varying ages and diagnoses (Allen, 2012; Bradt, 2012; Clark et al., 2013; Clements-Cortes & Pascoe, 2020; Eyre & Lee, 2015; Gonzalez-Ojea et al., 2022; Johnson & Heiderscheidt, 2018; Lui et al., 2015; Silverman, 2007). MT-BCs also work with individuals with IDs to address a variety of goals, but there is little research on what MT-BCs are doing within their practice to address these mental health needs. The purpose of this study was to collect information through a qualitative survey regarding the clinical practices and perspectives of MT-BCs for supporting the mental health needs of individuals with IDs.

Chapter III: Methodology

Design

A qualitative survey was utilized to investigate the clinical practices and perspectives of MT-BCs in supporting the mental health needs of individuals with IDs. Through this survey, the researcher specifically explored MT-BCs' knowledge of the mental health needs of individuals with IDs, their role in supporting mental health needs, the role of music in supporting mental health needs, the assessment methods, goals, music experiences, and adaptions used to address these needs, and the state of the music therapy field in addressing these needs in individuals with IDs, as well as how it could improve. A qualitative survey design was chosen to provide a more in-depth analysis of the clinical practices and perspectives of MT-BCs in supporting the mental health needs of individuals with IDs.

Recruiting

Participants were recruited through a post on the *Music Therapists Unite, Indiana MT-BCs and Music Therapy Students*, and *Music Therapy Session Ideas for Adults with Disabilities Facebook* groups, which included a link to the survey. The participants were first directed to read the consent page, which included the study's purpose and research questions, definitions of key terms, and ethical considerations, such as risk factors, voluntary participation, and confidentiality.

Participants

The participants consisted of MT-BCs who were currently working with individuals with IDs. Music therapy professionals who worked with individuals with IDs in the past but were no longer working with them could not participate in this study. Participants had to be able to read English or utilize a language translating software and have access to an electronic device, as well

as the internet to complete the survey. Additionally, participants had to answer at least one long-form question to be considered a participant in this study. There were eight participants in this study, and their anonymity was maintained through assigning each participant a letter in the alphabet (e.g. participant A).

Instrument Design

An online qualitative survey was created through SurveyMonkey and consisted of nine short-form demographic questions and nine long-form questions related to the clinical practices and perspectives of MT-BCs. Each demographic question included a short-form text box, and each question about clinical practices and perspectives included a long-form text box for participants to write their answers. The demographic questions gathered information about the participants' age, gender, ethnicity, country of practice, highest level of education, years of overall clinical practice, years of working with individuals with IDs, settings of practice, and music therapy approach. The long-form questions included the following questions:

1. What do you know about the mental health needs of individuals with IDs?
2. What do you think a MT-BC's role is in addressing the mental health needs of individuals with IDs?
3. What unique qualities do you think music specifically can provide in supporting the mental health needs of individuals with IDs?
4. How are you assessing the mental health needs of the people you work with who have IDs?
5. What are some formal goals that you have created to address the mental health needs of the people you work with who have IDs?
6. What are some music experiences that you have used to address mental health goals?

7. What adaptations have you applied to your music experiences to make them more accessible for individuals with IDs?
8. What ways is music therapy not supporting the mental health needs of individuals with IDs?
9. What do you think the music therapy field could do to better support the mental health needs of individuals with IDs?

Procedure

After participants consented, they were directed to complete the survey questions and then submit the form. Data was collected over four weeks, and a reminder post to complete the survey was sent out two weeks after the initial invitation post.

Data Analysis

Each demographic question was compiled into a comprehensive list of responses and converted into tables. The researcher used Braun and Clarke's (2006) approach to reflexive thematic analysis to analyze the data for the long-form questions. The researcher reviewed responses first and then coded in the computer software system Nvivo 14 (Lumivero, 2023) the information relevant to each research question. The researcher then combined similar codes to create themes for each research question and then reviewed for relevance, named, defined, and then summarized.

Ethical Considerations

The Saint Mary-of-the-Woods College Institutional Review Board (IRB) approved this study before data collection began. Participants consented before they were directed to complete the survey. Participants were made aware of the possibility of experiencing potential discomfort due to the reflective nature of the survey questions and recommended to reach out to a mental

health professional if a case of severe discomfort occurred. Participation in this survey was completely voluntary. The participants could stop the survey at any time, and they could choose to not answer any question that they did not wish to answer. All data collected was completely anonymous and no identifiable information was collected. All data will be stored in a password protected file on the researcher's computer for three years and will then be destroyed.

Chapter IV: Results

The purpose of this study was to collect information through a qualitative survey regarding the clinical practices and perspectives of MT-BCs for supporting the mental health needs of individuals with IDs. 18 MT-BCs initiated the survey; however, only eight answered at least one long-form question (meeting participant criteria), making the completion rate 44%.

Demographic Questions

All participants in this study were board-certified and currently worked with individuals with IDs upon completion of the survey. The average age of participants in this study was 33.13 years old, and most participants identified as female (n = 6). Other genders represented in this study were agender (n = 1) and non-binary (n = 1). All participants indicated that their ethnicity was white, and their country of practice was the United States. When asked about their highest level of education, the most common response was master's degree (n = 4) followed by bachelor's degree (n = 3). The participants had been practicing as MT-BCs for an average of 8.38 years and had been working with individuals with IDs for an average of 8.63 years. When asked about their practice setting, the most common response was private practice (n = 5); other settings mentioned included hospice, community based, contracts, day programs, and homes. While singular approaches, like humanistic and resource-oriented, were indicated, many participants indicated that they utilize a combination of therapeutic approaches like humanistic and eclectic, humanistic and resource-oriented, person-centered and holistic, and person-centered and eclectic.

