

## **Music Therapy as an Intermodal Practice: Clients and Therapists Perspectives - A Qualitative Study**

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### **ABSTRACT**

This qualitative study used a phenomenological approach to investigate the lived experiences of clients and music therapists working with an integrated arts approach in music therapy. Seventeen client participants (aged 11-19 years old) underwent five consecutive therapy sessions with one of three qualified music therapists.

The guiding questions pertained to the participants' experience of having various arts materials in addition to the standard musical instruments available during the music therapy sessions.

The results showed a positive response from the clients' perspectives, and a negative response from the therapists. The clients unanimously preferred having choice in the sessions. The therapists, however, noted that once the clients chose their preferred arts modality, they remained loyal to this mode and did not deviate from using it. When the client utilized music in the session, the music therapists felt confident. When the client chose a non-music modality, the music therapists felt insecure about their professional abilities and competencies.

The study results underscored a need for further dialogue within the expressive therapies around the integrative approach, and specific integrated arts training. The study also raised ethical and professional questions regarding a singular arts therapist using other arts modalities without formal training and or qualification.

**Keywords:** Adolescents, Qualitative, Phenomenology, Interviews, Intermodal Arts, Music Therapy.

### **Introduction**

Working as a music therapist in school settings in London, clinical practice normally took place in an allocated room for music therapy that was often shared with other arts classes. Because of this, music therapy clients were exposed to not only musical instruments but also arts materials and play equipment. Through professional practice, I began to notice that many of the children referred to music therapy were gravitating towards using non-music therapy materials. At times the children would ask permission to play with these apparatus, and at other times, the children would begin to use these materials without inquiry. This phenomenon is yet to be recognized in music therapy literature. I also discovered that clinically, the integration of other arts and play materials would enhance the therapeutic relationship, since many children requested that certain materials be present in the music therapy room. This phenomenon took place in a number of different school settings with all ages of children, from five years old to nineteen years old. This, however, created concern for me as a music therapist because there was a lack of recognition in the literature to support my clinical findings; therefore I began to undertake training and workshops in other creative arts therapies and play therapy, and without formal training, introduced and integrated other arts materials into my music therapy practice. As a music therapist, I inquired of fellow music therapists working in similar environments and found that this was common amongst those colleagues I had engaged in conversation.

The purpose of this study is to replicate the music therapy environment in which I have worked clinically and explore whether the exposure to non-music therapy materials in the music therapy room encourages music therapy clients to utilize these other arts modes, and whether this has any effect on the music therapy relationship. It is anticipated that this study will highlight some of the realities of working in multi-disciplinary settings and having music therapy allocated to specific rooms that have shared usage. This study is not intended to train music therapists to use intermodal therapy techniques, but to illustrate potential outcomes of working in school settings in rooms that have not been designed exclusively for music therapy practice. In addition, it is hoped that this research will begin to add a relatively underrepresented topic in the music therapy literature. It is anticipated that this study may also contribute to or further invite development of theory around the use of multiple modalities in music therapy.

### **Purpose of the Study**

The purpose of this study is to investigate the lived experiences of music therapists working in school settings in rooms allocated for a music therapist to work with clients that have other arts and play materials on offer. This study has been developed from years of personal professional practice in similar settings. The music therapy sessions will include arts and play materials that have been used by the researcher in clinical practice, as a way to explore the experiences and outcomes of other music therapists put in

similar situations. The study will also focus on the lived experience of the clients of music therapy, and whether there is a preference for having other arts and play materials offered during a therapy session. This study is not intended to train intermodal therapists, nor is it to promote intermodal therapy as a viable option for music therapists, but to illustrate the potential outcomes for both clients and therapists when using a multi-disciplinary room for music therapy.

### Research Design and Question

This study used qualitative methodology in a phenomenological approach. The aim of the research was to study the lived experiences of clients and music therapists using an integrative arts approach to music therapy. The study addressed the following questions:

1. What were the experiences of the client participants who had other arts modalities available during a music therapy session?
2. How can having other arts modalities available change the music therapy session for the client and the therapist?
3. What were the experiences of music therapists who attempted to offer other arts modalities in music therapy sessions?

