Narratives of the experiences of music therapists as they transition from expert clinician to novice educator and then transform into expert educators.

by

Nicole Jacobs

B.A., University of Missouri-Kansas City, 2002
M.M., Colorado State University, 2016

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Educational Leadership
College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2026

Abstract

The number of academic music therapy programs is expanding as the American Music Therapy Association continues to approve new degree programs. However, academic preparation for faculty assuming roles in music therapy education has not expanded at a comparable rate. Graduate programs lack consistent guidance and accountability from professional organizations regarding the preparation of music therapy educators. The purpose of this study is to explore what narratives of music therapy faculty members reveal about their experiences transitioning from expert clinician to novice faculty member and then transforming into expert educators. The three research questions are what stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles, what stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator, and what stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator. Schlossberg's Transition Model, Mezirow's Transformative Learning Theory, and Pratt's Five Perspectives of Teaching serve as the theoretical framework for this study. This study employs narrative inquiry and includes six full-time music therapy educators with at least five years of teaching experience. Data were primarily collected through two semi-structured interviews with each participant. Additional data sources included course syllabi, Teaching Perspectives Inventory (TPI), participant teaching notes (when available), and researcher analytic memos and journaling. Data analysis followed Braun and Clarke's (2006) six stage process of thematic analysis. Findings revealed that the transition from clinician to educator and the transformation from novice to expert educator are dynamic, iterative, and deeply personal experiences. Recommendations address the preparation and support of current and future music therapy faculty.

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Dedication

This dissertation is dedicated to my children, Lillian, Sydney, Jack, Betty, and Sam. You have all endured this journey with me. I cannot thank you enough for supporting me, understanding when I had to “do school,” and not complaining about the many hours I spent studying and writing at the coffee shop most weekends. I am the luckiest person in the world to be your mom. I love you.

Chapter 1 - Introduction

Clinicians choose to transition to educator roles for a variety of reasons. Sources of motivation include enjoying sharing clinical expertise through teaching (Cangelosi et al., 2009), wanting to contribute to their field by developing the next generation (Lee et al., 2022), and the influence of role models, mentors, and their own positive academic experiences (Triemstra et al., 2021). Although clinicians may have experienced becoming a novice multiple times as they transitioned between clinician roles throughout their careers, the transition to an educator role can evoke anxiety, fear, and tension (Cangelosi et al., 2009). A lack of preparation for educator roles is frequently identified as a primary contributor to perceiving the transition from expert clinician to novice educator as negative and stressful (Cangelosi et al., 2009). Clinical music therapists share in this challenge, as graduate programs often provide limited preparation for educator roles prior to graduates accepting faculty positions.

Music therapy educators are responsible for the education and training of future professional music therapists. Through completion of academic degree programs, students develop the professional competencies necessary to provide music therapy services that meet the standards for quality established by the American Music Therapy Association (AMTA). The curriculum for music therapy education includes coursework and clinical training designed to prepare students for the Certification Board for Music Therapists (CBMT) examination (AMTA, 2021; CBMT, 2023a). Through these educational experiences, students acquire skills for working with clients across the lifespan with diverse needs. Given the breadth of the music therapy scope of practice and the variety of client populations served, it is essential that music therapy faculty develop into expert educators capable of preparing competent graduates for the healthcare workforce. However, little is known about the experiences of expert music therapists

as they transition into novice educators and subsequently develop into expert educators. As a result, AMTA and graduate music therapy programs have limited empirical evidence to inform the development of coursework and training experiences that prepare students for academic careers.

Background

The purpose of the background section is to introduce the reader to the profession of music therapy. This section includes a definition and description of music therapy, an overview of the role of the AMTA, and foundational information related to music therapy faculty and students. The section concludes with a review of the transition from expert clinician to novice educator.

Overview of Music Therapy and AMTA

Music therapy is a healthcare profession defined 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" (AMTA, 2023a, para 1). In the United States, AMTA serves as the professional organization for music therapy. The mission of AMTA is "to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world" (AMTA, 2023b, para 2). AMTA is responsible for approving academic music therapy programs, which are required to meet the established standards for education and clinical training in order to become and remain approved (AMTA, 2021). Within the general standards for academic institutions, AMTA specifies that only regionally accredited, degree-granting institutions are eligible for program approval. In addition, AMTA outlines standards for faculty qualifications and staffing of music therapy degree programs, including minimum professional credentials,

level of education attained, years of clinical experience, and demonstrated mastery of professional competencies.

Music Therapy Faculty and Challenges

Currently, there are 98 academic music therapy programs in the United States with additional new program applications under review by the Academic Program Approval Committee (AMTA, n.d.). According to the most recent AMTA Education update, there are at least 250 full-time and part-time music therapy educators (Vega, 2023). However, the total number of music therapy faculty is unknown. Although AMTA distributes an annual survey to all approved academic programs, the response rate for the 2022-2023 academic year was only 62% (Vega, 2023). As a result, the actual number of music therapy educators is likely substantially higher than reported. Additionally, the majority of music therapists are white, cisgender females under the age of 40 years old, a demographic pattern that is mirrored within the music therapy educator population (AMTA, 2019; Gooding, 2018).

Supply and Demand

Student enrollment data were also reported in the most recent education update distributed to academic programs (Vega, 2023). During the 2022-2023 academic year, AMTA reported a total enrollment of 1,605 undergraduate students, 196 equivalency-only students, 323 master's equivalency students, 218 master's students, and 11 doctoral students, resulting in a total of 2,353 music therapy students. The Standards for Education and Clinical Training require that academic institutions employ a minimum of one full-time music therapy faculty position for each degree program offered (AMTA, 2021, standard 6.3.1). For example, an institution offering both bachelor's and master's degrees must employ at least two full-time music therapy faculty members. Although the standards recommend an undergraduate student-to-faculty ratio of no

more than 20:1, this ratio is not required. Given that there are 98 approved academic programs and only 11 doctoral music therapy students in 2024, there is concern regarding the sustainability of the music therapy faculty workforce needed to support existing and emerging degree programs. These data suggest a potential shortage of incoming novice music therapy faculty, particularly at institutions that require faculty members to hold doctoral degrees.

Qualifications

Although all new music therapy faculty members enter academia as experienced board-certified music therapists, as required by AMTA, they are not required to possess *any* prior teaching experience. The AMTA standards for education and clinical training identify "the ability to teach" as a staffing requirement (AMTA, 2021, standard 6.1.1), allowing clinicians with limited or no teaching experience to be hired as full-time faculty members or academic program directors. Olszewski (2019) recommended that music therapy graduate programs incorporate teaching and supervision experiences, provide extensive faculty mentorship for graduate students, and raise the minimum educational requirement for tenure-track music therapy faculty positions from a master's degree to a doctoral degree. However, more than five years later, these recommendations have not been adopted. Consequently, the absence of a requirement for prior college teaching experience remains unchanged. Any qualifications beyond those specified in the AMTA standards are determined at the discretion of the individual degree-granting institutions. Furthermore, once music therapy educators enter academia, neither AMTA nor CBMT requires any continuing education specifically focused on strengthening and enhancing teaching skills.

Transition from Expert Clinician to Novice College Educator

Research addressing the transition from music therapy clinician to music therapy faculty member is limited to a single dissertation. Olszewski (2019) explored the lived experiences of seven junior music therapy faculty members as they developed into successful academics during their first five years in higher education. Findings of the study included "participants had similar experiences in their paths to music therapy, in their preparation for a future in higher education, in their pivotal relationships, in the tenure process, in their struggles, and in their knowledge of self" (p. V). Although participants described learning to teach, the primary focus of the study was the broader transition into academia. While participants were prompted to discuss professional identity development, their responses did not explicitly address the shift in identity from clinician to educator. Additionally, the study focused exclusively on faculty members with five years or fewer of academic experience. As a result, the full trajectory of transitioning from expert clinician to novice college educator and ultimately to expert educator was not explored.

Despite the limited music therapy literature on the transition from expert clinician to novice educator, substantial research has examined similar role transitions within healthcare professions, particularly nursing. Shapiro (2018) found that although clinical expertise is valuable, novice faculty members must develop educator-specific skills and require support to do so effectively. Participants in Shapiro's (2018) study reported challenges related to unfamiliarity with academic environments and the complexity of full-time faculty roles. The need for support to persist and adapt during the transition to academia emerged as a common theme. In addition, participants identified themselves as clinical experts while simultaneously experiencing a loss of identity as a clinical expert. Furthermore, Shapiro (2018) found that even graduate-level

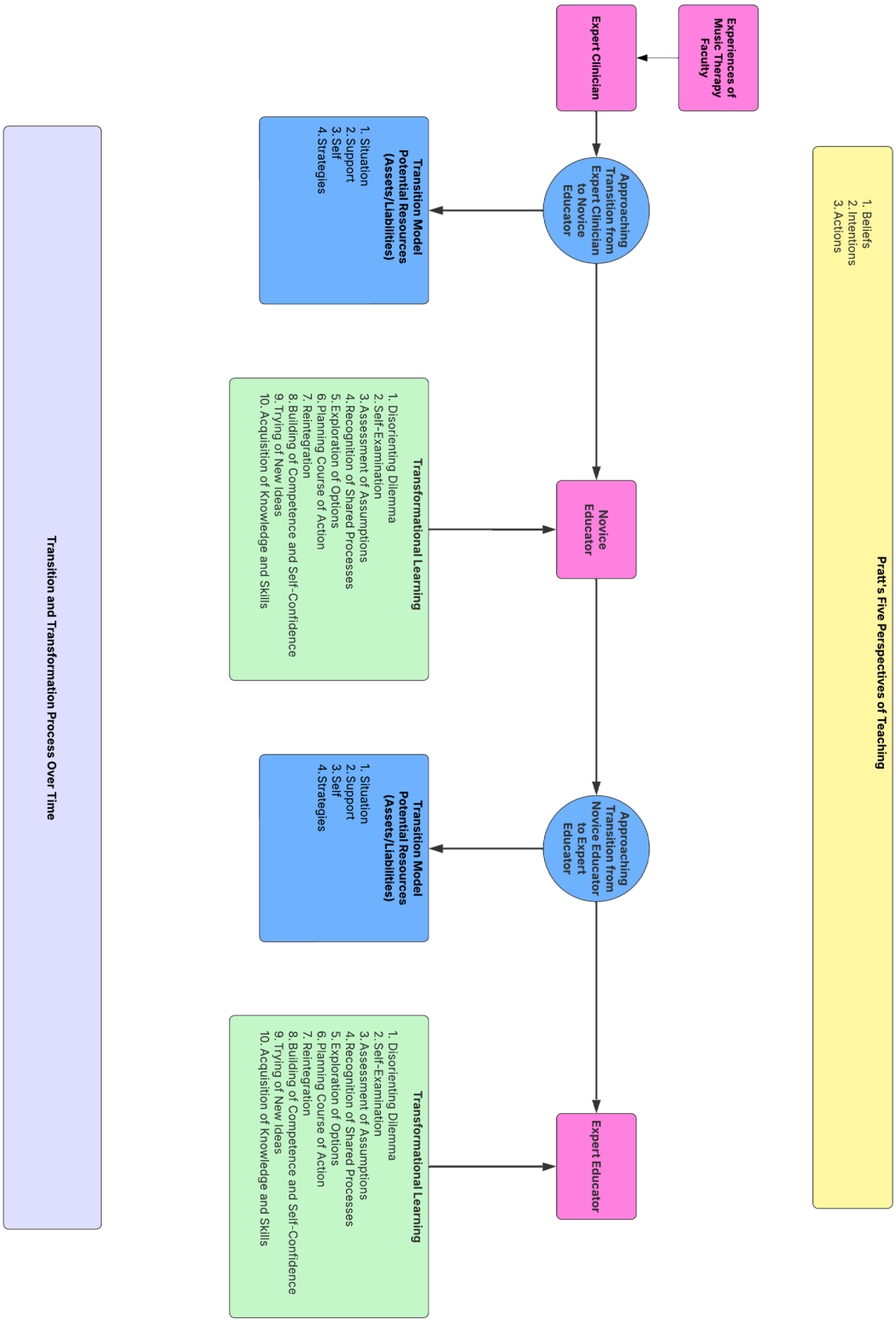
coursework in education did not sufficiently prepare participants for the demands of full-time faculty positions.