Table 1

Demographics of Participants

Demographic Variable	Participants (8)(%)
Age	
24	1 (12.5%)
26	1 (12.5%)
28	1 (12.5%)
30	1 (12.5%)
31	2 (25%)
45	1 (12.5%)
50	1 (12.5%)
Gender	
Female	6 (75%)
Agender	1 (12.5%)
Non-binary	1 (12.5%)
Ethnicity	
White	8 (100%)
Country of Practice	
United States	8 (100%)
Highest Level of Education	
Bachelor’s	3 (37.5%)
Some graduate school	1 (12.5%)
Master’s	4 (50%)
Years as an MT-BC	
2	1 (12.5%)
3	1 (12.5%)
4	1 (12.5%)
7	1 (12.5%)
8	1 (12.5%)
9	1 (12.5%)
10	1 (12.5%)
24	1 (12.5%)
Years Working with IDs	
3	2 (25%)
5	1 (12.5%)
7	1 (12.5%)
8	1 (12.5%)
9	1 (12.5%)
10	1 (12.5%
24	1 (12.5%)
Setting of Practice	
Contract	1 (12.5%)
Day program and home	1 (12.5%)
Hospice and community based	1 (12.5%

Table 1 (continued)

Demographic Variable	Participants (8)(%)
Private practice	5 (62.5%)
Music Therapy Approach	
Humanistic	2 (25%)
Humanistic and eclectic	1 (12.5%)
Humanistic and resource-oriented	1 (12.5%)
Person-centered and holistic	2 (25%)
Person-centered and eclectic	1 (12.5%)
Resource-oriented	1 (12.5%)

Long-Form Questions

The responses from the first long-form question were analyzed to answer the first research question, "What do MT-BCs know about the mental health needs of individuals with IDs?" The long-form questions two and three were analyzed to answer the research question, "What do MT-BCs believe is their role in supporting these needs with individuals with IDs?" The third research question, "What are MT-BCs currently doing to support the mental health needs of individuals with IDs?" was answered by analyzing the responses from long-form questions four through seven. The last research question, "What do MT-BCs think the music therapy field could do to better support these needs in individuals with IDs?" was answered by analyzing the responses from long-form questions eight and nine.

What do MT-BCs know about the mental health needs of individuals with IDs?

When the eight participants were asked about their knowledge of the mental health needs of individuals with IDs, five themes emerged--presence of mental health needs in ID, high risk of trauma, differences in mental health needs, incorrect assumptions related to mental health and ID, and gaps in knowledge.

Theme One: Presence of Mental Health Needs in ID. An overall theme was the awareness that individuals with IDs have mental health needs (See Table 2, p. 37, for NVivo

codes). Participant responses ranged from a general awareness of these needs to an awareness of the need prevalence as indicated by participant D stating, “It’s not uncommon for them to have mental health struggles,” while participant E stated, “Mental health needs are strong in this population, more so than the general population.” Additionally, participant C reported, “I know they have the same needs as everyone else but may need additional support to manage those needs.”

Theme Two: High Risk of Trauma. Three participants indicated their awareness of the impact of various environmental and systemic triggers that can contribute to individuals with IDs experiencing a greater risk of trauma (See Table 2 for NVivo codes). Participant B provided a general statement, “Individuals with ID have a high probability of experiencing trauma.,” indicating their awareness of the high risk of trauma. While participant H specifically reported that individuals with IDs are more likely to experience “interpersonal victimization but are not often taught how to recognize and/or report abuse or screened by providers for mental health conditions/ACES.” Participant A specifically discussed their awareness of the environmental and systemic factors that can contribute to trauma:

> I have a conceptual understanding of the influence of environmental and systemic factors on the mental health of people with ID. I continue to learn from community support initiatives and self-advocates, who educate on the difficulty in being seen as "less than," bullying and harassment, and navigating a world that is not designed with support needs in mind. (Participant A)

Theme Three: Differences in Mental Health Needs. Three participants noted differences in the mental health needs of individuals with IDs compared to neurotypical individuals (See Table 2 for NVivo codes). Participant B commented on how mental health needs

may present differently due to communication differences, and participant C also commented on how these mental health needs may be "harder to identify by the person and those supporting them" most likely due to these differences in presentation. Additionally, participant C mentioned that individuals with IDs "may need additional support to manage those needs." Participant H specifically mentioned how mental health needs in individuals with IDs may present as "externalizing aggression and self-isolation," which is often attributed to their ID by providers as opposed to mental health needs.

Theme Four: Incorrect Assumptions Related to ID and Mental Health. Two participants identified the incorrect assumptions that mental health providers have related to ID and mental health (See Table 2 for NVivo codes). Participant H stated, "People with I/DDs were historically believed to be incapable of having mental health needs due to their cognitive abilities." Additionally, participant G asserted "A lot of times people assume that individuals with I/DD do not struggle with mental health or cannot understand the complexity of mental health/emotions, so they do not teach it to them." These two responses demonstrate an awareness of the history of these assumptions, as well as how they are still occurring in the present.

Theme Five: Gaps in Knowledge. Although participants demonstrated awareness in the presence of mental needs in people with IDs, the higher risk of trauma, differences in mental health needs, and incorrect assumptions related to ID and mental health, three participants expressed an overall gap in knowledge in this area (See Table 2 for NVivo codes). Participants C and F reported a gap in knowledge in their own practice. Participant C expressed "I feel I do not know as much as I should.," and participant F stated, "I am not sure of the average or overall needs, but we are aware of our individual clients." Participant G; however, commented on the

gaps in the mental health field in general by stating that the mental health needs of individuals with IDs are "often under researched, talked about, and informed."

Table 2

What do MT-BCs know about the mental health needs of individuals with IDs?

