Unhoused persons: Perspectives on music therapy treatment, outcomes, and effectiveness

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Abstract

Thousands of people are without adequate housing in the United States (U.S. Department of Housing and Urban Development, 2016). This population suffers from a complex set of needs and, outside of housing services and minimal mental health services, are not being served. Maslow's (1954) hierarchy of needs as well as the theory of the optimal healing environment (Samueli Institute, 2013) and resilience can be used to understand how to meet the needs of unhoused persons through other services. Music therapy has been successful in meeting some of the needs of unhoused persons in a few cases (Curreri, 2016; Fairchild, Thompson, & McFerran, 2017; Iliya, 2011; Staum, 1993). However, there is a lack of literature to support the use of music therapy with unhoused persons. This researcher aimed to gather information from music therapists who work with unhoused persons to discover the outcomes of the music therapy treatment process. Three music therapists were interviewed; interviews were then transcribed and coded to find themes regarding outcomes of music therapy with unhoused persons. The four themes derived from the data were: increased resilience factors, facilitating connections, creating a safe space, and increased expression. All three participants reported that music therapy is an effective treatment method with the unhoused population. Results support music therapy meeting all levels of human need (Maslow, 1954) in some way, while also creating an optimal healing environment (Samueli Institute, 2013) and increasing resiliency with unhoused persons. Therefore, music therapy could be an effective treatment method with unhoused persons. These results points to a need for more research to understand the benefits of specific music therapy techniques and treatment methods with unhoused persons and subgroups of the unhoused population.

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Introduction

In the United States on a given night in 2016 there were 549,928 people unhoused with 32% of those individuals having no shelter at all (U.S. Department of Housing and Urban Development, 2016). Twenty-two percent of the unhoused population in the United States in 2016 were considered chronically unhoused. This population suffers from a complex set of needs that researchers are discovering may require more unique services than have traditionally been provided. Theories including Maslow's (1954) hierarchy of needs, the optimal healing environments (Samueli Institute, 2013), and resiliency that can make sense of how to meet and treat the needs of unhoused persons. The services currently being provided to meet these needs include a variety of housing options, case management, and mental health counseling. Some specialized services such as spiritual counseling have also been found effective in meeting the needs of unhoused persons as well as music therapy (Social Solutions, 2016; Nelson, Aubry, & Lafrance, 2007; Cross, Hayter, Jackson, & Clearly, 2012; Huey, Fthenos, & Hryniewicz, 2013; Snodgrass, 2014; Curreri, 2016; Fairchild et al., 2017; Iliya, 2011; Staum, 1993).

Limited research has been conducted on the unhoused population and music therapy (Curreri, 2016; Fairchild et. al, 2017; Iliya, 2011; Staum, 1993). Many of the needs of unhoused persons are met by music therapists in other settings, (e.g., mental illness, substance abuse) and therefore it is likely that music therapy is an effective treatment modality for this population. Although it is known that music therapists are working with this population, little is known about their treatment process, methods, and outcomes.

Staum, in 1993, investigated the relationship of music interventions on independent problem solving skills in unhoused children living in a shelter and found that music engaged

the children and helped to focus them. In 2011, Iliya described vocal psychotherapy techniques with unhoused men living in a shelter in the form of case studies and concluded that many of the needs of these men were met through this approach. Currerri (2016) also wrote a case study to examine the recovery of an unhoused man with post-traumatic stress disorder through creation and performance of electroacoustic music concluding that both the process and product of this treatment helped the man regain skills lost during traumatic experiences while being unhoused. In 2017, Fairchild et al. studied the meaning of music performance within music therapy with children through interviews with families and children and concluded that this treatment was successful in meeting many of their needs such as learning coping skills, coping with anxiety, and providing a feeling of connection to one another.

Although these studies give some good insight to music therapists on possible techniques and potential outcomes, they are very case specific and more information is needed in order for music therapists to utilize an evidence-based practice when working with the unhoused population.

Purpose

The purpose of this qualitative study was to gather information from music therapists who work with unhoused persons regarding treatment process, outcomes, and effectiveness of treatment methods.

Many parties may benefit from this study. Music therapists will benefit from more knowledge on a population served by other music therapists and techniques that are effective in meeting the diverse needs of the unhoused population. Organizations that support unhoused individuals may benefit from learning about potential services that could be provided to the

individuals that they work with. Finally, unhoused individuals will benefit from this study because they may be better served, more widely served, and advocated for by music therapists.

Definitions

For the purposes of this study the following definitions were used:

Music therapy was defined as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional" as well as, the use of "music therapeutically to address physical, psychological, cognitive and/or social functioning for patients of all ages" (American Music Therapy Association, 2005, para. 13).

An unhoused individual was defined as "a person who lacks a fixed, regular, and adequate nighttime residence" (U.S. Department of Housing and Development, 2016, p. 2).

A music therapist was defined as a credentialed clinician who assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses, designs music sessions for individuals and groups based on client needs using music interventions, participates in interdisciplinary treatment planning, ongoing evaluation, and follow up (American Music Therapy Association, 2006).

Optimal healing environment was defined as an environment in which "the social, psychologic, spiritual, physical, and behavioral components of health care are oriented toward support and stimulation of healing and the achievement of wholeness" (Jonas & Chez, 2004, p. 1).

Resiliency will be defined as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress” (American Psychological Association, 2018, para. 4).

Literature Review

There are thousands of unhoused persons living in the United States and the needs of these unhoused persons are complex, diverse, and arise for a variety of reasons. Minimal services are provided to unhoused persons outside of shelter services and therefore there is little research to support services that meet the needs of unhoused persons. There are many theories, including Maslow's (1954) hierarchy of needs, the optimal healing environment (Samueli Institute, 2013), and resiliency that can be utilized in understanding and treating these complex needs of the unhoused population. One treatment method, music therapy, that could align with these theories has not been investigated enough to determine its effectiveness with the unhoused population.

Unhoused Individuals and Families

When a person or family finds themselves unhoused, there are many factors that have led them there (National Coalition for the Homeless, n.d.). This is what can make serving this population so difficult; each person's situation is so complex and unique to their life's circumstances. There are many reasons why a person is unhoused, but research states the primary reasons are: lack of affordable housing, poverty, lack of affordable health care, domestic violence, mental illness, and substance abuse. To highlight the vast needs, each of the above will be discussed.

Housing affordability. Housing affordability in the United States can be figured based off of the average housing wage (National Low Income Housing Coalition, 2017). This is "the hourly wage a full-time worker must earn to afford a modest apartment while spending no more than 30% of his or her income on rent and utilities" (para. 1). In 2017, the average housing wage reached $21.21 per hour, exceeding the average hourly wage ($16.38) by almost $5.00 and the federal minimum wage ($7.25) by almost $14.00.

Poverty. Along with rising housing costs in the United States, individuals suffering from poverty struggle to pay for food, health care, or education and are forced to make difficult decisions about how to spend limited income. In 2016, 40.6 million people in the United States were considered to be living in poverty (Semega, Fontenot, & Kollar, 2017). That is 12.7 percent of the country's population reporting that they do not make enough money to pay for basic necessities. A significant reason for poverty is unemployment. Of the 12.7 percent of people experiencing poverty in the United States, approximately 50% are unemployed. Unemployment puts a person or family at increased risk of being unhoused (National Alliance to End Homelessness, 2016).