Similarly, Cangelosi et al. (2009) examined the narratives of 45 nurse educators and identified several themes related to the transition from expert clinician to novice educator. The overarching theme that emerged was the phenomenon of "learning to teach". Participants described their motivation to teach as rooted in their passion for nursing and a desire to share clinical expertise. They identified themselves as expert clinicians and novice nurse educators and noted that many had prior experiences transitioning into novice roles. Some participants viewed the novice experience positively, describing it as an opportunity for learning and professional development.

Theoretical Framework

This qualitative study utilizes Schlossberg's Transition Model, Mezirow's Transformative Learning Theory, and Pratt's Five Perspectives of Teaching as its theoretical framework to understand music therapy faculty members' narratives regarding their experiences transitioning from expert clinicians to novice educators and subsequently transforming into expert educators (see Figure 1.1).

Figure 1.1. Theoretical Framework



Schlossberg's Transition Model

Schlossberg's Transition Model provides a framework for understanding the work role transition experiences of music therapy educators. Transitions are a common aspect of work life (Schlossberg, 1981). For example, music therapists often occupy various roles across different organizational contexts before transitioning into educational positions. These roles may include music therapy clinician, practicum supervisor, and internship director. Such work role transitions are complex and shaped by multiple factors, including personal characteristics, contextual influences, and available resources, all of which affect how individuals experience and adapt to change (Schlossberg, 1981).

Transitions vary widely in nature and may be experienced as positive, negative, or a combination of both, often involving simultaneous gains and losses (Schlossberg, 1981). Individuals also differ in how they experience and navigate transitions, and Schlossberg's Transition Model helps explain the factors that contribute to these variations in adaptation.

A central component of Schlossberg's Transition Model is the "4 S system", which is used to assess an individual's coping resources during transition. The 4 S system includes categories related to the individual's situation, self, support, and strategies. Each of the four categories may prove to be an asset or a liability and influences how an individual experiences and manages a transition, and collectively, they shape the overall transition experience.

Mezirow's Transformative Learning Theory

Transformative learning, grounded in cognitive and developmental psychology, emphasizes the process of deriving meaning from experiences through reflection and critical self-reflection (Dirkx, 1998). Mezirow (1997) conceptualized transformative learning as a process through which adult learners revise and transform their frames of reference. This

transformation through self-reflection of the adult learner's assumptions. As music therapy clinicians transition into full-time faculty positions, they enter academia with preexisting assumptions about what it means to be an educator, what it means to teach, and what it means to learn. Through reflective processes, these assumptions may be challenged and/or reformed. This study seeks to explore the varied and complex narratives that emerge from music therapy educators' stories, illuminating their individualized journeys as they transform from novice to expert educators (Dirkx, 1998).

Pratt's Five Perspectives of Teaching

Pratt's Five Perspectives of Teaching, developed by Daniel Pratt in the early 1990s, provides a conceptual framework for understanding and analyzing educators' approaches to teaching. A teaching perspective encompasses an educator's beliefs, intentions, and actions related to knowledge, learning, and the role of teaching (Jarvis-Selinger et al., 2007). Despite the influence on instructional practice, many educators remain unaware of their own perspectives, underscoring the value of frameworks that encourage self-reflection.

Pratt's five perspectives include Transmission, Apprenticeship, Developmental, Nurturing, and Social Reform (Pratt and Associates, 2016). The transmission perspective emphasizes delivering standardized content, whereas the apprenticeship perspective focuses on skill development within a learner's zone of understanding. The developmental perspective teaching builds on students' existing knowledge, the nurturing perspective addresses students' fears in a supportive learning environment, and the social reform perspective prioritizes understanding the purpose and implications of knowledge on society. Faculty members often gravitate toward perspectives that align with their academic disciplines, influenced by discipline-specific practices (Jarvis-Selinger et al., 2007). To operationalize these perspectives, Pratt and

colleagues developed the Teaching Perspectives Inventory (TPI), a 45-item survey available online since 2001 (Collins & Pratt, 2011). The TPI enables educators to reflect on their teaching beliefs, intentions, and actions. The participants in this study completed the TPI during the second interview. As the music therapy educators told their stories of transitioning from expert clinician to novice educator and then transforming into expert educators, they were prompted to share how their experiences contributed to their teaching beliefs, intentions, and actions over time and compared them to their current perspectives. These narratives were a key contribution to understanding the educators' experiences in transforming from novice to expert educators.

Little is known about how music therapy educators experience the work role transition from expert clinician to novice educator. Moreover, an understanding of how novice music therapy educators develop into expert music therapy educators is unknown. This study sought to fill this gap by using Schlossberg's Transition Model, Mezirow's Transformative Learning Theory, and Pratt's Five Perspectives of Teaching to understand these experiences.

Problem Statement

There remains an ongoing need for qualified and well-prepared music therapy faculty to fill open positions in academic programs. As AMTA continues to approve new programs, universities face increasing challenges in recruiting, hiring, and retaining faculty who are adequately prepared for academic roles. Given the growing number of new and underprepared music therapy clinicians transitioning into faculty roles, it is important to understand the experiences of faculty as they navigate the transition from expert clinician to novice educator and ultimately transform into expert educators. This study seeks to build upon the existing findings of Luce (2001), Hahna (2011), Olszewski (2019), West (2020), Ravaglioli (2022), Belt (2023), and Befi-Hensel (2023) by collecting the narratives of music therapy faculty beginning prior to

the transition to academia through their transformation into expert educators. While previous research has covered parts of the experience from expert clinician to novice educator to expert educator, significant gaps remain and act as a barrier to fully understanding the entire transition and transformation experienced by music therapy faculty.

Purpose of the Study

The purpose of this narrative inquiry was to explore what narratives of music therapy faculty members reveal about their experiences transitioning from expert clinicians to novice educators and subsequently transforming into expert educators. This study explored the experiences of individual participants through the stories told by the participants. Each person had their own complex story with a beginning, middle, and end unique to their individual experiences. Understanding how music therapy faculty experience this transition and adapt to their new roles holds the potential to inform educational programs that prepare music therapy clinicians for careers in academia. This understanding includes examining how faculty adapt to these changes and identifying the factors that contribute to their experiences.

Research Questions

The following research questions guided this study:

- RQ 1: What stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles?
- RQ 2: What stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator?
- RQ 3: What stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator?

Overview of the Research Design

Narrative inquiry was the research design used to study the stories and lived experiences of the music therapy faculty participants. The term narrative inquiry was first used in education research in an article written by Connelly and Clandinin in 1990. Connelly and Clandinin applied narrative inquiry to their research on school curricula. Bhattacharya (2017) describes narrative inquiry as a way to "think of how participants use stories to interpret their experiences with the world, of a certain event, or the world in general" (p. 93). Narrative inquiry reaches beyond simply listening to stories. It offers researchers a way to deeply understand the experiences of the storytellers (Zimmerman & Kim, 2017). In addition, through retelling their stories, participants develop a deeper understanding of their experiences as they interpret and reinterpret them while retelling the stories with others.

Storytelling is the heart and focus of narrative inquiry (Zimmerman & Kim, 2017). It has been described as a portal through which the researcher can enter the participant's world, interpret it, and make meaning (Clandinin et al., 2007). This methodology collects the stories and lived experiences of individuals. Kim (2016) describes narrative inquiry as a methodology that uses interdisciplinary interpretive lenses. As a result, this methodology uses approaches that are theoretically and philosophically diverse. Kim (2016) suggests that narrative inquiry is effective for understanding the actions of others. Because this current research study seeks to understand the experiences of music therapy faculty, including how they adapt to work role transitions and develop into expert educators, narrative inquiry is an appropriate type of qualitative research approach for exploring my research question.

Clandinin et al. (2007) recommend this methodology especially for collecting the stories of teachers and teacher educators due to the complexity of these experiences. Narrative inquiry

also honors the complexity of teaching and learning and allows for exploration of the reflective practices in which many instructors engage (Kim, 2016). Pioneers of this methodology argue that "narrative inquiry embodies theoretical ideas about educational experience as lived and told stories" (Kim, 2016, p. 22). Being an educator is both a solitary and a social experience. Kim (2016) emphasizes that narrative inquiry can help organize these seemingly conflicting qualities.

Participants and Recruitment

Determining the number of participants for a narrative inquiry is complex. Patton (2002) argues that qualitative inquiry is inherently ambiguous. For example, when it comes to sample size, he argues there are no rules in qualitative research. Instead, Patton (2002) outlines factors that should be considered when determining an appropriate sample size in qualitative research. Such factors include "what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with the available time and resources" (Patton, 2002, p. 244).

Qualitative researchers should also consider whether their research questions require more breadth or depth. For example, if the research purpose calls for in-depth information, then including a small number of participants who provide rich information is appropriate. Patton (2002) recommends that qualitative researchers determine a minimum sample size based on "expected reasonable coverage of the phenomenon given the purpose of the study and stakeholder interests" (p. 246). This study seeks depth rather than breadth. Therefore, data collection began with a minimum of five participants, with additional participants added as needed. Participants shared a minimum of 10 years of their life stories. Beginning with a minimum sample size of five participants resulted in at least 50 years of rich data related to the research purpose and question.

Selection criteria included full-time music therapy faculty members with a minimum of five years of experience teaching at the college level. Adjunct faculty were not included, as their professional experiences may differ from those of full-time faculty who are expected to meet specific standards related to teaching loads, advising responsibilities, research productivity, and service to the university and community.

A recruitment letter was used to solicit participants. The letter was posted in a social media group with over 400 music therapy faculty members. In addition to recruiting from the social media group, I accessed an online directory of music therapy program directors. The recruitment letter was sent directly to these individuals with a request that they share it with other faculty within their programs, if applicable.

Interested participants were instructed to contact me via email. In response to an email indicating interest, participants were provided with an informed consent form. Upon receipt of the signed consent form, the music therapy faculty members were enrolled in the study. I then sent an email to schedule two semi-structured interviews.

Data Collection

Merriam and Tisdell (2015) describe data as ordinary information found in the environment and note that it is at the discretion of the researcher to determine which data are used in a study. Data for this study came from three primary sources: interviews, documents, and a researcher's journal.

Interviews

Individual interviews served as the primary data source for this study. Merriam and Tisdell (2015) describe interviewing as the most common form of data collection in qualitative research. In narrative inquiry, the goal of the interview is to elicit stories from participants

(Zimmerman & Kim, 2017). In this study, two sets of virtual semi-structured interviews were conducted with each participant.

Documents

To expand the depth of the data, participant and researcher-generated documents were collected. Participant-generated documents included course syllabi and reflective writings such as teaching notes or journals, if available. In addition, participants completed the Teaching Perspectives Inventory (TPI) at the beginning of the second interview. This researcher-generated document was used to prompt discussion of participants' teaching perspectives and their development throughout their careers as educators. I also maintained a research journal. Journaling provides a method for recording both the outward events that occur during a study and also the researcher's inner response to them (Clandinin & Connelly, 2000). The researcher's journal documented my experiences throughout the study and was used for analytic memos. These memos captured thoughts, questions, points of confusion, interpretations, subjectivities, hunches, reminders, and other emerging insights (Bhattacharya, 2017).

Data Analysis

Data analysis began during the interview transcription process. An inductive approach was used for data analysis, in which raw data were examined and grouped to identify patterns and meanings. In Vivo coding was employed during first-cycle coding to remain closely grounded in participants' language. Pattern coding was used as a second cycle coding method to group the summaries into categories and themes. Finally, Braun and Clarke's (2006) six-stage process of thematic analysis served as the overarching analytical framework for data analysis.

Researcher Background

I have been a board-certified music therapist since 2002. When I graduated with my degree, my plan was to move back to my hometown and start a new music therapy program at one of the hospitals. During the six months that I worked on starting a program at the hospital, I began getting inquiries from local eldercare facilities that were interested in procuring music therapy services. Since I needed the income, I accepted these small contract positions. A few months later, when the attempt to start a program at the hospital failed, I decided to put everything into building a full-time private practice. In 2009, I was contacted by a nurse from the hospital. She reached out to me to get permission to share my contact information with a dean from the local nursing college affiliated with the hospital. They were looking for someone to teach an introduction to music therapy course. I had not considered teaching college students before. In fact, I almost declined the opportunity. Instead of declining, I accepted the adjunct position and taught my first course that fall. My preparation consisted of digging through all of the course materials I had saved from my own education. I used the same textbook and nearly copied the syllabus. I also used the same instructional methods, which were lecture and discussion.