Theme	Codes
Theme One: Presence of Mental Health Needs in ID	"Not uncommon" "More prevalent than the neurotypical population" "Same needs as neurotypical population"
Theme Two: High Prevalence of Trauma	"High probability of trauma" "Environmental and systemic factors"
Theme Three: Differences in Mental Health Needs	"Different presentation" "Harder to identify" "Additional supports needed"
Theme Four: Incorrect Assumptions Related to ID and Mental Health	"Assumption that people with ID cannot understand complexities" "Assumption that people with ID do not struggle with mental illness" "Belief that people with ID are incapable of mental illness"
Theme Five: Gaps in Knowledge	"Not as much as desired" "Not enough research and discussion" "Unaware of general needs"

What do MT-BCs believe is their role in supporting these needs with individuals with IDs?

When asked what participants thought their role was in supporting the mental health needs of individuals with IDs, as well as the unique qualities music can provide in supporting these needs, five themes emerged--to promote and aid in self-expression, foster connection, demonstrate the use of music for generalizable skills, address needs in the moment, and stay within the music therapy scope of practice.

Theme One: Promote and Aid in Self-Expression. Five participants indicated that they thought one of the roles of MT-BCs in supporting the mental health needs of individuals with IDs was to promote and aid in self-expression (See Table 3, p. 41, for NVivo codes). Examples

of promoting and aiding in self-expression included improving expressive communication skills, improving emotional expression, promoting identity expression, and helping with self-advocacy. Four participants also discussed how MT-BCs can use music to make therapeutic tasks and goals like self-expression more accessible. Participant H stated,

> Engaging with music can provide alternate modes of self-expression, reflection, and skill building that accommodate a wide range cognitive abilities. Traditional mental health therapies often require metacognition, insight, and other cognitive tasks that are not accessible to all people with I/DDs. Music increases accessibility. (Participant H)

Similarly, participant A stated, “In creating music and sound, the pressure to say the ‘right’ thing or express oneself verbally can be removed as a barrier and allow unfiltered self-expression.” Participant F discussed how MT-BCs can use the music to “give a voice to those who may not know how or feel comfortable with expressing their emotions or well-being.” Additionally, participant G commented on how the music can be used to “simplify or make more accessible emotions.” Participant B specifically discussed how MT-BCs can use the various elements of music “(i.e., tempo, mode, dynamics, instrumentation, harmony)” to aid in self-expression.

Theme Two: Foster Connection. Four participants reported that it is an MT-BC’s role to foster connection in supporting the mental health needs of individuals with IDs (See Table 3 for NVivo codes). According to the five participants, fostering connection could be related to the therapeutic relationship, the music, their emotions, or to other peers in group music therapy. Participant C stated, “Music is powerful and can help people connect in different ways.” Participant A discussed how MT-BCs can use the music to help “someone to feel heard and have their words/emotions reflected back to them or find a message they relate to.,” and participant G reported that MT-BCs can use the music for validation.

Theme Three: Demonstrate the Use of Music for Generalizable Skills. Five participants indicated that their role as an MT-BC should be to use music to develop strategies for people with IDs to use outside of sessions to support their mental health needs (See Table 3 for NVivo codes). Participants A, B, and E mentioned that MT-BCs can teach people coping strategies that they can use outside of sessions. Participant A stated, "Music can be a deeply impactful resources for mental health and coping strategies." Additionally, participant G discussed how MT-BCs can also use music to teach emotional identification and awareness, which can also be utilized outside of sessions. Participant C also commented on how music itself can be used as a coping skill. In addition to these strategies, participant A emphasized the importance of helping a person work towards preferred goals: "I believe all person-centered care should be based in the goals that an individual seeks to explore for themselves."

Theme Four: Address Needs in Moment. Four participants reported that one of the roles of an MT-BC in supporting the mental health needs of individuals with IDs is being present and addressing in the moment needs (See Table 3 for NVivo codes). Participants D and G also identified specific mental health needs that MT-BCs can address in the moment, such as anxiety, regulation, and quality of life. Participant E stated, "A music therapist will be there in the moment to address anything that may arise within the session and assist them in processing what is happening." Similarly, participant F commented on the importance of addressing what a person needs in the moment even if their plan of support does not include specific mental health goals.

Theme Five: Stay Within Scope of Practice. All participants expressed the importance of addressing the mental health needs of individuals with IDs in various ways, such as promoting and aiding in self-expression, fostering connection, using music to teach generalizable skills, and

addressing in the moment needs. However, three participants stressed the importance of MT-BCs staying within their scope of practice (See Table 3 for NVivo codes). Participants C, D, and H emphasized that their role is a supportive one in addressing the mental health needs of individuals with IDs and how MT-BCs can work alongside mental health professionals in supporting these needs. Scope of practice may have been interpreted differently as evidenced by the responses of participants D and H. Participant D specifically indicated that it is an MT-BCs role to refer people to “qualified professionals.” However, participant H expressed that “Music therapists can be great primary mental health providers for people with I/DDs, if they are adequately educated.”

Table 3

What do MT-BCs believe is their role in supporting these needs with individuals with IDs?

Theme	Codes
Theme One: Promote and Aid in Self-Expression	Address communication skills for emotional expression Help with self-advocacy Use music to facilitate expressive communication Use music to give a voice to those uncomfortable with typical forms of expression Use music to promote unfiltered self-expression Use music to increase accessibility Use music to validate
Theme Two: Foster Connection	Use music to reflect emotions Use music to increase relatability Use music to increase connection Help develop coping skills
Theme Three: Demonstrate the Use of Music for Generalizable Skills	Promote the use of music as a coping skill Help people work towards individualized goals Use music as a resource for mental health related outcomes\ Teach emotional identification and awareness
Theme Four: Address Needs in Moment	Use music to reduce anxiety Use music to improve quality of life Help with regulation Address what is needed in the moment Be present to process in the moment
Theme Five: Stay Within Scope of Practice	Refer to qualified professionals Primary mental health provider if trained Supportive role in addressing mental health needs Work alongside mental health professionals

What are MT-BCs currently doing to support the mental health needs of individuals with IDs?