Healthcare. When struggling to pay for food and housing, one thing that is often neglected, especially due to the recent increase in costs of health care, is medical care. In 2012 in the United States, 1 in 5 people had difficulty paying medical bills and 1 in 10 people were unable to pay medical bills at all (Cohen & Kirzinger, 2014). To avoid additional financial burden, individuals that are in poverty, are unhoused, or unemployed may choose not to seek medical help when needed. If a person is physically or mentally ill and does not receive medical attention, they are likely to miss work, lose income, or make their families sick, putting them at an even more financial disadvantage

Domestic violence. When families are placed in difficult situations as such, relationships begin to break down, often causing domestic disputes or even domestic violence. Families or individuals are forced out of homes due to abuse, leaving them with nowhere to go. Struggling to survive each day puts an immense emotional burden on an individual and family. A 2014 pilot study of 163 unhoused women receiving emergency housing services revealed that 85 percent of the participants had experienced domestic violence (McLaren, 2014).

Substance abuse and other mental illness. With limited resources, people often turn to substances for relief or escape, potentially causing a substance abuse disorder that contributes to the person or family's crisis (National Coalition for the Homeless, n.d.). The challenges that come with mental illness and substance abuse (ex. spending money poorly, missing work, impulsivity, lack of motivation, etc.) can increase a person or family's chance of ending up without housing. Without proper help with these challenges, a person or family can continue to find themselves in financial and medical distress, leaving them without a place to live. Approximately 16% of unhoused individuals suffer from a diagnosed severe mental illness and as many as 50% suffer from some sort of substance abuse issue (Johnson & Chamberlain, 2008; National Coalition for the Homeless, n.d.).

Services for Unhoused Persons

There are limited resources for unhoused persons. Services provided are generally housing or shelter of some kind. Despite this, several people are unsheltered because they don't have access to a shelter or the shelter has rules that they cannot follow (curfew, substance use, pets, etc.). As highlighted earlier the needs of the population are complex and might require other services to help individuals heal and recover from living a life unhoused.

Housing. A range of shelter assistance is provided to unhoused individuals and families in the United States (Social Solutions, 2016). Emergency shelters are available to provide temporary or nightly shelter. Transitional housing provides up to 2 years of housing and supportive services. Safe Havens, a facility that offers both shelter and supportive services such as case management, provide temporary shelter and services to individuals that have unique needs such as severe mental illness or individuals identifying themselves as LGBTQ (lesbian, gay, bisexual, transgender, or queer) or have gender identity challenges. Rapid rehousing is

generally short-term rent assistance, relocation, or stabilization services. Permanent supportive housing is long-term housing often provided to individuals with disabilities or veterans.

Other services. The primary resource unhoused individuals have access to is shelter housing. However, health care professionals are beginning to find that more services are needed to treat the complex needs of the population such as community treatment or intensive case management, mental health counseling, spiritual counseling, and even music therapy (Nelson et al., 2007; Cross et al., 2012; Snodgrass, 2014; Huey et al., 2013; Curreri, 2016; Fairchild et al., 2017; Iliya, 2011; Staum, 1993). Many unhoused individuals know that they need these services or may be actively seeking them, however they are not available to them (Huey et al., 2013).

Meeting the Needs of the Unhoused Population

As mentioned previously, the needs of unhoused individuals are complex, diverse, and co-occurring. In order to understand these needs and how they could be met by additional services, three theories have been applied: Maslow's (1954) hierarchy of needs, the Optimal Healing Environment (Samueli Institute, 2013), and resiliency.

Maslow's (1954) hierarchy of needs. In 1954, Maslow identified five fundamental needs that humans are motivated by. These include physiological, safety, love/belonging, esteem, and self-actualization. Maslow stated that in order to achieve the higher needs (love, esteem, and self-actualization), the lower needs (physiological, safety) needed to be met first. This theory has been cited and debated many times since 1954, but in 2011 a revised version was published (Kenrick, Griskevicius, Neuberg, & Schaller). This update, called the hierarchy of fundamental human motives includes (from the bottom of the pyramid to the top) immediate physiological needs, self-protection, affiliation, status/esteem, mate acquisitions, mate retention, and parenting. Based on these theories, individuals who are unhoused must receive basic shelter and safety

needs before being able to address other challenge areas in their life such as mental health, addiction, and trauma recovery.

However, a study on two separate recovery programs, housing first and treatment first, demonstrated that human need is more complicated than that (Henwood, Derejko, Couture, & Padgett, 2015). Individuals receiving housing first often were unable to reach the higher needs because of the lack of mental health care, whereas the individuals receiving mental health treatment first struggled to find housing and feel safe afterward. Therefore, it stands to reason that each of these hierarchies are important to be met.

Unhoused persons are struggling to find safety because they do not have consistent shelter. They likely have psychological needs such as mental health diagnosis, trauma, or substance abuse problems. They may have been stripped of love from their family for a variety of reasons including domestic violence and they lack community support because of a stereotype or stigmatization. A life of unfortunate circumstances likely leads to low self-esteem and low or a lack of self-actualization. More research is needed to understand what services can best meet these hierarchies of needs so that more services can be provided to unhoused persons.

Optimal healing environment (Samueli Institute, 2013). Although many treatment programs and clinicians cannot provide immediate housing meeting the need for safety or physiological care, perhaps they can provide an environment that substitutes for that feeling of safety and at the same time allows for the unhoused person to work on those higher level needs. In 2004, the Samueli Institute developed the criteria for the optimal healing environment with the idea that healing is a holistic process that requires healing in mind, body, and spirit in order to work toward higher level needs such as self-actualization and in 2013 published the framework (Sakallaris et al., 2015; Samueli Institute, 2013). There are four types of optimal healing

environments that together make up the ultimate healing environment for both healing and curing. The first of these four environments is the internal environment, which is optimized when a person has intentions and their body and mind are connected. The second is the interpersonal environment, which is optimized when a healing relationship, that has intention to heal, is present. The third is the behavioral environment which is optimized when a person makes conscious decisions about what to do that will increase their health and wellness. Finally, the fourth is the external environment, which is optimized when the space a person is present in has a positive impact on them by decreasing stress.

Similar to Maslow's (1954) theory, unhoused persons generally do not have these four healing environments present in their lives because of mental health, lack of community and family for a variety of reasons, development of poor coping skills, and lack of safety. Theoretically a successful treatment method for unhoused persons is one that can provide these four healing environments allowing unhoused persons to achieve all of the needs Maslow (1954) finds as motivating.