I loved talking about music therapy for three hours each week. However, when I reviewed the first exam results, I was utterly disappointed. It seemed the students had learned nothing. Being inexperienced, I assumed it was my lack of experience teaching and that things would improve with time. Unfortunately, I did not see significant changes despite feeling more and more comfortable teaching over the next few years. I also started teaching the course online at this college and another university in 2014. It was just after that experience that my path to becoming a full-time professor began. The second institution took a serious interest in the music

therapy degree and ended up approving it as a new degree in the music department in 2015. After a series of interviews, I was offered the program director position and accepted it.

While I had over six years of experience teaching nursing students about music therapy, I soon realized my teaching served a different purpose when I transitioned to helping prepare music therapy students to *become* music therapists. As I worked to get our new program approved by the accrediting organizations, I also began my work to change how I was teaching. I knew that my music therapy students had to really "get it". Passively learning the material and forgetting it soon after the semester ended was not going to work for these students since they would soon be required to apply this knowledge in their clinical practicum courses. After discovering some resources on college teaching, I began to change my teaching philosophy and approach. By the time I started teaching in the new program, I was no longer just lecturing. I was designing a variety of active learning experiences for my music therapy students. It was a lot of experimentation. I often did not understand why things worked or did not work. It was this disorienting dilemma that led me to make the decision to return to school and get my doctoral degree in adult learning.

Early on in my doctoral studies, I made the decision to focus my research on music therapy faculty. As I reviewed the literature related to music therapy faculty and education, it became apparent that there was minimal research related to how these educators transition from their roles as clinicians, how they learn to teach, and their experience developing into expert educators.

Significance of the Study

This study is the first to explore the experiences of music therapists as they transition from being expert clinicians to novice college educators and then transform into expert

educators. While previous research has focused on junior music therapy faculty, specific pedagogical approaches, or student development, none of them have specifically explored the experiences of faculty as they changed their identity and developed into their new educator role and then transformed into expert music therapy faculty. Furthermore, this study is the first to uncover the developmental processes experienced by educators, including their beliefs about teaching and learning. The findings of this study may inform revisions to the AMTA standards related to faculty qualifications. In addition, this research offers implications for the development of more comprehensive preparation for new educators in graduate and continuing education programs.

Regarding music therapy educational programs, the findings from this study may influence changes to several points on the continuum of music therapy education. One potential area of impact is graduate music therapy education programs. Most graduate music therapy programs lack any coursework on how to teach and supervise. For example, Olszewski (2019) reports that only one of her graduate courses covered both teaching and supervision. In other research, a "learning by doing approach" was reported by Ravaglioli (2022). This approach is done in place of formal coursework on teaching. She noted that her participants' preparation for faculty positions during graduate school was limited to co-teaching, such as being a teacher's assistant or serving as an adjunct professor. Ultimately, the participants learned "Just by doing and learning what worked and what did not work" (p. 113).

Current standards for education and clinical training require music therapy faculty to have a minimum of a master's degree with 18 credits in music therapy (AMTA, 2021). As a result, many new music therapy faculty enter academic roles underprepared to teach and supervise (Olszewski, 2019). By gathering qualitative data on the experiences of music therapy

faculty, graduate music therapy programs could develop courses that prepare students for teaching in higher education. To that end, while the advanced music therapy competencies include clinical supervision and academic skills, there is no requirement that graduate music therapy programs include these in the curriculum. The advanced music therapy competencies exist only to guide programs should they include these competencies. As a result, these competencies are only optional guidelines. Given the existing number of credits already required, graduate music therapy programs have no incentive to include them in the curriculum. Collecting and analyzing the stories of music therapy faculty may support AMTA and graduate music therapy programs in strengthening standards related to educator preparation for academic roles.

This study may also have implications for continuing education. All board-certified music therapists are required to accumulate 100 continuing education credits every five years. This requirement is enforced by the Certification Board for Music Therapists (CBMT). These continuing education credits only include clinical music therapy competencies. Continuing education related to teaching responsibilities is not included. In contrast, the AMTA requirements to serve as a music therapy faculty member list the following as a requirement of faculty: "Pursues continuing education relevant to his/her teaching responsibilities" (AMTA, 2021, standard 6.1.1). However, the program approval and reapproval processes do not require documentation or verification of faculty participation in teaching-related continuing education. As a result, there is currently limited accountability across AMTA and CBMT regarding the ongoing pedagogical development of music therapy faculty.

Definitions

- Academia—The environment and community of teaching, learning, and research at universities.

- Assistant Professor—The entry-level faculty position in academia. Precedes associate professor.
- Associate Professor—The mid-level faculty position in academia. Precedes full professor.
- Board-Certified Music Therapist—A music therapist who has demonstrated the knowledge, skills and abilities necessary to practice at the highest level of the profession (CBMT, 2024).
- Clinician—A health care professional who provides direct care to patients.
- Course Syllabus—Outline of a course. Represents the professor's philosophy of teaching and learning, their attitude toward their students, and the conceptualization of the course (Cullen & Harris, 2009).
- Expert Clinician—Recognized as a clinical expert with at least five years of clinical experience (Anderson, 2009).
- Expert Educator—Professional educator with at least five years of teaching experience (Browne & Collett, 2023).
- Faculty—A person who teaches at a university or college.
- Full Professor - The faculty position attained after earning all promotions.
- Music Therapy—The evidence-based use of music experiences by a credentialed board-certified music therapist to address functional, nonmusical goals (AMTA,2023a).
- Music Therapy Faculty—An individual who meets all requirements to serve as faculty as outlined in the standards for education and clinical training published and enforced by the American Music Therapy Association (AMTA, 2021).

- Novice Educator—Professional educator with less than five years of teaching experience (Browne & Collett, 2023).
- Teaching Perspective—A teacher's values, beliefs, and intentions anchored in their cultural, social, historical, and personal meaning (Pratt, 1992).
- Work Transition—Moving in, moving through, and moving out of a work role (Anderson et al., 2011).

Chapter Summary

As the number of approved music therapy programs continues to expand, there is an increasing need for music therapists to transition from clinical practice into educator roles. As such, the music therapy community would benefit from improved preparation of future educators during graduate music therapy education, including coursework focused on teaching in higher education. The purpose of this research is to explore the experiences of music therapy faculty as they transition from experienced clinicians to novice music therapy faculty and then transform into expert educators.

Using a narrative inquiry design, the stories of music therapy faculty were collected through two rounds of interviews. Through their stories, the participants contributed to a deeper understanding of faculty transition experiences, which may inform curriculum development in graduate music therapy programs. Improving music therapy faculty preparation and development has the potential to benefit undergraduate music therapy students and subsequently lead to better preparation of the music therapy workforce. Ultimately, these improvements may enhance the quality of clinical services provided to the communities served by music therapists.

Chapter 2 - Literature Review

The chapter begins with a historical review of the development of academic programs followed by an overview of current music therapy education and clinical training. An introduction to the AMTA standards for education and clinical training will then be presented. Following this section will be a discussion of the literature on music therapy faculty. The next section will delve into competency-based music therapy education and the role of the Certification Board for Music Therapists. The second part of this chapter discusses the theoretical framework.

Background

Part of increasing access to quality music therapy services includes formalized educational programming. As of 2025, the entry level to practice music therapy is either a bachelor's degree in music therapy or an undergraduate or graduate equivalency in music therapy (AMTA, 2023a). The professionalization of music therapy dates to the mid-20th century, when the first academic programs and professional organizations developed. A historical summary of this development follows.

Development of Academic Music Therapy Programs

Professional education programs in music therapy were initially offered as introductory courses (Knight et al., 2018). For example, Harriet Ayer Seymour taught courses at the National Foundation of Musical Therapy (Davis, 1996). In 1944, she wrote the first textbook for clinical practice. The book, which was titled *An Instruction Course in the Use and Practice of Music Therapy* covered a variety of topics such as hospital visitations, music therapy for children, and basic principles of music therapy. Universities initially offered limited formal training through introductory programs. In the 1940s, academic programs were established at Michigan State

University, the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College (Knight et al., 2018). These programs developed academic courses, and clinical training experiences. Over the years, universities offering academic programs have been guided by several professional organizations and their standards for education. However, there were no professional organizations when these universities first developed their programs.

It was this need for educational standards and professional designations that led to the development of a permanent organization (Knight et al., 2018). Several organizations have fulfilled this need for standardized education and professional credentialing. Namely, the National Association for Music Therapy (NAMT) was established in 1950, the American Association for Music Therapy (AAMT) was established in 1971, and most recently, the American Music Therapy Association (AMTA) was established in 1998 (Knight et al., 2018). AMTA was formed through the merging of NAMT and AAMT. It has since existed as the professional organization for music therapy in the United States. AMTA continues to support the professional education of music therapists by approving new and existing academic programs, providing standards for education and clinical training, and establishing professional competencies for music therapists.

For a higher education institution to offer a degree in music therapy, the academic program must be approved by AMTA. In addition, institutions must apply for accreditation by the National Association for Schools of Music (NASM). If an institution already has accreditation, they apply to NASM for plan approval (AMTA, 2018). Applications are then reviewed by the Academic Program Approval Committee (APAC) of AMTA. Should the APAC subcommittee reviewers recommend a new program be approved, the Committee Chair forwards the recommendation for approval to the AMTA Board of Directors for official action (AMTA,

2018). This approval process is guided by the AMTA Standards for Education and Clinical Training.

AMTA Standards for Education and Clinical Training

Music therapy degree programs are competency-based (AMTA, 2021). Guidelines for the curricular structure of all music degree programs, including music therapy, are provided by NASM (AMTA, 2021). To that end, AMTA has established standards for education and clinical training. These standards guide educational programming in AMTA-approved universities. Together with curricular structure guidelines from NASM, music therapy programs are designed to prepare students to provide music therapy at a professional level upon completion of the degree or equivalency program. These approved academic programs are responsible for both the required educational and clinical training components.

Students who enroll in entry-level music therapy educational programs complete the equivalent of 120 semester hours of coursework and a minimum of 1,200 hours of clinical training (AMTA, 2021). Of the 1200 clinical training hours, a minimum of 180 must be completed concurrently with the coursework, while the remaining hours are completed during an internship experience (AMTA, 2021). It should be noted that although AMTA and NASM provide standards for the education and clinical training of music therapy academic programs, each university has a great deal of autonomy in how the coursework and clinical training are organized. Programs simply need to demonstrate that the competencies are addressed to the satisfaction of these professional organizations that approve degree plans and accredit institutions.

Music Therapy Faculty

The following section provides an overview of the professional requirements for music therapy faculty and outlines their multiple responsibilities. In addition, a review of the current challenges with full-time educator roles is included.

AMTA Educational Standards for Qualifications and Staffing

The AMTA upholds a set of minimum qualifications for music therapy faculty (AMTA, 2021). These standards vary depending on whether the position is for undergraduate faculty, graduate faculty, or adjunct faculty. Moreover, all AMTA-approved programs must have a full-time academic program director, and this position requires an additional set of qualifications for individuals. The qualifications for all positions include both education and clinical experience. All music therapy faculty must hold a professional credential in music therapy. In many cases, this will be the credential, Music Therapist-Board Certified (MT-BC), awarded by the CBMT. Finally, all music therapy faculty must pursue professional development relevant to their teaching responsibilities.

AMTA defines an undergraduate faculty member as "an individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing a music therapy program at the undergraduate level" (AMTA, 2021, standard 6.1.1). Full-time undergraduate faculty must hold a minimum of a master's degree in music therapy or in a related area. In either case, a minimum of 12 semester hours in graduate music therapy credits is required. In addition, they must have at least three years of full-time clinical experience or the part-time equivalent. All undergraduate faculty must demonstrate mastery of all professional competencies and any advanced competencies, effectiveness in one area of clinical practice, the

ability to teach and supervise music therapy students, and possess organizational and administrative skills related to their position.

