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Resiliency Training for Music Therapy Students During Fieldwork Experiences

by

Crystal Weaver MHA, LPC, CRC, MT-BC

May 10, 2025

Problem of Practice

Research submitted to the Education Faculty

Lindenwood University, College of Education and Human Services

In partial fulfillment of the requirements for the degree of

Doctor of Education, Leadership EdD

Resiliency Training for Music Therapy Students During Fieldwork Experiences

by

Crystal Weaver, MHA, LPC, CRC, MT-BC

This Problem of Practice Research has been approved as partial fulfillment

of the requirements for the degree of

Doctor of Education, Leadership EdD

Lindenwood University, College of Education and Human Services

Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work at Lindenwood University, and I have not submitted it for any other college or university course or degree.

Full Legal Name: Crystal Elaina Weaver

Dedication

For my father

Executive Summary

All music therapy undergraduate and equivalency students in the United States must complete 1,200 hours of fieldwork experience to obtain degree conferment from an accredited and approved higher education program (American Music Therapy Association, 2023b, p. 1). While engaging in fieldwork had several benefits for music therapy students, such as the opportunity to build practical experience and refine skills, the experience also involved several challenges (Forinash, 2019; Tien & Trang, 2020). A challenge not yet thoroughly examined by faculty and staff within higher education music therapy programs was student mental health. To date, researchers had not examined the prevalence of mental health challenges experienced by music therapy students and how the challenges influenced student quality of life during fieldwork experiences. The scholar practitioner implemented the design thinking process with stakeholders and end users to explore how resilience training (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) can minimize music therapy student symptoms associated with anxiety, depression, and burnout syndrome during fieldwork experiences. Results from the research study indicated faculty and staff can cultivate music therapy student resilience through active learning experiences to improve emotional stability and mental clarity during fieldwork experiences. In addition, faculty and staff can assist music therapy students with proactively setting realistic and relevant goals focused on using energy management techniques during fieldwork experiences to decrease stress levels and symptoms associated with anxiety, depression, and burnout. Faculty and staff can also lead music therapy students in reflective practices focused on

cultivating gratitude during fieldwork experiences to enhance positive emotions, boost confidence levels, foster a sense of accomplishment, and improve student quality of life.

Keywords: anxiety, depression, burnout, fieldwork, music therapy, resilience, design thinking

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Chapter One: Introduction

Position of the Problem within Practice

All music therapy undergraduate and equivalency students in the United States must complete 1,200 hours of fieldwork experience to obtain degree conferment from an accredited and approved higher education program (American Music Therapy Association, 2023b, p. 1). While engaging in fieldwork had several benefits for music therapy students, such as the opportunity to build practical experience and refine skills, the experience also involved several challenges (Forinash, 2019; Tien & Trang, 2020). A challenge not yet thoroughly examined by researchers within higher education music therapy programs was student mental health. To date, researchers had not examined the prevalence of mental health challenges experienced by music therapy students and how the challenges influenced student quality of life during fieldwork experiences. In addition, limited studies examined how faculty and staff within higher education music therapy programs improved student mental health during fieldwork experiences to potentially minimize symptoms associated with anxiety, depression, and burnout syndrome.

As far as could be determined, only one study in the past nine years focused explicitly on addressing mental health challenges among music therapy students during fieldwork experiences. Neel (2017) examined short-term music and expressive arts-based sessions to increase music therapy student resilience and self-care during fieldwork experiences. Limitations of the study included a lack of generalizability due to a small sample size, the inability to require attendance for the sessions, and time constraints associated with the execution of the study. In addition, according to Duncan et al. (2021),

approaches needed to focus on preventive techniques in addition to reactionary interventions.

Framework Surrounding the Problem

The design-based qualitative research study presented here was conducted at a time when student mental health challenges were among the most prevalent social issues influencing higher education institutions. While a mental health challenge may develop at any time during the life span, three-fourths of all mental illnesses begin by the age of 24; therefore, uniquely positioning faculty and staff within higher education institutions to assist students experiencing mental health crises (American Psychiatric Association, 2023b). According to Flannery (2023) from the National Education Association, “In 2023, the majority of college students in the United States, more than 60%, met the criteria for at least one mental health problem—a nearly 50% increase since 2013” (p. 1). Representatives from the American College Health Association (2022) surveyed over 54,000 undergraduate students in the United States and concluded approximately 77% experienced moderate to severe psychological distress (p. 1). Seventy-seven percent of surveyed students reported moderate or high stress levels within the last 30 days, 54% met the criteria for experiencing loneliness, 29% met the criteria for suicidal ideation, 3% reported attempting suicide in the past year, and 12% engaged in intentional self-injury within the past year (Bryant & Welding, 2023, p. 1).

According to researchers with the National Institute of Mental Health (2021), “Young adults aged 18-25 years had the highest prevalence of mental illness (33.7%) compared to adults aged 26-49 years (28.1%) and adults aged 50 and older (15.0%)” (p.

1). In Missouri, mental health statistics were reflective or higher than national averages (Kaiser Family Foundation, 2023; (see Table 1).

Table 1

Comparison of Mental Health Statistics Between Missouri and the United States

Description	Missouri	United States
Share of adults reporting symptoms of anxiety and depressive disorders	34.3%	32.3%
Age-adjusted suicide rate per 100,000	18.7	14.1
Suicide death rate per 100,000 by firearm	11.5	7.5
Percent of need for mental health professionals met	12.2%	27.7%
Share of adults reporting symptoms of anxiety and depressive disorders who had an unmet need for counseling or therapy	28.0%	28.2%

Note. Table adapted from the Kaiser Family Foundation (2023)

In 2021, 1,619 individuals received psychiatric services for anxiety and fear disorders from the Missouri Department of Mental Health’s Division of Behavioral Health, and 3,682 individuals received psychiatric services for depressive disorders (Missouri Department of Mental Health, 2021, p. 1). In addition, individuals between 18 and 24 years received more clinical services from the Division of Behavioral Health’s psychiatric programs than any other age demographic (Missouri Department of Mental Health, 2021, p. 1; see Table 2).

Table 2

Clinical Services from the Missouri Department of Mental Health's Division of Behavioral Health Psychiatric Programs in St. Louis County, Missouri (by Age)

Age (by Years)	Number
Under 6	21
6 to 9	265
10 to 13	563
14 to 17	725
18 to 24	913
25 to 29	716
30 to 34	699
35 to 39	654
40 to 44	563
45 to 49	521
50 to 54	569
55 to 59	635
60 and over	897

Note. Table data taken directly from the Missouri Department of Mental Health (2021)

“Researchers found depressive symptoms among health profession students was higher than age-matched populations” (AlFaris et al., 2016, p. 2). For example, 19% to 44% of medical students experienced anxiety symptoms, and 27% experienced symptoms of depression (Fischbein & Bonfine, 2019, p. 2204). Gooding (2019) determined music therapists experienced more symptoms of burnout than other mental health workers. Common contributors to burnout for music therapists included work environment, inadequate compensation, workload, lack of job opportunities and advancement, and individual personality traits. Additional contributing factors included training issues during and after fieldwork experiences (Gooding 2019).

Music therapy students experienced mental health challenges, such as symptoms associated with anxiety, depression, and burnout, during fieldwork experiences, leading to diminished quality of life. Various components, such as inherited traits, environmental

exposures, and brain chemistry, caused mental health challenges (Mayo Clinic, 2023b). For example, factors contributing to the potential development of mental health challenges included stressful life experiences, traumatic experiences, chronic medical conditions, and brain damage. In addition, a history of mental illness in a biological relative increased the likelihood of developing mental health challenges (American Psychiatric Association, 2022; Centers for Disease Control and Prevention, 2023; Mayo Clinic, 2023b).

Higher education students experienced anxiety disorders due to several factors, including the transitional nature of higher education, academic pressures, performance expectations, and financial stressors (Erol et al., 2022; Sheldon et al., 2021). For example, transitioning to new experiences invoked feelings of anxiety. Moving from secondary education to tertiary education, on-campus courses to fieldwork, and fieldwork to entry-level professional positions required higher education students to make environmental adjustments rapidly, resulting in higher stress levels (Arlinghaus & Johnston, 2019).

Higher education courses involved rigorous academic demands, including competitive environments and challenging workloads (Sheldon et al., 2021). For example, music therapy students completed guitar and piano proficiencies before beginning fieldwork experiences (American Music Therapy Association, 2023c). Music therapy students also completed recitals and juries each semester in addition to coursework and fieldwork requirements. Furthermore, placement at the national roster and university-affiliated fieldwork sites was limited, resulting in students competing with peers for placement (American Music Therapy Association, 2023c; Knight et al., 2018).

During fieldwork experiences, music therapy students were required to meet performance expectations (referred to as benchmarks). Only when the student successfully met the expectations could the student pass the fieldwork requirement (Knight et al., 2018). If the student did not pass the benchmarks, the student was not allowed to graduate or register to take the Certification Board for Music Therapists (CBMT) board exam to become a board-certified music therapist (American Music Therapy Association, 2023c; Jacobsen et al., 2019; Knight et al., 2018). Furthermore, “the student must receive a grade of C- or better in all foundational music therapy courses to be eligible for fieldwork placement” (American Music Therapy Association, 2023c, p. 1).

In addition, higher education students often experienced financial stressors, due to tuition fees, student loans, and limited housing options (Potter et al., 2020). For example, music therapy students were not always guaranteed campus housing during fieldwork experiences. Music therapy student status transitioned from full-time to part-time during fieldwork experiences. Even though music therapy fieldwork was typically 40 hours per week for students over six months, the course tied to the fieldwork experience was typically only one to six credit hours (American Music Therapy Association, 2023c; Knight et al., 2018; Maryville University, 2023b). On many higher education campuses, once the student no longer met full-time status, the student was not allowed to reside on campus (Solomon, 2023). The sudden loss of housing created a unique financial stressor for music therapy students during the required fieldwork experiences.

Higher education students experienced depressive disorders due to the same contributing factors leading to anxiety disorders (the transitional nature of higher

education, academic pressures, performance expectations, and financial stressors) (Erol et al., 2022; Sheldon et al., 2021). In addition, poor sleep habits contributed to the prevalence of depressive disorders among higher education students. Students experienced inadequate or irregular sleep due to lifestyle, such as erratic schedules and study habits (Celik et al., 2018; Mbous et al., 2022). Muralidharan and Silverman (2023) determined academic schedules, intrinsic motivation to become better therapists, and personal factors adversely influenced proper sleep habits for undergraduate music therapy students.

According to Mbous et al. (2022), 60% of higher education students experienced poor sleep quality (p. 1). “Poor sleep quality and symptoms of insomnia increased the number of psychiatric disorders, including depression” (Celik et al., 2018, p. 1). Zhang et al. (2023) completed a study focused on the potential link between depression symptoms and poor sleep quality for higher education students and “indicated better healthy sleep patterns may significantly decrease the risk of increasing trajectory of depression symptoms for male higher education students” (Zhang et al., 2023, p. 1).

The demands of fieldwork, in conjunction with personal and academic responsibilities, put music therapy students at risk of burnout (Hannan et al., 2018). Moore and Wilhelm (2019) highlighted factors potentially leading to music therapy student burnout: time-consuming coursework, fieldwork placements, and extensive preparation involving written assignments and clinical skills practice. In addition, “the credit hours assigned to particular classes within the music therapy curriculum (ensembles, private lessons, and fieldwork experiences) did not commensurate with the actual amount of time spent in or dedicated to the course” (Moore & Wilhelm, 2019, p.

180). For example, the academic credits connected to music therapy fieldwork experiences were usually significantly less than the amount of time spent by students developing session plans and practicing session repertoire.

Theory of Action

To incentivize and drive change, music therapy program faculty and staff need to be made aware of the short- and long-term consequences of mental health challenges to music therapy students. For example, representatives from the Suicide Prevention Resource Center (2023) stated, “Mental health problems affected many areas of students’ lives, [such as] reduced quality of life, academic achievement, physical health, and satisfaction with the higher education experience” (p. 1). For example, depression often resulted in lower grade point averages and increased dropout rates (Levin, 2023; Sheldon et al., 2021). In addition, burnout emerged as a negative predictor of achievement regarding exams, assignments, and grade point averages (Madigan & Curran, 2021).

Mental health challenges were also associated with long-term financial challenges for recent college graduates in the United States (Ryu & Fan, 2023). Wang et al. (2022) discovered younger individuals diagnosed with depressive disorders who experienced multiple recurrences had a 70% loss of income over a lifetime (p. 2). “Even milder depressive episodes were linked to fewer hours worked, lower-paying occupations, and lower pay” (Levin, 2023, p. 1).

The scholar practitioner’s goal of action was to decrease music therapy students’ mental health challenges during fieldwork experiences. By decreasing mental health challenges, the scholar practitioner hoped to improve music therapy students’ quality of life. To achieve the goal, music therapy program faculty and staff engaged in an

organizational change process. Hayes (2018) outlined different types of organizational change, including tuning, adaptation, reorientation, and recreation. At the time of the design-based research study, adaptation involved implementing incremental responses and engaging in better processes and procedures to improve outcomes (Hayes, 2018). To successfully engage in the organizational change process, music therapy program faculty and staff needed to adapt the learning environment through improved processes and procedures to better accommodate music therapy students' mental health needs during fieldwork experiences.

Research Questions and Study Aims

At the time of the design-based research study, hypotheses for quantitative studies were used to make predictions regarding the relationship between variables and guide the research process. However, for qualitative research studies, hypotheses were not typically used in the same manner. Qualitative research was more exploratory and open-ended in comparison to quantitative research, focused on understanding phenomena from the perspective of the participants rather than testing predefined hypotheses (Christensen et al., 2015; Flick, 2022).

Instead of hypotheses, qualitative research designs often began with research questions to guide the inquiry. The questions were usually broad and open-ended, allowing for flexibility and exploration during data collection and analysis (Christensen et al., 2015; Flick, 2022). For example, the scholar practitioner aimed to understand the complexities of a phenomenon and uncover patterns, themes, or meanings from the data rather than test specific hypotheses.

The study aims for a qualitative research study referred to the focused objectives and goals of the study. The study aims outlined the intention of the study and were framed in terms of understanding phenomena, exploring experiences, or interpreting meanings rather than testing hypotheses. The study aims were focused statements outlining the particular aspect of the research questions the scholar practitioner intended to address, providing a "roadmap" for the practitioner by guiding data collection, analysis, and interpretation processes (National Institutes of Health, 2024).

For the design-based qualitative research study presented here, the scholar practitioner designed the following research questions and study aims:

Research Question One: How does actively engaging in resiliency training (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) influence undergraduate and equivalency music therapy students' perceptions of stress and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during current fieldwork experiences?

Research Question Two: How does actively engaging in resiliency training (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) influence undergraduate and equivalency music therapy students' quality of life during current fieldwork experiences?

Study Aim One: A study aim of the design-based qualitative research study was to investigate and understand the influence of a structured resiliency training series (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) on music therapy students' perceptions of stress and symptoms of mental health

challenges associated with anxiety, depression, and burnout syndrome during current fieldwork experiences.

Study Aim Two: A study aim of the design-based qualitative research study was to explore the lived experiences and perceptions of music therapy students while participating in a structured resiliency training series (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) during current fieldwork experiences, with a focus on understanding how resiliency influenced student quality of life.

Definitions

The scholar practitioner identified the following terms as fundamental to understanding the problem of practice:

Anxiety Disorders: Anxiety disorders are a type of mental health condition. Symptoms include feelings of nervousness, panic, and fear, as well as sweating and a rapid heartbeat (Cleveland Clinic, 2023a).

Burnout Syndrome: Burnout syndrome is a psychological condition resulting from chronic, unmanaged stress. The syndrome occurs when individuals experience prolonged periods of excessive work or academic pressures, overwhelming responsibilities, and high expectations coupled with infrequent opportunities for rest and recovery (Cleveland Clinic, 2022; World Health Organization, 2019).

Depressive Disorders: Depressive disorders are mental health conditions characterized by persistent sadness, hopelessness, and decreased interest or pleasure in activities (National Institute of Mental Health, 2023; World Health Organization, 2023).

Fieldwork: Fieldwork is a supervised experience for students in healthcare professions, such as music therapy. During fieldwork, students engage with clientele to gain experience in a variety of clinical settings. Fieldwork may also be referred to as practicum, internship, clinical placement, or professional experience (American Music Therapy Association, 2023b).

Music Therapy: Administrators within the American Music Therapy Association (2023b) define music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (p. 1).

Resilience: Resilience involves adaptation during adversity, trauma, or significant moments of stress (National Council for Mental Wellbeing, 2022; Sullivan et al., 2020).

Limitations and Scholar Practitioner Bias

Limitations of the design-based qualitative research study involved limited generalizability, sample size, and sample diversity. For example, the test phase of the design thinking process was confined to one specific location, a private higher education institution in the Midwest region of the United States. Therefore, findings from the design-based research study may not broadly apply to music therapy students from other regions or higher education institutions in the United States. The cultural and social characteristics of the Midwest region and the higher education institution, such as institutional policies and local community norms, may have influenced the results, thus potentially increasing the difficulty of applying the conclusions to other regions with varying demographics and institutional settings.

With less than 20 participants for the design-based qualitative research study, the results may not capture the full range of music therapy student experiences or perspectives. The limited sample size may have resulted in a narrow understanding of the phenomenon. In addition, the sample for the design-based qualitative research study lacked diversity of gender. Thus, the findings may only reflect the experiences of a homogenous group. Due to the lack of sample size and diversity, the results of the design-based qualitative research study may not be applicable to the broader population of music therapy students engaging in fieldwork experiences.

The potential for scholar practitioner bias may also limit the design-based qualitative research study results. The scholar practitioner's perspectives, assumptions, and interactions with the participants may have influenced the data collection and analysis processes. For example, the scholar practitioner's familiarity with the research study site and participants may have led to an unconscious bias, thus influencing the objectivity of the findings.

The scholar practitioner implemented member checking during the data analysis process to minimize bias. The process involved reviewing the finalized data with all study participants to ensure the conclusions captured the participants' experiences. In addition, the scholar practitioner triangulated data to minimize bias by incorporating multiple sources, methods, and perspectives to strengthen the credibility of the findings.

Summary

The scholar practitioner sought to provide context for the problem of practice by outlining an overview of the topic, defining key terms, and describing the population influenced by the problem. The scholar practitioner's theory of action detailed the need to

engage in organizational change to improve music therapy student quality of life. The scholar practitioner also provided a justification for developing specific research questions and study aims for the design-based qualitative research study. Limitations of the design-based qualitative research study and potential scholar practitioner bias were explored. The scholar practitioner provided a brief overview of how researcher bias was minimized with member checking and triangulating data.

Chapter Two: Literature Review

The design-based qualitative research study presented here was conducted at a time when mental health challenges had become more prevalent for students in higher education, including music therapy students (American Psychiatric Association, 2023b). An examination of the predominant mental health challenges experienced by students and potential interventions to minimize the symptoms associated with mental health challenges increased the scholar practitioner's level of empathy for the end users (music therapy students). In addition, an examination of previous studies assisted the scholar practitioner with conceptualizing how to potentially further assist music therapy students with minimizing mental health challenges during fieldwork experiences.

Overview of Music Therapy

A Description of Music Therapy

Administrators within the American Music Therapy Association (2023b) defined music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who had completed an approved music therapy program” (p. 1). Music therapists used interventions to assist clients with 1) promoting wellness, 2) managing stress, 3) alleviating pain, 4) expressing feelings, 5) enhancing memory, 6) improving communication, and 7) promoting physical rehabilitation (Knight et al., 2018). At the time of the design-based research study, music therapists were actively employed in different settings throughout the United States, including hospitals, k-12 schools, outpatient clinics, and residential facilities (American Music Therapy Association, 2023b; Jacobsen et al., 2019; Knight et al., 2018).

The American Music Therapy Association (AMTA), formed in 1998, was a merger between the National Association for Music Therapy and the American Association for Music Therapy (American Music Therapy Association, 2023b). The mission of the AMTA was to “advance public knowledge of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world” (American Music Therapy Association, 2023b, p. 1). In addition to advancing public knowledge regarding music therapy, the AMTA approved all higher education programs in the United States (American Music Therapy Association, 2023b; Jacobsen et al., 2019; Knight et al., 2018).

The discipline of music therapy formally began in the 20th century after World War I and World War II when community musicians performed for soldiers experiencing physical and emotional trauma from the wars in veteran hospitals (Jacobsen et al., 2019; Knight et al., 2018). “The patients’ notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians by the hospitals” (American Music Therapy Association, 2023b, p. 1). The hospital musicians needed formal training in anatomy, physiology, abnormal psychology, and rehabilitation practices before entering the facilities; therefore, the demand grew for higher education music therapy programs and a formalized curriculum (American Music Therapy Association, 2023b).