Resilience. In addition to an optimal healing environment (Samueli Institute, 2013) and Maslow's (1954) hierarchy of needs, resilience is often associated with recovery and healing. A significant amount of research has been conducted on resilience and resilience factors, sometimes referred to as protective factors. The American Psychological Association writes that a combination of factors contributes to resilience including healthy and supportive relationships, ability to make future plans and follow through with them, strong communication and problem solving skills, and the ability to cope with strong emotions (2018, para. 3). This is consistent with researchers that have developed a framework for understanding resilience and state that resilience can be associated with 1) assets, such as self-esteem or coping skills, and 2) resources,

such as community support or group therapy (Fergus & Zimmerman, 2005). Many unhoused persons may have decreased assets because of mental health problems, and development of poor coping skills. They may also have decreased resources because of family problems such as domestic violence, lack of community because of stigmatization, and nearly nonexistent mental health resources.

It seems that an effective treatment in reaching all the needs of the unhoused population is one that can help meet all of the needs in Maslow's (1954) hierarchy of needs, can create the four healing environments that make up the optimal healing environment (Samueli Institute, 2013) and can increase resiliency.

Music Therapy

The idea of music as a healing influence began centuries ago. However, in the United States after the World Wars, musicians began to play in Veterans hospitals to give relief to war veterans recovering from physical and emotional trauma (American Music Therapy Association, 2005). It was quickly evident to the musicians, patients, and medical staff that the music was effective and that there needed to be more study on this type of therapy. Soon after, the first music therapy college degree program was formed in 1944.

Music therapists have since offered services in psychiatric treatment centers, outpatient clinics, community mental health centers, substance abuse programs, group homes, rehabilitation facilities, medical hospitals, other facilities serving a range of populations including children, adolescents, adults, older adults, adults with mental health needs, substance abuse problems, neurologic disorders and traumas, physical disabilities, and acute and chronic pain (American Music Therapy Association, 2005; AMTA, 2006). In the most recent American Music Therapy Workforce Analysis, it was found that music therapists working with the mental health

population made up 20%, the largest portion, of survey respondents (American Music Therapy Association, 2014).

Music therapy and Maslow's (1954) hierarchy of needs. Although there are no studies that utilize Maslow's (1954) theory along with music therapy and the unhoused population, there have been music therapists that have used this theory in their practice in other populations. Barbara Wheeler (1981) writes that music therapy along with Maslow's (1954) theory is a way in which clients can reach their highest potential. She goes on to describe variety of music therapy philosophies such as Nordoff and Robbins Music Therapy and the Bonny Method of Guided Imagery and Music have concluded through research and practice that music therapy can help a client reach the highest level need (self-actualization) as well as both intrinsic and extrinsic learning (Wheeler, 1981). In 2014, a study involving music therapy for older adults with Alzheimer's Disease concluded that music therapy was able to help the clients achieve the highest level of needs in the hierarchy (McDermot, Orrell, & Ridder). More research is needed to understand the outcomes of music therapy with unhoused persons in relationship with Maslow's (1954) theory.

Music therapy and the optimal healing environment (Samueli Institute, 2013). Similar to Maslow's (1954) theory, there is no research on music therapy creating an optimal healing environment (Samueli Institute, 2013) for unhoused persons. However, the Samueli Institute Nursing Forum on Optimal Healing Environments discusses the importance of integrating complementary alternative medicine practices, such as music therapy, within nursing practice to create optimal healing (Smith, Firth, Ananth, & Findlay Reece, 2009). The Samueli Institute also discusses the importance of music therapy in creating an optimal healing environment for patients and families in inpatient hospitals to assist in symptom management

(Jonas, 2010). A study on nursing in older adult mental health care suggests that music listening as an intervention can provide a healing environment to help patients cope with difficult symptoms and connect with their emotions (McCaffrey, 2008). Still, more research is needed to understand the potential benefits of music therapy with unhoused persons in creating an optimal healing environment.

Music therapy and resiliency. In 2010 an article was published stating that music therapists should understand resilience and how music therapy could theoretically be an effective method for building resilience in children and families (Pasiali). No music therapy research has been conducted on resilience with unhoused persons. However, a study on the effects of a therapeutic music video for resilience outcomes in oncology patients determined that this intervention was effective in promoting resilience factors (Robb, et al., 2014). Similarly, a two-day resilience music therapy program with adult oncology patients had positive outcomes that included resilience factors such as hope, and connection (Letwin & Silverman, 2017). In addition, a study conducted on the effects of a community-based music therapy workshop with transgender youth found that music therapy can have influences on the resilience of the clients due to increased coping, sense of community, and self-esteem (Hardy, 2018). More research is needed to understand the effects of music therapy on resilience in unhoused persons.

Music therapy and mental health. Music therapy has been utilized for many years with individuals suffering from mental health diagnosis and needs. “Music therapy provides opportunities for individuals living with chronic mental illness to address these types of subjective goals through music engagement that allows them to be heard, to build relationships, and to re-experience the wholeness of their own humanity” (Jackson, 2015, p. 1).

Music therapy and unhoused persons. Although music therapists serve similar populations as many organizations that serve unhoused individuals, there were no respondents to the 2014 American Music Therapy Workforce Analysis that stated that they worked specifically with the unhoused population. There are few resources and research published about music therapy and unhoused persons.

Staum (1993) investigated the effectiveness of music interventions on independent problem solving skills in children living in a shelter. There were no significant findings in this study, however it was discovered that music interventions seemed to engage the children in the shelter more than non-music interventions. Overall, it was concluded that the needs of these children were complicated and that there is a need for more research on music therapy and unhoused children.

In 2011, an article was published examining a number of case studies of unhoused adult men working with a music therapist using vocal psychotherapy techniques such as singing familiar songs, toning, chanting, improvisation, and singing original music (Iliya, 2011). Therapeutic goals were identified as "socialization, self-expression, self-esteem, and the mind/body connection" (Iliya, 2011, p. 14). The conclusion was that vocal music therapy techniques were able to meet many of the needs of the men by offering an opportunity for expression, success, productiveness, creativity, and meaning.

In 2013, a study on the outcomes of a concert series in a shelter for unhoused individuals and families was conducted (Knapp, 2013). Collegiate music students performed weekly music concerts in the shelter and the unhoused individuals were surveyed and interviewed to determine the significance of the program. The study indicated that both the unhoused individuals enjoyed the experience and that the atmosphere of the shelter was more positive due to the music.

Curreri (2016) analyzed the experience of a man suffering from post-traumatic stress disorder due to long-term homelessness in music therapy treatment. The treatment process included exploration of electroacoustic music, improvisation within electroacoustic music and verbal processing, composition of electroacoustic music, and performance of the composed music. Treatment outcomes with this individual were verbally expressing feelings, nonverbally expressing feelings, experiencing a positive client-therapist relationship, and ability to trust himself.

A qualitative study was conducted in 2016 to gather the perspectives of employees of a shelter for children to determine the needs of the unhoused children (Yates & Silverman). After interviewing many employees, it was determined that the unhoused children needed positive role models, support, trust, stability, structure, affection, and comfort. From this investigation, they determined that these were important factors to consider when working with unhoused children in music therapy.