AMTA defines graduate faculty as "an individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing music therapy programs at the master's and/or doctoral level" (AMTA, 2021, standard 6.1.2). These individuals must meet the same minimum education requirements as undergraduate faculty, with a preference for an earned doctorate. The requirement for clinical experience is five years of full-time experience or the equivalent in part-time experience. Graduate faculty must also show mastery of all professional-level competencies and any applicable advanced competencies. This is the same requirement as what is expected of undergraduate faculty. Additionally, these faculty must have the "ability to teach and clinically supervise graduate students, ability to guide graduate research, and the ability to organize and administer a graduate music therapy program" (AMTA, 2021, standard 6.1.2).

AMTA defines adjunct faculty as "an individual employed by a college or university to teach specific courses in music therapy on a part-time basis" (AMTA, 2021, standard 6.1.3). These faculty are required to hold a bachelor's degree in music therapy or a music therapy equivalency. Two years of full-time clinical music therapy experience or the part-time equivalent are also required. Adjunct faculty are hired to teach undergraduate and graduate courses. Those teaching graduate coursework must meet the AMTA requirements to teach in graduate programs. Finally, adjunct faculty must demonstrate specific competencies appropriate to their teaching assignments.

AMTA outlines the responsibilities required of institutions offering academic music therapy programs in the Standards for Education and Clinical Training. Although it is the

institution that is approved and accredited, it is the music therapy faculty who do the work to meet these standards. The responsibilities to meet the standards are vast and include the general areas of organizing the degree program including designing or redesigning the program. For new programs, when the music therapy faculty member is hired prior to application for program approval from AMTA and institutional accreditation by NASM, they will be responsible for designing the degree program(s) to be offered and completing the two applications. This process may take a year or more and is required prior to the launch of the degree program.

One of the standards that is required is that faculty ensure there are enough resources for music therapy students (AMTA, 2021). This includes classroom and lab space, storage areas for music therapy equipment and materials, and access to music therapy research through the library. Music therapy faculty are responsible for determining admissions procedures and requirements. They must also have criteria and procedures for program dismissal. Relatedly, music therapy faculty must have processes to address student retention. Academic advising is another responsibility of music therapy faculty. This is particularly important as it is not typical for other music faculty or departmental advisors to be familiar enough to advise music therapy students due to the clinical nature of the degree requirements, which is a significant variation from other music majors. To that end, career counseling is also a responsibility of music therapy faculty as well as evaluation of the program.

Music therapy faculty are responsible for teaching coursework and supervising the clinical training program, which often includes directly supervising students on or off campus for a minimum of 180 clinical training hours (AMTA, 2021). The courses taught may be related to any of the professional competencies. Additionally, faculty must collaborate with internship sites

to ensure the student is able to master all professional competencies by the end of the experience, which is often completed in another state.

Concerns Related to Music Therapy Faculty Qualifications and Development

Several concerns arise when analyzing the requirements for music therapy faculty. First, there is a discrepancy regarding the educational and competency requirements for adjunct faculty. These faculty must hold a minimum of a bachelor's degree or an equivalency in music therapy. Unlike the other types of music therapy faculty, the standard states that an adjunct faculty member "demonstrates specific competencies appropriate to the teaching assignment" (AMTA, 2021). However, undergraduate and graduate faculty are expected to "demonstrate mastery of all professional level and applicable advanced competencies" (AMTA, 2021). All music therapists who graduate with a bachelor's degree in music therapy or complete a music therapy equivalency must have demonstrated mastery of the professional competencies. This is a requirement for all students who complete this level of education and clinical training. It is not known why the standards do not say adjunct faculty must demonstrate all professional competencies.

An additional concern is the minimal differentiation between requirements for undergraduate and graduate faculty. In fact, the only difference in educational requirements is that a doctorate is recommended for faculty teaching graduate courses (AMTA, 2021), not that it is a requirement. This lack of differentiation can lead to a full-time graduate faculty member teaching graduate-level classes when they themselves may or may not have conducted any research. They may not even have a master's in music therapy yet teach in a master's-level music therapy program. Similarly, there is a very small difference (two years) in the requirements for clinical experience. This small differentiation between AMTA requirements is

not the only concern. Music therapy students who graduate with a master's degree may assume they will meet university requirements. However, upon reviewing the requirements listed on faculty openings, most universities, especially research-intensive universities, have much higher requirements. The result of such a small difference in requirements leads to two problems. First, these graduates may struggle to find teaching positions due to their lack of qualifications. Second, universities may struggle to find candidates who possess a doctorate degree. This can be a particularly difficult challenge for new music therapy programs that do not already have music therapy faculty on staff. Such challenges can result in delays in launching their new programs.

The minimal educational requirements for music therapy faculty positions are not the only concerns. The AMTA standards for education and clinical training do not require that undergraduate or graduate faculty have any experience in supervising clinical training or administering a degree program (AMTA, 2021). Additionally, graduate faculty do not need any previous experience supporting graduate student research. Instead, AMTA states they expect these faculty to have the "ability" to fulfill these responsibilities. This lack of requirements leaves open the potential for music therapy students to receive a subpar education and clinical supervision due to underqualified faculty. For example, there is potential that a graduate faculty member might be required to participate in student graduate work despite never writing a thesis or dissertation themselves.

The final concern regarding requirements for faculty is that AMTA does not approve doctoral programs. Instead, the Standards of Education and Clinical Training state that admissions requirements should include that candidates have at least three years of full-time clinical experience or the part-time equivalent. Additionally, AMTA suggests that any candidate with less than five years of full-time clinical experience should pursue additional experience

during their doctoral studies. Similar to the concerns already listed, these minimal requirements for music therapy graduate faculty leave institutions with applicants who have minimal education and clinical training experience applying for positions with qualifications they are far short of meeting, despite successfully graduating from a doctoral music therapy program. The only statement AMTA makes regarding its policy of not approving doctoral programs is "This policy excludes doctoral degree programs in music therapy until such time as AMTA and NASM have worked together to delineate the doctoral degree in music therapy" (AMTA, 2021, standard 1.2).

Responsibilities

The literature suggests that music therapy educators wear a lot of hats, such as instructor, advisor, clinical supervisor, and music therapist (De L'Etoile, 2008). This contrasts with what is required of a music therapy clinician, which is to plan, design, and implement treatment for clients (AMTA, 2023b). This difference in the number of roles and identities adds to the challenge of transitioning from clinician to educator. Music therapy faculty responsibilities include filling the roles of clinical supervisor, clinic administrator, instructor, and gatekeeper to the profession (AMTA, 2023b). In contrast, although music therapy clinicians have multiple responsibilities, most music therapy positions require one primary role: to treat their clients (AMTA, 2021). However, there are variations and exceptions to this generalization. For example, some music therapists are in private practice. They work for themselves and are therefore both the music therapist and business owner. As such, they wear multiple hats, and each of those hats requires separate responsibilities. On the one hand, they have clinician responsibilities such as planning, designing, implementing, and evaluating treatment of their clients (AMTA, 2023b). As a business owner, they are the bookkeeper, scheduler, marketer,

billing department, etc. Another example is the new full-time music therapy educator who has experience teaching as an adjunct, clinical supervisor, or internship director. In this case, they are not a novice educator. However, the other responsibilities, which are discussed below, still add new challenges to the transition experience. This variety of backgrounds was an important consideration when understanding the individual experiences of clinicians as they transition to their new role of educator.

Clinical Supervision

The clinical training component of the music therapy degree program requires significant responsibilities from faculty. The music therapy degree program requires students to complete a minimum of 180 clinical training hours prior to enrollment in an internship (AMTA, 2021). This responsibility is highlighted by Bruscia (2018) when he mentions that faculty are responsible for both supervision in the classroom and at the clinical site. Specifically, AMTA requires that "a qualified, credentialed music therapist must provide direct supervision to the pre-internship student, observing the student for a minimum of 40% of pre-internship clinical sessions" (AMTA, 2019, standard 3.2.2). Eggerding (2023) conducted research with faculty and clinical supervisor participants, and a primary theme was educator responsibilities, including administration, supervision, and evaluation. Clinical supervision is an essential responsibility requiring a significant amount of attention and time from the music therapy faculty member.

Administering Campus Clinics

To provide clinical training, music therapy programs must place students at a site to work directly with clients and either a music therapist or a related professional (AMTA, 2021). In many cases, these placements can take place on the university campus in the form of music therapy clinics. However, not all campuses have an on-campus clinic. There are various reasons

for this. Abbott (2006) conducted a descriptive study to examine the administration of music therapy clinics. A paper survey was completed by 53 music therapy program directors, 12 of whom were also later interviewed on the phone. In their study, Abbott discusses how music therapy faculty often bear the entire responsibility of administering these clinics. This arrangement is not as common an occurrence in other healthcare disciplines in which additional staff are hired specifically to provide the administrative support for campus-based clinics (Abbott, 2006). The result of the study found that when students complete an experience on campus, it is the faculty who supervise them. This contrasts with students who go to community-based sites and are supervised by the music therapy staff who work there. The first concern with faculty administering and supervising the on-campus clinics is the potential for these faculty to not receive load weight for these additional responsibilities (Belt, 2023). This is particularly the case when the faculty member is also teaching the seminar portion of the practicum course. University administrators may consider supervision as part of the teaching responsibilities rather than an additional task. An additional concern Abbott (2006) found in their results was the issue of dual relationships when faculty serve the roles of educator, clinical supervisor, and client's therapist simultaneously. The issue of dual relationships poses numerous potential ethical issues and may result in negative effects such as "an erosion of trust, breaches in confidentiality, impairment of the student's autonomy, reduced objectivity, damage to the educational or supervisory process, conflicts of interest, and the distortion of priorities regarding responsibilities and needs" (Dileo, 2000, p. 241).

Developing and Assessing Musical and Clinical Skills

Throughout the coursework and clinical training, music therapy faculty are responsible for developing and assessing the functional music skills of students (AMTA, 2021). Not only are

faculty responsible for this, but they also must develop methods for assessing the competency of these skills (Befi-Hensel, 2023). This is of particular concern as the board certification exam is a written assessment and does not evaluate the musicianship of music therapy graduates. Befi-Hensel (2023) notes this concern. Befi-Hensel found that educators commonly cite functional musicianship as an area of concern in practicum. In addition to a lack of standardized evaluation of functional musicianship on the board exam, AMTA provides no guidance on how proficient students need to be. To that end, the professional competencies related to functional musicianship are vague. Moreover, while the lack of specified levels of proficiency expected of graduates is concerning, there is also no guidance describing what level of proficiency is expected of students at the end of each year of the program. This is a focus of Befi-Hensel (2023). Befi-Hensel conducted a mixed-methods study to determine music therapy faculty members' perceptions of functional musicianship. Her research provided 12 samples of recordings for the participants to rate. Her results found statistically significant differences between the geographical regions in which faculty were located, a finding that tends to affirm the concern with the lack of guidance provided by AMTA regarding the evaluation of functional musicianship. Relatedly, Cho (2022) found music therapy faculty use proficiency exams in addition to course-based assessments. This may or may not be in addition to any related admissions requirements, such as auditions. The findings of this study were that most music therapy faculty agree that functional music proficiency exams are necessary. As a result, the design and implementation of such exams is an additional responsibility for music therapy faculty.

There are two studies evaluating the assessment of functional percussion skills. Like previous studies, Knight and Matney (2012) emphasize the concern about the lack of literature

looking at specific pedagogical issues, such as teaching and assessing functional percussion skills. Music therapy majors often take percussion courses designed for music education students (Knight & Matney, 2012). These courses tend to be based on classical music rather than the variety of genres used in music therapy. To that end, the instrumentation used in these courses may not align with the percussion instructions used in clinical settings (Knight & Matney, 2012). While the obvious solution to solve this might be to add percussion courses specific to music therapy majors, Knight and Matney (2014) argued that their survey found music therapy faculty lack training in how to teach functional percussion competencies.

Evaluating Clinical Skills

In addition to assessing functional music skills, music therapy faculty are also responsible for grading practicum courses (Belt, 2023). This involves evaluating the practical application of both knowledge and hands-on skills, as these take place both via written assignments and practicing music therapy with clients. Similar to the lack of guidance from AMTA, music therapy faculty must design and implement grading processes for these clinical training experiences (Belt, 2023). Due to the lack of guidance, faculty must also determine what level of competency students should demonstrate at each level of the program and prior to the internship. This is especially challenging as the expectations of faculty may be different to those of internship directors (Belt, 2023). In Belt's 2023 dissertation, she used a phenomenological methodology to gather music therapy perspectives on grading processes for undergraduate practicum students. Using descriptive phenomenology, she conducted semi-structured interviews with nine music therapy faculty. Belt's thematic analysis found four themes, including: (a) faculty experience various tensions related to the evaluation process, (b) they experience

moments of satisfaction, (c) evaluation processes are evolving, and (d) faculty try to do right by students.