Requirements to Practice Music Therapy in the United States

In the United States, individuals must “earn a bachelor's degree or higher in music therapy from an AMTA approved program and have at minimum the entry-level credential, MT-BC, to ethically practice as a music therapist” (American Music Therapy Association, 2023b, p. 1). Music therapy curricula included coursework in music theory,

sight singing and ear training, music composition, vocal techniques, psychology, anatomy, counseling, and specific music therapy interventions focused on mental health and physical rehabilitation (Knight et al., 2018; Pati, 2021). In addition to the required coursework, music therapy students needed to complete proficiency exams on piano, guitar, voice, and percussion before degree conferment (Jacobsen et al., 2019; Knight et al., 2018).

According to representatives from the American Music Therapy Association (2023b), over 70 higher education institutions in the United States offered degrees in music therapy. Each institution, approved by the AMTA, adhered to the Association's *Standards for Education and Clinical Training*. The standards included higher education programs receiving periodic evaluations to ensure faculty competency and student readiness for fieldwork experiences (Knight et al., 2018; Pati, 2021).

Once a student completed the degree conferment process, the student was eligible to become board-certified through the Certification Board for Music Therapists (Certification Board for Music Therapists, 2023). Fully accredited by the National Commission for Certifying Agencies since 1986, the Certification Board for Music Therapists (CBMT) “was incorporated to strengthen the credibility of the music therapy profession by assuring the competency of credentialed music therapists” (American Music Therapy Association, 2023b, p. 1). Although separate, members of the AMTA and CBMT worked together to achieve recognition for the profession and ensured all music therapy students completed the required fieldwork experience before taking the board certification examination (American Music Therapy Association, 2023b; Knight, 2018).

The Fieldwork Requirement. Fieldwork was a cornerstone of many higher education health profession programs and was required for students to obtain an undergraduate or graduate degree. Students seeking a bachelor's in music therapy or an equivalency in music therapy completed 1,200 hours of fieldwork experience before graduating from an accredited and approved program (American Music Therapy Association, 2023b, p. 1). "The fieldwork experience allowed students to learn how to assess clients' needs, develop and implement treatment plans, and evaluate and document clinical changes" (American Music Therapy Association, 2023b, p. 1). To assist students with completing the required fieldwork benchmark, faculty and staff within music therapy programs 1) met accreditation standards, 2) maintained positive, productive relationships with board-certified music therapists in the community who provided students with on-site access to outpatient clinics and acute care hospitals, 3) provided appropriate supervision and oversight during music therapy students' fieldwork endeavors, including addressing ethical and cultural dilemmas throughout the process, and 4) created and implemented policies to address equity and multicultural concerns as students sought appropriate accommodations during field placement (Knight et al., 2018; Pati, 2021).

Music therapy students engaged in a university-affiliated internship or an AMTA National Roster Internship to meet a portion of the fieldwork requirement for degree conferral. According to representatives from the AMTA (2023a), "any facility, group of facilities, or private practice that provided music therapy services, was dedicated to using music in a therapeutic manner, and retained a music therapist who met the AMTA requirements for Internship Director was eligible to apply for a National Roster internship

program” (p. 1). To be accepted to a national roster site, the music therapy student actively engaged in an application process, including resume submission, audition on guitar and piano, reference review, and in-person or virtual interviews with internship directors (American Music Therapy Association, 2023a; Knight et al., 2018; Pati, 2021).

For the university-affiliated internship, “there were three roles involved in the process 1) intern (the student), 2) academic internship supervisor (the supervisor from the higher education program), and 3) on-site supervisor (the supervisor at the fieldwork placement)” (American Music Therapy Association, 2023d, p. 1). For National Roster Internships, the AMTA was responsible for ensuring sites provided equitable fieldwork experiences to students. For university-affiliated internships, the higher education institution’s music therapy program director assured fair practices by the on-site supervisors (Knight et al., 2018; Pati, 2021).

Benefits Associated with Music Therapy Fieldwork Experiences. Engaging in fieldwork offered several benefits to music therapy students. For example, fieldwork allowed music therapy students to build practical experiences and refine skills. Fieldwork allowed students to apply the knowledge acquired from academic coursework to real situations (Forinash, 2019; Tien & Trang, 2020). “Fieldwork experiences brought forth many advantages the students could benefit from, such as improvements in career direction, job preparedness, marketability, job expectations, interpersonal skills, and leadership” (Shtembari & Elgun, 2023, p. 2). For example, Clements-Cortes (2019) explored music therapy students’ perspectives, concerns, anxieties, and personal skills before and after required music therapy fieldwork by engaging 177 student participants through surveys. The researcher found statistically significant increases in clinical,

musical, and emotional skills development from pre- to post-fieldwork experiences. Therefore, the researcher concluded music therapy fieldwork experiences before graduation from an accredited and approved university program fostered student improvement in all required skill areas to successfully practice as a professional music therapist, thus justifying the need for music therapy fieldwork (Clement-Cortes, 2019).

Students also built professional relationships with seasoned board-certified music therapists during fieldwork experiences. The connections were valuable for pre-professional development and future employment opportunities (Rushing et al., 2019). Students developed an individualized approach through mentorships while organizing and integrating concepts (Barroso & Abreu, 2015). Mentorship led to ongoing professional development, networking opportunities, and a comprehensive understanding of the profession (Business Higher Education Roundtable, 2021). Barroso and Abreu (2015) stated, “Mentorship provided students with strategies to develop a better understanding of themselves as caregivers and to promote commitment to the profession” (p. 663).

Fieldwork offered students direct examples of the ethical considerations and responsibilities intertwined with the music therapy profession (DiMaio & Engen, 2020; Forinash, 2019). During fieldwork experiences, music therapy students observed and practiced concepts, including ethical-decision making, professional boundaries, the informed consent process, client confidentiality, and multicultural considerations (Forinash, 2019). For example, Belgrave and Kim (2021) analyzed cultural humility in the context of the on-site supervisor and student relationships during music therapy fieldwork experiences. From the analysis, Belgrave and Kim (2021) concluded on-site

supervisors prepared students to be culturally competent, humble, and curious. “The supervisor-supervisee relationship [during music therapy fieldwork experiences] was a powerful place in which to do this work, given the opportunities inherent in the client–therapist–supervisor dynamic” (Belgrave & Kim, 2021, p. 166).

Fieldwork allowed students to engage in personal growth. Actively serving clientele in a therapeutic setting fostered student self-reflection and self-awareness (Burns, 2020; Ismail, 2018). To reinforce personal growth throughout the process, music therapy fieldwork sites often included reflective practices, such as journaling, to encourage students to thoughtfully examine experiences for personal and professional development (American Music Therapy Association, 2023c). Burns (2020) stated, “Reflecting on the process of professional practice enhanced one’s professional ability. The foundational skill of reflection prepared pre-service professionals for practice. When modeled and used as a pedagogical tool, reflection gained relevance and depth” (p. 2).

Challenges Associated with Music Therapy Fieldwork Experiences. Fieldwork experiences also presented challenges to music therapy students. For example, developing rapport and establishing therapeutic relationships with clientele was difficult. Students needed to be receptive to client rejection and be willing to engage in constructive feedback with supervisors (Forinash, 2019; Rushing et al., 2019). Students developed the ability to receive feedback positively and incorporate the feedback into practice. The process required humility, open-mindedness, and a willingness to grow and develop as a music therapist (Borczone, 2017).

Fieldwork experiences were demanding in terms of time and workload. Balancing direct client sessions, session preparation, documentation, and musical skill development

was overwhelming. Time management skills and prioritizing tasks became crucial for students during fieldwork experiences (Aeon et al., 2021; Starks & Bower, 2021).

According to Sainz et al. (2019), “time was a limited raw material” (p. 644). Students learned to manage time by setting short-term priorities and using instruments, such as diaries and agendas, to accomplish tasks by deadlines (Sainz et al., 2019).

Students often needed to integrate theoretical knowledge with practical skills during fieldwork experiences. Applying classroom knowledge to clinical situations was challenging. The process required problem-solving, critical thinking skills, advanced musical skills, and adaptability to tailor interventions to client needs while considering practical limitations (Borczonek, 2017). For example, Robertson (2020) demonstrated music therapy students must possess advanced guitar skills, beyond the AMTA functional guitar skills competencies, to thrive in fieldwork experiences in medical and hospice settings. Advanced guitar skills were needed due to the complex nature of music therapy interventions implemented in hospitals, home health settings, and outpatient clinics, including neurologic music therapy techniques, such as melodic intonation therapy and rhythmic auditory stimulation (Thaut & Hoemberg, 2016).

A challenge not yet thoroughly investigated was student mental health. To date, researchers have not examined the prevalence of mental health challenges experienced by music therapy students and how the challenges influenced student quality of life. In addition, limited studies have examined how faculty and staff within higher education music therapy programs may improve student mental health during fieldwork experiences to potentially minimize symptoms associated with anxiety, depression, and burnout.

Mental Health Challenges

Mental Illness and Mental Health Descriptors

Administrators at the Centers for Disease Control and Prevention (2023) stated, “Mental health included emotional, psychological, and social well-being. Although the terms were often used interchangeably, poor mental health and mental illness were not the same” (p. 1). To formally be diagnosed with a mental illness, an individual underwent a physical exam, lab tests, and a psychological evaluation from a physician or mental health professional (Mayo Clinic, 2023b). Representatives from the American Psychiatric Association (2022) identified more than 200 different types of mental illnesses, including anxiety, depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, obsessive-compulsive disorder, and substance use disorders.

The Diathesis-Stress Model

The originators of the diathesis-stress model suggested mental health challenges resulted from the interaction between an individual's biological or psychological vulnerabilities (diathesis) and stressful environmental factors (stressors) (Robillard et al., 2021). Inherent vulnerabilities included genetics and biology. Stressors included external events, such as initiating fieldwork, or internal experiences, such as the perception of academic pressures (Sussman, 2023). “The diathesis-stress model posits trait self-critical perfectionism was a factor predisposing individuals to experience increased depressive symptoms during stressful times, such as the transition to university” (Levine et al., 2019, p. 53). Robillard et al. (2021) tested the diathesis-stress model during the transition to higher education for first-year undergraduate students, specifically examining the interactions between self-criticism, perceived stress, and the development of depression

and anxiety with 174 students, ages 17 to 25 years, over eight months. The researchers indicated undergraduate students involved in the study experienced 14 to 18 stressful events each month, including stressors related to studying, sleep deprivation, and receiving poor grades. In addition, the researchers concluded self-criticism was associated with higher depression, anxiety, and suicidal ideation (Robillard et al., 2021). Robillard et al. (2021) recommended higher education faculty and staff monitor self-criticism among students and implement interventions to target self-critical beliefs.

Prevalence of Mental Health Challenges in Higher Education

Student mental health challenges were among the most prevalent social issues influencing higher education institutions. Anxiety and depressive disorders were the most commonly cited mental health challenges. For example, 35% of the students surveyed reported anxiety, and 27% reported depression (American College Health Association, 2022, p. 1).

Maintaining mental health was not only a challenge for higher education students in the United States but also globally. “In Europe, 40% of higher education students experienced mental health challenges, and approximately one in five struggled with mental illness” (Curro, 2023, p. 1). Of particular concern was the lack of resources and support for students (Franzoi et al., 2022). According to Van Hees and Bruffaerts (2022) with the European University Association, counseling theories to address mental health challenges were under-researched and underutilized in Europe. In addition, only one-fifth of European higher education students actively sought assistance when struggling with a mental health challenge. Students cited the pressures associated with study workloads and

fears of being stigmatized as the reasons for not requesting aid when experiencing a mental health challenge (Van Hess & Bruffaerts, 2022).

During the COVID-19 pandemic, 20% of South African public university students reported needing mental health support (Walker, 2022, p. 1). “Rates of major depressive disorder was about 15.4%, generalized anxiety disorder was at 10.9%, panic disorders were at 7.2%, and bipolar disorder was at 1.8%” (Walker, 2022, p. 1). The primary causes of mental health challenges for students included recent stressful life events, such as the death of a loved one, strained financial situations, and poor academic performance (Holm-Hadulla et al., 2022; Visser & Wyk, 2021; Walker, 2022).

Researchers from the National Centre of Excellence in Youth Mental Health approximated one in four higher education students in Australia experienced mental health challenges each year (Orygen, 2017). According to Browne et al. (2017), “While the Australian Government’s higher education policies drove increases in participation and equity, little attention was given to supporting the mental health of higher education students and responding to experiences, and risk factors, of mental ill-health which placed students at risk of academic failure” (p. 51). Governmental mental health and suicide prevention policies in Australia only focused on primary and secondary schools. Students in tertiary education, such as colleges and universities, did not receive mental health education, assessment, or treatment opportunities from the Australian government (Brown et al., 2017; Ryan et al., 2023).

Researchers also reported mental health challenges among higher education students throughout the United Kingdom. According to reporters from the British Broadcasting Corporation (2022), “Out of 7,200 students surveyed by researchers from

Humen, nearly half felt mental health difficulties negatively impacted the university experience” (p. 1). In addition, representatives from the Office of National Statistics reported 37% of students developed symptoms of depression and anxiety during the first year of higher education (Okolicsanyi, 2023, p. 1). Researchers from the United Kingdom reported significantly increased mental health challenges since the COVID-19 pandemic. For example, Carr et al. (2021) surveyed postgraduate students in the months following the initial virus outbreak, April/May 2020, and indicated 30% of the students surveyed met thresholds for probable depression or anxiety (p. 1). Factors associated with depression and anxiety included female gender, belonging to an ethnic minority group, caregiver responsibilities, and isolation. Okolicsanyi (2023) found mental health deteriorated across all COVID-19 pandemic periods. “Females, those with higher degrees, and younger adults were the most affected by the pandemic. Universities, therefore, were at the epicenter of the mental health crisis” (Okolicsanyi, 2023, p. 1).

General Signs and Symptoms of Mental Health Challenges

According to administrators from the U.S. Department of Health and Human Services (2023), signs of mental health challenges were objectively observed by fellow students, faculty, and staff. Early student warning signs included sleep or appetite changes, mood changes, withdrawal from faculty or peers, impaired functioning influencing academic performance and the ability to engage in social activities, and increased absenteeism. In addition, higher education students with mental health challenges experienced illogical thinking, such as unusual or exaggerated beliefs, further negatively impairing performance on exams and assignments (American Psychiatric Association, 2023b). According to researchers from the Bloom Health Centers (2023),

the most prevalent mental health challenges experienced by higher education students were anxiety and depression. In addition, students experienced burnout related to school and work (March-Amengual et al., 2022).

Specific Mental Health Challenges

Anxiety Disorders. At the time of the design-based research study, “anxiety disorders were a type of mental health condition. Symptoms included feelings of nervousness, panic, and fear, as well as sweating and a rapid heartbeat” (Cleveland Clinic, 2023a, p. 1). Individuals with anxiety disorders, including higher education students, usually experienced recurring, intrusive thoughts (Mayo Clinic, 2023a). Anxiety was not simply fear. “Anxiety was considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear was an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat” (American Psychological Association, 2023a, p. 1).

An individual typically underwent a psychological evaluation from a certified professional, such as a primary care physician or psychologist, to be formally diagnosed with an anxiety disorder (American Psychological Association, 2023a; Mayo Clinic, 2023a). A component of the psychological evaluation involved the professional comparing the individual’s symptoms to criteria outlined by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.

The *Diagnostic and Statistical Manual of Mental Disorders*, often known as the *DSM*, was a reference book on mental health and brain-related conditions and disorders. The American Psychiatric Association was responsible for the writing, editing, reviewing, and publishing of the book. The first step in treating any health

condition, physical or mental, was accurately diagnosing the condition. That was where the *DSM-5-TR* came in. It provided clear, highly detailed definitions of mental health and brain-related conditions. It also provided details and examples of the signs and symptoms of those conditions. In addition to defining and explaining conditions, the *DSM-5-TR* organized those conditions into groups.

That made it easier for healthcare providers to accurately diagnose conditions and tell them apart from conditions with similar signs and symptoms. (Cleveland Clinic, 2023, p. 1)

Different types of anxiety disorders included generalized anxiety, panic, and social anxiety disorders (Martin, 2022). For example, individuals with generalized anxiety disorders (GAD) experienced chronic or excessive worry regarding several facets of life, such as work, school, health, and relationships. Individuals with GAD struggled to control worrying thoughts (DeMartini et al., 2019). In addition, individuals with GAD encountered physical symptoms such as restlessness, fatigue, muscle tension, and difficulty concentrating (Newman et al., 2021).

The hallmark of a panic disorder was recurrent panic attacks (sudden and intense episodes of fear or discomfort) (Cha et al., 2022). Symptoms of panic attacks included heart palpitations, chest pain, shortness of breath, dizziness, and a sense of impending doom (Aydin, 2019). Unfortunately, individuals diagnosed with panic disorders often worried about the potential sudden onset of panic attacks, resulting in individuals with the disorder avoiding stressful situations (Jurin, 2018).

Social anxiety disorder involved the intense fear of being humiliated, embarrassed, or judged in social and performance situations (Asher & Aderka, 2018).

When exposed to social situations, individuals diagnosed with social anxiety disorders experienced anxiety symptoms, such as blushing, sweating, trembling, rapid heartbeat, and difficulty speaking (Lervik et al., 2022). Due to the symptoms, individuals with social anxiety disorders tended to avoid social interactions (Knapstad & Smith, 2021).

Depressive Disorders. At the time of the design-based research study, depressive disorders were mental health conditions characterized by persistent sadness, hopelessness, and decreased interest or pleasure in activities (National Institute of Mental Health, 2023; World Health Organization, 2023). According to experts from the American Psychiatric Association (2023c), general symptoms of depression included 1) feeling sad, 2) a depressed mood, 3) a loss of interest or pleasure, 4) changes in appetite, 5) trouble sleeping, 6) difficulty concentrating, 7) feeling worthless, and 8) thoughts of death or suicide. To be formally diagnosed with a depressive disorder, “symptoms had to last at least two weeks and represent a change in the previous level of functioning” (American Psychiatric Association, 2023c, p. 1).

The diagnostic process for depressive disorders was similar to the process for anxiety disorders (psychological evaluation from a certified professional) (American Psychiatric Association, 2023c). Also similar to anxiety disorders, different types of depressive disorders were outlined in the *DSM-5-TR*. (American Psychiatric Association, 2022). There were several types of depressive disorders, including major depressive disorder, persistent depressive disorder, and seasonal affective disorder (American Psychiatric Association, 2023c; World Health Organization, 2023).

Major depressive disorder (MDD) involved experiencing significant depressive symptoms nearly every day for at least two weeks. Symptoms of MDD interfered with

daily functioning (American Psychiatric Association, 2022). According to Auerbach et al. (2018), MDD was one of the most common mental disorders experienced by higher education students. “MDD in higher education students was associated with lower academic performance, increased risk for college dropout, increased anxiety, physical illness, decreased physical activity, unsafe sexual behavior, and increased levels of smoking” (Ebert et al., 2018, p. 295).

Persistent depressive disorder (PDD) involved long-lasting depressive symptoms (Patel & Rose, 2023). To be formally diagnosed with PDD, symptoms had to last at least two years in adults or one year in children and adolescents (American Psychiatric Association, 2022). While symptoms of PDD were less severe than MDD, the symptoms were usually chronic (Schramm et al., 2020). “About 20% to 30% of depressive disorders had a chronic course and were associated with more severe health consequences and poorer outcomes than non-chronic depression” (Schramm et al., 2020, p. 801).

Seasonal affective disorder (SAD) followed a seasonal pattern, beginning and ending at the same time each year (American Psychiatric Association, 2023a). SAD, also called "winter depression," most commonly occurred during the fall and winter months when there was less natural sunlight (Chopra et al., 2023; Galima et al., 2020). Most individuals with SAD developed symptoms in late fall or early winter and experienced improvements in the spring or summer months (American Psychiatric Association, 2023a; Galima et al., 2020).

SAD was more prevalent in higher latitudes with shorter daylight hours during the fall and winter. SAD was less common in regions closer to the equator, with more consistent sunlight throughout the year (American Psychiatric Association, 2023a). The

lack of sunlight, leading to disruptions in circadian rhythms and changes in the body's production of neurotransmitters, such as serotonin and melatonin, was thought to be a significant trigger to the development of SAD (Chopra et al., 2023; Galima et al., 2020; Levitan, 2022).

Symptoms of SAD included persistent feelings of sadness or hopelessness, a loss of interest or pleasure in activities once enjoyed, changes in sleep patterns, changes in appetite, and fatigue (American Psychiatric Association, 2023a). Severe symptoms of SAD included feelings of worthlessness, social withdrawal, and thoughts of death or suicide (Chopra et al., 2023; Galima et al., 2020). “In the *DSM-5-TR*, SAD was identified as a type of depression (Major Depressive Disorder with Seasonal Pattern)” (American Psychiatric Association, 2023a, p. 1).