In 2017, Fairchild et al. explored the meaning of music performance as a part of music therapy treatment with unhoused children and families. The process of this study began with 14 weeks of music therapy group, in which the children prepared for a music performance. The aim of the group was to offer a safe space to build self-esteem, coping skills, foster resilience, and create connection between members with similar life experiences. The children and parents were interviewed after the performance to determine the treatment outcomes and significance of the performance and process of preparing. The analysis resulted in three themes: 1) “the children experienced intense, but mixed, emotions throughout the performance”, 2) “the performance connected the children to their peers”, 3) “the audience played an active role in the performance”

(Fairchild et al., 2017, p. 42). It was concluded that music therapy has potential unique therapeutic benefits for this population.

It is evident that there is a large literature gap in regards to music therapy clinical work with unhoused individuals in the United States. In order to inform music therapy practice with this population, research should be conducted to understand what music therapists are currently facilitating and the treatment outcomes being addressed.

Summary of Literature Review

The complex needs of unhoused persons, often unmet due to lack of services, comes from each of their life's circumstances that are unique to the person. This makes it difficult to understand the needs and find treatment approaches that can meet the needs. Three theories have been applied to understand the needs of the unhoused population and how to treat including Maslow's (1954) hierarchy of needs, the optimal healing environment (Samueli Institute, 2013), and resiliency. Music therapy has been effective in treating similar populations to the unhoused as well as meeting the needs of other populations in regards to the three theories mentioned above. Little research has been conducted on music therapy with the unhoused population, but a few studies highlight the ability for music therapy to offer opportunity for expression, a positive environment, and build relationships (Curreri, 2016; Fairchild et al., 2017; Iliya, 2011; Staum, 1993). More research is needed to close the literature gap in understanding the therapeutic benefits of music therapy with unhoused persons in meeting their needs. Therefore, the purpose of this research was to gather information from music therapists who work with unhoused persons regarding treatment process, outcomes, and effectiveness of treatment methods.

Methods

Design

The design of this study was qualitative, utilizing thematic analysis. This design is a broad and flexible approach to qualitative research in which text is coded to discover themes (Schwandt, 2007). An advantage of this approach was the ability to deliver an ample and detailed report of the data (Braun & Clarke, 2006). The study included analysis of three semi-structured phone interviews with music therapists working with the unhoused population regarding their treatment methods in order to understand music therapists' perspectives on outcomes and effectiveness of music therapy treatment with this population via emerging themes.

Participants and Recruiting

Participants in this study were three music therapists who are working for monetary compensation (paid employees, contracted services, grant-funded, etc.) with unhoused individuals in a setting (e.g., homeless shelter or transitional housing) that primarily serve the needs of this population. Volunteer music therapists or musicians were not considered for this research project in order to ensure that the participants' work met the definition of music therapy.

Two recruitment methods were used: snowball sampling and social media recruitment. Snowball sampling method, also known as chain-referral sampling, is used when qualifications of participants may be difficult to find (Dudovskiy, 2017). This procedure involves participants recruiting other potential participants. Exponential non-discriminative snowball sampling occurs when each participant refers multiple potential participants until adequate data is collected.

The Facebook page "Music Therapists Unite" was utilized for recruiting as well. A post was made by the researcher on April 10, 2018 stating:

> Hello! I am a graduate student looking for research participants for my thesis research project. I'm looking for music therapists who are currently or have worked with unhoused persons in a facility that primarily serves those individuals (a shelter, transitional housing, etc.). If anyone thinks they might fit these or know someone who does – you can reply to this post or send me a private message! Thank you so much! I really appreciate it! (Lahue, 2018)

Through the two recruiting methods, eleven music therapists were identified as potential participants and contacted via e-mail to participate in the study. Contact information was obtained from other music therapists or given in response to the Facebook post (Lahue, 2018). Three of the eleven music therapists contacted met criteria and agreed to participate in the study. Information that was collected from the participants about the region of the American Music Therapy Association that they work in, who they work with, and how long they have worked is shown in Table 1 below to more clearly understand the participants.

Table 1.

Participant Information

Location	Years Worked as Music Therapist	Years Worked with Unhoused Population	Age Group of Unhoused Persons Working with
Southwestern Region	3	3	Adults
Mid-Atlantic Region	5	4	Children
Western Region	23	1	Adults

Data Collection

Each participant engaged in a semi-structured 30 – 60-minute interview via telephone about their experiences working with unhoused individuals (See Appendix A). Participants were asked about the facility and population with which they work, the music therapy treatment process used with the unhoused population, their perception of music therapy as a treatment method for the unhoused population, and training for working with unhoused persons. These phone interviews were audio recorded and transcribed for data analysis.

Analysis

The data were analyzed using Braun and Clarke's (2006) phases of thematic analysis. The first of these steps is *familiarizing yourself with your data.* In the case of this study, the interviews were transcribed in order to be read and reviewed. The second step in the analysis is *generating initial codes*. During this phase, the transcriptions were coded for interesting features and meaningful groups. The third step in the analysis is *searching for themes*. The codes were organized into broader themes during this phase by connecting and grouping codes together. The fourth step in the analysis is *reviewing themes*. At this time the themes were reviewed in

correlation to the codes once again, but also in correlation with the entire data set to evaluate their significance. The fifth step is *defining and naming themes*. Definitions and names for the themes were created to make it clear what the theme is and is not. The final phase of the analysis is *writing the report*. Once themes were named and defined, the results were written (Braun & Clarke, 2006, p. 87).

Ethical Considerations

Approval was obtained from by the Institutional Review Board at Saint Mary-of-the-Woods College in Terre Haute, Indiana. The participants of the study signed an informed consent form prior to participation. The informed consent forms included purpose of the study, procedures, potential risks or discomforts, potential benefits, confidentiality, participation and withdraw, investigators information, and the rights of the participants. The participants were informed that their participation was voluntary. As the interviews took place the recordings, transcriptions, and notes were stored in an encrypted file on the researcher's computer. The data were stored in the encrypted file folder and will be deleted two years after the conclusion of research. All personal identifiers were removed from the data; however, confidentiality was not guaranteed due to the use of participant's words. Participants were informed that the data may be used for thesis submission, presentations, or publication.

Reliability and Validity

Peer debriefing with other music therapists was used to help reduce bias. Peers were included in reviewing and asking questions about transcripts and themes to add validity and identify any potential bias or misinterpretation (Creswell, 2014). In addition, as this research was completed in partial fulfillment of a master's thesis, the advisor of the study supervised the process of the researcher's data analysis.

Results

All three participants reported that they believed music therapy to be an effective treatment method with the unhoused population. One participant said "I've seen it with my own two eyes." The three participants also stated that music therapy was not the only successful treatment method and that music therapy, along with other services could create a platform for success for unhoused persons.

Coded themes and subthemes regarding music therapy treatment outcomes with unhoused persons from the perspective of the participants who were music therapists were derived from the interview transcripts. There were four themes and several subthemes. The primary themes were as follows: increased resilience factors, facilitating connection, creating a safe space, and increased expression. Each theme, along with their subthemes will be discussed.

Additional results that came from interview transcriptions were: 1) an overall picture of the treatment processes being used with the unhoused persons and 2) strengths and challenges working with unhoused persons. These results will also be discussed.