Gatekeepers of the Profession

As previously discussed, music therapy faculty are responsible for assessing the musical and clinical competencies of music therapy students. This evaluation is completed either as a standalone proficiency exam or integrated with coursework. It is important to note that these assessments are part of the overall evaluation of students throughout the program. Although these processes serve the purpose of ensuring students develop adequately enough to be prepared for subsequent coursework, they also serve the role of gatekeeper to the profession (Cho, 2022; Hsiao, 2014; Knight & Matney, 2014). Hsiao (2014) surveyed academic program directors and internship directors and found that nearly all (93.8%) of the academic program directors disclosed they had at least one student with severe professional competency deficiency within the last five years. This indicates there are potential limitations to the standalone and course-based assessments.

Challenges with AMTA

A consistent concern within the literature is the lack of updates to the AMTA Professional competencies. These competencies have remained largely unchanged for over 25 years and have created tension between the outdated standards and current clinical practice. Multiple studies show that music therapy faculty support and desire updates to the standards so that there is complete alignment between the AMTA Professional Competencies and what skills faculty believe students need as entry-level music therapists.

Lack of Updating to AMTA Professional Competencies

The original curriculum for music therapy was essentially an adaptation of the music education model (Groene & Pembrook, 2000). By the late 1990's, the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT) unified, which led to recommendations from the AMTA Commission on Education and Clinical Training that the standards for education and training should be competency-based rather than curricular or course-based. Following this development, Groene and Pembrook (2000) surveyed collegiate music therapy faculty to explore the concerns related to this change to competency-based education. Findings of the survey revealed there was strong support for a competency-based approach, with minimal opposition. However, there was no agreement about methods of assessing proficiency in a competency-based approach. The concern with how to monitor student skill development is an important part of quality control. However, Groene and Pembrook (2000) cited the lack of agreement was a result of the development of the competency-based education being so early in development and lacking details yet to be determined at the time.

In Johnson's 2022 master's thesis project, they describe the history of competency-based education in music therapy and its development through the present day. One key point articulated was that, despite research findings in publications such as Groene and Pembrook (2000), Johnson's findings clearly showed music therapy faculty wanted to see changes to the music therapy curriculum. One specific concern from this research was that some competencies are not addressed enough. In other cases, the opposite is the case. Yet, the AMTA Professional Competencies document has received minimal content revision in the last 25 years (Johnson, 2022).

Discrepancies Between AMTA Requirements Versus Faculty Perspectives

Several scholars have discussed the discrepancies between the curricular requirements mandated by AMTA and faculty perspectives on what should be taught as current practice (Belt, 2023; Johnson, 2022; Knight & Matney, 2014). Belt (2023) found another concern related to implementing the competency-based music therapy curriculum. Her findings noted differences between faculty beliefs about what should be taught and the AMTA curriculum requirements. This could be explained by how common it is for music therapy faculty to also be currently practicing as clinicians. In other cases, they may have recently transitioned from being a full-time clinician to a faculty member. Due to how outdated the AMTA Professional Competencies document is (Johnson, 2022), faculty face the dilemma of deciding how to teach the competencies while also ensuring students are being trained in skills that will be current and relevant to clinical music therapy practice; findings that align with research conducted by Knight and Matney (2014). Their survey results also suggest that faculty are interested in seeing revisions in the current competencies. Additionally, the faculty participants stated that some specifications regarding expected levels of proficiency would be beneficial.

Professional Development for Music Therapy Faculty

The first music therapy degree program was established at Michigan State University in 1944 (Olszewski, 2019). However, there is limited research describing music therapy pedagogy despite nearly 80 years of music therapy education.

Experiential Learning

The largest area of research on music therapy education pedagogy centers around experiential learning. Several authors have published on this common teaching method, which often takes the form of either the instructor demonstrating interventions or providing

opportunities for students to practice interventions with their peers (Bruscia, 2018; Jackson & Gardstrom, 2012; Murphy & Wheeler, 2005). Murphy and Wheeler (2005) presented experiential learning at the 10th World Congress of Music Therapy in 2002. Their presentation shared four methods of experiential learning used at Temple University. A key point of their session was the concern regarding the lack of training faculty receive in implementing experiential learning in their teaching (Murphy & Wheeler, 2005). However, their work lacked appropriate research-based evidence. Instead, their recommendations were based on their own teaching experiences. Bruscia (2018) provides descriptions of self-experiences in music therapy through teacher-led demonstrations and student-led sessions. Although helpful to faculty, these resources lack guidance to help faculty in their instructional decision-making processes. For example, none of these describe how to select a competency or learning objective, identify an appropriate type of assessment, and then determine what content and learning experiences should be used to help students practice using the information so they can apply it.

One specific type of experiential learning is the use of personal therapy in music therapy training or roleplaying. In their phenomenological study of nine student participants, Jackson and Gardstrom (2012) highlight the controversies related to the use of this type of experiential learning. Concerns they cite include the risks and benefits to the students and whether the students' participation might trigger their need for personal therapy. Although their findings concluded that the students indicated this type of learning was helpful, the study noted there is a lack of faculty who include it (Jackson & Gardstrom, 2012). Such findings point to a possible disconnect between what music therapy faculty believe about music therapy instruction and the preferences of their learners.

Additional articles on music therapy pedagogy focus on specific instructional methods. Dvorak et al. (2020) investigated course-based undergraduate research experiences. This "how-to" article described the process of designing this type of course and identified the benefits and challenges. Knight and Matney (2012, 2014) wrote two articles describing music therapy pedagogy for teaching functional pedagogy skills and providing a framework to help music therapy faculty teach percussion competencies. Other research conducted by Gooding and Standley (2010) describes the use of video-based clinical observation to improve the analytical clinical skills of music therapy students. However, many of their findings are outdated thanks to the numerous technological advancements since their publication. Finally, Eggerding (2023) used arts-based phenomenological inquiry to determine how therapeutic presence is used and taught in music therapy courses and clinical training. Eggerding's study recommends that music therapy educators teach therapeutic presence during experiential learning.

Collaborative Learning

The earliest publication on music therapy education pedagogy included in this literature review was a dissertation conducted by Luce (2001). A graduate student at Michigan State University, Luce conducted an action research project to evaluate the effectiveness of collaborative learning experiences in a foundational music therapy course. The researcher also served as the instructor of the course, while the participants were the students enrolled in the author's course. Findings from Luce (2001) were mixed, with some students expressing a preference for this type of pedagogy, while others did not. There were several concerns about the research methods used in the study, including the fact that some of the interview questions may have produced inaccurate data, as the students being interviewed may have felt uncomfortable providing honest answers to avoid hurting their instructor's feelings or for fear of repercussions

in future semesters with the instructor. An additional concern was that the course was poorly designed, with no learning objectives included in the syllabus. This made it difficult to connect learning outcomes with assessments and instructional methods.

Critical Pedagogy

The most recent study exploring a specific teaching philosophy was West (2020). In her dissertation, West explored how music therapy faculty applied critical pedagogy to their undergraduate curriculum and classroom environments. The eight music therapy faculty participants were questioned about their pedagogical philosophies and the techniques they use in their teaching and curriculum. Findings indicated participants' beliefs and values were "important in the foundation of their curriculum or teaching style" (p. 102). Since the researcher specifically recruited faculty who implemented critical pedagogy in their teaching, the findings are limited to a small portion of the music therapy faculty population.

Lack of Formal Study of Pedagogy

Another significant area of research focuses on the lack of formal study of pedagogy that music therapy faculty receive. Hahna (2011) conducted a qualitative study using phenomenological inquiry where four music therapy faculty participants completed a survey combined with semi-structured interviews. The purpose of the research was to evaluate how many music therapy educators use feminist pedagogy. The results strongly indicated that music therapy educators use methods aligned with feminist pedagogy. However, the participants did not identify themselves as being educators using feminist pedagogy; findings that suggest that music therapy faculty have a distinct lack of understanding of pedagogy.

The lack of formal training in pedagogy was also highlighted in the dissertation work of Olszewski (2019). Olszewski conducted a narrative inquiry project with seven music therapy

faculty participants, the purpose being to study the experiences of music therapy junior faculty. One of the challenges of junior music therapy faculty discussed included the lack of teaching experiences in graduate music therapy programs Olszewski (2019). In many cases, she found that graduate music therapy students do not receive any experience teaching courses or supervising a clinical practicum, leaving them underprepared. This is especially concerning as there is a high need for those with graduate degrees in music therapy to fill vacant faculty positions.

Understanding Student Development

Most of the literature on music therapy education focuses on or uses students as the participants. This has resulted in a promising foundation of research that may inform music therapy education pedagogy. Luce (2001) used student participants to gather their perceptions of collaborative learning. De L'Etoile (2008) applied Perry's Scheme of Intellectual and Ethical Development to undergraduate music therapy education. This piece provides guidance and practical advice for music therapy educators to help them understand student development. Similarly, Dvorak et al. (2017) provided an emerging theoretical model for student development specific to music therapy majors. Their grounded theory study sought to provide a model to support music therapy faculty in developing musical and clinical skills. The article provides information about student needs and concerns so that music therapy faculty might have a better understanding of student development in these areas.

Lack of Guidance from AMTA and Research

The minimal oversight AMTA provides for faculty requirements carries over into the curriculum. Although AMTA provides the professional competencies needed to be addressed in the curriculum, it is simply a list. There is no guidance on how much time or emphasis should be

spent on each competency, nor are there any required courses that must be offered. The AMTA Standards for Education and Clinical Training describe this level of guidance:

> Using this competency-based system, the Association formulates competency objectives or learning outcomes for the various degree programs, based on what knowledge and abilities are needed by music therapists to work in various capacities in the field. Academic institutions should take primary responsibility for designing, providing, and overseeing the full range of learning experiences needed by students to acquire these competencies, including the necessary clinical training. (AMTA, 2021, Preamble section)

In some cases, the new music therapy educator is not just entering the role of professor; they may also have the role of academic program director. In the case of a new academic program, they have the responsibility of designing the degree program and getting it approved by AMTA. Ravaglioli (2022) describes her experience as a new program director of a new degree program. She states, "As a professor entering a newly established music therapy program, the responsibility of creating a curriculum and defining approaches to teach the subject matter was solely my responsibility (p. 13).

AMTA also provides no guidance on how proficient students need to be at any given point in the four-year degree program, including upon graduation. In addition, AMTA-approved music therapy internships do not have standardized entry requirements, again, due to a lack of guidance provided by AMTA. Although all AMTA-approved academic programs must design and implement a curriculum that addresses all the AMTA professional competencies, there is wide variation in how these competencies are taught. This challenge points back to the lack of guidance from AMTA and CBMT regarding levels of proficiency.

Lack of Research and Training in Music Therapy Pedagogy

Ravaglioli (2022) helps bring focus to the lack of research on music therapy pedagogy by citing only three studies that focus on music therapy pedagogy. Lee et al. (2022) emphasize that clinicians tend to enter their faculty roles feeling unprepared due to the lack of formal preparation for teaching. Ravaglioli (2022) shared a reflection as a new full-time faculty member:

> I am an experienced clinician and have extensive teaching experience, and therefore I believed I had sufficient understanding to teach my area of expertise in higher education. I also attained the required degrees and requirements needed to teach…I expected that since I had experienced music therapy education as a student in a bachelor's and master's program, and acquired adequate credentials, that the transition to teaching in higher education would be a positive and smooth experience. Within my first year of teaching as full-time faculty, I soon realized that my qualifications were not sufficient to fully understand the nuances of teaching music therapy. (p. 13)

They may be expert clinicians, but new music therapy educators may not necessarily be experts on pedagogy as the AMTA standards do not require any teaching experience. This lack of pedagogical knowledge is especially concerning for music therapy education for several reasons. Unlike other similar healthcare fields, such as occupational and physical therapy, the music therapy degree only requires an undergraduate degree for entry into the profession. This means music therapy faculty must educate and train undergraduate students to become clinical therapists in just under five years. Upon completion of their education and training, graduates need to show professional-level proficiency in over 140 competencies and be able to provide music therapy to clients of all ages and needs in a variety of settings. This type of intensity

makes it especially challenging for a new faculty member who has little to no teaching experience.