According to Galima et al. (2020), “In addition to meeting the *Diagnostic and Statistical Manual of Mental Disorders, 5th ed., (DSM-5)* criteria for major depressive disorder or bipolar disorder, there must be a temporal relationship between the time of year and the occurrence of mood episodes” (p. 669). A mood episode for SAD was a discrete period when an individual experienced depressive symptoms. In addition, remission for SAD occurred when the specified season ended (American Psychiatric Association, 2023a; Chopra et al., 2023; Galima et al., 2020).

The time of year (and season) of the music therapy fieldwork experience may have contributed to depressive symptoms. Music therapy fieldwork sites typically used rotating start dates for students (American Music Therapy Association, 2023c). All but one start date (April 1st) involved fieldwork hours during the fall and winter seasons (see Table 3).

Table 3*Typical Music Therapy Fieldwork Start and End Dates*

Rotation	Start Date	End Date
Rotation 1	January 1 st	June 30 th
Rotation 2	April 1 st	September 30 th
Rotation 3	July 1 st	December 31 st
Rotation 4	October 1 st	March 31 st

Burnout Syndrome. At the time of the design-based research study, burnout syndrome was a psychological condition resulting from chronic, unmanaged stress. The syndrome occurred when individuals experienced prolonged periods of excessive work or academic pressures, overwhelming responsibilities, and high expectations coupled with infrequent opportunities for rest and recovery (Cleveland Clinic, 2022; World Health Organization, 2019). While the syndrome was not a diagnosable mental illness through the *DSM-5-TR* at the time of the study, burnout developed or exacerbated anxiety and depression (Nadon et al., 2022). In addition, burnout syndrome was “included in the *11th Revision of the International Classification of Diseases (ICD-11)* as an occupational phenomenon” (World Health Organization, 2019, p. 1).

Physical symptoms of burnout syndrome included fatigue, sleep disturbances, and lowered immunity (Cleveland Clinic, 2022; Moyer, 2022). Emotional symptoms of the syndrome included detachment, irritability, mood swings, and a sense of hopelessness (Cleveland Clinic, 2022). In addition, individuals with burnout syndrome experienced cognitive symptoms, including reduced concentration, memory problems, impaired

decision-making, and decreased creativity (Nadon et al., 2022; National Center for Biotechnology Information, 2020).

The three dimensions of the burnout syndrome predominately presented in higher education students were emotional exhaustion, cynicism, and inadequacy (Berjot et al., 2022; Fiorilli et al., 2022). Emotional exhaustion included feeling tired or fatigued. Cynicism included the perception of distance from social and academic activities, such as required fieldwork experiences. Inadequacy referred to feelings of incompetency as a student (Fiorilli et al., 2022). According to Madigan and Curran (2021), exhaustion was at the forefront of academic burnout; however, cynicism and inadequacy were subsequent behavioral and emotional manifestations of exhaustion.

Burnout syndrome had negative consequences for music therapy students during fieldwork experiences. According to Azila-Gbettor et al. (2022), “Under conditions where interns were not paid, and the level of stress was extremely high, such students were compelled to reduce the level of fieldwork involvement” (p. 5). Less involvement resulted in diminished student fulfillment and commitment to pursue a career in music therapy (Azila-Gbettor et al., 2022). Knight et al. (2018) recommended music therapy students explore the potential benefits of self-care, such as healthy nutrition, adequate sleep, exercise, life balance, mindfulness training, social support, and therapy, during fieldwork experiences to minimize burnout symptoms and compassion fatigue. “Establishing self-care habits during fieldwork experiences set a path for keeping emotionally sustained and self-fulfilled throughout one’s music therapy career” (Knight et al., 2018, p. 26).

Support for Higher Education Students

Representatives from higher education institutions, governmental agencies, and non-profits worldwide recommended potential interventions to minimize mental health challenges among higher education students (see Table 4).

Table 4*Recommendations to Assist Students with Mental Health Challenges*

Recommendation	Description
Make mental health a top priority	Institutional leaders must articulate the importance of mental health and use influence to support initiatives to improve mental health and reduce stress.
Convene critical stakeholders	Stakeholders may include faculty, staff, students, public safety representatives, health services staff, and mental health clinicians.
Use resource mapping	Develop an online menu of resources to simplify and enable access to mental health care.
Train faculty and staff	The training must use interactive educational techniques involving role play with common case scenarios in campus settings. Core diversity, equity, and inclusion principles must be incorporated to support the training.
Develop peer support programs	Ambassador and peer support programs involve training students to help peers recognize and respond to mental health crises.
Implement continued training	Institutions must offer faculty and staff coaching on best practices during teaching and coursework.
Follow a strategic framework	Institutions need to consider developing or adopting a strategic framework to guide the creation of mentally healthy campuses.

Note. Table adapted from Riba and Malani (2022)

According to Riba and Malani (2022), clinicians from the University of Michigan Eisenberg Family Depression Center recommended faculty and staff within higher education institutions implement critical interventions to assist students.

“Peer-based programs have flourished on higher education campuses, including batyr@uni in Australia, jack.org in Canada, and Student Minds in the United Kingdom” (Brown et al., 2017, p. 54). In addition, Browne et al. (2017) recommended students engage in brief interventions, three to four sessions, through on-campus counseling services to minimize symptoms of mental illness. Representatives from Resources to Recover (2019) recommended several actions to improve student mental health, including expanding counseling services, hosting motivational speakers, offering text-based support, addressing gender-based harassment, and providing life skills classes. In addition, representatives from the Jed Foundation (2022b) encouraged leaders at higher education institutions to create a culture on campus focused on mental health care. To support the concept, Jed Foundation representatives created a guide for faculty and staff with detailed steps regarding how to 1) support mental health in the classroom, 2) identify a student who may be struggling with a mental health issue, 3) interact with a student who is experiencing a mental illness, and 4) appropriately connect a student with professional mental health services (The Jed Foundation, 2022a).

Traditional Interventions. Traditional interventions for higher education students experiencing anxiety and depressive disorders included antidepressants, psychological counseling, and group counseling (Corey, 2023; Huang et al., 2018). The interventions required the participation of a mental health professional. Unfortunately, “while the prevalence of anxiety and depressive disorders among higher education

students was high, the number of mental health professionals and availability of mental health services was limited” (Liu et al., 2023, p. 1448).

Cognitive behavioral therapy (CBT) minimized insomnia and decreased symptoms of depression for higher education students (Wang, 2021; Rossman, 2019). CBT, a form of psychological treatment, involved core principles, such as 1) psychological problems were based on faulty ways of thinking, 2) psychological problems were based on learned patterns of unhelpful behaviors, and 3) individuals experiencing psychological problems may learn helpful coping mechanisms to relieve symptoms associated with mental health challenges (American Psychological Association, 2023b; Corey, 2023). Treatment for insomnia through CBT involved changing negative thoughts and beliefs regarding sleep and only using the bed for sleeping (American Psychological Association, 2023b; Rossman, 2019). “All other activities, such as reading, watching the television, phone conversations, eating, drinking, computer work, and studying, should occur in another room” (Rossman, 2019, p. 545).

In addition to CBT, person-centered therapy was used since the 1940s to address mental health challenges, such as anxiety and depression (Rogers & Onwukwe, 2020). “Person-centered therapy, also referred to as non-directive, client-centered, and Rogerian therapy, was a form of psychotherapy grounded in the idea people were inherently motivated toward achieving positive psychological functioning” (Yao & Kabir, 2023, p. 1). Person-centered therapy was used across several platforms and environments with individuals to improve coping strategies, including at higher education institutions with students (Freire et al., 2020).

Carl Rogers, the creator of person-centered therapy, identified three core conditions necessary to facilitate therapeutic change (Yao & Kabir, 2023). The first core condition was empathy (Corey, 2023). Through empathy, a facilitator attempted to understand the individual's emotions, thoughts, and experiences (Corey, 2023; Kass, 2017). The second condition, congruence, involved the facilitator being open, honest, and genuine during all interactions with the individual experiencing a mental health challenge (Corey, 2023). Unconditional positive regard, the third condition, required the facilitator to offer acceptance and support without judgment or criticism toward the individual experiencing the mental health challenge (Corey, 2023; Rogers & Onwukwe, 2020).

Alternative Interventions. In addition to traditional interventions, alternative interventions were recommended to higher education students to assist with minimizing mental health challenges. For example, light therapy was recommended as a treatment for winter-pattern SAD to correct circadian rhythms and increase synaptic serotonin (American Psychiatric Association, 2023a; Corliss, 2022; Chopra et al., 2023). Light therapy involved using a light box capable of emitting 10,000 lux, a measure of light intensity (Corliss, 2022). Chopra et al. (2023) concluded, "The therapeutic benefits of light therapy needed the eyes and light-activated retinofugal pathways" (p. 326).

Individuals using light therapy were encouraged to sit in front of the light box for 30 minutes every morning (American Psychiatric Association, 2023a; Corliss, 2022). For example, Jiang et al. (2020) demonstrated the benefits of light therapy for higher education students diagnosed with seasonal and non-seasonal depression. "Light therapy, both at high- and low-intensity, was efficacious in the treatment of higher education

students with subthreshold depression, with high-intensity light therapy being superior to low-intensity light therapy, at the end of an eight-week trial” (Jiang et al., 2020, p. 443).

In addition, progressive muscle relaxation (PMR) decreased feelings of stress, anxiety, and burnout (Toussaint et al., 2021). The practice involved intentionally tensing and relaxing muscles throughout the body. Engaging in the practice increased awareness of muscle tension commonly associated with stress and anxiety and how to decrease muscle tension to increase feelings of relaxation (Centre for Clinical Interventions, 2023; Sutton, 2020; Toussaint et al., 2021).

While the development of formal protocols involving PMR with music therapy students during fieldwork experiences had not occurred at the time of the design-based research study, researchers demonstrated the benefits of PMR in decreasing burnout and anxiety during fieldwork experiences for nursing students (Gangadharan & Madani, 2018; Togan et al., 2022). Togan et al. (2022) implemented PMR exercises with nursing students beginning on the first training day for fieldwork and continued the exercises for five days per week. The researchers indicated significant decreases in perceived anxiety, measured by the State-Trait Anxiety Inventory, following the completion of the PMR exercises (Togan et al., 2022). Pelit-Aksu et al. (2020) also examined the benefits of PMR for nursing students during fieldwork experiences. Participants engaged in PMR for 21 days during clinical fieldwork experiences. Pelit-Aksu et al. (2020) demonstrated significant decreases in burnout, measured by the Burnout Measure Short Version, and increases in coping, measured by the Physio-Psycho-Social Response Scale, for nursing students during fieldwork experiences.

Digital Interventions. In addition to traditional and alternative interventions, proposed solutions included digital interventions, such as web-based programs, mobile applications, chatbots powered by artificial intelligence, and virtual reality (Liu et al., 2023; Walker, 2022). “Digital interventions had the potential to be easily accessible, cost-effective, stigma-reducing, flexible in scheduling, and customizable. Digital interventions also had the potential to prompt treatment adherence and monitor engagement” (Becker et al., 2019, p. 211). According to Walker (2022), “Some students appeared to be open to the idea of receiving help via the Internet or Apps” in hopes of minimizing the perceived stigmas surrounding mental illness (p. 1). For example, Professor Jason Bantjes, a researcher specializing in mental health and injury at the South African Medical Research Council, created a web-based program called Talk Campus, which offered virtual counseling services to higher education students 24 hours a day/seven days a week. The program also offered students semi-guided interventions consisting of modules focused on emotional regulation, healthy sleep cycles, and proper eating habits (Walker, 2022).

“MePlusMe was an English-language, web-based support system developed to support higher education students experiencing mild to moderate psychological difficulties” (Goozee et al., 2022, p. 8). Developers of the digital intervention recommended using MePlusMe alone or in conjunction with traditional solutions, such as when waiting to receive support from a mental health professional (Papadatou-Pastou et al., 2015). The digital intervention tool included risk assessments, psycho-education and techniques, motivational reminders, and facilitated social networking to encourage engagement and mutual support (Goozee et al., 2022; Iconcizio, 2023). An access and feasibility study of the online intervention with higher education students demonstrated

“statistically significant reductions in levels of anxiety and depression and increases in well-being over an eight-week intervention period” (Goozee et al., 2022, p. 3).

Venning et al. (2021) explored the acceptability of digital mental health platforms combining CBT techniques with virtual coaches for higher education students. Venning et al. (2021) discovered positive and negative perspectives related to using virtual coaches in the form of avatars. Positive viewpoints included ease of use, anonymous nature of use, accessibility, and relevant CBT content. Negative perspectives included the avatar’s lack of congruence, leading to participant disengagement. “The intention to balance a humanesque/cartoon-like avatar to enhance user engagement inadvertently led to the opposite. Participants commented the body movements and tone of voice made them “uncomfortable,” and they thought it was “hard to relate to” and “strange” (Venning et al., 2021, p. 7). Participants recommended digital platforms contain videos with real people or text messages instead of avatars (Venning et al., 2021). Unfortunately, researchers reported high dropout rates among higher education students when using digital platforms for mental healthcare (Becker & Torous, 2019). Recommendations to mitigate dropout rates included matching particular treatments to students most likely to benefit and integrating digital interventions with other services, such as traditional interventions (Becker & Torous, 2019; Lattie et al., 2019). Becker and Torous (2019) also endorsed supporting users to facilitate treatment completion through regular therapist check-ins instead of automated reminders.

Proactive Versus Reactive Support (A Data-Driven Perspective). According to Duncan et al. (2021), mental healthcare was mainly reactive instead of preventive. The

reactive nature of mental health was lagging behind other healthcare fields. According to Waldman and Terzic (2019),

The advantages of preventing disease, rather than intervening with therapy in established disease, have become manifest. It was more effective to prevent infections through vaccination; cancer by mitigating environmental exposures like smoking; and heart disease through diet, exercise, and metabolic management.

(p. 2)

To engage in more proactive measures when addressing student mental health, representatives from the U.S. Department of Education (2021) recommended schools regularly collect, analyze, and act on data through student assessments.

For example, The Burnout Assessment Tool (BAT) formally measured symptoms associated with burnout (Hadzibajramovic et al., 2022). “The first four dimensions of the BAT, BAT core version and BAT-C, comprised the core symptoms of burnout, exhaustion, mental distance (detachment), cognitive impairment (attentional and memory difficulty), and emotional impairment (emotion regulation management difficulty)” (Fiorilli et al., 2022, p. 2). At the time of the design-based research study, the BAT was available in a short version. In addition, the BAT was validated and adapted for higher education students (Redelinghuys & Morgan, 2023; Schaufeli et al., 2022).

Regular assessments allowed mental healthcare for higher education students to change from data-informed to data-driven platforms (Darby, 2023; Indra, 2023). For example, Liu et al. (2021) used data-driven techniques to ethically recommend allocating resources to support higher education students’ mental health during the COVID-19 pandemic. By proactively assessing 3,973 students during five points in 2020, Liu et al.

(2021) determined higher education institutions needed to invest in “internet- and tele-based interventions explicitly targeting perceived social isolation among students” (p. 1).

Interventions to Improve Student Mental Health During Music Therapy Fieldwork

“Given the potential relationships between self-care and professional well-being, music therapy researchers have recently called for an increased emphasis on helping future music therapists develop self-care strategies during the education and training process” (Wilhelm & Moore, 2023, p. 344). Unfortunately, while several strategies existed to assist higher education students with improving self-care practices to minimize mental health challenges, “little was known about music therapy students’ perceived stress levels and self-care engagement” (Moore & Wilhelm, 2019, p. 174). There was also limited research regarding interventions to improve music therapy-student mental health, specifically during fieldwork experiences. As far as could be determined, only one study in the past nine years focused on improving mental health among music therapy students during fieldwork. Neel (2017) examined short-term music and expressive arts-based sessions to increase music therapy student resilience and self-care during fieldwork experiences. Participants for the study included nine music therapy-undergraduate students, with data collected from only eight participants. The study consisted of a six-week series of multimodal workshops with a planned format for each session (see Table 5).

Results from the study indicated music therapy students had a foundational knowledge regarding essential self-care, a desire to learn about self-care and arts-based practices, and a need for safe spaces to engage in free expression (Neel, 2017).

Table 5*Session Plan Format*

Intervention	Time Frame
Introduction with music, art, movement, or verbal check-in	5-10 minutes
Music or art-making experiences based on check-in material	20-35 minutes
Verbal processing of experience	15-20 minutes
A short period of free time for additional artistic response	15-20 minutes
Independent art-making according to participants' needs	20-25 minutes
Mindfulness meditation and closing	5-10 minutes

Unfortunately, limitations of the study included a lack of generalizability due to a small sample size and the inability to require attendance for the sessions. In addition, Neel (2017) acknowledged time constraints associated with the execution of the study, due to participants' extensive workloads within the academic music therapy program.

Gooding (2019) conducted an integrative review to “provide a comprehensive synthesis of the literature on burnout among music therapists between the years of 1981 and 2017” (p. 426). The researcher indicated self-care and preventative strategies reduced symptoms associated with burnout syndrome for music therapists (Gooding, 2019).

Recommended self-care behaviors included maintaining a healthy diet and exercise, attending professional conferences, seeking social support, and mind-body interventions, such as meditation and prayer (Gooding, 2019; Knight et al., 2018). In addition, the use of music as a self-care behavior was addressed, with a discussion of “how music was used (passive versus active uses, for fun, and outside of music therapy work), as well as the removing of one’s self from music as a self-care strategy” (Gooding, 2019, p. 434).

According to Wilhelm and Moore (2023), despite evidence regarding the benefits of self-care strategies to decrease burnout among professional music therapists, data regarding the potential benefits of teaching self-care practices to music therapy students was limited and was only based on small samples of program director, clinician, and student self-reports.

Resilience

According to representatives from the Mayo Clinic (2023c), resilience strategies protected individuals from mental health conditions, including depression and anxiety. Resilience offset factors, such as being bullied and previous trauma, associated with an increased risk of mental health challenges. In addition, individuals with existing mental health challenges who developed resilience strategies also experienced improvements in coping abilities (Mayo Clinic, 2023c). Resilience involved adaptation during adversity, trauma, or significant moments of stress (National Council for Mental Wellbeing, 2022; Sullivan et al., 2020). Representatives from the American Psychological Association (2020) emphasized resilience was not a predetermined personality trait. “Like building muscle, increasing resilience took time and intentionality. Focusing on four core components, connection, wellness, healthy thinking, and meaning, empowered individuals to withstand and learn from difficult and traumatic experiences” (American Psychological Association, 2020, p. 1).

According to representatives from the National Council for Mental Wellbeing (2022), resilience factors included biological, psychological, social, and environmental groups. In addition, resilience factors allowed individuals to acquire protection when experiencing a mental health challenge. For example, active participation in group

activities, religious or spiritual practices, and physical exercise assisted with building resilience (Mayo Clinic, 2023c). Researchers with the American Psychological Association (2020) recommended individuals cultivate resilience by building connections, fostering wellness, finding purpose, embracing healthy thoughts, and seeking help. In addition, individuals may foster positive emotions while engaging in coping skills, such as journaling, creating art or music, and connecting with others through virtual platforms (American Psychological Association, 2020).

While focused resiliency training was not yet prominent in higher education music therapy programs at the time of the design-based research study to assist students, other higher education programs had demonstrated the benefits of building resilience to decrease burnout, anxiety, and depression symptoms among students (Herreo et al., 2019; Sullivan et al., 2020; Zhou et al., 2020). Researchers highlighted improved coping strategies for higher education students after implementing resiliency training exercises. For example, Sullivan et al. (2020) examined the potential benefits of resiliency training with higher education student-athletes and demonstrated resiliency training involving CBT, mindfulness, and positive psychology, improved student-athlete coping strategies related to academic and sport-related stressors. In addition, Herreo et al. (2019) examined the benefits of digital resiliency training to increase coping strategies among higher education students. The researchers implemented the specific program known as CORE, Cultivating Our Resilience, “a 6-week internet-based prevention program focused on teaching skills and strategies to cope with daily life stressors in order to enhance resilience and coping skills, promote self-empowerment, and increase well-being” (Herreo et al., 2019, p. 45). At the conclusion of the study, Herreo (2019) indicated

internet-delivered resilience-based interventions prevented the development of mental disorders among higher education students. Zhou et al. (2020) explored how resilience as a protective factor may combat risk factors, such as poor sleep quality, to reduce depression symptoms for first-year college students. The study involved 4,531 participants between 18 and 24 years old, completing validated surveys and questionnaires regarding sleep quality, resilience, and depressive symptoms. Zhou et al. (2020) demonstrated “the positive correlation between sleep quality and depressive symptoms was strongest in low-level resilience students, thus highlighting the importance of resilience training to reduce depressive symptoms” (p. 340).