The researcher asked the eight participants about their assessment methods, formal goals, music experiences, and adaptations to answer the question of what MT-BCs are currently doing to support the mental health needs of individuals with IDs. The assessment themes included

formal and informal, the goals themes included emotional skills and self-expression, the music experiences themes included improvisational, re-creative, compositional, and receptive, and the adaptations themes included simplification, adapted aids, address sensory needs, and structure.

Assessment Theme One: Formal. Four participants reported that they use formal assessment tools to assess the mental health needs of individuals with IDs (See Table 4, p. 43, for NVivo codes). The formal assessments range from well-known, copyrighted music therapy assessments to assessments created by the participant or their organization. Participant B specifically mentioned that they use the Individualized Music Therapy Assessment Profile (IMTAP) (Baxter et al., 2007), to assess mental health needs. Although a specific assessment tool was not mentioned, participant F reported, “When a client comes into our facility, all domains are assessed to determine what the most appropriate goals and objectives are. Some individuals do come in with specific objectives in mind.” However, participant H reported using a different approach: “All of my new clients (and/or caregivers) answer questions about emotion regulation, previous potentially traumatic experiences and a variety of symptoms associated with anxiety and depression as a part of beginning to engage with music therapy.”

Assessment Theme Two: Informal. Four participants indicated that they use informal assessment methods (i.e. observations and discussions with members of support team) to assess the mental health needs of individuals with IDs (See Table 4 for NVivo codes). Participant E stated, “I assess these needs every time I see someone,” while participants A and B reported using a “team approach.”

Table 4

What are MT-BCs currently doing to support the mental health needs of individuals with IDs? (Assessment Themes)

Theme	Codes
Assessment Theme One: Formal	Assess all domains to determine goals
	Assess through questionnaires
	Use formal assessment tools
Assessment Theme Two: Informal	Assess every session
	Collaborate with team members
	Informal assessments

Goals Theme One: Emotional Skills. All eight participants reported that they help people who have IDs improve their emotional skills to support their mental health needs (See Table 5, p. 44, for NVivo codes). Four participants (B, C, D, and H) specifically reported helping service users develop and utilize coping skills. Other emotional skills goals include improving emotional awareness, identification, and regulation, as well as identifying emotional triggers, promoting community, and improving self-esteem. Participant H provided multiple examples of goals that they have created with service users. The examples included: "I will practice using one skill that helps me to stay calm during music therapy, I want to be calm and safe with my body, words, and choices, I will self-regulate using fidget tools, communication, compromise/negotiation, music-making, or movement so that I feel safe to try new things, and client will identify social, somatic, behavioral, or emotional triggers for an intense emotional experience."

Goals Theme Two: Self-Expression. Five participants indicated that they help service users who have IDs increase their self-expression (See Table 5 for NVivo codes). Participant H also included an example of a self-expression goal they helped a service user create: "I will share about at least one of my emotions during music therapy using English, ASL, pictures, music, art,

or movement." Participants B and G generally mentioned self-expression as a goal area, while participants A and F mentioned specific music experiences they use to work on self-expression. Participant A specifically discussed how they work on creating the space for a person to "experience competence and sense of control through choice making within music."

Table 5

What are MT-BCs currently doing to support the mental health needs of individuals with IDs? (Goals Themes)

Theme	Codes
Goals Theme One: Emotional Skills	Coping skills goals
	Emotion identification goals
	Emotional awareness goals
	Emotional regulation goals
	Emotional skills goals
	Goals for identifying emotional triggers
	Promoting community
	Self-esteem goals
Goals Theme Two: Self-Expression	Increasing autonomy
	Self-expression goals

Music Experiences Theme One: Improvisational. Five participants reported that they use improvisational music experiences to address the previously mentioned emotional skills and self-expression goals with individuals who have IDs (See Table 6, p. 46, for NVivo codes). Improvisational music experiences involve the spontaneous creation of a song, which could be in reference to a specific idea or theme, or it could be unrelated to any existing idea or theme (Bruscia, 1998). The improvisational music experiences mentioned by participants include active music making, drumming, music narrated play, and movement-to-music experiences. Participants primarily mentioned these experiences without providing additional details, so the researcher chose to include these experiences in the improvisational music experiences theme due to their often spontaneous nature. However, these experiences could also be considered re-

creative or compositional. Participant B discussed how they like to use movement-to-music experiences to reflect emotions. Similarly, participant H mentioned how they like to use movement to music experiences along with scenes from musicals that are "emotionally congruent with client state/needs."

Music Experiences Theme Two: Re-Creative. Two participants indicated that they use re-creative music experiences to address the mental health needs of individuals with IDs (See Table 6 for NVivo codes). Re-creative music experiences are when existing pieces of music are recreated by the MT-BC and service users (Bruscia, 1998). The mentioned re-creative music experiences included adapted music lessons, instrument playing, and therapeutic singing. Participants B and F mostly mentioned these experiences without providing any additional details; however, participant F specifically mentioned that they like to teach service users instruments like piano and guitar for adapted lessons.

Music Experiences Theme Three: Compositional. Five participants indicated that they use compositional music therapy experiences with service users to support their mental health needs (See Table 6 for NVivo codes). Compositional music experiences are when music is composed by service users while most often being assisted by the MT-BC (Bruscia, 1998). The compositional music experiences mentioned by participants included art and music and songwriting. The researcher chose to include art and music in the compositional music experiences theme due to the compositional nature of art; however, some may consider art and music as an improvisational music experience. Like with the improvisational and re-creative music experiences, participants primarily mentioned these experiences without including any further details; however, participant A mentioned that they specifically like to use "collaborative or individual songwriting/beat-making."

Music Experiences Theme Four: Receptive. Seven participants reported that they use receptive music experiences to support the mental health needs of people who have IDs (See Table 6 for NVivo codes). Receptive music experiences involve listening and responding to live or recorded music (Bruscia, 1998). The receptive music experiences mentioned by participants included lyric analysis, music and relaxation, musical books, musical games, playlist creation, social stories, and song discussions. Participant E specifically mentioned how they like to use progressive muscle relaxation (PMR) and talking to relaxing music for music and relaxation experiences. Additionally, participant A indicated some of the musical games that they like to use, such as pass the tune and various turn taking experiences, and participant F reported that they like to ask questions about "shared and preferred music."