In addition to the lack of research in the music therapy literature base that provides guidance about music therapy education pedagogy (Knight & Matney, 2014), there is also a lack of coordination between the recommendations in studies on teaching music therapy and the subsequent research. Rather than the research building upon itself, music therapy research continues to either reiterate the same conclusions from a handful of publications, usually offered by music therapy faculty with little formal education in adult learning, or only provide a focus on a highly specific pedagogical topic for an audience with minimal foundational knowledge. Thus, music therapy faculty have little to no scholarly resources to help them teach the professional competencies. Moreover, the research that has been published lacks a framework to guide faculty in essential foundational pedagogical knowledge. As a result, instead of using research to guide music therapy education pedagogy, existing research indicates music therapy faculty teach based on their past clinical experiences and the theoretical lens through which they view music therapy practice (Knight & Matney, 2012).

The Disconnection Between the CBMT Board Exam and the AMTA Curriculum

In addition to the concerns regarding the role and responsibilities of AMTA, there are similar concerns about CBMT and the board exam. The CBMT written board exam is not based on the AMTA competencies addressed by academic curriculum programs; instead, the content of the board exam is based on the current Board Certification Domains (CBMT, 2023b). The Board Certification Domains, however, are based on the most recent Practice Analysis Study, which is only conducted every five years (CBMT, 2023b). Although the Board Certification Domains and

AMTA Professional Competencies share some skills, there are significant differences that are not accounted for in the design of the music therapy curriculum.

Institutional Barriers for Music Therapy Faculty

For many faculty, they are solely responsible for most of the clinical supervision required for the clinical training required of academic programs (Olszewski, 2019). Considering each student music therapist completes at least 180 clinical training hours, which is a minimum of 30 hours per semester in most cases, this responsibility is quite time-consuming. In addition, it does not include the potential travel time to the various clinical sites when these are located off campus. This can be especially burdensome for faculty who work at universities located in rural areas where there are no music therapists in the community. If an academic program has one full-time music therapy faculty member and the university does not hire any adjuncts, there is the potential for that faculty member to serve as program director, teach all courses in the program, which could easily add up to 12 credits or more each semester, and supervise all practicum students. Some universities may not give music therapy faculty teaching load credit for this supervision as it is usually part of a course. In fact, Gooding (2018) reported that workload was a top reason senior music therapy faculty felt somewhat or very dissatisfied. Moreover, the AMTA Standards for Education and Training only provide guidelines for faculty-to-student ratios (AMTA, 2021, standard 6.3). There are no requirements regarding faculty-to-student ratios or teaching load. In fact, the only related requirement is that there must be one program director who is a full-time faculty member and there must be one full-time faculty member for each music therapy degree program offered (AMTA, 2021, standard 6.3). Such circumstances may lead to faculty burnout when universities fail to financially and administratively support music therapy programs and the faculty teaching in them (Gooding, 2018).

Competency-Based Music Therapy Education

As previously discussed, music therapy education and clinical training degree programs are competency-based with competencies that are learning outcomes based upon the knowledge and skills required to provide clinical music therapy (AMTA, 2021). The competencies are maintained by AMTA and are intended to prepare graduates to carry out a variety of responsibilities required of professional music therapists (AMTA, 2021). The competencies are organized into three main foundational areas. Specifically, these include musical, clinical, and music therapy (AMTA, 2021). In addition, there are content areas to be covered under each of the three foundational areas (Table 2.1).

Table 2.1. Summary of Music Therapy Competency Foundational and Content Areas

Musical Foundations	Clinical Foundations	Music Therapy
Music Theory	Exceptionality and	Foundations and Principles
Composition and Arranging	Psychopathology	Assessment and Evaluation
Music History and Literature	Normal Human Development	Methods and Techniques
Applied Music Major	Principles of Therapy	Pre-Internship Courses
Ensembles	The Therapeutic Relationship	Internship Courses
Conducting		Psychology of Music
Functional Piano		Music Therapy Research
Functional Guitar		Influence of Music on
Functional Percussion		Behavior
Functional Voice		Music Therapy with Various
Improvisation		Populations

Although the AMTA Professional Competencies are helpful in guiding music therapy education, they pose several challenges to aspiring faculty. First, there are approximately 140 specific skills listed in the document (AMTA, 2013). However, they are quite broad and do not

delineate a specific level of proficiency required upon completion of coursework or internship. This lack of guidance from the Professional Competencies results in students entering the internship, the culminating clinical training component of the degree program, with a vast range of competency proficiency. As a result, internship directors and academic program directors are left with negotiating whether the student has reached a professional level of mastery upon completion of the 1,200 clinical training hours. This problem is especially apparent in the area of music foundations (Table 2.2).

Table 2.2. Examples of Professional Competencies

Music Foundations Area	Competency
Composition and Arranging Skills	Compose songs with simple accompaniment
Functional Music Skills	Lead and accompany proficiently on instruments including, but not limited to, voice, piano, guitar, and percussion.
Functional Music Skills	Play basic chord progressions in several major and minor keys with varied accompaniment.
Functional Music Skills	Sing in tune with a pleasing quality and adequate volume both with accompaniment and a capella

Certification Board for Music Therapists

In addition to AMTA and NASM, there is an additional organization involved with facilitating access to quality music therapy services. The Certification Board for Music Therapists (CBMT) was established in 1983 to provide credentialing for music therapy graduates (CBMT, 2023a). The mission of CBMT (2023a, para 1) is:

> to promote excellence by awarding board certification based on proven, up-to-date knowledge and competency in clinical practice, to create and maintain the music therapy credentialing process, to advocate for the recognition of the MT-BC credential, and for

access to safe and competent practice, and to provide leadership in music therapy credentialing.

CBMT is the only certification board for music therapy and is solely responsible for providing competency testing of graduates from university music therapy programs (CBMT, 2023a). Due to the autonomy held by academic programs, CBMT provides standardization and accountability for university educational programs. Therefore, CBMT serves a vital role as it provides the quality assurance necessary for gatekeeping the profession, which serves vulnerable populations.

From Novice to Expert

Theories of expertise and its development have found that there is a developmental continuum in which professionals progress from being a novice to an expert in their work setting (Daley, 1999). One example of how differently a novice and an expert approach their work is in how they approach and solve problems. Findings from the research show that novices approach a problem with a literal perspective, whereas experts use more abstract thinking to problem solve. Much of this response is connected to the amount of experience in real situations in the work setting.

Aligning with the concept of a developmental continuum, research has posited labeling specific points along the continuum. The Dreyfus Model of Skill Acquisition focuses on five points, or stages including novice, advanced beginner, competent, proficient, and expert (Benner, 1982; Daley, 1999). On this spectrum, novices are described as having little to no experience. As a result, they must rely on abstract principles because they lack concrete experience (Benner, 1982). In fact, much of their time is spent on concept formation. The learning processes of novices are characterized as contingent on their time being spent like a sponge "just soaking up

the information" (Daley, 1999, p.138). This developmental stage often entails the novice becoming aware that they do not know what they do not know. In addition, they gravitate towards adapting to the ideas of others who are more experienced. Fear of making mistakes and the need for validation may lead the novice to feel overwhelmed.

Expert learning is characterized as constructivist and self-directed (Daley, 1999). In contrast to the learning process of novices, which is through concrete experiences, an expert has developed intuition and is able to recognize patterns and discern between low and high-priority situations (Benner, 1982; Daley, 1999). Their ability is due to their experience with past situations and enables the expert to anticipate certain events and selectively attend to the most important aspects (Daley, 1999). Rather than seeing only one way to do things, experts feel confident and are able to create and improvise strategies to approach situations in their work setting.

Experience leads to the acquisition of expertise (Benner, 1982); however, experience is not just the passage of time. Instead, experience is the "refinement of preconceived notions and theory by encountering many actual practical situations that add nuances or shades of differences to theory" (Benner, 1982, p. 407). The novice's knowledge development moves towards the expert level in the work setting through incremental growth in skilled performance through their experiences.

Theoretical Framework

This study uses three lenses to explore the work transition and educator development experiences of music therapy faculty. These three lenses include: (a), Schlossberg's Transition Model, (b) Transformative Learning Theory, and (c) Pratt's Teaching Perspectives (Figure 1.1).

Schlossberg's Transition Model

Schlossberg (2011) describes work transitions as complex due to several factors. Work transitions may include a change in career, or the nature and structure of the work may change. The work transition of a practitioner to a faculty member poses unique challenges and obstacles.

Schlossberg (1981) observes that individuals continually experience change throughout their lives, resulting in "new networks of relationships, new behaviors, and new self-perceptions" (p. 2). The purpose of Schlossberg's transition model is to describe the complex experiences of change and how people cope with them (Schlossberg, 1981). The model pulls from the literature on adult development and cites the viewpoints of the theorists used to develop the theory including Levinson, Neugarten, Vallant, Brim and Kagan, Lowenthal and Chiriboga, Gould, and Erickson (Schlossberg, 1981).

Schlossberg's Transition Model provides a systematic framework for understanding and analyzing how individuals experience transitions (Anderson et al., 2011; Schlossberg, 1981). The model defines what a transition is, describes adaptation, and identifies the three factors that affect adaptation. Namely, the factors are characteristics of transition, characteristics of pretransition and post transition environments, and characteristics of the individual (Schlossberg, 1981). In addition, the transition model helps identify the type of transition, the extent of the change, and its effect on roles, relationships, routines, and assumptions, where the individual is in the transition process, and the resources available to have a successful transition (Schlossberg, 2011).

Schlossberg (1981) states that a transition occurs when "an event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationships" (p. 5). This transition model not only applies to obvious life

changes such as job entry, marriage, birth, and death, but also to subtle changes or the nonoccurrence of planned events (Schlossberg, 1981). Importantly, Schlossberg's transition model emphasizes the importance of the individual's perception of the change. To that end, "a transition is a transition if it is so defined by the person experiencing it" (Schlossberg, 1981, p. 7).

Transitions can be viewed as a developmental adjustment (Schlossberg, 1981). The individual experiencing a transition will face challenges that lead to opportunities for development. Additionally, all transitions require some level of coping with the accompanying stress of the event or non-event. The changes that accompany a transition will involve gains and/or losses. Moreover, to move through a transition, the individual will be required to let go of aspects of their previous self and role to gain new ones. This process is the same whether the transition is positive or negative. For example, a music therapist transitioning to the role of music therapy educator may experience loss related to the elimination of their role as a therapist. As a music therapy educator, they may not have the time to continue to provide direct treatment to clients. Likewise, they may grieve their musician roles, which might be different from their educator roles. As music therapy clinicians, they likely performed live music for half of their workday, whereas they may only perform a fraction of that time in their new role.

Schlossberg (1981) defines adaptation to transition as "a process during which an individual moves from being totally preoccupied with the transition to integrating the transition into his or her life" (p. 7). The model can also be used to understand why and how some people adapt more quickly and easily. Schlossberg (1981) argues that how easily an individual adapts to a transition is dependent upon their "perceived and/or actual balance of resources to deficits in terms of the transition itself, the pre-post environment, and the individual's sense of competency,

well-being, and health" (p. 7). Subsequently, this transition model evaluates the ratio of resources to deficits. Moreover, the model accounts for changes in the ratio as there are changes throughout the transition situation. These potential resources or deficits are organized into four major categories, referred to by Schlossberg (2011) as "the 4 Ss: situation, self, supports, strategies" (p. 160).

Situation

The situation refers to the part of the 4 S system that provides a detailed view of the following factors related to the individual's transition: trigger, timing, control, role change, duration, previous experience with a similar transition, concurrent stress and assessment (Anderson et al., 2011). Since every transition is different, how an individual describes these situational factors provides insight into how the current transition will be experienced, which may vary from previous and future experiences.

Self

Individuals experiencing an event or non-event transition bring their assets, liabilities, resources, and deficits to their experience (Anderson et al., 2011). In addition, there are individual characteristics that impact how the person copes with the transition. These personal characteristics include personal and demographic characteristics and psychological resources.