Positive Psychology. One evidence-based method of developing resilience was positive psychology (Jeong et al., 2023; Lambert et al., 2018; Sullivan et al., 2020). Positive psychology built and enhanced individual strengths (Positive Psychology Center, 2023). According to Madson (2017), the founder of positive psychology and former president of the American Psychological Association, Martin Seligman, recommended five core elements to build happiness and resilience (see Table 6). At the time of the design-based research study, positive psychology concepts focused on preventive support instead of reactive interventions (Lim & Tierney, 2023). Positive psychology interventions “primarily focused on raising positive feelings, positive thoughts, and positive behavior” (Chowdhury, 2019, p. 1). Positive psychology interventions highlighted essential components, including a focus on enhancing happiness and sustained results for the long-term benefit of the individual (Chowdhury, 2019; Lambert et al., 2019).

Table 6*Five Core Elements to Build Happiness and Resilience*

Core Element	Description
Positive Emotion	When individuals explored, savored, and integrated positive emotions into daily life and visualizations of future life, then individuals experienced improvements in habitual thinking and behaviors.
Engagement	Living in the present moment and focusing entirely on the task at hand.
Relationships	Feeling supported, loved, and valued by others.
Meaning	Having a purpose in life helped individuals focus on what was essential during significant challenges.
Accomplishments	The result of working towards and reaching goals, mastering an endeavor, and having the self-motivation to finish tasks.

Chowdhury (2019) outlined several interventions to enhance the core elements of positive psychology. For example, savoring interventions resembled mindfulness strategies and emphasized wholesome perception in everyday activities. Gratitude interventions involved self-reflective practices, such as journaling, or interactive practices, such as giving tokens of appreciation, to increase satisfaction and motivation. Optimistic interventions allowed individuals to set realistic expectations. For example, the best possible self exercise invited individuals to conceptualize the best possible future self (Blackman, 2021; Carrillo et al., 2019). “Evidence suggested although the exercise may seem to be an easy task, non-directed imagination was a great way for individuals to understand positive viewpoints regarding the self and others” (Chowdhury, 2019, p. 1).

Positive psychology interventions instilled student well-being at higher education institutions. For example, Lambert et al. (2019) formally examined a 14-week positive

psychology intervention program, Happiness 101, with 159 college students. The students who participated in the positive psychology intervention reported “higher levels of hedonic and eudaimonic well-being and lower levels of fear of happiness and the belief happiness was fragile” compared to the control group (Lambert et al., 2019, p. 1141). In addition, Jeong et al. (2023) explored the benefits of a robotic positive psychology coach with college students. The study involved a social robot delivering daily positive psychology sessions.

In psychotherapy theory, therapeutic alliance and rapport between a therapist and a client was regarded as the basis for therapeutic success. In prior works, social robots showed the potential to build rapport and a working alliance with users in various settings. (Jeong et al., 2023, p. 571)

Jeong (2023) indicated statistically significant improvements in student well-being, mood, and readiness to change behaviors after interfacing with the robotic positive psychology coach (Jeong et al., 2023).

Deliberate Practice to Enhance Resilience. According to Doll (2019), “deliberate practice combined with self-awareness was critical to enhancing resilience” (p. 1). Students engaged in a variety of deliberate actions to enhance resilience, including energy management and goal setting exercises (Doll, 2019; Moore, 2019). In addition, cultivating gratitude emerged as an essential component of resiliency (Kumar et al., 2022).

For example, Hanin (2010) developed the Individual Zone of Optional Functioning (IZOF) model to assist individuals with managing energy and emotional states, particularly anxiety, to build resilience and improve performance outcomes.

“Hanin introduced the theory of the Individual Zone of Optimal Functioning (IZOF), which proposed an athlete’s performance was successful when precompetitive anxiety was within or near an optimal zone” (Yao & Li, 2022, p. 2). Initially designed for athletes, the model was also used to assist higher education music students with minimizing performance anxiety (Yao & Li, 2022). The model suggested individuals can find a balance between stress and arousal to build resilience and experience peak engagement without losing focus or control (Cooper et al., 2021; Hanin, 2010).

In addition to energy management, goal setting enhanced motivation, increased self-efficacy, improved self-regulation, and promoted resilience (Etherton et al., 2022). According to Sutton (2024), “Goal setting inspired, motivated, and energized individuals to focus on successful outcomes” (p. 1). Higher education students primarily set mastery and performance goals to define achievement and competence. Mastery goals were based on intrapersonal or absolute standards, while performance goals were based on normative standards (Katz-Vago & Benita, 2023). “Both mastery and performance goals were construed as desirable outcomes students strived to achieve and negative outcomes students aimed to avoid” (Katz-Vago & Benita, 2023, p. 310).

Cultivating gratitude during resiliency training activities also promoted positive emotional states and enhanced overall well-being (Kumar et al., 2022). According to Calleja et al. (2024), “Through the regular systematic cultivation of gratitude, measurable psychological, physical, and interpersonal benefits were achieved” (p. 3). Integrating gratitude activities into resiliency training nurtured vitality and allowed for the development of coping strategies, thus minimizing symptoms associated with anxiety, depression, and burnout. Gratitude practices fostered a shift in focus from challenges to

strengths, enabling higher education students to experience a better quality of life (Garg & Sarkar, 2020).

Peer Support. Peer support was recognized as a valuable resource to increase resilience and mental well-being among higher education students (Nash, 2024).

Incorporating peer support during resilience training activities with higher education students promoted collaborative and inclusive environments to further enhance emotional well-being and academic success (Fakorzi, 2023; First et al., 2017). For example, First et al. (2017) developed a Resilience and Coping Intervention (RCI) with a specific focus on building peer support and connection among higher education students to improve coping strategies and minimize stress. “RCI provided the opportunity for [students] to support and influence one another during the group process, thus providing ongoing opportunities for [students] to create supportive bonds as well as model and normalize positive coping strategies” (First et al., 2017, p. 6).

The Design Thinking Process

Even though academic music therapy program faculty and staff had yet to use the design thinking process to incite organizational change at the time of the study, other researchers used the process to address and enhance mental health (Kreitzer et al., 2019; Narayanan, 2022; Scholten & Granic, 2019). For example, Scholten and Granic (2019) implemented the design thinking process to address digital mental health interventions with youth (individuals 5 to 24 years). In addition, Narayanan (2022) used the process to simplify access to quality mental healthcare and resources. Kreitzer et al. (2019) applied the design thinking process to improve well-being within health professional education.

Summary

Student-required fieldwork, totaling 1,200 hours, to obtain an undergraduate or equivalency degree was a cornerstone of all accredited and approved higher education music therapy programs in the United States (American Music Therapy Association, 2023b, p. 1). Benefits associated with fieldwork included building experience, establishing professional relationships, observing ethical practices, and engaging in personal growth (Burns, 2020; Forinash, 2019; Rushing et al., 2019). In addition, challenges were associated with fieldwork, including demanding schedules, time limitations, and transitioning theoretical knowledge into practical skills (Aeon et al., 2021; Forinash, 2019; Robertson, 2020).

A challenge not yet thoroughly examined by researchers was music therapy student mental health. To date, researchers had not examined the prevalence of mental health challenges experienced by music therapy students and how the challenges influenced student quality of life during fieldwork experiences. In addition, limited studies examined how faculty and staff within higher education music therapy programs may improve student mental health during fieldwork experiences to potentially minimize symptoms associated with anxiety, depression, and burnout.

Three-fourths of all mental illnesses began by the age of 24 (American Psychiatric Association, 2023b). In addition, approximately 77% of undergraduate students in the United States experienced moderate to severe psychological distress (American College Health Association, 2022, p. 1). Therefore, higher education faculty and staff were uniquely positioned to assist students experiencing mental health crises during fieldwork experiences.

The most prevalent mental health challenges experienced by higher education students included anxiety, depression, and burnout syndrome (Bloom Health Centers, 2023; March-Amengual et al., 2022). Higher education students experienced anxiety and depressive disorders due to the transitional nature of higher education, academic pressures, performance expectations, and financial stressors (Erol et al., 2022; Sheldon et al., 2021). In addition, students experienced depressive disorders due to poor sleep habits and the time of the year (Chopra et al., 2023; Mbous et al., 2022). The demands of fieldwork, in conjunction with personal and academic responsibilities, put students at risk for burnout (Hannan et al., 2018). Negative consequences of mental health challenges for higher education students included poor quality of life and inadequate academic achievement. Consequences also involved short- and long-term loss of income (Levin, 2023; Madigan & Curran, 2021; Wang et al., 2022).

Support for higher education students involved traditional, alternative, and digital interventions (Corey, 2023; Jiang et al., 2020; Liu et al., 2023). Traditional interventions included CBT and person-centered therapy (Rogers & Onwukwe, 2020; Wang, 2021). Alternative interventions included light therapy and PMR (Chopra et al., 2023; Togan et al., 2022). Digital interventions included web-based programs, mobile applications, and artificial intelligence (Becker et al., 2019). In addition, researchers recommended support to students be proactive, occurring well before students initially experienced symptoms associated with mental health challenges (Darby, 2023).

Minimal studies were conducted in the past nine years regarding improving music therapy students' mental health during fieldwork experiences (Gooding, 2019; Neel, 2017; Wilhelm & Moore, 2023). Researchers recommended higher education faculty and

staff examine how to improve student resilience to minimize symptoms associated with anxiety, depression, and burnout (Sullivan et al., 2020; Zhou et al., 2020). One evidence-based method to potentially implement with music therapy students to improve resiliency was positive psychology (Jeong et al., 2023; Lambert et al., 2018; Sullivan et al., 2020).

Positive psychology involved the development of five core elements 1) positive emotion, 2) engagement, 3) relationships, 4) meaning, and 5) accomplishment (Madeson, 2017). Interventions to develop the core elements included savoring exercises (Chowdhury, 2019). In addition, best possible self exercises improved resilience, thus minimizing symptoms associated with mental health challenges (Blackman, 2021; Carrillo et al., 2019).

Deliberate practices, such as energy management and goal setting, enhanced resilience among higher education students. In addition, cultivating gratitude emerged as an essential component of resiliency. Peer support also improved resilience and positive coping strategies among higher education students.

The five phases of the design thinking process (empathy, define, ideate, prototype, and test) may be implemented to examine how improving resiliency may assist music therapy students during fieldwork experiences (Dam, 2022; Interaction Design Foundation, 2023; Raju, 2022). For example, by implementing the design thinking process, music therapy students may be exposed to interventions through various platforms to build resilience during fieldwork experiences, thus minimizing student mental health challenges and enhancing student quality of life.

Chapter Three: Methodology and Results

The Design Thinking Process

At the time of the qualitative research study, the design thinking process was a problem-solving approach emphasizing empathy, creativity, and iterative prototyping to develop innovative solutions (Interaction Design Foundation, 2023; Raju, 2022).

According to Dam (2022), while there were variations in the process, the widely accepted model consisted of five phases: 1) empathy, 2) define, 3) ideate, 4) prototype, and 5) test. The phases were not linear; therefore, the scholar practitioner iterated between phases to gain insights and refine ideas (Dam, 2022; Murtell, 2021).

The empathy phase focused on appreciating the end users' needs, wants, and challenges. The goal of the phase was to develop a deep understanding of the end users' emotions, motivations, and pain points to identify the core problem to address (Dam, 2022; Interaction Design Foundation, 2023). To gain empathy, the scholar practitioner completed a document analysis, implemented open-ended surveys, and conducted a focus group with end users and stakeholders (Dam, 2022; Murtell, 2021).

During the define phase, the scholar practitioner synthesized information gathered during the empathy phase to articulate the core challenge to address (Dam, 2022; Interaction Design Foundation, 2023). The step involved analyzing the data collected and identifying patterns to guide the design process. Developing a problem statement was a crucial component of the phase, as the problem statement set the direction for ideation and solution development (Dam, 2022; Murtell, 2021).

For the ideate phase, the scholar practitioner engaged in brainstorming and generated creative ideas with stakeholders. During the phase, the scholar practitioner and

stakeholders implemented divergent thinking to explore a wide range of potential solutions to the defined problem (Dam, 2022; Interaction Design Foundation, 2023). The ideate phase focused on generating several ideas while deferring judgment (Dam, 2022). For example, techniques, such as use of "How Might We" questions, stimulated ideation with stakeholders to generate as many ideas as possible to encourage innovation (Dam, 2022; Interaction Design Foundation, 2023; Murtell, 2021).

The prototype phase involved creating a tangible representation of a potential solution generated during the ideate phase (Dam, 2022; Interaction Design Foundation, 2023). The tangible representation of the potential solution began with a low-fidelity prototype. According to Sorodoc (2024), a low-fidelity prototype “was a quick, simple way of evolving an initial idea or concept into a somewhat more tangible representation of a final product” (p. 1). The purpose of the low-fidelity prototype was to generate a simple outline to determine the usefulness and usability of the proposed solution.

After receiving feedback from stakeholders on the low-fidelity prototype, the scholar practitioner created a high-fidelity prototype to test (Dam, 2022; Murtell, 2021). According to Sorodoc (2024), “A high-fidelity prototype was more advanced, with aesthetics and functions far closer to the final product” (p. 1). Ultimately, prototyping allowed the scholar practitioner to visualize concepts while gathering feedback from stakeholders before moving to the final phase of the design thinking process (Murtell, 2021).

During the test phase, the scholar practitioner formally gathered feedback on the prototype from the end users (Dam, 2022; Interaction Design Foundation, 2023). The phase involved gathering data through a qualitative research study to understand how

well the proposed solution met the end users' needs (Dam, 2022; Murtell, 2021). The scholar practitioner gathered data from the end users by conducting individual interviews and focus groups. In addition, the scholar practitioner analyzed end users' reflective journal entries.

Empathy Phase

The scholar practitioner developed the following central research question to guide the empathy phase of the design thinking process: How do undergraduate and equivalency music therapy students receive resources and support regarding mental healthcare within higher education institutions? The scholar practitioner implemented three qualitative methods to address the research question: document analysis, open-ended surveys, and a focus group. The scholar practitioner engaged in the document analysis process by reviewing public web pages from five higher education institutions. The scholar practitioner implemented open-ended surveys with five music therapy students at a higher education institution in the Midwest region of the United States. In addition, the scholar practitioner implemented a focus group with three music therapy program faculty and staff members at a higher education institution in the Midwest region of the United States. Following the process, the scholar practitioner reviewed 1) the chosen methods, 2) the data collection designs and methods of analysis, 3) the design rationales, and 4) the completed data analysis, including a combined analysis. The scholar practitioner also drew conclusions regarding the topic under investigation.

Document Analysis. The document analysis involved thoroughly reviewing and assessing documents to extract meaningful information and gain insights regarding the central research question (Morgan, 2022). The analysis process had various components,

including data collection, identifying patterns, recognizing trends, and summarizing content (Dalglish et al., 2020). According to Cardno (2018), “As a qualitative research method, document analysis was often chosen as a second or supplementary way of collecting data in order to add rigor to a study through a multi-method form of triangulation” (p. 626). In addition, document analysis raised fewer ethical concerns when compared to other forms of qualitative research, as documents were public records, thus minimizing the need to maintain confidentiality throughout the data collection and analysis processes (Morgan, 2022).

The data collection and analysis processes involved the following steps: 1) defining objectives and scope, 2) collection, 3) preprocessing, 4) text analysis, 5) summarization, and 6) interpretation (Schuttler, 2023). The primary objective of the process was to determine how undergraduate and equivalency music therapy students received resources and support regarding mental healthcare from higher education institutions. The scope of the document analysis included counseling centers’ web pages from higher education institutions. The scholar practitioner used purposeful sampling to select five higher education institutions’ web pages. All higher education institutions were located in the Midwest region of the United States, offered degree programs in music therapy, and were in the closest geographical proximity to the site for the test phase of the design thinking process. The scholar practitioner retrieved the documents from the institutions’ websites by searching the term “counseling services.” From the Search Engine Results Pages (SERP), the scholar practitioner selected the highest-ranked result from each institution.

After collection, the scholar practitioner preprocessed the documents to remove irrelevant information. The preprocessing methods included tokenization, splitting text into individual words or tokens, and stop-word removal, eliminating common words (such as “and”) lacking significant meaning (Great Learning Team, 2022; Khanna, 2021). In addition, the scholar practitioner implemented lemmatization by reducing words to the root form (Balakrishnan, 2014).

The text analysis process included keyword extraction, identifying significant words or phrases indicative of the documents’ subject matter (Schuttler, 2023). In addition, the scholar practitioner implemented information extraction by recognizing and categorizing meaningful words and phrases from the documents into themes (Morgan, 2022). The scholar practitioner also used sentiment analysis by determining the emotional tone and sentiment expressed in the documents (Gupta, 2018).

Following the text analysis process, the scholar practitioner generated summaries to provide an overview of the content (Schuttler, 2023). The summarization was extractive; therefore, the process involved selecting and combining essential words and phrases (Schuttler, 2023; Wambugu, 2021). After summarization, the scholar practitioner interpreted the data by analyzing the results and drawing meaningful conclusions (see Appendix A). The process involved identifying trends, patterns, and anomalies across all five documents (Wambugu, 2021).

All five institutions provided free counseling services to undergraduate and equivalency students through on-campus facilities and virtual platforms. The counseling process included some type of triage or initial appointment, followed by a series of follow-up sessions. One institution implemented a limit by providing only eight free

sessions to students. Following the eighth session, students were required to pay \$15.00 per session, with a cap of 12 sessions per academic year. The documentation from the other institutions did not contain details regarding session limitations.

All five institutions had similar inclusion criteria for counseling services. For example, the inclusion criteria included active enrollment with the institution. Undergraduate, equivalency, and graduate students were eligible to receive counseling services. In addition, the counseling centers accepted both on-ground and online students. In addition to individual counseling sessions, all institutions offered group counseling sessions. One institution offered a group for students in recovery from alcoholism or addiction and a survivor's group for students who identified as survivors of sexual assault, rape, intimate partner violence, or harassment. Another institution provided 1) a Student of Color Process Group, 2) an LGBTQ+ Process Group, and 3) an Eating Disorder/Body Image Process Group.

Two institutions provided mission statements for the counseling centers. Common words and phrases from the mission statements included 1) "safe environment," 2) "personal growth," and 3) "wellness" or "wellbeing." One institution's mission statement also included words and phrases, such as "psychological support" and "education." Another institution's mission statement included words, such as "dignity" and "value." Two institutions assisted students with psychiatric medications, including evaluation and prescription services. For example, one institution provided links and contact information of psychiatrists in the surrounding area. According to documents, one institution prescribed and managed antidepressant and anti-anxiety medications for students.

The staffing volumes at the counseling centers varied by institution. Only two licensed professional counselors were available to conduct individual sessions with students at one institution. Another institution had a staff of three licensed professional counselors and one graduate intern. A third institution had 12 staff members (six licensed professional counselors, two licensed clinical social workers, one post-doctoral resident, one medical office specialist, and two graduate assistants).

In addition to commonalities, institutions also contained anomalies. For example, one institution offered a media center, including 1) virtual outreach, 2) mental health applications, 3) mental health podcasts, 4) a relaxation station, 5) music playlists, and 6) coloring pages. From the documentation, the scholar practitioner concluded the institution actively encouraged the use of complementary therapies, such as music and art therapy, when addressing student mental health challenges.

Another institution offered a video library for students. Videos within the library covered topics regarding constructive criticism, test anxiety, and proper study techniques. From the documentation, the scholar practitioner concluded the institution recognized the importance of stress management when addressing student mental health challenges. Regardless of the information in the documents, all five institutions communicated a sentiment of support for students experiencing mental health challenges. Common phrases expressing a supportive sentiment included 1) “here to help,” 2) “ensure a positive college experience,” and 3) “inclusive, affirming environment.”

Open-Ended Surveys. The open-ended surveys were an empathy generator in which respondents were asked to provide free-form, open-text responses to questions (Zull, 2016). “The open-ended surveys allowed for a wide range of possible answers and

encouraged respondents to provide detailed and personalized responses” (Amberscript, 2023, p. 1). Unlike closed-ended surveys with predefined response options, the open-ended questions could not be answered with simple “yes” and “no” responses. The open-ended surveys contained questions beginning with phrases, such as “how” and “what” (Tourangeau et al., 2017).

The scholar practitioner used components of content analysis methodology to collect and analyze data from the open-ended surveys. Content analysis techniques were primarily used to determine the presence of certain words, themes, or concepts within the qualitative data (Mailman School of Public Health, 2023). Through aspects of content analysis methodology, the scholar practitioner quantified and analyzed the presence, meanings, and relationships of certain words and themes within the open-ended survey responses (Krippendorff, 2019).