Table 6

What are MT-BCs currently doing to support the mental health needs of individuals with IDs? (Music Experiences Themes)

Theme	Codes
Music Experiences Theme One: Improvisational	Active music making experiences
	Drumming experiences
	Music and play experiences
	Movement to music experiences
Music Experiences Theme Two: Re-Creative	Adapted music lessons
	Instrument Playing Experiences
	Singing Experiences
Music Experiences Theme Three: Compositional	Art and music experiences
	Songwriting experiences
Music Experiences Theme Four: Receptive	Lyric analysis experiences
	Music and relaxation experiences
	Musical books
	Musical games
	Playlist creation experiences
	Social story experiences
	Song discussion experiences

Adaptations Theme One: Simplification. Six participants indicated that they simplify their music experiences to make them more accessible for people who have IDs (See Table 7, p. 48, for NVivo codes). Participants discussed various simplification methods, such as using more direct, concise, and concrete language, streamlining and breaking down instructions, and shortening the length of experiences. Participant A discussed the importance of streamlining instructions, so the possibility of overstimulation and overwhelm is reduced. Additionally, participant H expressed the need to incorporate "explicit instruction as a part of discussion about any metaphors or unfamiliar concepts." Participants F and H discussed simplifying specific music experiences. Participant F stated, "PMR needs to be presented in a way they can clearly understand.," and participant H reported that they shorten lyric analyses to only certain sections of a song.

Adaptations Theme Two: Adapted Aids. Three participants reported using adapted aids to make their music experiences more accessible (See Table 7 for NVivo codes). Participant F reported using color tracking and adapted chords to make music lessons more accessible. Participant B mentioned offering AAC to make music experiences that are traditionally verbal experiences, like therapeutic singing and songwriting, more accessible. Participant H indicated several visuals used in music experiences to work towards emotional skills goals, such as "wheels, Inside Out, Zones of Regulation, cartoon drawings, distress scales, facial expressions."

Adaptations Theme Three: Address Sensory Needs. Two participants (B and H) expressed the importance of addressing sensory needs to make music experiences more accessible (See Table 7 for NVivo codes). Participant B reported offering fidgets to service users as a coping strategy. Participant H expressed offering plenty of sensory stimulation and breaks, especially during cognitively challenging tasks.

Adaptations Theme Four: Structure. Two participants (A and H) indicated that they provide a greater amount of structure to their music experiences to make them more accessible (See Table 7 for NVivo codes). Both participants A and H emphasized the importance of providing structure in music experiences, especially when providing choices to service users (i.e. providing two or three options instead of open-ended questions).

Table 7

What are MT-BCs currently doing to support the mental health needs of individuals with IDs? (Adaptations Themes)

Theme	Codes
Adaptations Theme One: Simplification	Break experiences down into smaller steps Simplify instructions Shorten the length of experiences Use concrete language Use direct and concise language
Adaptations Theme Two: Adapted Aids	Create adapted sheet music Provide AAC during experiences Use visuals Provide more prompts Incorporate Strengths
Adaptations Theme Three: Address Sensory Needs	Provide fidgets Provide sensory stimulation and breaks
Adaptations Theme Four: Structure	Provide structure Use closed-ended questions

What do MT-BCs think the music therapy field could do to better support these needs in individuals with IDs?

Participants were asked to identify ways the music therapy field is not supporting the mental health needs of individuals with IDs, as well as what they think the music therapy field could do to better support these needs with individuals with IDs to answer the overall research question. Four themes were identified--provide more education and resources, address mental

health needs in music therapy sessions, examine and challenge biases regarding ID and mental health, and increase collaboration and discussion.

Theme One: Provide More Education and Resources. Five participants indicated that more education and resources should be provided for the music therapy field to better support the mental health needs of individuals with IDs (See Table 8, p. 52, for NVivo codes). Participants expressed the need for more training at the different degree levels, as well as the need for more resources for professional development. Participant D and participant H commented on how general mental health training in music therapy education needs to improve. Participant D stated, "We are often not well trained in how to support people with mental health needs, regardless of diagnosis." Additionally, participant H described different areas that they thought should be included in all music therapy programs, such as "verbal skills, musical experiences focused on mental health goals, trauma-informed approaches to assessment/practice."

Participants B and E discussed the need for additional training specifically for supporting the mental health needs of individuals with IDs. Participant C specifically expressed the need for more training on the intersection of mental illness and ID.

Theme Two: Address Mental Health Needs in Music Therapy Sessions. Five participants reported that the music therapy field could better address mental health needs in music therapy sessions with individuals with IDs (See Table 8 for NVivo codes). Participant H reported, "Many MTs simply don't even consider mental health as an area of need for their Disabled clients." Similarly, participant B stated, "Usually, other goals are prioritized (i.e., cognitive or expressive communication goals) in sessions." These responses indicate the importance of considering mental health as a need area for individuals with IDs and then addressing it in sessions. According to participants, addressing these needs in music therapy

sessions could look like creating formal goals or addressing these needs in the moment. When creating mental health goals, participant G recommended approaching goals creatively, with compassion, and with a strengths-based approach. Regarding addressing mental health needs in the moment, participant F stated, "I've also had many conversations with my current staff about it being okay to step away from the treatment plan to provide what the client needs in the moment."