Support

The types of social support people receive while experiencing a transition impact how the individual copes with any stress associated with the change (Anderson et al., 2011). The support can be sourced from intimate partners, family members, friends, and any organization or community of which the individual is a member.

Strategies

Individuals use strategies to cope before, during, and after a transition (Anderson et al., 2011). This factor especially explains why people navigate transitions in different ways, as it describes how they cope. Examples of coping strategies include information seeking, direct action, and inhibition of action. Those who cope effectively are characterized as being flexible and choosing to use multiple coping methods.

This study collected stories of music therapy faculty as they told their experiences transitioning from expert clinicians to novice educators. They were prompted to share about how well they adapted after their transition and what resources or deficits influenced how they experienced the transition.

Mezirow's Transformative Learning Theory

Transformative learning is one of the most popular theories in adult education (Dirkx, 1998). Grounded in cognitive and developmental psychology, the central tenet of the theory is the process of making meaning from experiences achieved through reflection, critical reflection, and critical self-reflection (Dirkx, 1998). Transformative learning is "the process of effecting change in a frame of reference" (Mezirow, 1997, p. 5). It is through these frames of reference that adults can understand their experiences. To transform frames of reference, adults engage in critical reflection; specifically, learners should reflect upon their assumptions, including beliefs and interpretations. By practicing self-reflection, personal transformation becomes possible (Mezirow, 1997).

Paulo Freire also had a theory of transformative learning (Dirkx, 1998). He argued that education must always be transformative (Freire, 2014). Freire suggested that by experiencing critical consciousness, adults could be liberated from oppression rather than internalizing the

consciousness of their oppressor. Moreover, he stated that those who reflected on their world could then change it (Dirkx, 1998). Mezirow recognized the similarities between transformation and Freire's concept of conscientization and included his ideas in the theoretical underpinnings of transformative learning (Taylor & Cranton, 2012).

Mezirow articulated 10 phases to the transformative learning process (Dirkx, 1998). According to Taylor and Cranton (2012), the 10 phases of transformative learning include:

1. A disorienting dilemma.
2. Self-examination with feelings of fear, anger, guilt, or shame.
3. A critical assessment of assumptions.
4. Recognition that one's discontent and the process of transformation are shared.
5. Exploration of options for new roles, relationships, and actions.
6. Planning a course of action.
7. Acquiring knowledge and skills for implementing one's plans.
8. Provisional trial of new roles.
9. Building competence and self-confidence in new roles and relationships.
10. A reintegration into one's life on the basis of conditions dictated by one's new perspective.

The core of the learning process, Mezirow argued, is critically reflecting on one's assumptions and beliefs. Mezirow (1997) also stated that the result of transformative learning is an individual who is more inclusive of multiple perspectives and integrates the meaning they have found from critical reflection into their lives.

While faculty are subject matter experts in their discipline, most do not arrive in academia as experts in college-level teaching (Whitelaw et al., 2004). Instead, faculty develop

their teaching philosophy and practice through transformative learning. The trigger that can lead faculty members to critically reflect upon their beliefs about teaching and learning is often a disorienting dilemma. For example, they may utilize the same teaching methods used by their own professors, only to find they may not be as effective or preferred by their students. Through questioning their existing perspectives, faculty members can experience transformative learning regarding their core beliefs about pedagogy. This transformation process ends with the reintegration of their new perspectives into their lives (Taylor & Cranton, 2012).

All new music therapy faculty arrive in academia as experienced board-certified music therapists (Olszewski, 2019). This transition from expert clinician to novice educator has the potential to be the first disorienting dilemma experienced by the new music therapy faculty member. The demands and skillsets required for academic positions can greatly differ from those of clinical positions outside academia. Moreover, Olszewski (2019) argues, "very few board-certified MTs possess the educational background or have received the necessary training to be proficient at teaching their expertise" (p. 4). The lack of preparation in graduate music therapy degree programs sets the stage for music therapy faculty to experience an ill fit between their assumptions entering academia and their experience of this transition from their prior career as a clinician. In their research, Whitelaw et al. (2004) found this to be the case. Specifically, their findings suggest it is the misalignment between a faculty member's expectations and experience that provides educators with an opportunity to engage in critical inquiry of their teaching practice.

In addition to experiencing transformation due to a work role transition, music therapy educators may experience a transformation of their identity. Illeris (2014) proposes that identity should be the target area of transformative learning because "identity has the clear advantage of

more explicitly including the social environment and interaction with the individual, which was in point of fact part of the demands and conditions that were set up" (p. 153). The rationale for this update in focus is that there is a need for a term that clearly identifies what changes can be defined as transformative. Illeris (2014) posits that the term used must capture the complete range where transformative learning is possible, and that identity includes the mental totality of the individual experiencing transformation. Erik Erikson is credited with the modern concept of identity (Illeris, 2014). Erickson defined identity as, "a combination of the personal experience of being the same in all the different situations of life and how we wish to present ourselves to others" (Illeris, 2014, p. 154).

Compared to childhood and adolescence, identity is stable in adulthood (Illeris, 2014). To that end, adults only transform their identity when there is a serious reason to do so. In other words, the adult learner must be highly motivated by an internal or external reason to make such changes. This is the definition of a disorienting dilemma as such an experience initiates transformative learning (Taylor & Cranton, 2012). The individual must be able to justify the amount of exertion needed for the transformation (Illeris, 2014). In this same way, individuals may encounter limitations, barriers, and challenges to learning that they cannot overcome. When this occurs, withdrawal or regression is the outcome. However, Illeris (2014) notes this experience of withdrawal can also be viewed as a transformation. Moreover, after a withdrawal experience, the adult learner may adjust their learning goals to be more realistic and then engage in "restoring transformative learning" (p. 160).

Pratt's Five Perspectives of Teaching

Pratt's Five Teaching Perspectives theory was developed by Daniel Pratt in the early 1990's. Milutinović et al. (2023) describe a teaching perspective as "the lens through which

teachers observe teaching and learning" (p.4). Jarvis-Selinger et al. (2007) add that a teaching perspective is the "interrelated set of beliefs, intentions, and actions linked to knowledge, learning, and the role of a teacher" (p. 69). Based on these descriptions, a teaching perspective is a crucial lens as it forms the foundation for the interactions and expectations that occur in teaching and learning. However, despite its importance, it is common for faculty to be unaware of their perspectives on teaching (Jarvis-Selinger et al., 2007).

Despite the amount of information collected about the learning preferences of students, college faculty may find it difficult to translate this into actual teaching practice. Therefore, a tool might help instructors analyze their current teaching perspectives and identify how to adjust their teaching to these preferences. Daniel Pratt has studied the teaching perspectives of instructors for over forty years (Collins & Pratt, 2011). To help faculty evaluate their perspectives, he developed an inventory and revised it for several years, publishing a final format of the inventory in 2001. Pratt and Associates also published a textbook in 1998 summarizing these teaching perspectives in detail.

Namely, the five perspectives include: (a) Transmission, (b) Apprenticeship, (c) Developmental, (d) Nurturing, and (e) Social Reform (Pratt and Associates, 2016). Those who effectively teach from the Transmission perspective believe that the responsibility of the teacher is to deliver standardized content to the learner. Teaching from the Apprenticeship perspective involves instructors who are highly skilled in their discipline to then translate these skills into an ordered set of tasks – building from simple to complex as they work with learners from within their zone of development. Developmental instructors meet their learners where they are through questioning and then form bridges to transport students to a more complex understanding. An educator who adopts the Nurturing teaching perspective creates an environment that works to

address fear of failure by providing a caring and trustworthy context in which to learn. Finally, Social Reform teachers focus their instruction on who and why knowledge is created rather than how it is created.

While intensively reviewing the descriptions of these five perspectives, it became evident that there are some commonalities. One major difference between the perspectives is the focus on the teacher versus student. For example, perspectives of Transmission and Apprenticeship are teacher-centered. In contrast, Nurturing, Social Reform, and Developmental are student-centered (Milutinović et al., 2023). Why do some faculty lean towards certain perspectives? Research by Milutinović et al. (2023) has found it is the academic discipline of the university instructor that most influences their beliefs about teaching. These findings support previous research that indicates faculty adopt the values, beliefs, and practices associated with their discipline (Jarvis-Selinger et al., 2007). The explanation for this is that while faculty study their discipline in undergraduate and graduate school, they become enculturated into the discipline-specific ways of thinking about and understanding the roles of teachers and learners (Jarvis-Selinger et al., 2007).

The result of developing these five perspectives was the creation of the Teaching Perspectives Inventory (TPI). This survey includes 45-items and uses a 5-point scale that operationalizes the teaching perspectives into actions, intentions, and beliefs (Pratt & Associates, 2016). Actions include what teachers do when they provide instruction. Intentions are what teachers try to accomplish. Beliefs are what instructors believe about teaching (Pratt & Associates, 2016). The TPI was developed to help educators of adults reflect upon their teaching perspectives to improve their teaching. Collins and Pratt (2011) argue the TPI can be applied to teaching practice by using the tool in "faculty development, teaching assessment, teaching improvement, peer reviews of teaching…" (p. 371).

Milutinović et al. (2023) note the absence of standardized instruments for assessing the teaching perspectives of higher education faculty, reinforcing the need to evaluate the validity and reliability of this tool. To this end, the developers of the TPI have been collecting data on completed inventories since 1993. Collins and Pratt (2011) found the TPI exhibits "traditional measures of reliability, validity (both convergent and discriminant), and sensitivity to expected criterion group differences suggest the TPI operationalizes and measures those perspectives initially identified qualitatively among Pratt's large sample of teachers and adults" (p. 366).

Music therapy educators transition into academia with their own teaching perspectives, which will have been shaped by their own experiences as teachers and/or learners. As they adapt to the transition from expert clinician to novice educator, they will gain experience and transform into expert educators over time. This transformative experience may contribute to changes in the participants' teaching perspectives as they question their initial perspectives. Pratt's Five Teaching Perspectives and the TPI will guide the understanding of how the participants' beliefs, intentions, and actions transformed across their entire experience from their transition to academic to their transformation into expert educators.

Summary

Music therapy educators are tasked with multiple, complex responsibilities as full-time faculty. The challenges surrounding these responsibilities originate from a multitude of sources, including the professional organizations for music therapy and the associated lack of guidance and preparation for the role of music therapy educator. Schlossberg's Transition Model, Transformative learning theory, and Pratt's Five Teaching Perspectives serve as the theoretical foundation for this study, offering complementary lenses through which to explore the roles, experiences, and teaching practices of music therapy educators.

Chapter 3 - Methodology

The purpose of this narrative inquiry was to explore the stories and lived experiences of music therapy faculty members as they transition from expert clinicians to novice educators and then transform into expert educators. Each educator shared their own unique and complex stories. Connelly and Clandinin (2000) state that experience happens narratively and, therefore, narrative inquiry is the ideal method for representing and understanding lived experiences. The data collected has the potential to inform revisions to graduate music therapy programs, continuing education, and future research on music therapy faculty.

This chapter reviews the research questions, provides an overview of the methodology selected, and describes the plan for data collection and analysis procedures. The chapter also outlines the strategies for addressing researcher subjectivities and ensuring the study is trustworthy.

Research Questions

The following research questions guided this study:

- RQ 1: What stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles?
- RQ 2: What stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator?
- RQ 3: What stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator?

Narrative Inquiry

Methodology serves as a blueprint for research studies (Bhattacharya, 2017). The purpose of this narrative inquiry study was to understand the experiences of music therapists as they

transition from expert clinicians to novice music therapy educators and then transform into expert educators. Because of the complexity of the stories that were told, narrative methods were applied to gather the stories of the participants, understand them, and re-present them.

The word narrative comes from the phrases "to tell" and "to know" (Kim, 2016, p. 8). Narrative inquiry is a "storytelling methodology that inquires into narratives and stories of people's life experiences" (Kim, 2016, p. 303). Similarly, Connelly and Clandinin define narrative simply as "the study of the ways humans experience the world" (Kim, 2016, p. 18). Connelly and Clandinin add that in narrative inquiry, the story serves as a portal (Green et al., 2006). The person entering the portal interprets this experience and engages in meaning-making.