The data collection and analysis process involved the following steps: 1) define the research objective, 2) sample the population, 3) collect the data, 4) define the coding categories, 5) develop a coding scheme, 6) conduct the coding, 7) analyze the data, and 8) interpret the data (Krippendorff, 2019). The research objective was to determine how undergraduate and equivalency music therapy students perceived resources and support regarding mental healthcare within a higher education institution. Data was collected by the music therapy students (respondents) replying to open-ended survey questions (see Appendix B).

The scholar practitioner used convenience sampling to recruit respondents during an undergraduate and equivalency music therapy class at a higher education institution in the Midwest region of the United States. A total of five respondents engaged in the open-

ended surveys (four undergraduate music therapy students and one equivalency music therapy student). The respondents were between 18 and 26 years of age. All respondents self-identified as female and Caucasian/White. In addition, all respondents previously engaged in at least one music therapy fieldwork experience.

All respondents completed a one-time survey at the end of the semester. The survey was provided to students outside of regularly scheduled class time. During the recruitment process, the scholar practitioner informed the respondents of the purpose of the open-ended survey. In addition, the scholar practitioner reviewed the risks, benefits, and alternatives to responding to the open-ended surveys. The scholar practitioner also provided the respondents with the link to complete the open-ended survey electronically and indicated the purpose of implementing the electronic format was to anonymize the data at the point of collection.

After the respondents completed the surveys, the scholar practitioner defined the coding categories and units of analysis. The categories were clear, mutually exclusive, and collectively exhaustive (Vears & Gillam, 2022). The scholar practitioner created a coding scheme to specify how each category was operationalized and conducted the coding process (Krippendorff, 2019). After completing the coding process, the scholar practitioner analyzed the data to identify patterns, themes, and trends. Finally, the scholar practitioner interpreted the findings from the analysis in the context of the research objective (Mailman School of Public Health, 2023; Vears & Gillam, 2022).

The scholar practitioner calculated 60 significant words, phrases, and statements pertaining to the research objective (see Appendix C). The top three themes were 1) the perceived need for self-care training and support from music therapy faculty and staff in

the classroom, 2) the perceived benefits of peer support when experiencing mental health challenges, and 3) awareness of the higher education institution's counseling center.

Theme one (the perceived need for self-care training and support from music therapy faculty and staff in the classroom) occurred at a frequency of 30%. Theme two (the perceived benefits of peer support when experiencing mental health challenges) occurred at a frequency of 16.67%. Theme three (awareness of the higher education institution's counseling center) occurred at a frequency of 13.33%.

The respondents expressed a need for more self-care training and support from music therapy faculty and staff in the classroom. Self-care pertained to regular activities and practices to maintain well-being. The practice involved taking proactive steps to maintain and improve overall health and quality of life (Burch, 2023). According to Grise-Owens et al. (2018), higher education faculty and staff needed to teach self-care as a core practice skill in the classroom to minimize stress and burnout among students.

In addition, the respondents acknowledged the perceived benefits of peer support when experiencing mental health challenges. According to representatives from the Centre for Innovation in Campus Mental Health (2024), "[Higher education] students are often more comfortable seeking support and guidance from peers over professional counseling services" (p. 1). In addition, Richard et al. (2022) discovered peer support group programs for young adults improved self-esteem and coping while reducing symptoms of depression and anxiety.

The respondents also expressed an awareness of the higher education institution's counseling center. While students were aware of the counseling center, the respondents only documented using the counseling services. The respondents did not document using

other services provided by the center, such as the video library containing information on managing criticism, minimizing test anxiety, and implementing proper study techniques.

Focus Group. The focus group was a qualitative research method involving individuals with similar characteristics and common interests (Johns Hopkins University, 2023). The scholar practitioner brought individuals together to discuss potential issues surrounding music therapy students' mental health needs and available mental healthcare resources while engaging in fieldwork experiences (Interaction Design Foundation, 2020). The primary purpose of the focus group was to gather opinions, attitudes, perceptions, and insights to better understand how a particular group perceived the issue (University of Kansas, 2023).

The research objective was to determine how music therapy program faculty and staff perceived mental healthcare resources and support available to music therapy students within a higher education institution. The scholar practitioner used convenience sampling to recruit participants at a higher education institution in the Midwest region of the United States. A total of three participants engaged in the focus group. One participant was the graduate assistant for the music therapy program and self-identified as male. One participant was the clinical coordinator for the music therapy program and self-identified as female, and one participant was an on-site supervisor for the music therapy program and self-identified as female.

The scholar practitioner recruited the participants by sending an email correspondence to the music therapy program faculty and staff at the higher education institution. The content of the email informed the participants of the purpose of the focus group. In addition, the content of the email reviewed the risks, benefits, and alternatives

to participating in the focus group. The email indicated the focus group would be converted into a written transcription with all personal information and identifiers removed from the transcription before the scholar practitioner initiated the data analysis process. The email also indicated all audio and visual recordings of the focus group would be destroyed immediately after the creation of the written transcription.

The participants were between 25 and 45 years of age. Two participants self-identified as Caucasian/White, and one participant self-identified as African American. All participants were board-certified music therapists with at least three hours of direct interaction with undergraduate and equivalency music therapy students per week during the academic year.

Data was collected from the participants replying to non-leading questions during a focus group meeting (see Appendix D). The focus group was conducted through teleconference on a date and time agreeable to the participants. The scholar practitioner implemented best practices when conducting the focus group through teleconference, such as using standard video conferencing tools, allowing mobile participants, encouraging participants to join from private spaces, and budgeting time for a margin of error (Rogers, 2023). The teleconference was converted into a written transcription, with all personal information and identifiers removed from the transcription before the scholar practitioner commenced with the data analysis process.

The scholar practitioner used components of descriptive phenomenology to analyze the data derived from the focus group. “Descriptive phenomenology was a common methodology employed in social science research to investigate and describe people's lived experiences” (Gumarang et al., 2021, p. 928). Specifically, the scholar

practitioner used aspects of Colaizzi's phenomenological method to analyze the data (Wirihana et al., 2018). Elements of Colaizzi's method provided sequential steps to increase the reliability and dependability of results and differed from other descriptive phenomenology processes "by requiring participants to validate findings to ensure accuracy and credibility" (Wirihana et al., 2018, p. 31). The data analysis process involved seven steps (see Table 7).

Table 7

Colaizzi's Method

Step	Description
Familiarization	Read through the transcript several times.
Identify significant statements	Identify all significant statements directly related to the phenomenon under investigation in the transcript.
Formulate meanings	Identify meanings relevant to the phenomenon from a careful consideration of the significant statements.
Cluster themes	Cluster the identified meanings into themes.
Develop an exhaustive description	Develop a full and inclusive description of the phenomenon by incorporating the themes produced from the previous step.
Produce a fundamental structure	Condense the exhaustive description into a short, dense statement capturing the aspects deemed essential to the structure of the phenomenon.
Seek verification of the structure from participants	Return the fundamental structure statement to all participants to ensure the statement captures the participants' experiences.

Note. Table adapted from Morrow et al. (2015)

The data analysis revealed three primary themes (see Appendix E). The first theme was music therapy program staff were aware of the higher education institution's counseling center for students. While participants expressed awareness of the counseling center, the participants were not knowledgeable of all services provided by the center,

such as the video library. In addition, the participants did not express confidence regarding the counseling center referral process.

The second theme was self-care exercises could be incorporated into classroom and fieldwork experiences to address the unique needs of music therapy students and potentially improve student mental health. According to Kensing (2024), “By encouraging both staff and students to prioritize well-being, they contribute to a healthier, more productive learning environment” (p. 1). In addition, Lamb and Dealey (2023) encouraged higher education faculty and staff to model self-care behaviors to students in the classroom and provide “in-vivo” practice opportunities to students during fieldwork.

The third theme was music therapy program staff, including on-site supervisors, needed more training on how to teach music therapy students mental health and self-care practices. Spector and Reynoso (2024) suggested higher education faculty and staff were not actively integrating self-care practices into the curriculum for students engaged in fieldwork experiences and recommended faculty receive training on how to develop lesson plans focused on, “credit-bearing assignments offering low-stakes rewards to students for completing [self-care] activities outside of the classroom” (p. 10). According to Lewis and King (2019), “Incorporating self-care skills into fieldwork enhanced opportunities for transformative student learning and helped to strengthen professional socialization during critical educational experiences” (p. 1).

Combined Analysis. After examining the data from the three qualitative methods, the scholar practitioner identified combined themes. The first combined theme was music therapy students, faculty, and staff were aware of the higher education institution’s counseling center, and students used the counseling services to address

mental health challenges. Unfortunately, music therapy students, faculty, and staff were not fully informed of the additional services offered by the counseling center, such as the video library.

The second combined theme was music therapy students, faculty, and staff identified a need for mental healthcare training in the classroom during fieldwork experiences. For example, self-care experiences may be incorporated into course curricula to assist students with minimizing symptoms associated with depression, anxiety, and burnout syndrome. In addition, self-care exercises may be added to music therapy fieldwork experiences by on-site supervisors to address compassion fatigue among students.

The third combined theme was music therapy program faculty and staff needed training regarding how to implement self-care exercises in the classroom and during fieldwork experiences to support students with mental health challenges. For example, O'Brien-Richardson (2019) recommended general strategies to promote self-care to students in the classroom, including pausing a lecture to engage in a mental break and allowing for a moment of self-reflection. Training for music therapy faculty and staff may also encompass the different types of self-care for students, including physical, mental, emotional, and spiritual components (Burch, 2023).

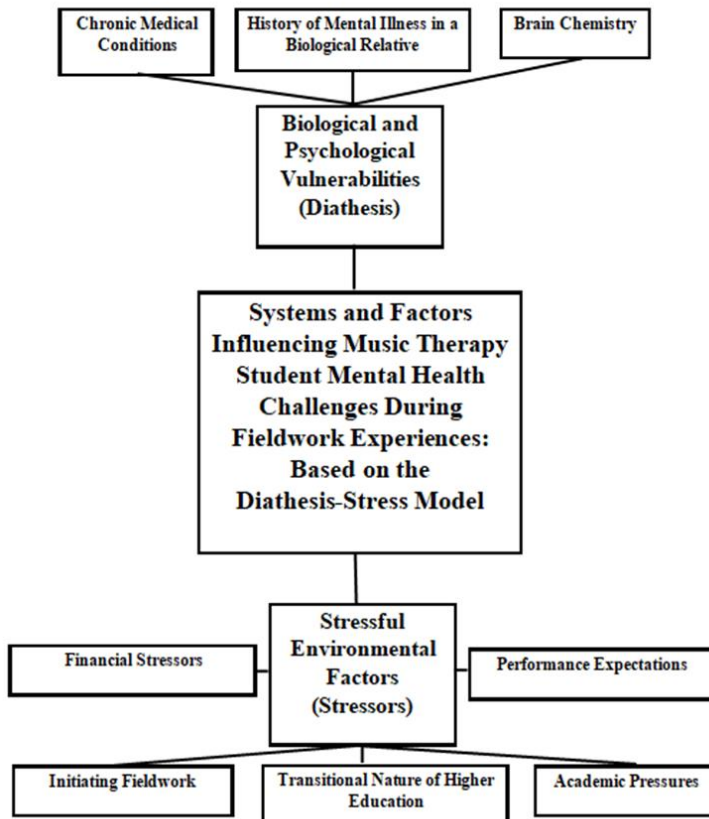
Define Phase

After analyzing the data gathered during the empathy phase of the design thinking process and reviewing the literature, the scholar practitioner created a systems map. The systems map outlined potential factors influencing music therapy student mental health challenges during fieldwork experiences (see Figure 1).

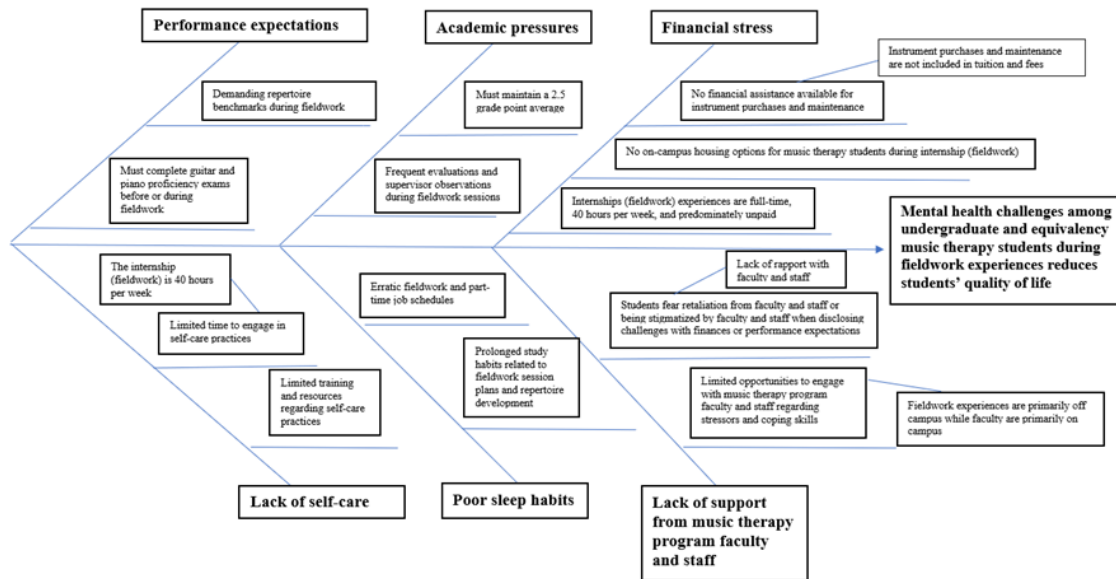
Figure 1

Systems and Factors Influencing Music Therapy Student Mental Health Challenges

During Fieldwork Experiences (Based on the Diathesis-Stress Model)



In addition, the scholar practitioner developed a fishbone diagram outlining the potential drivers of mental health challenges for music therapy students during fieldwork experiences. The potential drivers included 1) performance expectations, 2) academic pressures, 3) financial stressors, 4) a lack of self-care, 5) poor sleep habits, and 6) a lack of support from music therapy program faculty and staff (see Figure 2).

Figure 2*Drivers of Mental Health Challenges for Music Therapy Students During Fieldwork Experiences**Experiences*

After synthesizing the data through the systems map and fishbone diagram, the scholar practitioner developed a problem statement to accurately articulate the end users' needs and guide the next phase of the design thinking process.

Problem Statement. Researchers have not examined the prevalence of mental health challenges experienced by music therapy students and how the challenges influence student quality of life during fieldwork experiences. In addition, limited studies have examined how faculty and staff within higher education music therapy programs may improve student mental health during fieldwork experiences to potentially minimize symptoms associated with anxiety, depression, and burnout syndrome.

Ideate Phase

The ideate phase of the design thinking process involved a brainstorming session with stakeholders to produce as many ideas as possible to address the problem (Interaction Design Foundation, 2022). Stakeholders who participated in the ideate phase included a music therapy program clinical coordinator, a graduate assistant, an on-site supervisor, and a faculty member. The scholar practitioner hosted a 60-minute brainstorming session with the stakeholders on a teleconference platform, and Google Jamboard was utilized to collect and organize ideas (Google, 2024). Through Google Jamboard, stakeholders confidentially posted ideas, thus minimizing fears of criticism or judgment from other stakeholders.

The scholar practitioner began the brainstorming session by reviewing the results from the empathy and define phases. After completing the overview, the scholar practitioner communicated the purpose and intention of the ideate phase of the design thinking process. The purpose of the ideate phase was to generate a wide range of creative and innovative ideas to address the problem without constraints. During the ideate phase, stakeholders were encouraged to engage in divergent thinking by exploring as many potential solutions to the problem as possible. Throughout the process, the scholar practitioner emphasized the quantity of ideas and solutions rather than specified parameters based on quality.

The scholar practitioner implemented 'How Might We' questions to assist with the creative process (see Appendix F). The questions were based on specific categories, including 1) performance expectations, 2) academic pressures, 3) financial stress, 4) lack of self-care, 5) poor sleep habits, and 6) lack of support from music therapy program

faculty and staff. The scholar practitioner served as the primary facilitator by guiding the session and ensuring all stakeholder ideas were valued and noted on the Google Jamboard.

At the conclusion of the brainstorming session, the scholar practitioner, in conjunction with the stakeholders, selected one idea to prototype. The idea was chosen based on a formalized synthesis and selection process which involved the following steps: 1) reviewing all ideas, 2) extracting significant ideas, 3) creating formulated meanings, 4) aggregating formulated meanings into idea theme clusters, 5) developing a detailed description through the synthesis of all clusters, and 6) identifying the fundamental structure or idea to prototype (see Appendix G). The selected idea was chosen based on alignment with themes generated during the empathy phase, including the perceived need for self-care training during fieldwork experiences, support from music therapy faculty and staff in the classroom, and the perceived benefits of peer support when experiencing mental health challenges. In addition, the idea was chosen based on alignment with research study results and suggestions discovered by the scholar practitioner while reviewing previous literature, including the perceived benefits of resilience to decrease symptoms of mental health challenges associated with depression, anxiety, and burnout syndrome. Ultimately, the ideate phase established a foundation for the subsequent phases of the design thinking process.

Prototype Phase

The prototype was a resiliency training series for undergraduate and equivalency music therapy students. The training series was facilitated by a faculty member (the scholar practitioner) in the classroom, and peer support was incorporated as a primary

component of the series. The purpose of the training series was to assist music therapy students with 1) defining and describing resilience and 2) developing resiliency skills, including energy management, goal setting, and stress management. The series was based on resiliency training recommendations set forth by PositivePsychology.com and involved discussions and exercises (Doll; 2019, Moore, 2019; Nash, 2024).

Initially, the scholar practitioner created a low-fidelity prototype. The prototype was divided into four sessions: 1) defining and describing resilience, 2) energy management, 3) goal setting, and 4) dealing with stress (see Appendix H). The scholar practitioner distributed the low-fidelity prototype to stakeholders and hosted a brainstorming session with the stakeholders to receive feedback and ideas for improvement before constructing the high-fidelity prototype.

The brainstorming session occurred on a teleconference platform, and a feedback capture grid was utilized to collect ideas to improve the prototype (see Appendix I). The feedback capture grid provided an organized approach to gathering feedback from the stakeholders. By consolidating ideas into a grid format, the scholar practitioner ensured all feedback was consistently collected and all relevant aspects of the training series were considered before constructing the high-fidelity prototype.

The high-fidelity prototype solidified a consistent format for each session within the resiliency training series. The high-fidelity prototype also provided in-depth directions for instructor-led exercises. In addition, the high-fidelity prototype included discussion sections to generate conversation and encourage peer support among music therapy students (see Appendix J).

Test Phase

The scholar practitioner implemented a qualitative research study to examine how the resiliency training series influenced undergraduate and equivalency music therapy students' perceptions of stress and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during current fieldwork experiences. In addition, the scholar practitioner executed the qualitative research study to better understand how the resiliency training series influenced undergraduate and equivalency music therapy students' quality of life during fieldwork experiences. Ultimately, the intention of implementing the qualitative research study was to explore the lived experiences and perceptions of music therapy students while participating in the resiliency training series during current fieldwork experiences.

Research Questions and Study Aims. The scholar practitioner designed the following research questions and study aims for the test phase of the design-based research study:

Research Question One: How does actively engaging in resiliency training (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) influence undergraduate and equivalency music therapy students' perceptions of stress and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during current fieldwork experiences?

Research Question Two: How does actively engaging in resiliency training (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) influence undergraduate and equivalency music therapy students' quality of life during current fieldwork experiences?

Study Aim One: A study aim of the design-based qualitative research study was to investigate and understand the influence of a structured resiliency training series (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) on music therapy students' perceptions of stress and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during current fieldwork experiences.

Study Aim Two: A study aim of the design-based qualitative research study was to explore the lived experiences and perceptions of music therapy students while participating in a structured resiliency training series (focused on defining and describing resilience, energy management, goal setting, and dealing with stress) during current fieldwork experiences, with a focus on understanding how resiliency influenced student quality of life.

Qualitative Methods. The scholar practitioner implemented three qualitative methods to collect data for the research study. The scholar practitioner reviewed participant journal entries during the resiliency training series. In addition, the scholar practitioner implemented individual interviews and two focus groups with music therapy students at the conclusion of the resiliency training series. Following the process, the scholar practitioner analyzed the data and drew conclusions regarding the topic under investigation.

All research study procedures, including the resiliency training series and the execution of the qualitative methods to collect the data, were performed at a higher education institution in the Midwest region of the United States. The higher education institution provided an accredited and approved music therapy program for undergraduate

and equivalency students. A standardized protocol was developed for the research study (see Appendix K). In addition, the scholar practitioner received Institutional Review Board approval before commencing with the research study.