### Literature Review

The literature review will focus on how music therapy has been incorporated with other arts modes and focus on Paolo Knill's development of intermodal therapy, as the foundations of the clinical study. Knill (1978), a musician, therapist and educator, theorized the concept of intermodal therapy as utilizing all of the arts modalities, and as a way of allowing clients to express themselves through all of the arts. Jonna Paden Prinzing (2009) echoed Knill's sentiment and suggested that all arts therapists should be able to incorporate modalities that are not their primary training into their practice.

The topic of including other creative arts modalities into music therapy is minimal in the music therapy literature. A comprehensive search using electronic databases into the creative arts, education and healthcare revealed few articles, book chapters or books that discussed the topic of music with other arts modalities in the clinical setting.

Kenneth Bruscia, a music therapist, briefly discussed the topic in the book *Defining Music Therapy* (1989). Exploring the historical roots and international definitions of music therapy, Bruscia wrote:

Music is not always just music. It is often intermingled with other art forms. Songs combine music and poetry. Operas integrate music, drama, dance, and the visual arts. Symphonies can be based on stories and artworks. Singers mime and act whilst they sing. Conductors use gestures and movements to shape and direct the music. Listeners can move, dance, mime, dramatize, tell stories, paint, draw, or sculpt as a means of reacting to music... Many of these "interrelated" art forms and experiences are used in music therapy. (p. 13-14)

Bruscia began to recognize that music is also part of the wider creative arts field, and that these other arts forms can become integrated into music therapy. Questions about how much other arts modes are incorporated into music therapy were briefly addressed:

The use of these activities [other arts forms] poses many questions regarding the boundaries of music therapy. Is song writing within the realm of music therapy, poetry therapy, or both? Is musical storytelling an activity for bibliotherapy, drama therapy, or music therapy? Is moving or dancing to music within the realm of movement/dance therapy or music therapy? Is painting to music an activity for art therapy or music therapy? (p. 14)

Carol Goldstein (1964), a music therapist, highlighted an intermodal approach in music therapy. Goldstein described the use of movement and art-making incorporated into a music therapy sessions. The session was divided into sections. Each arts modality had a specific focus that contributed to the overall therapeutic objective. For example, the music aided the coordination that movement was working towards and art was used to make everyday objects that extended the child's vocabulary. Play was later introduced when a dollhouse was made. This developed a role-play that showed "hostility towards her family and siblings... directed through this house. The therapist used a nondirective approach, echoing or rephrasing the statement of the child" (p. 137). This article demonstrated that other arts modalities, in addition to music, can enhance the therapeutic experience for the client, and can develop further insight into the client's creative imagination and emotional responses. Whilst the author did not question whether the responses demonstrated by this client would or would have not emerged if the therapy was solely based in music, the variety of arts materials on offer provided an insight into the possibility of further creative play when the therapist works in a nondirective approach.

There have been other writings in music therapy literature that demonstrate the use of other arts modes within music therapy. Susan Munro (1984) and Denise Grocke and Tony Wigram (2007) wrote about the use of art media, particularly collage, with music. Grocke and Wigram described using art with receptive music (listening to recorded music) to enable the client to project internal feelings and express these non-verbally. Anne Olofsson (1995) combined verbal and non-verbal communication into music therapy with the aim of engaging with the client's unconscious. Working with cancer patients, this case study showed the intermodal approach as mainly directed by the client. Esther, the client, began by drawing and then followed with a movement depicting the visual image. Music was later integrated to develop the session in relation to the words and images used by Esther to describe her emotional processing. Joanna Booth (2002), a trained Bonny Method Guided Imagery and Music therapist (BMGIM) devised a method of using music, drawing and narrative combined "to extend the application of BMGIM and generate an even

greater flexibility than was previously possible" (p. 44). These methods are generally used when recorded music is played as part of the therapy. The art making is used to enhance the feelings created by the recorded music. Ruth Skaggs (1997) used BMGIM with adolescent sexual offenders. Skaggs stated, "Often, two or more modalities were employed during a session, based on the theory that one art form can expand and enhance the other" (p. 75).

The writings noted here have the commonality that the music therapists intended to use other arts modes as part of the music therapy intervention. The question whether these other arts modes would have been well-received by clients had they simply been part of the music therapy environment has yet to be discussed in the literature.