Theme 1: Increased Resilience Factors

All three participants mentioned a variety of resilience factors as outcomes of music therapy treatment. One participant spoke about their use of resiliency research in assessing, planning, and facilitating their music therapy group with unhoused persons and said "We wrote a song about different resiliency factors that they have. So, people in their life, skills that they have, coping skills that they have." Other resilience factors that the participants discussed were increased coping skills, self-efficacy, future-focused thinking, self-esteem, and motivation (see Table 2). Connection and support, as well as a safe space were reported as outcomes of music

therapy. These could also be considered increased resilience factors, however the frequency at which they were mentioned in the interviews warranted their own themes.

Coping skills. All participants discussed increased coping skills as an outcome of music therapy. One participant discussed coping skills specifically as a resilience factor that they were working on with their clients, while another participant described coping skills as something that was processed in group music therapy, and the third participant described playing music in therapy as a coping skill for the unhoused clients.

Motivation and future-focused thinking. Although these are two separate subthemes, they can be discussed together. The participants described motivation and future-focused thinking as an outcome of music therapy. One participant stated that creating future-focused thinking and creating a vision was a goal and theme of sessions with the intent to increase resiliency. Other participants described motivation, in terms of motivation both to help themselves through treatment and also to become better musicians which comes with its own set of outcomes.

Self-esteem/Self-efficacy. Participants reported self-esteem and self-efficacy as an outcome of music therapy treatment as well as goals within the treatment process. Participants described self-esteem and self-efficacy in terms of their confidence both as a musician, in treatment, and as a person.

Table 2.

Quotes Supporting Increased Resilience Factors

Theme	Subtheme	Quotes
Increased Resilience Factors		"We worked ultimately resilience-focused."
		"Fostering resiliency is one of the biggest goals that we were working with."
		"Give them opportunities to explore the ideas related to resiliency and really feel like they've accomplished something and they are able to do something."
		"We are working so much with resiliency and so much with being resilient is you having to be so creative and figuring out what to do."
	Coping Skills	"We need to work on healthy coping mechanisms."
		"So over three weeks we wrote a song about different resiliency factors that they have. So, people in their life, skills that they have, coping skills that they have."
	Motivation	"I've seen it with my own two eyes, the effects and the transformation, and the motivation."
	Future-Focused Thinking	"We were looking specifically at those goals and objectives: fostering resiliency as well as vision for the future."
		"Different types of things in the verbal discussion…increasing resiliency in the experience of self-efficacy and facilitating a clear vision for the future."
	Self-esteem/Self-efficacy	"So the idea is, the self-efficacy and building self-esteem over the weeks."
		"And by creating structure, that space then you can work towards those goals of specifically the self-efficacy and the self-esteem."

Theme 2: Facilitating Connections

All three music therapists discussed connection as an outcome of music therapy treatment methods with unhoused persons. The participants discussed the difficulty the unhoused population has in creating and maintaining relationships and connections with other people and how music therapy can be a way to help them learn and practice the skills required to build connection as well as create strong connections with others in their community that could sustain outside of therapy. One participant said "It was an amazing experience because I found it was the people who were eager to share, eager to have a sense of connection and that music therapy provided just that type of opportunity." There are many ways in which the participants described connection including community building, rapport building, and relating on shared experiences (see Table 3).

Community building. Each participant discussed building community as a goal and/or outcome of music therapy treatment. One participant said "It was a beautiful sense of community that was fostered." The participants described that a unique community was fostered and built through music during music therapy sessions because of the uniqueness of the unhoused persons' life experiences. One participant noted that many of the unhoused persons in music therapy had experienced many years of group therapy and so they understood how to support one another during sessions. Another participant mentioned that many unhoused persons that came to music therapy were musicians that had played music with others for many years and were able to understand the power of connecting with a group of people through music.

Rapport building. Each participant discussed the importance of building rapport with unhoused persons and the ability to do so more easily in music therapy. One participant said, "This was an opportunity for them to experience a certain kind of activity and try their hand at

building trust and rapport." A participant described that many unhoused persons, because of their unfortunate life experiences, have a difficult time with authority figures and maintaining positive relationships with individuals in a leadership role. However, music therapy offered an opportunity to build rapport with the music therapist and experience a person of leadership in a positive way through music.

Relating on shared experience. The participants described music therapy as an opportunity for unhoused persons to relate to one another based on their similar life experiences. One participant said, "They want that opportunity to express themselves and to see that 'ok the person sitting across from me had a similar experience and I'm not alone in this'." The music therapists discussed that unhoused persons can feel isolated at times and alone in their difficult day-to-day experiences, but music therapy was a way for them to see other individuals going through the same thing.

Table 3.

Quotes Supporting Facilitating Connection

Theme	Subtheme	Quotes
Facilitating Connections		"When you get kids who are kind of bounced around it sometimes can be harder to connect. And to have something like the music to say ok well we're gonna connect this way versus you know the probably many people have said let's talk. It's an easier way to connect."
		"It's a beautiful gift we have as music therapists to witness and share and connect just a little with people that are pushed off."
		"There was a strong group sense from week to week and an opportunity for people and having the courage and desire to share some of their experiences and their challenges would also be celebrated together when someone had something wonderful occur."
		"It was an amazing experience because I found it was the people who were eager to share, eager to have a sense of connection and that music therapy provided just that type of opportunity."
	Community Building	"It was a beautiful sense of community that was fostered."
		"Promoting community building is another big goal."
		"So I have to guess that's connection and community and that feeling you get when you are playing with other musicians."
	Rapport Building	"This was an opportunity for them to experience a certain kind of activity and try their hand at building trust and rapport."
		"You have to allow them to connect and build rapport with you to determine if this is safe and once you get through that then a lot more can happen."
	Relating on Shared Experiences	"They want that opportunity to express themselves and to see that 'ok the person sitting across from me had a similar experience and I'm not alone in this'."

Theme 3: Creating a Safe Space

All participants reported creation of a safe space as an outcome of music therapy treatment methods with unhoused persons (see Table 4). The music therapists described this population as struggling to feel secure and safe because of trauma or not having shelter. One participant said "Music therapy created a safe space where a client could just be in that moment. They didn't have to look over their shoulder, they didn't have to, you know, guard their belongings with their life in that moment. It's a place where, literally, they could come and put their stuff down." Another participant stated that if all they could provide was a locked door for a while during the sessions, then that would be a success for them.

Facilitating positive experience. In addition to creating a safe space, providing a positive experience in a safe space was something that the participants all reported as an important goal and outcome of music therapy with unhoused persons. The participants described that because of their unfortunate experiences that led them to be unhoused, this population can have negative associations with people, places, and things which can be detrimental to their resilience. Providing not only a safe place, but a positive experience in that space through music therapy can be away to help them have more positive associations and feel more positive emotions. One music therapist said, "I view my goal most of the time is really to, you know, being a facilitator that, to help whoever's walking in the door have whatever experience their looking for."

Table 4.