The scholar practitioner used purposeful sampling to recruit participants during an undergraduate and equivalency music therapy class taught by the scholar practitioner at the higher education institution. A total of 17 participants engaged in the resiliency training series (11 undergraduate music therapy students and six equivalency music therapy students). The participants were between 20 and 48 years of age. A total of 14 participants self-identified as female, and three participants self-identified as male. Twelve participants self-identified as Caucasian/White, two participants self-identified as African American, two participants self-identified as Hispanic, and one participant self-identified as Asian American. All participants were engaged in fieldwork experiences during the execution of the resiliency training series and corresponding research study.

Before commencing with the research study procedures, the scholar practitioner obtained written documentation of informed consent from the participants. During the consent process, the scholar practitioner highlighted participation in the research study was optional, and participants were allowed to withdraw from the research study at any time during the process. In addition, participation in the research study did not influence performance in the course or standing within the music therapy program.

The resiliency training series was conducted during four consecutive class sessions at the beginning of the semester during a music therapy and mental health course. Each class focused on one session within the resiliency training series. At the completion of each session, the scholar practitioner engaged the participants in a journal

entry experience. The journal entries were not a component of graded work for the course.

At the conclusion of the entire resiliency training series, the scholar practitioner used convenience sampling to select four participants (two undergraduate music therapy students and two equivalency music therapy students) to conduct individual interviews and focus groups. Three participants for the individual interviews and focus groups self-identified as female, and one participant self-identified as male. Three participants self-identified as White/Caucasian, and one participant self-identified as African American.

Journal Entries. Journal entries are a type of data collection commonly implemented in qualitative research studies to capture participants' thoughts, feelings, and experiences over a period of time (Hyers, 2018; Turner, 2016). The process provided the scholar practitioner with firsthand insights regarding the participants' unique perceptions of the resiliency training series. Following each session within the resiliency training series, the scholar practitioner provided the participants with suggested prompts (see Appendix L). After reviewing the prompts, the participants determined the specific content to share through the journal entries.

All data from the journal entries were collected electronically. The data analysis process for the journal entries was conducted manually by the scholar practitioner and involved components of content analysis methodology. The format of the analysis process was similar to the process executed during the empathy phase of the design thinking process for the open-ended surveys.

The scholar practitioner used an inductive approach to define the coding categories (Krippendorff, 2019). Categories were derived directly from the data as the

scholar practitioner manually reviewed the content, thus allowing for the discovery of patterns and themes. While reviewing the data, the scholar practitioner highlighted significant words, phrases, and concepts. Descriptive language was used to label codes, and, when possible, the scholar practitioner used the participants' words as code names to maintain authenticity. The scholar practitioner also used sample excerpts from participants to illustrate each category. Before completing the analysis process, the scholar practitioner merged categories with similar meanings to minimize redundancy and revisited the data to ensure all categories were consistent.

The scholar practitioner calculated 62 significant words, phrases, and statements pertaining to the research questions and study aims (see Appendix M). The top three themes were 1) cultivating resilience minimized music therapy students' stress levels and symptoms associated with anxiety, depression, and burnout by increasing emotional stability and mental clarity during fieldwork experiences; 2) resilience improved music therapy students' quality of life by boosting confidence levels during fieldwork experiences; and 3) resilience enhanced music therapy students' quality of life by fostering positive emotions and feelings of accomplishment during fieldwork experiences. Theme one (cultivating resilience minimized music therapy students' stress levels and symptoms associated with anxiety, depression, and burnout by increasing emotional stability and mental clarity during fieldwork experiences) occurred at a frequency of 27.42%. Theme two (resilience improved music therapy students' quality of life by boosting confidence levels during fieldwork experiences) occurred at a frequency of 25.81%. Theme three (resilience enhanced music therapy students' quality of life by

fostering positive emotions and feelings of accomplishment during fieldwork experiences) occurred at a frequency of 25.58%.

Individual Interviews. Similar to journal entries, individual interviews were a common qualitative data collection method (Demirci, 2023; Virginia Tech, 2023). During the individual interviews, the scholar practitioner engaged participants in one-on-one conversations to explore the participants' thoughts, experiences, and perceptions of the resiliency training series (McGrath, 2018). The interviews followed a semi-structured format, and pre-determined questions were used by the scholar practitioner to facilitate the conversations (see Appendix N). Ultimately, the individual interviews allowed the scholar practitioner to gain detailed and nuanced insights regarding the resiliency training series and how techniques outlined during the training series influenced the participants' perceptions of stress and symptoms associated with anxiety, depression, and burnout syndrome during fieldwork experiences.

The individual interviews were conducted through teleconferences on dates and times agreeable to the participants. Similar to the focus group data collection process outlined in the empathy phase, the scholar practitioner implemented best practices when conducting the individual interviews through the teleconferences, such as using standard video conferencing tools, allowing mobile participants, encouraging participants to join from private spaces, and budgeting time for a margin of error (Rogers, 2023). The teleconferences were converted into written transcriptions, with all personal information and identifiers removed from the transcriptions before the scholar practitioner commenced the data analysis process.

The scholar practitioner used components of descriptive phenomenology, previously outlined in the focus group section of the empathy phase, to analyze the data derived from the individual interviews (see Table 7). The data analysis revealed three primary themes (see Appendix O). The first theme was energy management improved music therapy students' quality of life by reframing negative energy (anxiety) into positive energy (excitement) during fieldwork experiences. The second theme was engaging in stress management by cultivating gratitude decreased music therapy students' symptoms associated with anxiety, depression, and burnout while improving resilience during fieldwork experiences. The third theme was goal setting allowed music therapy students to set realistic and relevant expectations during fieldwork experiences, thus improving resilience and decreasing symptoms associated with anxiety, depression, and burnout.

Focus Groups. Similar to the empathy phase of the design thinking process, the scholar practitioner used focus groups during the testing phase. Focus groups were implemented to collect data from participants to better understand perceptions, opinions, and attitudes regarding the resiliency training series (Interaction Design Foundation, 2020; Johns Hopkins University, 2023; University of Kansas, 2023). In addition, the focus groups allowed the scholar practitioner to better understand how techniques outlined during the training series influenced participants' quality of life during current fieldwork experiences. The scholar practitioner used pre-determined questions to facilitate the conversations between participants (see Appendix P).

Two focus groups were conducted following the individual interviews. Similar to the individual interviews, convenience sampling was used to select focus group members.

Each focus group had two participants (one undergraduate music therapy student and one equivalency music therapy student). The first focus group included two participants who self-identified as female. One participant self-identified as African American, and one participant self-identified as White/Caucasian. The second group included one participant who self-identified as male and one participant who self-identified as female. Both participants in the second focus group self-identified as White/Caucasian.

The focus groups were conducted through teleconferences on dates and times agreeable to the participants, and the scholar practitioner implemented best practices when engaging the groups through teleconferences. The teleconferences were converted into written transcriptions, with all personal information and identifiers removed from the transcription before the scholar practitioner commenced the data analysis process. The scholar practitioner also used components of descriptive phenomenology to analyze the data derived from the focus groups.

The data analysis revealed three primary themes (see Appendix Q). The first theme was music therapy students can implement energy management techniques during fieldwork experiences to enhance resilience and decrease symptoms associated with anxiety, depression, and burnout syndrome. The second theme was faculty and staff can further improve music therapy student resilience by encouraging students to engage in ongoing reflective practices throughout fieldwork experiences, and the third theme was music therapy students preferred to be engaged through active learning experiences to enhance resiliency during fieldwork.

Combined Analysis. After examining the data from the three qualitative methods, the scholar practitioner identified combined themes. For example, faculty and

staff can cultivate music therapy student resilience through active learning experiences to improve emotional stability and mental clarity during fieldwork experiences. In addition, faculty and staff can assist music therapy students with proactively setting realistic and relevant goals focused on using energy management techniques during fieldwork experiences to decrease stress levels and symptoms associated with anxiety, depression, and burnout. Faculty and staff can also lead music therapy students in reflective practices focused on cultivating gratitude during fieldwork experiences to 1) enhance positive emotions, 2) boost confidence levels, 3) foster a sense of accomplishment, and 4) improve student quality of life.

Establishing Trustworthiness and Minimizing Scholar Practitioner Bias. To ensure results generated during the test phase were trustworthy, the scholar practitioner focused on the credibility and confirmability of the data and themes (Ahmed, 2024). For example, the scholar practitioner engaged in member checking at the conclusion of the test phase to establish the credibility of the themes generated from the data. Member checking involved the scholar practitioner asking participants to review and validate interpretations of the data (McKim, 2023). In addition, the scholar-practitioner maintained an audit trail to trace all content analysis steps to the original journal entries, transcribed interviews, and transcribed focus groups (Marian, 2020).

The scholar practitioner also engaged in reflexivity to examine how personal beliefs, values, and experiences potentially influenced the design-based research study results (Olmos-Vega et al., 2022). For example, the scholar practitioner reflected on an identity as a teacher-researcher and how the identity as an authority figure potentially influenced participant responses after each phase of the design thinking process. In

addition, the scholar practitioner proactively engaged in the triangulation of data during the empathy and test phases of the design thinking process by implementing multiple data sources and methods (document analysis, journal entries, open-ended surveys, individual interviews, and focus groups) to cross-check findings (Cater et al., 2014). Implementing multiple data methods ensured conclusions were not based on a single source, thus reducing the chance the scholar practitioner's interpretations were biased.

Summary

The scholar practitioner applied the five phases of the design thinking process to address the problem of music therapy student stress levels and symptoms associated with anxiety, depression, and burnout syndrome during fieldwork experiences. During the empathy phase, the scholar practitioner conducted a document analysis and implemented open-ended surveys and a focus group to better understand the end users lived experiences with the problem. Through the process, the scholar practitioner discovered music therapy students, faculty, and staff identified a need for mental healthcare training in the classroom during fieldwork experiences. In addition, the scholar practitioner realized music therapy students valued peer support from fellow students when experiencing mental health challenges during fieldwork experiences.

During the define phase, the scholar practitioner developed a systems map outlining potential factors influencing music therapy student mental health challenges during fieldwork experiences. In addition, the scholar practitioner developed a fishbone diagram categorizing the potential drivers of mental health challenges for music therapy students during fieldwork experiences. After synthesizing the data through the systems map and fishbone diagram, the scholar practitioner developed a problem statement to

accurately articulate the end users' needs and guide the next phase of the design thinking process.

During the ideate phase, the scholar practitioner worked in conjunction with stakeholders to produce as many ideas as possible to address the problem. The scholar practitioner implemented 'How Might We' questions to assist with the creative process. At the conclusion of the phase, a single idea was selected to prototype.

The prototype was a resiliency training series for undergraduate and equivalency music therapy students. The training series was facilitated by a faculty member in the classroom, and peer support was incorporated as a primary component of the series. The scholar practitioner initially developed a low-fidelity prototype. After receiving feedback from stakeholders on the low-fidelity prototype, the scholar practitioner developed a high-fidelity prototype to test during the final phase of the design thinking process.

During the test phase, the scholar practitioner implemented a qualitative research study to examine how the resiliency training series influenced undergraduate and equivalency music therapy students' quality of life and perceptions of stress and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during fieldwork experiences. The scholar practitioner established trustworthiness and minimized bias by implementing techniques to ensure the credibility and confirmability of the data and themes.

Results from the test phase indicated faculty and staff can cultivate music therapy student resilience through active learning experiences to improve emotional stability and mental clarity during fieldwork experiences. In addition, faculty and staff can assist music therapy students with proactively setting realistic and relevant goals focused on

using energy management techniques during fieldwork experiences to decrease stress levels and symptoms associated with anxiety, depression, and burnout. Faculty and staff can also lead music therapy students in reflective practices focused on cultivating gratitude during fieldwork experiences to enhance positive emotions, boost confidence levels, foster a sense of accomplishment, and improve student quality of life.

Chapter Four: Critical Analysis and Integration into Practice

Critical Analysis

After reviewing the results derived from the design thinking process, the scholar practitioner identified several potential benefits of actively engaging in resiliency training during fieldwork experiences for music therapy students. The potential benefits included enhanced emotional stability and mental clarity during fieldwork experiences. In addition, music therapy students experienced decreases in depression, anxiety, and burnout syndrome by cultivating gratitude and energy management techniques.

The Benefits of Emotional Stability and Mental Clarity

Results from the design-based qualitative study indicated faculty and staff can cultivate music therapy student resilience through active learning experiences to improve emotional stability and mental clarity during fieldwork. For example, one participant stated, “Resiliency can help an individual regulate emotions. Having the ability to emotionally regulate in high-stress environments can positively affect mental clarity.” At the time of the design-based qualitative research study, emotional stability referred to an individual’s ability to maintain a balanced emotional state, manage stress, and respond appropriately to challenges (Test Partnership, 2024). Emotionally stable individuals were often described as being calm and composed during high-pressure situations (Asplund, 2024).

Emotional stability may be beneficial for music therapy students during fieldwork experiences. For example, emotional stability may foster a supportive atmosphere, particularly in situations requiring emotional intelligence and strong interpersonal skills (Nwanebu, 2023). Music therapy students who are emotionally stable can navigate

interpersonal relationships with clients during fieldwork experiences with empathy and understanding, ensuring academic success for the student and therapeutic growth for the client.

Mental clarity may also be beneficial for music therapy students during fieldwork experiences. At the time of the design-based qualitative research study, mental clarity was described as a cognitive state characterized by clear, focused thinking (Gelpi, 2023). Individuals who were mentally clear processed information and made decisions without confusion or distraction. According to Channawar (2023), the benefits of mental clarity included improved memory and enhanced problem-solving abilities.

During fieldwork experiences, music therapy students may encounter emotionally charged situations with clients, requiring immediate and thoughtful responses. Through mental clarity, music therapy students can accurately assess client needs and successfully tailor interventions to address client challenges. The ability to maintain mental clarity during high-pressure situations may foster deeper emotional connections with clients. For example, students who are mentally clear can recognize subtle shifts in client mood and engagement during fieldwork experiences, allowing students to better tailor music therapy interventions to meet client needs.

Mental clarity and emotional stability may also assist in fostering supportive relationships between students and on-site supervisors during fieldwork experiences (Gunasekera et al., 2021). Students with a focused mindset may engage in open and constructive communication with on-site supervisors, creating an environment of trust and collaboration (Terry et al., 2020). In addition, students who are emotionally stable

may react less defensively to constructive criticism, allowing on-site supervisors to engage students in supportive relationships focused on mutual respect (Neoh et al., 2022).

Supportive relationships with on-site supervisors, facilitated by mental clarity and emotional stability, may provide music therapy students with “safety nets” during challenging fieldwork experiences. When students calmly and clearly articulate emotions, on-site supervisors can better offer guidance, encouragement, and constructive feedback. By fostering emotional stability and mental clarity through resiliency training, students may feel more comfortable discussing challenges with on-site supervisors, further alleviating stress and anxiety during fieldwork experiences. Ultimately, the combination of mental clarity, emotional stability, and strong on-site supervisor relationships may create a supportive experience to improve student mental health and decrease symptoms of anxiety, depression, and burnout during fieldwork experiences.

The Benefits of Energy Management

Faculty and staff can also assist music therapy students with proactively setting realistic and relevant goals focused on using energy management techniques during fieldwork experiences to decrease stress levels and symptoms associated with anxiety, depression, and burnout. At the time of the design-based research study, energy management was described as the proactive and systematic approach to monitoring, controlling, and optimizing energy levels to enhance productivity (Sharma et al., 2022). One component of energy management focused on redirecting nervous energy into feelings of excitement (Sinek, 2018). For example, one participant stated, “I found myself quoting the energy management session [of the resiliency training series] a lot throughout

the week. It's not nervousness; it's excitement. When I am very nervous about things during fieldwork, I become anxious, and then that kind of drains my energy."

Cognitively restructuring nervous energy into excitement may be beneficial for music therapy students who experience feelings of anxiety before sessions with clients during fieldwork experiences. For example, one participant stated, "I think redirecting my anxious energy into excitement is a great resource for fieldwork. I struggle with anxiety prior to sessions, which sometimes bleeds into my everyday life. On the day of a session, I tend to feel more anxious than days without sessions. My quality of life could be improved by better energy management on these session days." By consciously shifting perspective from viewing the physical sensations associated with anxiety, such as rapid heart rate and trembling, as a hindrance to interpreting the feelings as a source of excitement, students can tap into the positive energy associated with anticipation (Sinek, 2018). The transformation may reduce stress and enhance motivation and engagement, thus allowing music therapy students to connect more authentically with clients and experience reductions in symptoms associated with anxiety, depression, and burnout syndrome.

In addition, by implementing the Individual Zone of Optimal Functioning (IZOF) model, music therapy students may experience the optimal range of emotional arousal for peak performance during fieldwork (Cooper et al., 2021; Yao & Li, 2022). At the time of the design-based research study, IZOF was a "framework to describe the relationships between emotional experiences and relative successes" (Ruiz et al., 2015, p. 41). Identifying the IZOF may assist music therapy students with understanding the emotional states needed to facilitate best practices during sessions with clients. By recognizing

unique arousal levels, students can implement energy management techniques to maintain emotions within an optimal zone, allowing for better emotional regulation and improved interactions with clients.

The long-term benefits of mastering energy management may extend beyond immediate fieldwork experiences. As students become proficient at recognizing and regulating emotional states, students can cultivate skill sets to further benefit career endeavors. For example, utilizing energy management techniques may enhance therapeutic practice and further foster resilience during challenging music therapy sessions. Ultimately, students who appropriately manage energy and emotions may experience greater professional satisfaction, thus contributing to overall success and well-being in the field of music therapy.

The Benefits of Gratitude

Faculty and staff can lead music therapy students in reflective practices focused on cultivating gratitude during fieldwork experiences to enhance positive emotions, boost confidence levels, foster a sense of accomplishment, and improve students' quality of life. For example, one participant stated, “I feel like focusing on gratitude keeps me from thinking nothing is going well. It’s like, no, actually, let’s take a few seconds because there are good things that are happening. I was just not focusing on them.”

At the time of the design-based research study, gratitude was defined as “a sense of happiness and thankfulness in response to a fortunate happenstance or tangible gift” (Millacci, 2017, p. 1). Gratitude was described as a state and a trait (Jans-Beken et al., 2020). For example, music therapy students may experience gratitude for someone or

something during fieldwork experiences. Music therapy students may also experience gratitude long-term as a positive character trait during and beyond fieldwork experiences.

According to Lianov (2021), gratitude was directly connected to the tenets of positive psychology (positive emotions, engagement, meaning, relationships, and accomplishment). For example, by cultivating gratitude music therapy students can experience optimism for client outcomes. Through gratitude, music therapy students can also celebrate academic accomplishments and find meaning in daily tasks during fieldwork experiences.

Armenta et al. (2017) stated, “Theory suggests gratitude should serve as a motivator of self-improvement behavior and positive change” (p. 4). The benefits of cultivating gratitude during fieldwork experiences for students can include increased connectedness with on-site supervisors and increased humility towards clients. In addition, by cultivating gratitude, music therapy students can experience an improvement in psychological resources and social support to decrease symptoms associated with anxiety, depression, and burnout syndrome (Armenta et al., 2017; Jans-Beken et al., 2020; Millacci, 2017).

Integration into Practice

Faculty and staff need to engage in adaptive, organizational change processes to successfully integrate resiliency training series into the curriculum to assist music therapy students with decreasing symptoms associated with anxiety, depression, and burnout during fieldwork experiences. According to Hayes (2018), adaptation, in the context of organizational change, referred to the capacity of an organization to adjust strategies, structures, and operations in response to evolving internal and external circumstances. At

the time of the design-based research study, the process of adaptive, organizational change involved recognizing the need for change, actively engaging stakeholders and end users, and fostering a culture to embrace flexibility and innovation (Barker, 2024; Harvard Business School, 2020). To foster a culture focused on developing student resilience during fieldwork experiences, music therapy program faculty and staff can focus on active learning experiences and reflective practices with students. In addition, faculty and staff can assist music therapy students with developing realistic goals during fieldwork experiences. Faculty and staff can also encourage music therapy students to proactively connect with peers to increase social support and decrease symptoms associated with anxiety, depression, and burnout syndrome during fieldwork experiences.

Active Learning Experiences

To successfully integrate resilience activities into the curriculum, music therapy program faculty and staff need to engage in organizational change focused on active learning experiences. At the time of the design-based qualitative research study, active learning in higher education involved encouraging students to participate in meaningful activities to promote critical thinking (Casanovas et al., 2022; Harvard University, 2024). Within the context of higher education, active learning transformed traditional lecture-based teaching into collaborative experiences (Cornell University, 2024).