## Method

The aim of this research was to study the clients' and therapists' experiences of using other arts modalities in addition to a music therapy approach in music therapy, and thus the method was phenomenological. The client participants were interviewed following five consecutive sessions of therapy. The therapists were interviewed after working with all of their clients who participated in the study. In addition, each therapist was asked to keep a journal throughout the duration of the study. This journal was submitted to the researcher prior to the therapist's interview with the researcher.

## Recruitment and Training of the Music Therapists

Prior to the study commencing, the researcher recruited the music therapists. The criteria used for recruitment and selection were that each therapist held a Masters degree from an accredited music therapy program and had at least two years post qualification experience. A willingness to use other arts modalities was desirable, but no experience using arts modalities within sessions was required. The researcher contacted each therapist personally and had previous professional knowledge of him or her. The researcher had previously worked with two of the therapists in a group practice situation. The therapists were approached because it was known that each trained at a different training program from the others, and adopted different theoretical approaches to music therapy. The researcher met with each therapist individually and asked if they had a waiting list of clients in the target age group (11-19 years old). The age range of the client participants was chosen because of their ability to dialogue with the researcher during the interview process and reflect on their experience of taking part in the study. Also, using this age group allowed access to schools that would usually seek the services of creative arts therapists, education psychologists and psychotherapists.

The researcher, prior to the clinical treatment commencing, trained each music therapist individually. Training focused on the set up of the therapy room and what materials and equipment to include. The researcher provided arts materials, such as a sand tray, dollhouse, paper, etc. for both the training and clinical study. The dollhouse was included in the arts and play materials to offer the clients a pre-composed set if they wished to engage in role-play using the figurines or wished to

refer to their home life. It was thought that the dollhouse, in addition to the other arts materials available, might assist in this creative expression.

The training focused on the therapist allowing the client to use any of the materials on offer, engaging with the client when music was not being used, offering ideas for musical accompaniment and how to verbally dialogue when the client used materials other than musical instruments. The training was experientially based, allowing the therapist to explore the non-musical materials to become familiar with them and to consider how they could be incorporated into their music therapy practice. Role-play was part of the training, and both the researcher and therapist participant took turns in playing both the client and therapist using the various arts materials and equipment to explore potential interventions. This was followed by a discussion about when it might be appropriate to use different arts modalities and why a shift towards another arts mode might enhance the session. The training did not focus on a particular established theoretical framework because the researcher wanted the therapist to feel freedom in their choices of how to use the arts materials on offer and reflect on these experiences, as part of the current study. The researcher emphasized that there was no right or wrong way of providing the intervention, and that it was the therapist's own judgment that was key in providing the intervention.

At the end of the single training session, which lasted two hours, the researcher asked each therapist to begin a journal to log their thoughts of using arts materials outside of their music therapy specialization. Excerpts from the journal were incorporated into the data analysis and included in the results section, as a way of providing evidence of the lived experience.

## Recruitment of Client Participants

The recruitment of the participants took place in consultation with the therapists. The referring state-funded schools with which the music therapists collaborated had a list of referred children to music therapy. Reasons for referrals were based on social and emotional concerns, behavioural management, therapeutic support with personal and family difficulties, educational support, support with transitions and adjustments in the school setting, language and communication support and focus on positive well being. The researcher discussed with each participant the nature of the study and what was required, and the participant was asked to sign a consent form. Each participant was given the contact details of the therapist and researcher. The researcher also contacted and discussed the study with the parent and or guardian of the participant.

## Sample of Client Participants

Nineteen client participants, between the ages of 11-19 years old were originally recruited in consultation with the therapists conducting the sessions and consent of the participants and or guardian. However, only seventeen clients completed the five sessions and were interviewed. Two clients did not continue with the study due to personal

and medical reasons. As these two clients did not complete the full five sessions, neither was interviewed as part of the research study.

Each client-therapist dyad was unique but several dyads with the same therapist were used. The researcher discussed the objective of the study with the participants prior to the five sessions commencing. At the time of agreement, the participant was asked to define their racial background. This was used to assess the heritage, ethnicity and cultural background of the participants and contribute to the socio-cultural aspect of the study. This question was not asked of the therapists, nor did the researcher inquire the therapist participant's racial background.

The client participants were not engaged in treatment with any form of creative arts therapy or verbal psychotherapy during the time of the study.