Quotes Supporting Creating a Safe Space

Theme	Subtheme	Supporting Quotes
Creating a Safe Space		"It was creating that environment for refuge through that learning, or for others it was so often through songwriting or through learning an instrument if that's what it takes."
		"They enjoy the musical environment, so just giving them access to this safe space when there wasn't an expectation for them to do anything."
		"Music therapy created a safe space where a client could just be in that moment. They didn't have to look over their shoulder, they didn't have to, you know, guard their belongings with their life in that moment. It's a place where, literally, they could come and put their stuff down."
		"I'm in a locked building and in that space for a couple hours every Friday and can provide a safe space for everyone to experience music and to have some food and some coffee and there's a bathroom."
	Facilitating a positive experience	"I think their skill set of what they've learned, their history, is also you know something that creates a positive environment."
		"I view my goal most of the time is really to, you know, being a facilitator that, to help whoever's walking in the door have whatever experience their looking for."
		"Beyond that sense of community, the opportunity for expression, um the opportunity for them to have a positive experience."

Theme 4: Opportunity for Expression

The music therapists described that music therapy was an opportunity for the unhoused persons in the sessions to express themselves, their feelings, and process things that had happened or were happening (see Table 5). One music therapist said "They want that opportunity to express themselves". All three participants discussed the difficulty the unhoused persons have

with transition and loss, for instance when a peer moves into permanent housing, disappears, or passes away. These situations are happening frequently within the unhoused community and music therapy is a place that they can work through these difficult situations together, which suggests the subtheme of processing. The participants stated that because of their lack of connection, they often do not have an opportunity to talk to people about anything other than their basic needs, which suggests the subtheme of emotional expression. Music therapy can be a place that they can express their feelings, process their experiences, and be themselves.

Table 5.

Quotes Supporting Opportunity for Expression

Theme	Subtheme	Supporting Quotes
Opportunity for Expression		"They want that opportunity to express themselves."
	Emotional Expression	"We do some closure with the group because there's a lot of feelings around that when someone just disappears."
	Processing	"Or I've been around when something has happened on campus and a lot of the clients are having a hard time processing what had occurred."

Additional Outcomes

Transformation. Two participants mentioned transformation, in terms of personal growth of the unhoused persons participating in music therapy, as an outcome of music therapy. However due to a lack of frequency of mentions, transformation was not significant enough to validate an additional theme. One participant said "I've seen it with my own two eyes. The

effects and the transformation." Another participant said "I mean, individually there's these beautiful progressions."

Access to Music. Another outcome, reported with low enough frequency that it did not justify an additional theme, that was mentioned by two participants was increased access to music. This was in reference to learning to play an instrument, access to instruments they already knew how to play, access to music listening devices such as radios, mp3 players, and CD players, or the space and time to listen to others play music. One participant discussed giving lessons to individuals who had wanted to play music their whole life but were never given the opportunity. It was also mentioned that most unhoused persons don't have any way to listen to music, so creating playlists or burning CDs was something that they could offer to their clients. One participant described their sessions as sort of like a band practice, in that the group of unhoused individuals practiced and prepared sets of familiar songs they knew, had previously played in a band, or wanted to teach their peers.

Strengths and challenges working with unhoused persons. All three participants discussed strengths and challenges in working with the unhoused population in music therapy (see Table 6). The strengths reported were inconsistent amongst the participants, each discussing unique strengths to the individuals they serve. The challenges were consistent amongst participants, with all three reporting that the unhoused population being transient is the most difficult part about providing music therapy services for unhoused persons.

Table 6.

List of Strengths and Challenges Working with Unhoused Populations

Strengths	Challenges
Unhoused persons are less guarded than other populations	Unhoused persons are transient
Unhoused persons are creative	There is a lack of closure in
Unhoused persons have experience in group therapy	There are some safety concerns
Unhoused persons are musical and have musical experience	
Unhoused persons have rich histories	

Treatment Plan Data for Unhoused Persons

Each of the participants described the various parts of their treatment process with unhoused persons (see Table 7). Some parts of the process were described similarly by each participant, such as the treatment method, duration and frequency. Assessment varied with each participant, as did documentation. Interventions presented had some variance among participants, however all participants utilized song recreation, songwriting, and improvisation. The goal areas were similar amongst the participants with each participant stating that promoting community was a goal they focused on during treatment. Although one participant described their treatment method being an eight-week series of sessions, all three music therapists described a single session format, in that clients did not need to be in attendance of previous or future sessions to benefit from services provided. All participants discussed that the termination process was essentially nonexistent within their treatment process because the population is so transient, they are rarely notified that a client will be leaving.

Table 7.

List of Participant Responses Regarding Treatment Process

Stage in Treatment Process	MT Responses
Treatment Method	One – on – one Group
Referral	Open Door Policy, shelter associated Via Case Worker/Social Worker From previous music therapy group
Assessment	Informal/Ongoing Musical Assessment Arts Assessment Collaboration with Social Work or Case Management Pre/Post Session Check-in Assessment
Treatment Plan	Single – Session Model Eight-week session series
Frequency	Once a week Twice a week
Duration	60 minutes 90 minutes
Goals	Increased Coping Skills Facilitate Social Experience Fostering Resiliency Promote Community Building Creating vision for future Educational Creating Safe Space
Interventions	Lyric Analysis Active Music Making Songwriting Re-creative Improvisation (rhythmic/melodic) Creative/Visual Arts Therapeutic Instrument Instruction Music and Imagery Performance

Table 7., Continued

Documentation	SOAP notes (for MT records only, for medical records) Pre/Post Session Check-in Narrative Quantitative based on resilience factors Stories of individual transformation
Termination	After session series Participant/Client finds housing Participant/Client passes away Participant/Client stops seeking treatment

Discussion

The purpose of this qualitative study was to gather information from music therapists who work with unhoused persons regarding treatment process, outcomes, and effectiveness of treatment methods. Based on the results of the thematic analysis, it seems that music therapy can be an effective treatment method in four major areas with unhoused persons: increased resilience factors, facilitating connections, creating a safe space, and offering opportunity for expression.

Reference to Previous Research and Theory

To highlight the data's relevance, outcome themes along with the treatment process data will be discussed in terms of the current music therapy research with unhoused persons as well as the three theories presented in the literature review: Maslow's (1954) hierarchy of needs, the optimal healing environment (Samueli Institute, 2013), and resiliency.

Research in music therapy and unhoused persons. The outcome themes and treatment process data align with previous research in music therapy with unhoused persons.

Outcome data. Theme one, increased resilience factors, is consistent with music therapy research by Fairchild et al. (2017) in which goals in music therapy with unhoused children were identified as fostering resiliency, building coping skills (subtheme of theme one), and increasing self-esteem (subtheme of theme one). Iliya (2011) also described building self-esteem (subtheme of theme one) as a goal of music therapy treatment with unhoused men.

Theme two, facilitating connections, is consistent with Curreri's (2016) work; Curreri found that music therapy with a man suffering from side effects of being unhoused for a period of time was a successful way to build rapport with the therapist (subtheme of theme two). This also aligns with the results of Fairchild et al.'s (2017) study with unhoused children, discovering

that a performance in music therapy was able to connect the children to their peers, specifically around their shared experiences (subtheme of theme two).