Techniques such as group discussions, problem-solving exercises, and hands-on projects can enable music therapy students to apply the theoretical concepts of resilience in practical contexts during fieldwork experiences. The high-fidelity prototype for the design-based research study incorporated group discussions and interactive exercises to reinforce the core concepts of the resiliency training series. For example, participants

acquired a personal definition of resilience, created gratitude journals, cultivated an IZOF, and developed realistic goals to improve therapeutic skills during fieldwork.

According to Shilling et al. (2023),

Health professional education programs were encouraged by national organizations and accrediting bodies to use more student-centered, interactive teaching models to enhance the learning process, prepare students to apply knowledge to clinical practice, and promote higher achievement of learning outcomes and academic performance. (p. 3)

Through active learning experiences, music therapy students can take responsibility for the learning process, thus potentially enhancing comprehension and retention of core resiliency concepts during fieldwork experiences. In addition, at the time of the design-based research study, there was a preference for active learning experiences by higher education students. A study conducted by researchers from Inside Higher Ed. and College Pulse revealed more than a third of higher education students in the United States preferred interactive lectures, “in which the instructor broke at least once for students to complete a specific learning task related to the material” (Flaherty, 2023, p. 1). For example, during the design-based qualitative research study, one participant stated, “I like having hands-on experiences.”

Reflective Practices

In addition to active learning experiences, music therapy program faculty and staff can engage in organizational change focused on reflective practices. At the time of the design-based research study, reflective practices in higher education involved encouraging students to critically examine thoughts, feelings, and actions throughout the

educational journey (Chang, 2019). According to Veine et al. (2019), reflective practices promoted a greater connection between theory and practice for students.

Reflective practices during fieldwork experiences can allow music therapy students to evaluate the learning process, identify clinical strengths and weaknesses, and set goals for improvement (Chang, 2019; Colomer et al., 2020). In addition, reflective practices can minimize symptoms associated with anxiety, depression, and burnout by enhancing coping strategies, emotional intelligence, and self-awareness (Fullana et al., 2016). For example, reflective practices can provide music therapy students with structured activities to process emotions after sessions with clients. Reflective practices can also allow music therapy students to gain insights regarding triggers of stress during fieldwork experiences. In addition, reflective practices can allow music therapy students to regularly identify and implement coping strategies to reduce the symptoms of stress.

Music therapy students can engage in various reflective practices during fieldwork experiences, including 1) mindfulness exercises, 2) artistic expressions, 3) supervision sessions, and 4) journaling. For example, music therapy students can cultivate gratitude by engaging in reflective journaling during fieldwork experiences. During the test phase of the design-thinking process, one participant stated, “I have had a lot of hard days recently. So anytime I’m feeling really upset, I’ve been trying to take time to go and fill out my journal. It sucks right now, but what’s really good? What are the good things?”

Reflective, gratitude journals can be a tool to promote emotional intelligence. By regularly reflecting on topics related to fieldwork experiences, personal endeavors, or professional development, music therapy students can shift focus from stress and anxiety

to positive experiences and accomplishments. For example, according to representatives from Harvard Medical School (2021), reflection through gratitude journals can lead to increased feelings of happiness and satisfaction. Ultimately, maintaining reflective, gratitude journals during fieldwork experiences can reinforce a commitment to the field of music therapy for students.

Realistic Goals

A component of the adaptive, organizational change process can include assisting music therapy students with setting realistic goals during fieldwork experiences. At the time of the design-based research study, realistic goals were described as achievable and manageable objectives within a current circumstance (Sage Mental Wellness, 2024). According to Winkens and Hamstra (2024), setting realistic goals improved performance, focus, persistence, and autonomy during challenging experiences. In addition, setting realistic goals decreased stress levels and increased well-being, self-esteem, and emotional regulation (Sutton, 2024). For example, during the test phase of the design thinking process, one participant stated, “The session on goal setting helped me decrease my stress levels during fieldwork. I had a tendency to make goals for myself that weren’t really reasonable.”

To assist music therapy students with setting realistic goals, faculty and staff can instruct students on how to accurately use goal-setting frameworks during fieldwork experiences. For example, faculty and staff can assist students with establishing SMART goals. At the time of the design-based research study, SMART was an acronym for 1) specific, 2) measurable, 3) achievable, 4) relevant, and 5) time-bound (Patterson, 2023). According to Shen (2023), establishing SMART goals allowed individuals to clarify

ideas, focus efforts, and utilize time and resources productively, thus increasing the likelihood of achieving positive outcomes.

Setting realistic goals can also assist music therapy students with minimizing symptoms associated with anxiety, depression, and burnout during fieldwork experiences. For example, one participant stated, “One way I find goal setting to be particularly helpful is to feel that I achieved something. When I don’t set goals, I don’t have the same sense of accomplishment. Accomplishment reduces depression about my fieldwork.” By setting realistic goals, music therapy students can experience increases in motivation and confidence levels during fieldwork. Establishing and achieving realistic goals can reinforce positive emotions and provide a sense of optimism, counteracting potential feelings of inadequacy, depression, and anxiety.

Peer Support

A final component of the adaptive, organizational change process involves encouraging music therapy students to engage in peer support throughout fieldwork experiences. At the time of the design-based research study, peer support was described as “a way of relating to someone through shared humility and core commonalities with the goals to offer and receive support” (Peer Support, 2024). According to Pereira et al. (2021), peer support assisted health professionals with reducing symptoms of depression and burnout while increasing feelings of empowerment and self-efficacy during fieldwork experiences.

Peer support during the resiliency training series included group discussions among music therapy students. Group discussions can be perceived as positive experiences for students and can include informal conversations or formal interactions

mediated by faculty and staff. For example, one participant stated, “I really liked the discussion part of [the resiliency training series]. Hearing everyone’s perspectives, and us talking about it. I feel that is when I learn the most by hearing from people’s life experiences.”

Future Endeavors

While the design-based qualitative research study yielded several positive results for music therapy students, there are areas of further exploration for the scholar practitioner. For example, the prototype and test phases of the design thinking process were executed during on-ground, synchronous classes. The design-based research study did not investigate asynchronous opportunities to further enhance music therapy student resilience during fieldwork experiences. Future endeavors by the scholar practitioner may include exploring how the resilience training series can be further enhanced through digital platforms, such as websites, social media, or application programs. By allowing music therapy students to access the training series outside of the classroom environment, students can proactively engage in resiliency concepts “in vivo” during moments of anxiety, depression, and burnout in the field.

In addition, the scholar practitioner may explore the potential benefits of the resilience training series beyond higher education music therapy students. Symptoms of anxiety, depression, and burnout during fieldwork experiences are not exclusive to music therapy students. Future research studies may examine if cultivating resiliency during fieldwork experiences also benefits other health professions students, such as students pursuing degrees in nursing, physical therapy, speech pathology, and occupational therapy.

Conclusion

Fieldwork opportunities allow higher education music therapy students to engage in real experiences to learn how to assess client needs, develop and implement treatment plans, and evaluate and document clinical outcomes. While engaging in fieldwork had several benefits for music therapy students, such as the opportunity to build practical experience and refine skills, the experience also involved several challenges.

Unfortunately, challenges associated with fieldwork experiences included symptoms associated with anxiety, depression, and burnout syndrome for music therapy students.

By actively cultivating resilience (focused on defining and describing resilience, energy management, goal setting, and dealing with stress), music therapy students can develop emotional armor to shield against challenges and improve overall quality of life.

Through resilience, music therapy students have the opportunity to persevere and flourish during fieldwork experiences and beyond.

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Appendix A

Empathy Phase: Document Analysis

Higher Education Institution	Free Counseling Services	Free Group Counseling Services	Mission Statements	Psychiatric Medication Assistance	Media Center	Video Library	Sentiment of Support
Institution One	X	X	X			X	X
Institution Two	X	X					X
Institution Three	X	X		X			X
Institution Four	X	X		X			X
Institution Five	X	X	X		X		X

Appendix B

Empathy Phase: Open-Ended Survey Questions

Question Number	Question
Question One	What mental healthcare resources or support, if any, are needed for higher education music therapy students? Please explain.
Question Two	What types of mental health resources or support for music therapy students have you encountered thus far at your higher education institution? Please explain.
Question Three	What particular cultural or demographic factors, if any, do you think influence how music therapy students access mental health resources at your institution? Please explain.
Question Four	How do peer-related factors influence music therapy students' willingness or hesitation when seeking resources or support for mental health challenges?
Questions Five	What advice or insights would you offer to the higher education administrators at your institution to better support the mental health needs of music therapy students?

Appendix C

Empathy Phase: Open-Ended Survey Themes

Themes	Number of Significant Statements	Frequency	Examples
Theme One: The perceived need for self-care training and support from music therapy faculty and staff in the classroom	18	30%	<p>“Mental health support from the faculty in class feels more beneficial than just having mental health support separate from class.”</p> <p>“There is a need for more self-care resources inside the music therapy program classes.”</p>
Theme Two: The perceived benefits of peer support when experiencing mental health challenges	10	16.67%	<p>“I have not experienced my peers influencing my hesitation for seeking mental healthcare services. If anything, I have received motivation from my peers to seek mental healthcare services.”</p>
Theme Three: Awareness of the higher education institution’s counseling center	8	13.33%	<p>“I personally have used the counseling center on campus.”</p> <p>“There is a counseling center on campus if you can fit it into your schedule.”</p>
Theme Four: Challenges of balancing school, work, and social life	5	8.33%	<p>“The biggest stressor is too much happening at the same time.”</p>
Theme Five: Preference for in-person support services as opposed to virtual platforms	3	5%	<p>“I also would hope for more resources in person. I personally associate virtual support with unhappy times. So, if there could be more in-person support, that would be very helpful.”</p>
Theme Six: Music therapy students are more susceptible to mental health challenges	3	5%	<p>“I think there is an immediate need for mental health resources because music therapy students are often sensitive, creative, and giving individuals. These traits can make music therapy students more vulnerable to emotional stress.”</p>
Theme Seven: Fieldwork is isolating and stressful	2	3.33%	<p>“From talking with graduate students, I have heard internship can be very isolating and stressful.”</p>
Theme Eight: Students need to feel included when addressing mental healthcare needs	2	3.33%	<p>“The music therapy program faculty supports inclusivity.”</p>
Theme Nine: Not sure how culture influences mental healthcare needs	2	3.33%	<p>“I am not sure. In my music therapy program, white women make up a large number of the student body.”</p>
Theme Ten: Recommendation for individual communication with students from faculty	2	3.33%	<p>“I think it would be helpful to have individual check-ins with students who may not be attending class, may not be making adequate grades in class, or who may not be participating in class.”</p>

Theme Eleven: Benefits of the Wellness Day on campus	1	1.67%	“The Wellness Day on campus created an uplifting, motivating, and supportive environment.”
Theme Twelve: Reluctance to show weakness in front of peers	1	1.67%	“If friends are going through the same things, then they may not want to reach out for help because their friends are okay. Someone may not want to seem ‘weak’ in front of peers.”
Theme Thirteen: Commuter status may hinder obtaining mental healthcare services on campus	1	1.67%	“I believe if the students are commuters, this can affect the amount of care they can receive.”
Theme Fourteen: Scheduling issues can hinder obtaining mental healthcare services	1	1.67%	“Scheduling is the most common dispute and barrier to getting mental healthcare services.”
Theme Fifteen: Family culture may influence the student’s comfort level with obtaining mental healthcare services on campus	1	1.67%	“I think people’s background opening up within the family affects how they handle stress and their comfort in opening up on their mental health.”

Appendix D

Empathy Phase: Focus Group Questions

Question Number	Question
Question One	How has the institution previously promoted mental healthcare initiatives to music therapy students?
Question Two	How could music therapy students be better informed about existing mental healthcare resources on campus by the music therapy program faculty and staff?
Question Three	What tailored mental healthcare resources, if any, are specifically needed for music therapy students? Please explain.
Question Four	What challenges or barriers, if any, have music therapy students encountered when attempting to access mental healthcare resources or support on campus? Please explain.
Question Five	What recommendations, if any, do you have for the music therapy department to improve the accessibility of mental healthcare resources and support to music therapy students?
Question Six	What specific initiatives or resources related to student mental healthcare, if any, would you like to see implemented or expanded within the music therapy department? Please explain.

Appendix E

Empathy Phase: Focus Group Themes

Themes	Examples
<p>Theme One: Music therapy program staff were aware of the higher education institution's counseling center for students.</p>	<p>“I am aware of the counseling center for students.”</p> <p>“I am aware of the advertisements on campus introducing the counselors in the center.”</p> <p>“I think the counseling center has an emergency crisis line for students.”</p>
<p>Theme Two: Self-care exercises may be incorporated into classroom and fieldwork experiences to address the unique needs of music therapy students and potentially improve student mental health.</p>	<p>“Maybe more tailored resources for music therapy students to assist with becoming more aware of when they are nearing the point of burnout. It would be nice to have something really tailored to music therapy students because they have some different mental health and physical health needs.”</p> <p>“Maybe make self-care a part of class. Teach the students how to take care of themselves.”</p> <p>“There are portions of certain classes and practicums that ‘hit’ on being a caregiver and mental health practices. Maybe expand on that even more.”</p>
<p>Theme Three: Music therapy program staff, including on-site supervisors, needed more training on how to teach music therapy students mental health and self-care practices.</p>	<p>“Supervisors and faculty need a protocol to follow.”</p> <p>“Not only including training for faculty in the classroom but also with the supervisors.”</p> <p>“More guidance as an on-site supervisor would be great.”</p>

Appendix F

Ideate Phase: How Might We Questions

Category	Questions
Performance Expectations	<ul style="list-style-type: none"> • How might we assist music therapy students with repertoire benchmarks during fieldwork experiences? • How might we assist music therapy students with completing guitar and piano proficiency exams during fieldwork experiences?
Academic Pressures	<ul style="list-style-type: none"> • How might we assist music therapy students with maintaining a 2.5 grade point average during fieldwork experiences? • How might we assist music therapy students with decreasing stress and symptoms associated with anxiety when engaging in supervisor evaluations and observations during fieldwork experiences?
Financial Stress	<ul style="list-style-type: none"> • How might we assist music therapy students with instrument purchases and maintenance during fieldwork experiences? • How might we assist music therapy students with housing during fieldwork experiences? • How might we assist music therapy students with monetary expenses during fieldwork experiences?
Lack of Self-Care	<ul style="list-style-type: none"> • How might we assist music therapy students with finding adequate time to engage in self-care practices during fieldwork experiences? • How might we assist music therapy students with obtaining training and resources regarding self-care practices during fieldwork experiences?
Poor Sleep Habits	<ul style="list-style-type: none"> • How might we assist music therapy students with erratic schedules during fieldwork experiences? • How might we assist music therapy students with building proper study habits during fieldwork experiences?
Lack of Support from Music Therapy Program Faculty and Staff	<ul style="list-style-type: none"> • How might we increase communication with music therapy students regarding potential stressors and coping skills during fieldwork experiences? • How might we assist music therapy students with minimizing fears associated with retaliation or being stigmatized by faculty and staff when disclosing challenges with finances or performance expectations during fieldwork experiences?

Appendix G

Ideate Phase: Potential Solutions

<p style="text-align: center;"><u>Performance Expectations</u></p> <ul style="list-style-type: none"> ○ Repertoire manuals 	<p style="text-align: center;"><u>Academic Pressures</u></p> <ul style="list-style-type: none"> ○ <i>Peer support</i> ○ <i>Training facilitated by faculty in the classroom</i> ○ Mentor support ○ Teleconference meetings for students participating in national roster music therapy internships
<p style="text-align: center;"><u>Financial Stress</u></p> <ul style="list-style-type: none"> ○ Fieldwork stipends ○ Free housing on campus ○ Mileage reimbursement ○ Fieldwork scholarships ○ Grant for gasoline cards ○ Grant for musical instruments 	<p style="text-align: center;"><u>Lack of Self-Care</u></p> <ul style="list-style-type: none"> ○ Training for on-site supervisors ○ <i>Resiliency training for students</i>
<p style="text-align: center;"><u>Poor Sleep Habits</u></p> <ul style="list-style-type: none"> ○ Training from a sleep specialist 	<p style="text-align: center;"><u>Lack of Support from Music Therapy Program Faculty and Staff</u></p> <ul style="list-style-type: none"> ○ Weekly advising through teleconference platforms

Idea to Prototype: A resiliency training series incorporating peer support facilitated by a faculty member in the classroom.

Appendix H

Prototype Phase: Low-Fidelity Prototype

Resiliency Training Series

Session	Description
Session One: Defining and Describing Resilience	<ol style="list-style-type: none"> 1. Introduction (15 minutes length) 2. Discussion (15 minutes in length) 3. Exercise (15 minutes in length)
Session Two: Energy Management	<ol style="list-style-type: none"> 1. Introduction (15 minutes length) 2. Discussion (15 minutes in length) 3. Exercise (15 minutes in length)
Session Three: Goal Setting	<ol style="list-style-type: none"> 1. Introduction (15 minutes length) 2. Discussion (15 minutes in length) 3. Exercise (15 minutes in length)
Session Four: Dealing with Stress	<ol style="list-style-type: none"> 1. Introduction (15 minutes length) 2. Discussion (15 minutes in length) 3. Exercise (15 minutes in length)

Appendix I

Prototype Phase: Feedback Capture Grid

<p><u>Likes</u></p> <ul style="list-style-type: none"> *General format *One topic per training session *Length of each session 	<p><u>Criticisms</u></p> <ul style="list-style-type: none"> *More details are needed regarding the format for each session *More details are needed regarding exercises for each session *Prompts are needed to lead the discussion portion of each session
<p><u>Questions</u></p> <ul style="list-style-type: none"> *What are the components of each Introduction Section for each session? *Will the exercises for each session be completed by participants individually or as a group? *Will the session on goal setting teach participants how to create SMART goals (Specific, Measurable, Achievable, Realistic, and Timely)? *What is the purpose of the Discussion Sections? 	<p><u>Ideas</u></p> <ul style="list-style-type: none"> *Include a YouTube video from Pepperdine University (2022) of higher education students describing resilience *Include a YouTube video from Capture Your Flag (2014) entitled <i>Training Your Mind to Perform Under Pressure</i> *Focus the Energy Management session on the Individual Zone of Optimal Functioning' (IZOF)

Appendix J

Prototype Phase: High-Fidelity Prototype

Resiliency Training Series

Session One: Defining and Describing Resilience

Introduction

The facilitator introduces the concept of resilience to the participants for 15 minutes.

- *Definition:*
 - Resilience is defined as the ability to adapt and recover from difficult or challenging situations.
- *Description:*
 - Resilience involves the capacity to withstand adversity, cope with stress, and maintain a sense of well-being despite facing adversity or trauma. Resilience is characterized by flexibility, determination, and a positive outlook, enabling individuals to navigate through setbacks and hardships while maintaining a sense of hope and optimism.
 - What Does Resilience Mean? (Pepperdine University, 2022)
 - <https://youtu.be/nG5aDDSvRzM?si=oK0a0OUIZBJQrNkZ>
- *Benefits:*
 - Emotional well-being: Resilience can help individuals cope with stress, trauma, and adversity, leading to better emotional regulation and mental health outcomes. Resilience enables individuals to maintain a positive outlook even during challenging circumstances, such as fieldwork experiences.
 - Physical health: Individuals with higher levels of resilience may experience lower levels of stress-related illnesses, such as cardiovascular problems and immune system disorders.
 - Adaptability: Individuals with resilience can adjust to changes more easily and are open to new experiences and opportunities during fieldwork experiences.
 - Increased confidence: The ability to handle difficulties can translate into a stronger sense of self-efficacy.
 - Fieldwork success: Resilience is associated with better performance in academic and professional settings. Resilience can increase the ability to persevere through challenges, maintain motivation, and achieve goals.

Discussion

The facilitator leads the participants in a group discussion focused on the topic of resilience for 15 minutes. The purpose of the discussion is to facilitate peer support.

- The facilitator can use Padlet or other tools to assist with the discussion process.
- *Discussion Prompts to Facilitate Peer Support:*
 - What are the characteristics of someone who is resilient?
 - Think of someone you know who is resilient. How would you describe the individual?
 - Imagine you went to sleep tonight and awoke tomorrow morning as the most resilient person in the world. How would you describe yourself?

Exercise

The facilitator leads the participants in an exercise focused on the topic of resilience for 15 minutes.

- *Objectives:*
 - The objectives are to 1) reflect on personal experiences or observations related to resilience and 2) articulate or describe resilience.
- *Directions:*
 1. Think about a challenging situation or obstacle you have faced in the past. The situation can be a personal struggle, a difficult project, or a setback you encountered.
 2. Reflect on how you responded to the situation. Consider the emotions you felt, the actions you took, and any lessons you learned.
 3. Record your reflections in writing. (Be as detailed as possible)
 4. Review what you have written and identify any traits or characteristics which were helpful as you navigated through the challenge.
 - a. Examples of resiliency traits may include perseverance, adaptability, optimism, problem-solving skills, social support, and self-care practices.
 5. Underline the resiliency traits in your writing.
 6. Based on your reflections and the identified resiliency traits, write a personal definition of the term “resilience.”