Theme Three: Examine and Challenge Biases and Assumptions Regarding ID and Mental Health. Three participants indicated that something the music therapy field could better support the mental health needs in individuals with IDs is to examine and challenge assumptions and biases regarding ID and mental health (See Table 8 for NVivo codes). Participant A stated,

> I believe behavior-based paradigms do not consider the full personhood of an individual (including those with ID) and at worst contribute to harm, if not neglect, the mental health needs of the client. This includes music therapy approaches situated in altering one's behavior or asking them to conform to standards that are placed upon them without collaborative process. (Participant A)

Participant A suggested that MT-BCs should have a greater understanding of the neurodiversity paradigm, as well as the potential harm of using the medical model of disability to resolve this issue. Participant H described another issue surrounding the assumptions of some MT-BCs:

> There is a strong current of saviorism and paternalism in our field towards Disabled people and our clients that prevents many people from moving past the stereotypical expectations of how people with I/DDs exist in the world (i.e. "people with Down syndrome are always so happy" or not providing proper screenings for trauma/mental health needs for all clients). (Participant H)

These responses indicate the potential harm that certain assumptions and biases can have on people receiving services if they go unexamined or unchallenged.

Theme Four: Increase Collaboration and Discussion. Two participants reported the need for more collaboration and discussion in and outside the music therapy field to better support the mental health needs of individuals with IDs (See Table 8 for NVivo codes). Participants B and H both generally mentioned the need for more collaboration between interdisciplinary team members, as well as greater collaboration between MT-BCs through the sharing of resources with one another. Participant B also mentioned the need for more discussions about the mental health needs of individuals with IDs within the music therapy field.

Table 8

What do MT-BCs think the music therapy field could do to better support these needs in individuals with IDs?

Theme	Codes
Theme One: Provide More Education and Resources	Additional training at all levels Additional training on intersection of mental illness and ID Better undergraduate education More training for mental health needs in general Offer more assessments More accessible resources
Theme Two: Address Mental Health Needs in Music Therapy Sessions	Address in the moment needs Approach goals with compassion Consider mental health as an area of need in ID Look at the whole person Prioritize mental health goals Specifically address mental health needs Think creatively in addressing mental health
Theme Three: Examine and Challenge Biases and Assumptions Regarding ID and Mental Health	Increase understanding of neurodiversity Increase understanding of the harm of the medical model Not forcing neurotypical standards Stop making false assumptions
Theme Four: Increase Collaboration and Discussion	Increase interdisciplinary collaboration More discussion of this topic Share resources

Chapter V: Discussion

The purpose of this study was to collect information through a qualitative survey regarding the clinical practices and perspectives of MT-BCs for supporting the mental health needs of individuals with IDs. This study aimed to answer the following questions:

1. What do MT-BCs know about the mental health needs of individuals with IDs?
2. What do MT-BCs believe is their role in supporting these needs with individuals with IDs?
3. What are MT-BCs currently doing to support the mental health needs of individuals with IDs?
4. What do MT-BCs think the music therapy field could do to better support these needs in individuals with IDs?

Comparison to Previous Literature

The results of the first research question indicate that MT-BCs may be aware of the presence of mental health needs, the high risk of trauma, the differences in mental health needs compared to neurotypical individuals, and the incorrect assumptions regarding ID and mental health that mental health professionals had and/or have today. However, participants still reported gaps in their personal knowledge, as well as in the music therapy field. Participants' knowledge related to the mental health needs of individuals with IDs is mostly consistent with the existing literature. All participants were aware that individuals with IDs have mental health needs, and one participant specifically stated that individuals with IDs have more mental health needs than neurotypical people (Huff, 2021; Lineberry et al., 2023: Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Witwer et al., 2022; Zisman-Ilani, 2022). Three participants were also aware that individuals with IDs are more likely to experience trauma due

to various environmental and systemic factors (3DN, n.d.; Tapp et al., 2023; Witwer et al., 2022). Specific environmental and systemic factors other than interpersonal victimization were not mentioned by participants, so it is unclear if MT-BCs are aware of all the specific factors that individuals with IDs may experience that could cause trauma. The genetic factors that can contribute to the mental health needs of individuals with IDs were also not mentioned by participants.

Participants were aware that the mental health needs of individuals with IDs may often be different and look differently than the mental health needs of neurotypical people; therefore, supports may need to be adapted or added (Huff et al., 2021; Pinals et al., 2022; Tapp et al., 2023). Additionally, two participants were aware of the historical and current assumptions of mental health professionals related to individuals with IDs mental health needs and ability to receive mental health care (Huff, 2021; Lineberry et al., 2023; Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019). The gaps in knowledge and desire for more training indicated by participants were consistent with Wiess et al. (2010). The results of the second research question indicate that MT-BCs may believe their roles are supportive and supplementary--to promote and aid in self-expression, foster connection, demonstrate the use of music for generalizable skills, address needs in the moment, and stay within the scope of practice through referring to and working with qualified professionals.

The results of the third research question indicate that MT-BCs may use both formal and informal assessment methods to assess mental health needs. MT-BCs also primarily worked towards emotional skills goals, as well as self-expression goals to address the mental health needs of service users with IDs. MT-BCs worked on these goals through improvisational, re-creative, compositional, and receptive music experiences. MT-BCs adapted these experiences

through simplification, utilizing adapted aids, addressing sensory needs, and providing more structure. There was also some overlap between the goals and music experiences reported by participants and the existing music therapy literature. Participants reported goals of improving emotional expression, coping skills, and self-esteem, which were similar to the findings of Eyre and Lee (2015), Hooper et al. (2008), Hoyle and McKinney (2015), Johnson and Heiderscheidt (2018), and Silverman (2007). Additionally, many of the music experiences reported by participants in Eyre and Lee (2015), Johnson and Heiderscheidt (2018), and Silverman (2007) were also reported by the participants in the current study, such as music assisted relaxation, songwriting, improvisation, lyric analysis, movement to music, instrument play, therapeutic singing, musical games, and music and art. Participants of the current study also used adaptations, such as using shorter experiences with visuals and concrete language, similarly to Hoyle and McKinney.