Theme three, creating a safe space, is consistent with Fairchild et al. (2017) who aimed to create a safe space in their music therapy treatment as well as the 2013 study on the shelter concert series that was found to create a positive atmosphere (subtheme of theme three) in the shelter (Knapp).

Theme four, opportunity for expression, aligns with Iliya's (2011) article with unhoused men utilizing vocal psychotherapy as an increased opportunity for expression and Curreri's (2016) outcomes of music therapy with the man suffering from post-traumatic stress disorder because of a life unhoused as a way to both verbally and nonverbally express feelings.

Treatment Process Data. There are also consistencies in the treatment process data to previous music therapy research with unhoused persons. Previous research, as well as the participants describe both group and one-to-one music therapy services with unhoused persons.

Participants described three different ways of referral for music therapy services which are consistent with previous music therapy research with unhoused persons. Both Staum (1993) and Iliya (2011) describe their clients in music therapy as being associated with the shelter, similar to the participants that mentioned an "open door policy" as long as group members were associated with the shelter the music therapist was working with. Curreri (2016) describes meeting a client in a previous existing music therapy group and beginning one-to-one music therapy treatment because of apparent needs in the group, which is similar to situations described by two participants. Fairchild et al. (2017) describe working with case management, which is similar to two participants that received referrals from a social worker or case worker.

Assessment procedures have not been described in previous music therapy research with unhoused, and therefore the treatment process data that includes five different means of assessment that participants described can be used as a guideline for music therapy assessment with this population. Those methods were informal and ongoing assessment, musical assessment, arts assessment, pre and post session check-in assessment, and assessment utilizing collaboration with other team members such as case manager or social worker.

Treatment plan data showed consistencies with previous research in that both Staum (1993) and Curreri (2016) described an eight-week series of sessions as did one participant in the current study while Fairchild et al. (2017) utilized a 14-week series. No previous research mentioned single-session design, however all three participants mentioned utilizing this method with one participant discussing that it was the only way to work with this population. Weekly frequency was most common in responses from participants and most common in previous research (Curreri, 2016; Fairchild et al., 2017) with one participant mentioning a few music therapy groups that met twice per week, similar to one previous study mentioning music therapy sessions multiple times per week (Staum, 1993). Only one previous study mentioned duration, at 65 minutes per session, which was consistent with the participants most frequent answer regarding duration being 60 minutes (Curreri, 2016).

Goals mentioned by the participants are similar to goals written about in previous research and are similar to the outcome themes from the participant interviews. Participants mentioned increased coping skills (subtheme of theme 1) as did Fairchild et al. (2017). Each participant discussed community building or connection as goals for treatment (theme 2), as did Iliya (2011) and Fairchild et al. (2017). One participant spoke extensively about fostering resilience, as did Fairchild et al. (2017) who, as well as Staum (1993), also discussed other

resilience factors such as self-esteem and problem solving skills (theme 1/subthemes of theme 1). All participants also stated that creating a safe space (theme 3) was a goal of music therapy treatment as did Fairchild et al. (2017).

Interventions used by the participants in their music therapy treatment process were similar to previous research. Staum (1993) described something similar to active music making while Curreri (2016) utilized improvisation, performance, and composition, while Iliya (2011) facilitated improvisation and song recreation, Fairchild et al. (2017) also used song recreation as well as songwriting and performance. All of these interventions were mentioned by participants. Interventions used in previous research that were not mentioned in participant interviews are chanting/toning (Iliya, 2011) and musical drama (Staum, 1993). The only intervention used by the participants that is not mentioned in previous research is creative/visual art.

Because of the nature of research, there is little mentioned about documentation or termination about in previous research. However, Staum (1993) mentions variable attendance, similar to the participant's termination process in which clients stop coming to therapy for a variety of reasons. This is also the most frequent weakness mentioned by the participants.

Maslow's (1954) hierarchy of needs. The hierarchy of needs that Maslow (1954) has described are (from the lowest to the highest level needs) physiological, safety, love/belonging, esteem, and self-actualization. In previous music therapy research, it was found that music therapy was successful in helping clients reach the highest level need, that of self-actualization (Wheeler, 1981; McDermot et al., 2014). However, the other human needs are not mentioned. The results from this study support each of the needs in Maslow's (1954) hierarchy being met during the music therapy treatment process.

Physiological needs are those that help humans to survive, such as food, water and shelter (Maslow, 1954). Although this was not a major theme found in the data, the participants all facilitated sessions in a sheltered place and some provided a bathroom and refreshments. One participant said, “If all that happens is that somebody has a clean bathroom and a cup of coffee and gets to hear a Rolling Stones song that’s not a bad thing.” This is an example of the most fundamental physiological needs being met.

Safety, the next human need, can refer to physical safety and emotional safety, which aligns with theme three from the interview transcriptions: creating a safe space. Love was not mentioned in the participant interviews, but belonging aligns with theme two from the data: creating connections as well as the subthemes involving community and building rapport.

Esteem can refer to a person’s view of self and their sense of contribution which aligns with a theme one subtheme: self-esteem/self-efficacy. Finally, the highest level need that previous research states can be met through music therapy is self-actualization. This can refer to a person’s understanding of their full-potential, true expression themselves, and motivation to have both of those things (Positive Psychology Program, 2018). This aligns with theme four, increased opportunity for expression, as well as theme one subtheme, motivation.

Optimal healing environment (Samueli Institute, 2013). The four healing environments are internal, interpersonal, behavioral, and external (Sakallaris et al., 2015). Previous research stated that music therapy, particularly in nursing, could provide the optimal healing environment (Smith, et al., 2009; Jonas, 2010). This is supported by the results of the current study.

The internal environment is one that is optimized with intention and motivation to get better and understanding one’s full potential to heal. This aligns with theme one, increased

resilience factors, and the subthemes of theme one, motivation and self-esteem. The interpersonal environment is optimized when a person has positive relationships in their life which aligns with theme two, facilitating connections. The behavioral environment can be optimized when a healthy lifestyle is implemented. Although this was not a theme or subtheme, it could be supported by theme one subtheme, increased coping skills. These coping skills can help a person achieve a healthy lifestyle and make healthy choices for themselves in difficult times. Finally, the external environment is optimized when a person's surroundings are safe and decrease harm to a person. This is supported by theme three, creating a safe space.

Resilience. Two types of resilience factors can be identified as 1) assets and 2) resources (Fergus & Zimmerman, 2005). Previous research supports that music therapy can increase resiliency in other populations (Pasiali, 2010; Robb, et al., 2014; Letwin & Silverman, 2017; Hardy, 2018). This research study supports the music therapy treatment process as a way to increase resilience in unhoused persons as well. Theme one, increased resilience factors, was derived from participant interview quotes about resiliency but also assets and resources. However, theme two and theme four also contribute to increased assets and resources as well as the goals identified in the treatment process data. Increased assets mentioned in the participant interviews were increased self-esteem/self-eficacy, motivation, future-focused thinking, and coping skills (subthemes of theme one) as well as increased expression (theme four). Increased resources include connections and community (theme two).