Session Two: Energy Management**Introduction**

The facilitator introduces the concept of energy management to the participants for 15 minutes.

- *Definition:*
 - Energy management involves understanding how the body activates energy in different states. In addition, energy management entails learning how to regulate the body's energy.
 - Simon Sinek on Training Your Mind to Perform Under Pressure (Capture Your Flag, 2014)
 - https://youtu.be/GBF9xXhSFRc?si=NRFBNL2J0_C81SDV
- *Description:*
 - When individuals are in a 'fight or flight' state, the adrenal systems release energy, oxygen, and blood to muscles. Individuals get an energy boost to respond physically to perceived stressors in the environment. When individuals are in a 'rest and digest' state, the parasympathetic nervous system is more in control. The body can focus on conserving energy, digestion, and processes such as regeneration and recovery. Energy management involves regulating the energy activation states to have greater control over performance (Gilbert, 2016).
 - When individuals do not require a sympathetic response (a rush of energy), performance can be hindered by the excessive response (Gilbert, 2016).
 - Individuals should aim for an 'individual zone of optimal functioning' (IZOF). IZOF can be achieved through the practice of exercises and techniques (Gilbert, 2016).
- *Benefits:*
 - When a music therapy student thinks about the different activities commonly performed during fieldwork, the student can identify the IZOFs for the activities. Accurately identifying the IZOFs can allow the student to determine the best energy level for each activity.
 - By understanding IZOF and learning to manage arousal and emotions, music therapy students can develop greater resilience to adversity and setbacks during fieldwork experiences by maintaining composure, adaptability, and performance.

Discussion

The facilitator leads the participants in a group discussion focused on the topic of energy management for 15 minutes. The purpose of the discussion is to facilitate peer support.

- The facilitator can use Padlet or other tools to assist with the discussion process.
- *Discussion Prompts to Facilitate Peer Support:*
 - What are various activities you will need to complete during your fieldwork experience?
 - What are the IZOFs for the activities?
 - How can you regulate the IZOFs for the activities?

Exercise

The facilitator leads the participants in an exercise focused on the topic of energy management for 15 minutes.

- *Objective:*
 - The objective is to explore and regulate arousal and emotional states to optimize performance within IZOF.
- *Directions:*
 1. Partner with another participant.
 2. Reflect on past performances when you experienced varying levels of arousal and different emotional states.
 3. Reflect on how the arousal and emotional states influenced your ability to focus, your decision-making, and your overall performance outcome.
 4. Identify the arousal and emotional states associated with the peak performance moments. (The states represent your IZOF)
 5. Brainstorm strategies to regulate arousal to enter and maintain the states during fieldwork experiences.
 - a. Examples of strategies may include deep breathing or imagery.

Session Three: Goal Setting**Introduction**

The facilitator introduces the concept of goal setting to the participants for 15 minutes.

- *Definition:*
 - Goal setting is the process of identifying specific objectives or desired outcomes and creating an achievable plan. Goal setting involves establishing clear, measurable, and achievable targets within a defined timeframe, as well as outlining the actions necessary to reach targets. Goal setting is a fundamental aspect of personal development, professional growth, and organizational success, providing direction, motivation, and focus for individuals to strive towards desired results. “Resilient individuals often demonstrate the tenacity and commitment to achieve objectives” (Moore, 2019, p. 1).

- *Description:*
 - The Master Resilience Training Program divides goal-setting into seven steps for U.S. Army soldiers (U.S. Army Reserves, 2018):
 - Step 1: Define your goal;
 - Step 2: Know where you are right now;
 - Step 3: Decide what you need to develop;
 - Step 4: Make a plan for steady improvement;
 - Step 5: Pursue regular action;
 - Step 6: Commit yourself completely; and
 - Step 7: Consistently monitor your progress
 - SMART Goals (Specific, Measurable, Achievable, Relevant, Timely)
 - Setting SMART Goals (Responsive Classroom, 2020)
 - https://youtu.be/Iyl_v-O_Cds?si=muJGvBwVCSQv-HIA

- *Benefits:*
 - Increased Productivity: By setting specific targets and deadlines, individuals can enhance productivity and time management skills. Goal setting encourages the efficient allocation of resources and the minimization of distractions, leading to greater output.
 - Enhanced Wellbeing: Working towards meaningful goals contributes to overall well-being and satisfaction. Goal setting can provide individuals a sense of accomplishment, purpose, and fulfillment, thus improving mental and emotional health.
 - Long-Term Success: Setting and achieving goals is often associated with long-term success and fulfillment. By consistently setting and pursuing meaningful objectives, individuals can create a trajectory for sustained happiness.

Discussion

The facilitator leads the participants in a group discussion focused on the topic of goal setting. The purpose of the discussion is to facilitate peer support.

- The facilitator can use Padlet or other tools to assist with the discussion process.
- *Discussion Prompts to Facilitate Peer Support:*
 - What factors do you consider when determining the goals you want to pursue, and how do you ensure the goals are achievable and meaningful?
 - Think of an experience when you successfully achieved a significant goal. What strategies did you use to stay motivated and focused throughout the process?
 - Do you find it helpful to share your goals with others, or do you prefer to keep your goals private? How can accountability partners or support networks contribute to goal attainment?

Exercise

The facilitator leads the participants in an exercise focused on the topic of goal setting for 15 minutes.

- *Objective:*
 - The objective is to understand the process of setting SMART goals.
- *Directions:*
 1. Think of one goal you would like to achieve during your fieldwork experience.
 2. On a piece of paper, write your goal. (Be as specific as possible)
 3. Write the metrics or indicators you will use to track your progress towards your goal.
 4. Write the resources you will use to achieve your goal.
 5. Write the challenges you may encounter when achieving your goal.
 6. Write how achieving the goal aligns with your long-term vision as a music therapist.
 7. Write the deadlines or timeframes you need to establish to achieve the goal.
 8. Share your SMART goal with another participant and solicit feedback.

Session Four: Dealing with Stress**Introduction**

The facilitator introduces stress and stress management to the participants for 15 minutes.

- *Definitions:*
 - Stress is a reaction to pressures and can become unhealthy. Stress involves changes to nearly every system of the body, influencing how you may feel and behave. “By causing mind-body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life” (American Psychological Association, 2024a, p. 1)
 - Stress management is “the use of specific techniques, strategies, or programs for dealing with stress-inducing situations and the state of being stressed” (American Psychological Association, 2024b, p. 1).

- *Description:*
 - Within the Master Resilience Training Program, U.S. Army soldiers are encouraged to develop skills to help “hunt the good stuff.”
 - Through cognitive reframing and challenging negative thought patterns, individuals can proactively recognize and analyze good experiences and events.
 - Hunting the Good Stuff (Toenjes, 2013)
 - https://youtu.be/angkLMCMXZo?si=Qis728Ih7_ZxiPxU

- *Benefits:*
 - Improved Mental Health: Stress management techniques can help reduce symptoms associated with anxiety, depression, and burnout syndrome. By learning to cope with stress, individuals can experience greater emotional resilience and well-being.
 - Better Sleep Quality: Stress management techniques can help improve sleep quality and duration, leading to increased energy levels, better concentration, and overall well-being.
 - Increased Resilience: Stress management can foster resilience. By learning to navigate stressors and setbacks with ease, individuals can develop stronger coping skills and adaptive strategies, enhancing the ability to thrive during adverse events.
 - Increased Productivity and Performance: Stress management can enhance individuals’ ability to focus, prioritize tasks, and maintain motivation, leading to improved productivity and performance outcomes.

Discussion

The facilitator leads the participants in a group discussion focused on the topic of goal setting. The purpose of the discussion is to facilitate peer support.

- The facilitator can use Padlet or other tools to assist with the discussion process.
- *Discussion Prompts to Facilitate Peer Support:*
 - What are some of the stressors you are experiencing right now?
 - What are some of the stressors you think you will experience during fieldwork?
 - How does stress influence your daily life, productivity, mental health, and relationships?

Exercise

The facilitator leads the participants in an exercise focused on the topic of stress management for 15 minutes.

- *Objective:*
 - The objective is to cultivate one stress management activity by creating and maintaining a gratitude journal.
- *Directions:*
 1. Distribute journals and markers to the participants.
 2. Invite the participants to personalize their gratitude journal with drawings, pictures, etc.
 3. While the participants are personalizing the gratitude journals, ask the participants to think about their intentions for the gratitude journal.
 4. Write your intentions on the first page of the gratitude journal.
 5. On the second page of the gratitude journal, write three things you are grateful for in this moment.
 6. Pair up with another participant.
 7. Share your intentions and list with your partner.

Appendix K

Test Phase: Protocol

Session	Protocol
Session One	<ol style="list-style-type: none"> 1. The scholar practitioner will conduct session one of the resiliency training series with the participants. (45 minutes in length) 2. Journal Entry (15 minutes in length) <ol style="list-style-type: none"> a. The scholar practitioner will distribute the journal entry prompts to the participants through Canvas. b. The scholar practitioner will ask the participants to complete the journal entry based on the prompts. c. The participants will complete the journal entry.
Session Two	<ol style="list-style-type: none"> 1. The scholar practitioner will conduct session one of the resiliency training series with the participants. (45 minutes in length) 2. Journal Entry (15 minutes in length) <ol style="list-style-type: none"> a. The scholar practitioner will distribute the journal entry prompts to the participants through Canvas. b. The scholar practitioner will ask the participants to complete the journal entry based on the prompts. c. The participants will complete the journal entry.
Session Three	<ol style="list-style-type: none"> 1. The scholar practitioner will conduct session one of the resiliency training series with the participants. (45 minutes in length) 2. Journal Entry (15 minutes in length) <ol style="list-style-type: none"> a. The scholar practitioner will distribute the journal entry prompts to the participants through Canvas. b. The scholar practitioner will ask the participants to complete the journal entry based on the prompts. c. The participants will complete the journal entry.
Session Four	<ol style="list-style-type: none"> 1. The scholar practitioner will conduct session one of the resiliency training series with the participants. (45 minutes in length) 2. Journal Entry (15 minutes in length) <ol style="list-style-type: none"> a. The scholar practitioner will distribute the journal entry prompts to the participants through Canvas. b. The scholar practitioner will ask the participants to complete the journal entry based on the prompts. c. The participants will complete the journal entry.

Appendix L

Test Phase: Journal Entry Prompts

Session	Prompts
Session One	<ul style="list-style-type: none"> • How can resiliency influence stress levels and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during music therapy fieldwork experiences? • How can resiliency during your current fieldwork experience influence your quality of life?
Session Two	<ul style="list-style-type: none"> • How can energy management influence stress levels and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during music therapy fieldwork experiences? • How can energy management during your current fieldwork experience influence your quality of life?
Session Three	<ul style="list-style-type: none"> • How can goal setting influence stress levels and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during music therapy fieldwork experiences? • How can goal setting during your current fieldwork experience influence your quality of life?
Session Four	<ul style="list-style-type: none"> • How can intentional stress management (such as a gratitude journal) influence stress levels and symptoms of mental health challenges associated with anxiety, depression, and burnout syndrome during music therapy fieldwork experiences? • How can intentional stress management (such as a gratitude journal) during your current fieldwork experience influence your quality of life?

Appendix M

Test Phase: Journal Entry Themes

Themes	Number of Significant Statements	Frequency	Examples
Theme One: Cultivating resilience minimized music therapy students' stress levels and symptoms associated with anxiety, depression, and burnout by increasing emotional stability and mental clarity during fieldwork experiences	17	27.42%	"Resiliency can help an individual regulate emotions. Having the ability to emotionally regulate in high-stress environments can positively affect mental clarity."
Theme Two: Resilience improved music therapy students' quality of life by boosting confidence levels during fieldwork experiences	16	25.81%	"Resilience can help me gain more confidence in my craft as I become a music therapist."
Theme Three: Resilience enhanced music therapy students' quality of life by fostering positive emotions and feelings of accomplishment during fieldwork experiences.	14	25.58%	"One way I find goal setting to be particularly helpful is to feel that I achieved something. When I don't set goals, I don't have the same sense of accomplishment. This accomplishment reduces depression about my fieldwork."
Theme Four: Resilience decreased symptoms associated with anxiety, depression, and burnout by increasing music therapy student adaptability and perseverance during fieldwork experiences.	9	14.52%	"Resilience directly influences stress levels and symptoms of mental health challenges by putting an emphasis on creating an environment or state of being where an individual can recover quickly from difficulties or being able to adapt to stress to maintain wellbeing."
Theme Five: Energy management improved music therapy students' quality of life by reframing negative energy (anxiety) into positive energy (excitement) during fieldwork experiences.	6	9.68%	"I think redirecting my anxious energy into excitement is a great resource for fieldwork. I struggle with anxiety prior to sessions, which sometimes bleeds into my everyday life. On the day of a session, I tend to feel more anxious than days without sessions. My quality of life could be improved by better energy management on these session days."

Appendix N

Test Phase: Individual Interview Questions

Question Number	Question
Question One	What aspects, if any, of the first session, entitled <i>Defining and Describing Resilience</i> , within the resiliency training series changed your perceptions of stress and symptoms of mental health challenges associated with depression, anxiety, and burnout syndrome during your current fieldwork experience?
Question Two	What aspects, if any, of the second session, entitled <i>Energy Management</i> , within the resiliency training series changed your perceptions of stress and symptoms of mental health challenges associated with depression, anxiety, and burnout syndrome during your current fieldwork experience?
Question Three	What aspects, if any, of the third session, entitled <i>Goal Setting</i> , within the resiliency training series, changed your perceptions of stress and symptoms of mental health challenges associated with depression, anxiety, and burnout syndrome during your current fieldwork experience?
Question Four	What aspects, if any, of the fourth session, entitled <i>Dealing with Stress</i> , within the resiliency training series changed your perceptions of stress and symptoms of mental health challenges associated with depression, anxiety, and burnout syndrome during your current fieldwork experience?
Question Five	What was your favorite part of the resiliency training series?
Follow-up to Question Six	Please describe why the component was your favorite part of the resiliency training series.
Questions Six	What was your least favorite part of the resiliency training series?
Follow-up to Question Seven	Please describe why the component was your least favorite part of the resiliency training series.
Question Eight	What recommendations, if any, do you have for faculty and staff regarding future resiliency training series with music therapy undergraduate and equivalency students during fieldwork experiences?

Appendix O

Test Phase: Individual Interview Themes

Themes	Examples
Energy management improved music therapy students' quality of life by reframing negative energy (anxiety) into positive energy (excitement) during fieldwork experiences.	"I found myself quoting the energy management session a lot throughout the week. It's not nervousness; it's excitement. When I am very nervous about things during fieldwork, I become anxious, and then that kind of drains my energy."
Engaging in stress management by cultivating gratitude decreased music therapy students' symptoms associated with anxiety, depression, and burnout while improving resilience during fieldwork experiences.	"I feel like focusing on gratitude keeps me from thinking nothing is going well. It's like, no, actually, let's take a few seconds because there are good things that are happening. I was just not focusing on them."
Goal setting allowed music therapy students to set realistic and relevant expectations during fieldwork experiences, thus improving resilience and decreasing symptoms associated with anxiety, depression, and burnout.	"The session on goal setting helped me decrease my stress levels during fieldwork. I had a tendency to make goals for myself that weren't really reasonable."

Appendix P

Test Phase: Focus Group Questions

Question Number	Question
Question One	What aspects, if any, of the first session, entitled <i>Defining and Describing Resilience</i> , within the resiliency training series changed your quality of life during your current fieldwork experience?
Question Two	What aspects, if any, of the second session, entitled <i>Energy Management</i> , within the resiliency training series changed your quality of life during your current fieldwork experience?
Question Three	What aspects, if any, of the third session, entitled <i>Goal Setting</i> , within the resiliency training series changed your quality of life during your current fieldwork experience?
Question Four	What aspects, if any, of the fourth session, entitled <i>Dealing with Stress</i> , within the resiliency training series changed your quality of life during your current fieldwork experience?
Question Five	What components of the resiliency training series, if any, would you prefer to change?
Follow-up to Question Five	Please describe why you would prefer to change the components of the resiliency training series.
Follow-up to Question Five	Please describe how you would change the components of the resiliency training series.

Appendix Q

Test Phase: Focus Group Themes

Themes	Examples
<p>Music therapy students can implement energy management techniques during fieldwork experiences to enhance resilience and decrease symptoms associated with anxiety, depression, and burnout syndrome.</p>	<p>“I think for me; energy management is about taking time in between the sessions to be cognizant and take a breath...relax for just a second before I walk into the next session.”</p>
<p>Faculty and staff can further improve music therapy student resilience by encouraging students to engage in ongoing reflective practices throughout fieldwork experiences.</p>	<p>“I have had a lot of hard days recently. So anytime I’m feeling really upset, I’ve been trying to take time to go and fill out my journal. It sucks right now, but what’s really good? What are the good things?”</p>
<p>Music therapy students prefer to be engaged through active learning experiences to enhance resiliency during fieldwork.</p>	<p>“I like having hands-on experiences.”</p>

Biographical Information

Crystal Weaver is a board-certified music therapist, a certified rehabilitation counselor, and a licensed professional counselor in Missouri. Ms. Weaver graduated cum laude with a Bachelor's in Music Therapy in 2004 and graduated with a Master's in Rehabilitation Counseling with a Specialization in Music Therapy in 2010 from Maryville University in Saint Louis, Missouri. In 2019, Ms. Weaver obtained an additional graduate degree, a Master's in Health Administration, from Saint Louis University. Currently, Crystal Weaver is pursuing a Doctorate in Educational Leadership with an Emphasis in Higher Education Administration from Lindenwood University in Saint Charles, Missouri.

During Crystal Weaver's time at Maryville University, she was presented with the Leadership in Music Therapy Award from the Music Therapy Program and the Faculty Award for Excellence from the Rehabilitation Counseling Program. In 2014, Ms. Weaver was presented with the Myrtle E. and Earl E. Walker College of Health Professions Dean's Award, recognizing graduates who bring distinction to the profession, to the community, and to Maryville University within the field of health professions. In 2020, Crystal Weaver was presented with the Dr. Paul R. Donnelly Award for the highest cumulative grade point average of Master of Health Administration students at Saint Louis University.

In 2004, Crystal Weaver completed a National Roster Music Therapy Internship at Hospice of Palm Beach County in West Palm Beach, Florida. Later the same year, Ms. Weaver accepted a full-time music therapy position at BJC Hospice in Saint Louis, Missouri. During Ms. Weaver's time at BJC Hospice, she was a part of the Missouri

Baptist Hospital Speaker's Bureau and was a member of the Quality Assurance Performance Improvement Committee. Before completing a seven-year employment with BJC Hospice, Ms. Weaver was named Employee of the Year in 2010.

In 2011, Crystal Weaver accepted a music therapy position at the Saint Louis University Cancer Center (SLUCare Physicians Group). The position focused on conducting music therapy-based research studies, providing music therapy services to adults diagnosed with cancer, and leading community outreach efforts focused on the advancement of music therapy in healthcare. In 2013, the Music Therapy Program, under the leadership of Crystal Weaver, expanded by hiring a second full-time music therapist.

In 2019, Crystal Weaver was promoted to Manager of Patient Support Services at the Saint Louis University Cancer Center. In the position, Ms. Weaver was responsible for managing the accreditation processes through the Commission on Cancer (American College of Surgeons) and for supervising music therapy, social work, rehabilitation counseling, and nutritional services staff. In addition, between 2011 and 2022, Ms. Weaver served as adjunct faculty for the Saint Louis University College of Arts and Sciences and the Maryville University Myrtle E. and Earl E. Walker College of Health Professions.

In 2022, Crystal Weaver transitioned to the Director of Music Therapy at Maryville University in Saint Louis, Missouri. In this position, Ms. Weaver serves as a clinical assistant professor and the clinical director of the non-profit music therapy entity, Kids Rock Cancer. In addition, Crystal Weaver oversees all components of the undergraduate, equivalency, and graduate music therapy programs, including

accreditation through the National Association of Schools of Music and approval through the American Music Therapy Association.

Crystal Weaver has co-authored over 35 research study abstracts which have been presented at regional, national, and international conferences (including the American Music Therapy Association National Conference, the Sigma Theta Tau International Nursing Research Congress, the National Comprehensive Cancer Network Annual Conference, and the International Federation of Head and Neck Cancer Oncologic Societies World Congress). Ms. Weaver has over ten publications in peer-reviewed, professional journals (including the *Journal of Pediatric Hematology/Oncology Nursing*, the *Journal of Sickle Cell Disease and Hemoglobinopathies*, the *Journal of Nuclear Medicine*, and *Biology of Blood and Marrow Transplantation*).