Lastly, the results of the fourth research question indicated that MT-BCs may want more education and resources, as well as more in-field and interdisciplinary collaboration to support the mental health needs of individuals with IDs. Additionally, MT-BCs may benefit from examining and challenging their biases and assumptions regarding ID and mental health to best support service users by addressing mental health needs in sessions.

Implications for the Music Therapy Field

The participants in the study provided many ways that music therapy can be used to support the mental health needs of individuals with IDs. Current and future MT-BCs can use the results about assessment methods, goals, music experiences, and adaptations to better support service users' needs. Additionally, the results of this study could also direct the field of music therapy in addressing gaps in knowledge. Music therapy educational programs at the

undergraduate and graduate levels should consider including more education on the mental health needs of individuals with IDs and how music therapy can be used to support these needs. Lastly, there needs to be more continuing education and collaboration opportunities on this topic for current professionals to share resources, eliminate false assumptions, and help MT-BCs feel confident/competent to address these needs in their music therapy sessions.

Limitations

The biggest limitation of this study was the small sample size. A sample size of eight participants is not enough to generalize to the overall MT-BC population. Also, the participants were from the same country and were of the same ethnicity, so the perspectives of those from other countries and ethnicities were missing from this study. Another limitation of this study was the use of the online survey format. The primary researcher believed that this study format may have been the reason why many participants provided mostly general information with very few details. Using an interview format as opposed to an online survey format may have prompted participants to provide more details when answering the questions.

Recommendations for Future Research

Due to the very limited amount of existing research on using music therapy to support the mental health needs of individuals with IDs, conducting future research on this topic is recommended. Conducting this same research study but as a mixed methods study as opposed to qualitative would be beneficial for increasing the sample size; providing a better idea of what MT-BCs are doing to support these needs in individuals with IDs. Feasibility studies of different music experiences combined with different adaptations in supporting the mental health needs of individuals with IDs would then be beneficial, and then comparison trials between music experiences and adaptations could be made.

Conclusion

Mental health needs are highly prevalent in individuals with IDs but are often under-supported and under-researched (Huff, 2021; Lineberry et al., 2023: Pinals et al., 2022; Pinals et al., 2022; Tapp et al., 2023; Weise et al., 2019; Witwer et al., 2022; Zisman-Ilani, 2022). The results of this study demonstrate that MT-BCs may know about the mental health needs of individuals with IDs but would like more opportunities to learn. MT-BCs can also have many roles in supporting mental health needs, as well as address a variety of goals, utilize different music experiences, and implement various adaptations to make music experiences more accessible. More education needs to be provided at all levels to increase MT-BC's knowledge of the mental health needs of people with IDs and how music therapy can be used to support these needs, and more discussion and interdisciplinary collaboration can help. Overall, mental health needs should be addressed more often in music therapy sessions. Future research on this topic is recommended to increase knowledge and awareness on the importance of addressing these needs and how music therapy can be used to address these needs.

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Appendix A

IRB Approval

MEMO
To: Gray Baldwin, MA, MT-BC

Savannah Knapp

From: Lamprini Pantazi, Ph.D., & Chair of the Human Subjects –Institutional Review Board

Date: March 13th, 2024

Re: Human Subjects Institutional Review Board Application

Thank you for submitting a Human Subjects proposal entitled "Music Therapy for the Mental Health
Needs of Individuals with Intellectual Disabilities: A Qualitative Survey of Clinical Practices and Perspectives ". The Institutional Review Board (IRB) of Saint Mary-of-the-Woods College has **approved your research.** Unless renewed, this approval will expire on March 12th, 2025. If any changes need to be made during implementation of this research project, please submit those changes to the IRB for its approval. Also, if any incidents occur, please notify the IRB as soon as possible.

We wish you success with your research project.
Institutional Review Board members:

Lamprini Pantazi, Ph.D.
Kimberly LaComba, Ph.D.
Scott Ripple, MD
Douglas Sperry,
Ph.D.
Christine Wilkey, MSW, LCSW
Tricia Pierce, DHSc, ACSM-CEP.

Appendix B

Invitation to Participants

Dear Board-Certified Music Therapist,

I am Savannah Knapp, MT-BC, a graduate student at Saint Mary-of-the-Woods College in the Master of Arts in Music Therapy program. You are being invited to participate in a research study titled "Music Therapy for the Mental Health Needs of Individuals with Intellectual Disabilities (IDs): A Qualitative Survey of Clinical Practices and Perspectives". You are being asked to participate in the study to explore what music therapists know about the mental health needs of individuals with intellectual disabilities (IDs), what music therapists believe their role is in supporting the mental health needs of individuals with IDs, what music therapists are currently doing to support the mental health needs of individuals with IDs, and what music therapists think the music therapy field could do to better support the mental health needs of individuals with IDs. Your participation will entail completing an online survey that will take approximately 20 minutes to complete.

Participation criteria includes:

1. Being a board-certified music therapist or another country equivalent
2. Currently working with individuals with IDs
3. Access to a computer, phone, or tablet to complete the survey
4. Be able to read English or utilize a language translating software

If you fit the criteria, you will be asked to:

1. Answer nine short-form demographic questions
2. Answer eight long-form questions related to your clinical practices and perspectives in supporting the mental health needs of individuals with IDs

This survey is completely anonymous, and if a participant provides identifying information about a person supported or music therapist, then the response will be discarded. This survey is completely voluntary, and participants may choose not to answer any question they choose not to answer. The Saint Mary-of-the Woods College IRB has approved this study. If you have any questions about this survey study, please contact me, the co-investigator, directly instead of commenting on this post to protect confidentiality at Savannah.Knapp@smwc.edu.

If you are interested in participating in this study, please click the link below:

https://www.surveymonkey.com/r/WX5PZ7G

Thank you for your time and effort!