### Procedure

Participants underwent individual music and intermodal therapy sessions for 45 minutes for a total of five weekly sessions. Sessions took place once a week. The participating qualified and registered music therapist conducted the sessions, with the researcher observing through a one-way window for some of the sessions. These observed sessions were chosen at random and were at various stages with different clients in both London and Toronto. This random selection was largely due to when the researcher was available to attend these selected sessions. The aim of observing the sessions was to assess the fidelity of the therapists using the range of materials and equipment on offer. The researcher did not make personal notes of these sessions as part of the data collection, but monitored what the therapist was doing and whether the therapist needed additional guidance or training. Following the observed session, the researcher discussed with the therapist some thoughts about what was observed and the use of arts materials. Ideas for further use of the arts materials was discussed, however these discussions were not used as part of the data collection, nor did they contribute to the data analysis and results of the study. The aim of the random observations was to liaise with the therapist and offer support. The researcher did not interact with the client participants during the observations.

The sessions with the participants took place in two private clinics, one in London, England and one in Toronto, Canada. Each session was improvised and non-structured in approach, and the client was able to utilize all of the arts materials and instruments on offer. Therapist 1 worked with eight clients, therapist 2 worked with four clients and therapist 3 worked with five clients.

At the end of the five sessions, the client participants were individually interviewed once for one hour per participant. The research assistant interviewed ten client participants, and the researcher interviewed seven client participants. These interviews were audio recorded and later transcribed. Participants were not given the guiding questions in advance, and the interviews were informal, open-ended discussion. With some of the client participants, there was additional time added to introduce the format of the interview and have a brief

discussion about how they were feeling on that day, in order to make the client participant feel comfortable with the interview process. Client participants were offered something to drink and told that the interview could be stopped for a break if they needed it, although no client participant expressed discomfort or requested the interview to be suspended.

The researcher conducted a single interview with each therapist, which followed the completed sessions with all client participants, to assess their experience of using other arts modalities within music therapy. The researcher encouraged the participants to elaborate on specific areas outside of the standard questions, in order to further the investigation. The transcribed narratives of both the clients and therapists were used as the primary data for phenomenological analysis, as described by Michele Forinash (2004).

### Equipments and Materials

A full range of musical instruments was used, including a piano, guitar, melodic and percussion instruments. Art materials such as paper, paints, face masks, coloring pencils, glue, colored paper and glitter were available. A sand tray with small objects and models was in the room. A large dollhouse and models figurines were available as well as dressing-up materials and fabric. Play therapy materials were included as a way of encouraging role-play to assess whether using tactile equipment, other than musical instruments and art supplies, would encourage the use of other arts and play materials and encourage creative expression and imagination.

The therapy room was a large space for movement. The researcher provided all materials and equipment where necessary. This selection of materials was chosen by the researcher and was standard for all of the therapists and sessions, in order to provide continuity and validity to the overall study. All of the materials and equipment were on display in the therapy room and easily viewed and accessible by the participant. These materials were selected from the researcher's own clinical experience and training with them, and formed the basis of the environmental phenomenon the researcher aimed to replicate for this study. The rationale for choosing these materials and equipment was to represent as many arts modalities, sand tray therapy and play therapy equipment as possible to represent a holistic intermodal approach.

### Results

The results section is comprised of two parts. The first is an analysis of the results from the interviews with the 17 client participants. The second section is an analysis of the results of the interviews and journals of the three therapist participants. This chapter concludes with a summary of the combined sections for all 20 participants of the study.

### Client Participants

There were 17 client participants who completed five consecutive sessions with their therapist. Attendance was good, although there were some clients that arrived late for the sessions; therefore these individuals received shorter sessions.

Seventy percent of client participants were male. Four participants were 13 years old, representing the most frequent age with 17 years old being the next most frequent age.