Interpretations

This study aimed to answer one primary question: What are the outcomes of the music therapy treatment process with unhoused persons? This question can be answered by viewing the outcome themes found in the data: increased resilience factors, facilitating connections,

creating of a safe space, and increased expression. This question can also be answered by applying the data to previous research and theory. Music therapy can meet the human needs (Maslow, 1954), create an optimal healing environment (Samueli Institute, 2013), and increase resilience in unhoused persons. This data is significant and supports the participants' opinion that music therapy can be an effective treatment method with unhoused persons. This fills the literature gap regarding outcomes and effectiveness of music therapy with unhoused persons.

Limitations

It is important to note the limitations of this study in regards to the participants, the researcher, and the process. In regard to the participants, the small sample size of this research study may make the data difficult to generalize to the larger population of music therapists working with unhoused individuals. In addition, not all participants were currently working with the unhoused population, which could also make it difficult to generalize to the music therapists currently working with this population. Additionally, the exclusion of participant information such as age, race, and gender is a potential limitation. This information was not collected from the participants and therefore was not included in the data. In future research, it is encouraged that this demographic information be collected to add to the data set.

In regard to the researcher and the process, the data rely completely on self-reporting which is not independently verified. The self-reported data likely contains biases, specifically regarding the outcome of the participants' own work. Furthermore, the researcher is also a music therapist with potential bias regarding the outcome and effectiveness of music therapy treatment. However, being a music therapist allowed the researcher to understand the data with greater

depth than a researcher outside of the music therapy field may have because of the use of language specific to the field of music therapy.

Future Research

A survey study design may be beneficial in reaching a larger sample size of music therapists to potentially concur with this data and more likely assure generalization to all music therapists working with this population. Now that there is an idea of the music therapy treatment process used with the unhoused persons, more research is needed to understand the effectiveness of specific treatment methods and interventions with the unhoused persons. More research is needed to understand the unique benefits of music therapy with children versus adolescents and adults, different subgroups of unhoused persons such as minority ethnic groups, LGBTQ, Veterans, etc., within differing stages of housing or differing diagnosis, and perhaps differing geographic areas of the United States. In addition to the benefits of music therapy with unhoused persons in each of these groups, research on the unique needs of these groups is needed to best understand how to utilize music therapy in treating unhoused persons.

Conclusions

Unhoused persons have a complex set of needs that are not being met due to the lack of services provided within the population. This research contributes to the literature regarding music therapy outcomes with unhoused persons by concluding that music therapy is an effective treatment method with this population and has significant outcomes for this particular population. It is hoped that this research can provide validity to the work music therapists are already doing with unhoused persons and also advocate for more music therapy services to be provided to this population.

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APPENDIX A

INTERVIEW QUESTIONS

Questions about Facility and Population

1. Describe the unhoused population you work with.
2. Describe the facility you work in.
3. What are some best-practice methods that your facility follows? (ex. Rapid rehousing, treatment first, housing first, trauma-informed care)

Questions about Music Therapy Treatment Process

4. Do you work with individuals, groups, or both?
5. How are individuals referred to music therapy services?
6. Describe your assessment process.

   Follow up questions

   a. What assessment tools do you use?

7. Describe your treatment planning process with this population.

   Follow up questions

   a. How do you develop goals/objectives?

   b. How do you choose interventions?

8. Describe your implementation or facilitation of music therapy treatment with this population.

   Follow up questions

   a. What interventions do you use most often?

   b. What does a typical session look like?

9. Describe your documentation practices with this population.

10. How are music therapy services terminated with this population?

Questions about Perception of Music Therapy as a Treatment Method for Unhoused Persons

11. What do you feel are some of the outcomes of music therapy with this population?

    Follow up questions

    a. What are common goals that you work on with this population?

12. Do you feel that music therapy is an effective treatment method for this population?

    Follow up questions

    a. Why do you feel that music therapy is/is not an effective treatment method for this population?
    b. Do you feel that some treatment methods, interventions, or techniques that you use are particularly effective?
    c. If so, why?

13. What do you feel are the strengths of this population in regards to music therapy?
14. What do you feel are your biggest struggles in working with this population?

Questions about Training to Work with Unhoused Persons

15. What sort of additional training, if any, do you have that you feel has helped you in working with this population?
16. How many years have you worked as a music therapist?
17. How many years have you worked with this population?
18. In an ideal world, what training do you think music therapists should have to work with this population?

19. Is there anything else that you feel is important to discuss that I haven't asked?

APPENDIX B

INFORMED CONSENT FORM

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

Unhoused Persons: Music Therapists' Perspectives of Outcomes and Effectiveness of Treatment Methods

You are being asked to participate in a research study conducted by Katie Lahue, Master of Arts student at Saint Mary-of-the-Woods College (and Tracy Richardson, Ph.D., MT-BC, faculty sponsor) from the Music Therapy Department. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand before deciding whether or not to participate. You have been asked to participate in this study because you are a board-certified music therapist that works with the unhoused population.

PURPOSE OF THE STUDY

The purpose of this qualitative study is to gather information about music therapy with unhoused persons, particularly in regards to outcomes and effectiveness of treatment methods from the perspective of music therapists. 5-10 music therapists will be selected to participate using snowball sampling. The importance of the research is to fill the research gap that exists involving music therapy and unhoused persons.

PROCEDURE

If you volunteer to participate in this study you will be asked to do the following things:

- Schedule a 30-60 minute phone interview with the primary investigator
- Participate in a 30-60 minute, semi-structured, recorded phone interview with the primary researcher about your experiences working with unhoused persons as a music therapist
- Review the interview transcription following the interview to ensure that your words and thoughts are written accurately

POTENTIAL RISKS OR DISCOMFORTS

The study involves minimal risk for the participants. However, there are a few potential risks or discomforts. First, you may feel uncomfortable sharing information about your work. The researcher will attempt to create a comfortable environment for the participant and will recognize that some questions may be difficult to discuss. Second, despite removing identifying information, because of the small music therapy community working with unhoused person there is a risk that participants may be able to be identified by readers through quotes from interview transcriptions that will be written in a thesis paper, publication, or presentation. The researcher would like to ask you to openly share your experience but also consider the limit in maintaining your confidentiality.

POTENTIAL BENEFITS

There are no anticipated direct benefits to you for participating in this study.

CONFIDENTIALITY

Confidentiality will be maintained by removing all identifying information. Due to the nature of this study, there is no promise of anonymity; the researcher will have access to data that can be associated with particular participants. However only the researcher will have access to recorded interviews and transcriptions. This data will be kept in a password protected document on the researcher's password protected laptop computer. This data will be kept and password protected for three years after the completion of the research. After three years, the data will be removed from researcher's laptop computer.

The data obtained from this research study will be used to create a thesis paper and possibly a published article and/or educational presentations.

PARTICIPATION AND WITHDRAW

You may choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer questions you do not want to answer.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on _____.

IDENTIFICATION OF INVESTIGATORS

If you have questions or concerns about this study, please contact the researcher, the researcher's supervisor, or the chair of the Human Subjects Institutional Review Board.

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