Appendix C

Informed Consent

Saint Mary-of-the-Woods College
CONSENT TO PARTICIPATE IN RESEARCH

Title of the Research Study: Music Therapy for the Mental Health Needs of Individuals with Intellectual Disabilities (IDs): A Qualitative Survey of Clinical Practices and Perspectives
Principal Investigator: Gray Baldwin, MA, MT-BC, Saint Mary-of-the-Woods College
Co-investigator: Savannah Knapp, MT-BC, Saint Mary-of-the-Woods College
You are being asked to participate in a research study about music therapy for the mental health needs of individuals with intellectual disabilities (IDs). Key information for you to consider is provided below. Please carefully consider this key information and read this entire form to obtain more detailed information about this research study. Please feel free to ask questions about any of the information before deciding whether to participate in this research project. Participating in this research project is voluntary.

Key Information

· Purpose of the researcher study; The purpose of this study is to collect information through a qualitative survey regarding the clinical practices and perspectives of music therapists for supporting the mental health needs of individuals with IDs.
· Procedure and Duration: You will be asked to complete a qualitative survey via SurveyMonkey comprised of demographic questions, as well as questions related to clinical practices and perspectives. This survey should take no longer than 20 minutes to complete.
· Risks and discomforts: Due to the reflexive nature of this survey, answering some of these questions may cause some discomfort. You may choose to not answer any of the questions on the survey that you wish not to answer. If the discomfort is too high, please reach out to a mental health professional of your own choosing or through your country's mental health crisis hotline (988 for the United States).
· Potential benefits: The results of this study will help inform music therapists of ways they could be supporting the mental health needs of individuals with IDs, as well as inform what the field could be doing to better support the mental health needs of individuals with IDs.
· Participation is voluntary.

Purpose of the Research

The purpose of the research study is to collect information through a qualitative survey regarding the clinical practices and perspectives of music therapists for supporting the mental health needs of individuals with IDs. IDs will be defined as as individuals who demonstrate differences in intellectual functioning and adaptive behavior before the age of 22 that may impact their daily lives (American Association on Intellectual and Developmental Disabilities [AAIDD], 2023; American Psychiatric Association [APA], 2023). Mental health needs will be defined as aspects related to emotional, psychological, and social wellbeing, which can affect thoughts, feelings, and behaviors (CDC, 2023). Music therapy will be defined as the clinical use of music to work towards individualized goals within a therapeutic relationship by a board-certified music therapist (American Music Therapy Association [AMTA], 2023). Clinical practices will be defined as a models of practices for providing services where decisions are made with the needs

of the person or people supported in mind (East Tennessee State University [ETSU], 2022). Perspectives will be defined as a way to look at a certain topic and take a particular stance on that topic (American Psychological Association [APA], 2024).
This study will aim to answer the following questions: what do music therapists know about the mental health needs of individuals with IDs, what do music therapists believe is their role in supporting the mental health needs of individuals with IDs, what are music therapists currently doing to support the mental health needs of individuals with IDs, and what do music therapists think the music therapy field could do to better support the mental health needs of individuals with IDs?

You are being asked to participate because you are a board-certified, or another country equivalent, music therapist who currently works with individuals with IDs.

Procedures
After completing this consent page, you will be asked to complete a qualitative survey via SurveyMonkey that is comprised of nine short form demographic questions and eight long-form questions related to your clinical practices and perspectives. Once you have completed the survey, hit submit for your responses to be counted. Your responses will later be coded and analyzed for common themes. This survey should take no longer than 20 minutes to complete.

Risks or Discomforts
Due to the reflexive nature of this survey, answering some of these questions may cause some discomfort. You may choose to not answer any of the questions on the survey that you wish not to answer. If the discomfort is too high, please reach out to a mental health professional of your own choosing or through your country's mental health crisis hotline (988 for the United States).

Potential Benefits
The results of this study will help inform music therapists of ways they could be supporting the mental health needs of individuals with IDs, as well as inform what the field could be doing to better support the mental health needs of individuals with IDs.

Confidentiality
SurveyMonkey will keep your identity anonymous. There is no way for your responses to be tied back to you.

Voluntary Participation
It is entirely voluntary to participate in this research study. You can decline participation in the study by not signing the consent form. You also can quit the survey at any time, and you can choose to not answer any question on the survey that you do not wish to answer.

Use of Data for Future Study
Data that does not contain information directly identifying you could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

If you have questions about this research study, please contact the co-investigator.

Savannah Knapp, MT-BC

Savannah.Knapp@smwc.edu

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on March 13th, 2024. If you have questions or concerns about your rights as a research participant, you may contact the chair of the Human Subjects Institutional Review Board.

Chair, IRB

Dr. Lamprini Pantazi, Chair, Human Subjects Institutional Review Board

Saint Mary-of-the-Woods College

Saint Mary of the Woods, IN 47876

(812) 535-5232

lpantazi@smwc.edu

Clicking next below indicates that you are 18 years of age or older, have been informed about this study, and consent to participate.

Appendix D

Survey Questions

Demographic Questions

1. What is your age?
2. What is your gender?
3. What is your ethnicity?
4. What is your country of practice?
5. What is your highest level of education?
6. How many years have you been practicing as a music therapist?
7. How many years have you been working with individuals with intellectual disabilities (IDs)?
8. What is your setting of practice?
9. What is your music therapy approach?

Long-Form Questions

1. What do you know about the mental health needs of individuals with intellectual disabilities (IDs)?
2. What do you think a music therapist's role is in addressing the mental health needs of individuals with IDs?
3. What unique qualities do you think music specifically can provide in supporting the mental health needs of individuals with IDs?
4. How are you assessing the mental health needs of the people you work with who have IDs?

5. What are some formal goals that you have created to address the mental health needs of the people you work with who have IDs?
6. What are some music experiences that you have used to address these mental health goals?
7. What adaptations have you applied to your music experiences to make them more accessible for individuals with IDs?
8. What ways is music therapy not supporting the mental health needs of individuals with IDs?
9. What do you think the music therapy field could do to better support the mental health needs of individuals with IDs?