The researcher transcribed the recordings of the interviews. Using ATLAS Ti., the researcher performed a three-step process of analysis, as used by Makik-Frey et al (2009). First, key words or phrases were highlighted from the interview responses. Second, these words and phrases were grouped together by common concepts. Thirdly, the common concepts were then grouped together to develop themes. This developed 12 themes. The frequency of each theme was counted across the 17 interview responses to distinguish

**Table 1:** *Frequency of General Themes from Clients Interview Responses*

General Theme	Frequency
Preference to multiple choice of arts	17
Trying/learning new arts materials	17
Playing with therapist	15
Independent play	13
Preference to dialogue with therapist	12
Preference to sand tray and models	12
Preference to 45 minute sessions	10
Dislike to lack of structure	10
More than just musical instruments	9
Developed creative expression	7
Preference to gender-neutral materials	5
Dislike of therapist repeating clients words	3

Following the grouping of themes, the lead researcher returned to the interview responses to perform further data analysis. Interpretative Phenomenological Analysis (IPA) of the general themes created three core themes that proved important to the lived experiences of the total participants. It was felt IPA would be beneficial to explore further the meanings of the lived experiences. These three themes were choice of multiple arts and play materials, the role of the therapist and unstructured approach to therapy sessions.

### Therapist Participants

There were three therapists who worked with the client participants. Each therapist was interviewed once after he/she completed the five sessions with each client. Following transcription and data analysis, seven general themes developed. Table 2 shows these themes.

**Table 2:** *Frequency of General Themes from Therapists Interview Responses*

General Theme	Frequency
Lack of experience with other arts (non music)	3
Lack of understanding context of other arts materials	3
Feeling disrespectful towards non music modalities	3
Feeling disrespectful to music therapy	3
Preference to dialogue with client	2
Preference to offering choice of arts	2
Dislike of using non musical materials	1

The themes developed focused more on negative responses and experience of facilitating the intermodal sessions, with an emphasis towards lack of experience and knowledge of non-music therapy materials. The therapists felt as if they were disrespecting the professions of both music therapy and the other creative arts therapies, because they were using materials and modalities that they were not trained to use. They also felt that because of incorporating non-music materials into music therapy, this was demeaning the importance and relevance of musical instruments, and the use of music-making for self-expression. The interview responses produced a main theme that related to lack of experience and knowledge of the non-music modalities, however, from this central theme developed further sub-themes that related to professionalism and clinical skills.

## Conclusions

The heart of the study was to investigate whether music therapy should or could include other arts modalities, and whether an intermodal approach provided a positive experience for adolescent clients. In addition, the study examined whether experienced music therapists could see value and potential in including other arts modalities into their established music therapy practice. This approach was designed from the researcher's own clinical experience of using multi-disciplinary rooms to practice music therapy in school settings.

In summary, three of the clients had previous music therapy experience. Two spoke highly about their intermodal arts experience, whilst one expressed preference for using the single modality. The feelings expressed by the clients mirrored the overall experience of the three therapists. Intermodal therapy is based on the idea of offering choice for the client (Atkins & Williams, 2007; Estrella, 2005). Choice was the core theme for all of the clients. However, the therapist's responses to this were that choice was not taken by the clients once they decided upon their preferred arts modality. Each client remained loyal to their chosen arts modality and tended not to deviate from it. The therapists also remarked that the concept of choice is utilized in music therapy, by offering a range of musical instruments. Choice in music therapy is also represented by the various well-established techniques and approaches, such as live improvised music making (Wigram, 2004), song writing (Baker & Wigram, 2005), receptive music therapy (Grocke & Wigram, 2007), and singing and vocal psychotherapy (Austin, 2007, 2009).

## Contributions and Implications to the Expressive Therapies

The study provided a forum for clients and therapists to speak candidly about experiences with music therapy that provided access to other arts forms as well. This study was intended to utilize the basic functions and theories of intermodal therapy, as defined by Knill (1978). However, this study demonstrated that when music therapists apply other arts modes to music therapy without the formal training of intermodal therapy, the application of intermodal therapy is more complex than perhaps considered by the researcher and by cited authors, such as Prinzing (2009), who considered all of the arts accessible by creative arts therapists, even without specialized training. Therefore, it should be acknowledged that sessions

provided for this research study were, in fact, music therapy with additional arts materials on offer to the client. Whilst this study did not intend to train intermodal therapists, nor suggest that music therapists working in multi-disciplinary settings can or should use other arts modes available, this study does demonstrate that the application of intermodal therapy is more than simply allowing the client to engage in various arts forms within a single therapy session. However, from the clients' perspective, all of the 17 client participants spoke highly about the experiences in this specific approach of using music therapy with other arts modalities. Whilst much of the focus from previous writings have been from the therapists' perspective of the use of intermodal therapy, both positive and negative, this study demonstrates that there is a preference for intermodal approaches from the clients' perspective, particularly younger adolescents. Further investigations using this model with older adults would be interesting to explore and compare the findings of working with different ages of clients.

A topic for discussion within the field of expressive therapies could be about when a music therapist should refer a client to art therapy, or when an art therapist should refer a client to dance movement therapy, and so on. The results from the therapists demonstrated an eagerness to learn more about other creative arts therapies. This was not in the sense of learning how to apply them in their own practice, as the therapists wished to remain music therapists without an emphasis on other arts forms, but for the music therapists to understand further the role and objectives of the other arts modalities as a way of gauging further appropriate interventions for their clients and make referrals to these fellow professionals where necessary. Therefore, a focus in the training programs for each singular arts therapy modality could consider introducing students to fellow creative arts therapies, both theoretically and experientially, that may further the communication amongst the creative arts therapies as a whole. Whilst there are some training programs that do offer this, such as Lesley University in Cambridge, Massachusetts, USA, perhaps this could become standard practice in greater context.

From the therapists' perspectives, the general consensus was that having a specialized training in one core arts modality strengthened the therapists' professional identity and contributed to a sense of confidence and competence. Having a strong foundation in one arts modality allows for flexibility within that one arts modality. For example, music therapy provides an assortment of interventions from improvisation (Wigram, 2004) to song writing (Baker & Wigram, 2005) to receptive methods using pre-composed music (Grocke & Wigram, 2007). However, the therapists in this study noted that engaging in training and workshops post music therapy qualification might allow the individual therapist to consider ways to incorporate these multiple arts modalities, and consider whether their client might benefit further from an alternative arts modality if music therapy was not in the clients best interest. Therapist 1 would consider further training in play or drama therapy as a way of deepening her understanding of the arts, but more for her own understanding and education rather than as a way of offering more modalities to her clients.

This study is unique in working with three music therapists without any other training in other arts forms, and encouraging the therapists to work with clients using a variety of arts modalities and materials without formal training. Prinzing (2009) suggested that all arts therapists should be able to incorporate modalities that are not their primary training into their practice. Prinzing acknowledged that a personal affiliation with art guided her use of the concrete components of art therapy, but suggested that an artist interested in other art modalities "should be able to adapt these ideas to other artistic media" (p. 11). However, the results from this study demonstrate that this was not the case. The music therapists were unable, and at times uncomfortable, with adapting other arts into their practice, regardless whether they had a personal affiliation with other arts modalities aside from music. Their personal affiliation with the arts gave them no basis for incorporating these into their professional identity and practice, although the researcher did not inquire whether there was any specific arts form other than music with which the therapists might have had a personal affiliation. If so, perhaps the therapists might have felt inclined to gravitate towards this specific mode, rather than be encouraged to use all of them in the therapy sessions.

One of the key contributions to this study was the experience voiced by the participants of their lived therapeutic experiences. Many publications in the expressive therapies consider the views of the therapist, but this study provided an exploration of how clients view therapy, how they use it and what they want from their therapist. It may be that arts therapists, as professionals, could learn more about the field and how it is developing and evolving from the viewpoints of the clients served, as previously researched by Heatherington, Constantino, Friedlander, Angus and Messer (2012) and Levitt and Piazza-Bonin (2011), who researched clients perspectives in psychotherapy.

In summary, the therapists in this study felt they had enough skills to continue working as music therapists, and that music therapy offered enough choices and opportunities for the client to explore and express themselves in the therapeutic setting. Having multiple arts on offer did not necessarily promote any further creative processing; nor did having multiple arts on offer encourage the client to use the arts more freely or without limits, as suggested by Knill (2001). The topic of professional identity was key in this study, and the music therapists felt that they could identify their professionalism with the training and qualification that they had attained, without needing to utilize other specializations for guidance and experience. However, all the therapists did reflect that they were interested to learn more about the other arts therapies, more as a way of assessing whether music is an appropriate intervention for their client, and if not, the experience of other arts would assist the therapist in making referrals to a qualified art therapist or drama therapist or movement therapist and so on.

It is hoped that this study has provided the foundations for further examination into the relationship between music and the other arts modalities. It is also hoped that further studies that focus the experiences of clients in the expressive therapies will be encouraged across all client demographics and creative arts therapies.

## Final Thoughts and Reflections

This study was intended to reflect clinical experiences that I, as a music therapist, encountered working in school settings. From the time of my training to working full time with the education authority in England, I became acutely aware of the phenomena of using other arts materials and modalities within a music therapy session. The introduction of an intermodal approach in my own music therapy practice was not preconceived, nor was it an attempt to offer my clients further creative modes beyond music. Personally, I never felt under skilled as a music therapist, but deskilled in the prospect of working with other arts materials that my clients were, by choice, introducing into their therapeutic experience. At the time of this initial awareness of using non-music therapy techniques in my practice as a music therapist, I felt that both the music therapy literature and some clinical supervisors were unable to recognize, acknowledge and support the phenomena that I was encountering on a regular basis. As a professional, I turned to a network of colleagues also working as music therapists in school settings to seek counsel, only to find that this phenomena was not as unique as I first thought. It appeared that many music therapists working in multi-disciplinary rooms within schools were being asked by their clients whether other arts materials and modalities could be introduced into music therapy. The overwhelming sense of my fellow professionals was that there did not seem to be an adequate answer or resource within the field to support this clinical and ethical dilemma. As a music therapist, I began to undertake workshops and conferences in other creative arts therapies and play therapy, which led to my application to an introductory program focusing on play and sand tray therapy. At this time, I first discovered Paolo Knill's writings, in particular, *Minstrels of Soul* (2004). This book seemed the first piece of literature that resonated with many of my clinical experiences, yet I still posed many questions regarding the theory of the intermodal approach, and how it was to be applied. This led to my decision to undertake this topic at the doctoral level, and my application to Lesley University, primarily because of its historical associations with intermodal therapy.

From these experiences as a music therapist, and the findings from this study, I wonder whether this topic has garnered further questions rather than succinct answers. Does training in a single creative arts therapy, in my case, music therapy, provide enough recognition for the realities of working as an arts therapist in settings where arts therapists are most likely to gain employment, for example, schools, day centres and hospitals? Does the training in each creative arts therapy recognize that clients come to therapy with their own ideas and aspirations, and perhaps, in some circumstances, the modality which each individual therapist offers what the client is seeking for their support? If a client comes to music therapy but wishes to engage in an art making process, what is the course of action taken by the therapist? If the therapist does permit an art-making exercise, merely because the art materials are on offer in the multi-disciplinary room that has been allocated for music therapy, how long should the music therapist support this process? And at which point should the music therapist

broach the subject of referring the client to an art therapist? The three music therapists interviewed for this study all suggested that they would recommend further understanding and education of what each creative arts therapy offers clients, as a way of making appropriate referrals where necessary. Whilst this study did not intend to train or promote music therapists to use an intermodal practice, it did introduce the music therapists to other creative arts modalities that, perhaps, has provided them each with more of an appreciation for both their own modality of music, as well as the other arts modalities on offer as therapeutic interventions.

As a therapist and researcher, I think that we have to consider further how arts therapists are working in the settings where arts therapists are being recruited, and explore these realities in a way that not only enhances our profession, but validates some of the key experiences that therapists may be encountering, and question whether the training programs and literature need to be reflecting these realities. As the global economic slowdown challenges all sectors and industries, we must remember that our overall profession is not immune to these economic challenges, and this will, in my opinion, change the way that we work and how the arts therapies are being applied in both public and privately funded institutions. As a field we need to recognize that one therapist providing more than one intervention might provide a financial solution for many schools and education boards already facing budgetary decreases. Would a therapist with multiple skills and training be able to negotiate job security or a higher salary because they can offer 'more'? If this is the reality we face, the practicalities of working as an arts therapist will inevitably change, and what do these changes look like? In addition, as the profession develops in the public eye, what are the expectations of the clients who seek the services of an arts therapist? Has this changed the way we, as individual therapists, practice therapy? It is proposed that the field can learn much from the viewpoints of our clients, and Julie Hibben (1993) has provided a valuable source for this study, and why this study regarded clients and therapists perspectives as part of the data collection. It is suggested that further studies and literature focusing on clients own responses to the work we provide will create an invaluable resource as a way for the entire profession to answer the aforementioned questions posed in this study, and assist in advancing the creative arts therapies.

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