Narrative inquiry is used in a variety of disciplines, including psychology, law, medicine, and education (Kim, 2016). Narrative is used as a phenomenon to understand the complex experiences of its participants. It does this by accessing the participants' experiences through storytelling. The participant stories serve as the data in narrative inquiry. Moreover, the stories themselves are not the only point of analysis. Rather, *how* the narratives are told by the storytellers may also be analyzed. This includes recording and analyzing the participants' vocal tone, facial expressions, body posture, pauses, and silences (Saldaña, 2021).

The narratives elicited throughout the interviews contain the familiar story boundaries of a beginning, middle, and end (Hollingsworth & Dybdahl, 2012). The beginning of the story orients the researcher to the context of who, when, what, and where. The middle of the story contains key points and discloses the reason the story needs to be told. This section also includes a summary of the story and a chronological list of events. The end of the narrative functions to bring the story to a conclusion (Hollingsworth & Dybdahl, 2012). The questions developed for the semi-structured interviews are selected to elicit each section of a story.

Storytelling makes narrative inquiry especially suited to understanding lived experiences. Kim (2016) explains that this is because of the linguistic form of stories, which naturally expresses human experiences. When a researcher aims to understand the experiences of others, they collect all relevant information about the experience they seek to understand (Bhattacharya, 2017). Zimmerman and Kim (2017) emphasize that narrative inquiry does not assume participants are interchangeable. They do not represent a larger population. Instead, the qualitative researcher follows a paradigm that facilitates an in-depth exploration of individual participants as they retell their stories and reinterpret their experiences (Bhattacharya, 2017). It is the interviewee's retelling and reflection from which meaning is derived.

In educational research, narrative inquiry is used to study the lived experiences of teachers and students as described by Clandinin and Connelly (2000), who state, "Experience happens narratively. Narrative inquiry is a form of narrative experience. Therefore, educational experience should be studied narratively" (p. 19). Through the collection of stories, the complexity and developmental characteristics experienced by teachers and learners are gathered and respected. This use of narrative inquiry is particularly relevant to the growing practice of teachers engaging in reflective practitioner activities. Because these experiences can be so multidimensional, it is imperative that they are reviewed in a way that organizes the experiences as they were lived (Clandinin & Connelly, 2000). Narrative inquiry serves an important purpose in advancing educational research as well. Kim (2016) describes this methodology as being grounded in educational philosophy. Through storytelling, researchers can better understand the experiences of teachers and students. As a result of what is discovered in narrative inquiry, the educational system can be improved. When teachers tell their stories about what goes on in and

out of their classroom as they engage with learners, we can better understand these complex experiences and use them to inform teaching practices and teacher preparation.

This study sought to understand the experiences of expert music therapists as they transition to novice educators and then transform into expert educators. Experience is a key term in inquiries. It is simultaneously personal and social (Clandinin & Connelly, 2000). This means that narrative researchers need to understand more than just the individual. They also need to consider the social context of the experiences being shared in the stories. This is the idea that experiences grow from other experiences and lead to further experiences. My participants were music therapists who experienced the transition from expert clinician to novice music therapy educator and then transformed from novice to expert educator. Their experiences as novice educators grew from their clinical experience as professional music therapists. Moreover, their experiences as novice educators led to their development into expert educators. Teaching and teacher knowledge are individual and social stories. As the narrative researcher, I wrote the storied accounts of the music therapy educators' educational lives (Clandinin & Connelly, 2000).

Epistemology

Epistemology is "the theory of knowledge embedded in the theoretical perspective and thereby in the methodology" (Crotty, 2020b). In other words, epistemology is the way we know the world in which we live (Bhattacharya, 2017). When applied to qualitative inquiry, epistemology is the belief that people construct their own meaning (Bhattacharya, 2017). The research questions in this study were grounded within a constructivist epistemology. A constructivist epistemology assumes reality is constructed through individual perspectives (Hatch, 2002). Although elements of an experience are often shared across a social group, the

constructivist lens argues that there is not a singular or objective reality. Instead, there are multiple realities because reality is shaped by an individual's unique experiences (Hatch, 2002).

In constructivism, knowledge is co-constructed through interaction between the researcher and the participants (Hatch, 2002). Because the researcher and the participant join to construct knowledge, meaning making is developed through subjectivity rather than being objectively constructed. Patton (2002) states that subjectivity is acknowledged rather than avoided in constructivism. By taking biases into account, trustworthiness and authenticity are enhanced and deepened.

Through in-depth interviews the researcher and participant spend extended periods of time and effort to "reconstruct the constructions participants use to make sense of their worlds" (Hatch, 2002, p. 15). Although a survey could be used to answer the research questions in this study, the level of depth and reflection required to comprehensively answer the research questions would likely not be provided through that quantitative method of data collection. Hence, qualitative methodology was the best choice for this study. Through such methods, the music therapy faculty participants shared how they knew what they knew. These values and assumptions varied by participant as each arrived with their own individualized realities as students, educators, and people. This study aimed to understand the participants' experiences by collecting data in an in-depth manner and interpreting it (Bhattacharya, 2017). The participants' experiences were collected through narratives. Narrative inquiry was the method selected for this study as it requires the participant to reconstruct their experiences through storytelling (Pinnegar & Daynes, 2012).

In her dissertation on junior music therapy faculty, Olszewski (2019) describes how being so close and familiar with the research topic poses benefits and challenges for the

researcher and participants. This subjectivity can then be used to inform multiple aspects of the study, including the research questions and selection of data sources (Olszewski, 2019). By reflecting upon my own teaching experiences related to the research questions, the data collection methods sought deep meaning. The selected interview questions aimed to collect rich, thick stories. As suggested by Bhattacharya (2017), these stories were solicited through interviews, along with collecting artifacts as additional data sources. In this study, the artifacts included course syllabi, teaching notes, and participants' results from the Teaching Perspectives Inventory.

On the other hand, when a researcher is qualified to be a participant, they must be aware of this subjectivity. Crotty (2020a) emphasizes that being a constructionist has important implications for the research being conducted. Specifically, it tells the audience how the researcher will conduct the research and view the data collected. The researcher's biases need to be noted through reflective journaling. For example, if I found that I had a much more negative experience as a faculty member than a participant, this cannot override their story. However, rather than setting the researcher's experiences aside, it is suggested that there need not be a separation between the researcher and narrator. Instead, the stories collected from the semi-structured interviews were socially constructed as the power is shared between the researcher and narrator (Hollingsworth & Dybdahl, 2012).

Also, given that the music therapy faculty community is quite small, I needed to be aware of existing relationships I had with my participants, some of whom were familiar colleagues. Finally, I recognize that every decision regarding methodology selection was made from my own subjectivity. This subjectivity also applies to data collection, analysis, and representation.

Transparency about how the selected epistemology informs all other elements of the research methodology is an important point of discussion.

Research Design

I applied the five principles of narrative inquiry as described by Zimmerman and Kim (2017). The first principle is openness to being shaped by the narratives. This means using open-ended questions. In addition, each interview question should serve the purpose of exploring. Zimmerman and Kim (2017) note that narrative inquiry is an appropriate methodology to use when the researcher is trying to learn about how people develop and transform over time. This was the case in my study. I was trying to learn about how music therapists develop and transform into expert music therapy educators.

The second principle is building a rapport with participants (Zimmerman & Kim, 2017). Narrative inquiry requires that enough rapport be developed between the researcher and participants so that they can feel comfortable sharing their stories. Moreover, the relationship between research and participants is collaborative in narrative inquiry (Zimmerman & Kim, 2017). The researcher must actively listen as the participants tell their story. The participants relive their stories, and the researcher retells them to the reader. As such, the researcher and participants co-create new meanings. I conducted multiple interviews with my participants to help facilitate the development of rapport and trust.

The third principle is narrative interviewing and fieldwork. Open-ended interviews are the primary data gathered in a narrative study (Zimmerman & Kim, 2017). The purpose of the interviews is to elicit the participants' stories. The researcher needs to provide a space for their participants that is free of constraints. Zimmerman and Kim (2017) suggest that the researcher collect details about the space, time, physical body, and interpersonal relationships experienced

in the stories. When needed, the interviewer should adjust questions based on the individual participant's story. This may mean the questions used with each participant may not be the same. It is also suggested that narrative researchers immerse themselves in their participants' stories as much as possible. Zimmerman and Kim (2017) note that the participants' stories can be told through their words and their world. As such, in addition to interviews, they recommend accessing components of the participants' world, such as journals and documents, to accomplish this immersion. The purpose of collecting these items is also to communicate the various dimensions of the story being told. I collected course syllabi, teaching notes (when available), and the results of the participants' TPI results to help elicit participants' stories and immerse myself in their stories.

The fourth principle is narrative data analysis and data re-presentation. The purpose of narrative data analysis and interpretation is to find meaning from the participants' stories (Zimmerman & Kim, 2017). This requires that the researcher engage in multiple cycles of reading and re-reading the data. It is the responsibility of the researcher to (re)present the story so that the readers empathize with the experiences in the stories and understand them. In addition, narrative researchers must take care to balance their own voice with that of the participants (Zimmerman & Kim, 2017). This approach to data representation calls for creativity in order to produce a final research project that communicates a story that evokes emotion, cultivates empathy, and elicits meaning in the reader. Being an arts-based methodology, narrative researchers can (re)present data creatively through the use of arts such as photography, short stories, and voice recordings (Zimmerman & Kim, 2017). These layers add texture to the narrative, more effectively capture the authenticity of the participants' stories, and cultivate

empathy in the reader. I applied this principle by sharing short stories from the narratives told by the participants.

The fifth and final principle of narrative inquiry is speaking to an audience. Zimmerman and Kim (2017) caution narrative researchers to be sensitive to how they present the multiple voices in the retelling of the stories. This includes ensuring that all voices that contributed to the collection and interpretation of the data are included in the final representation. Zimmerman and Kim (2017) also remind narrative researchers to remember to write for their reading audiences, which includes the participants, members of the larger society, and the researcher. My participants were invited to participate in multiple member checks to ensure I upheld this final principle.

Participant Selection and Recruitment

I recruited participants from two main sources. First, I recruited participants by posting a recruitment letter on a private social media group for music therapy faculty. The social media group is only for music therapy faculty and includes approximately 420 members at the time of recruitment. Prior to posting in the social media group, I messaged the group's administrator to gain approval to post the letter in the group.

In addition, I emailed the academic program directors to solicit participants. Normally, this list of program directors is available as a database directory on the website of AMTA. However, at the time of recruitment, the AMTA website was undergoing updates, and the database was subsequently unavailable. Instead, a document was published in place of the directory. However, the document did not include any contact information for the program directors. As a result, I had to manually search for this information by going to the website of each of the 100 universities listed on the document. Once I collected contact information for each

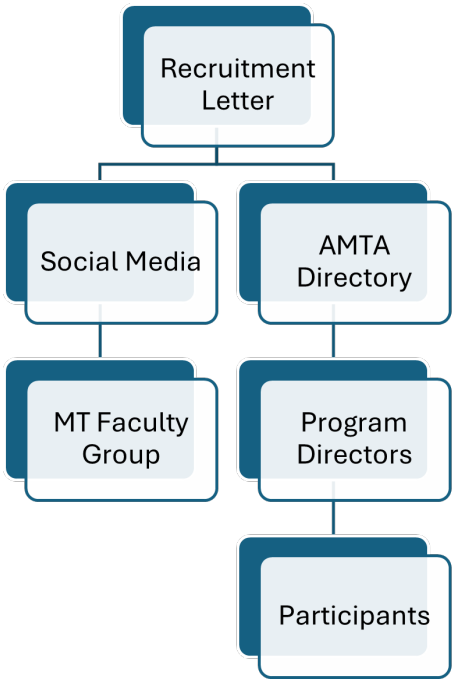
program director, I emailed them and requested that they share the recruitment letter with other music therapy faculty in their program, if applicable. Interested participants were instructed to contact me by sending me an email. I only received responses from interested faculty. There were no responses received from faculty who declined to participate. When a music therapy faculty member expressed interest, I provided them with the informed consent form and shared the general timeline for data collection to ensure this would align with their availability. Once that was signed and received via email, they were enrolled in the study. I then emailed the participants to schedule the interviews. I created an Outlook calendar invite for each interview to help ensure participants showed up as planned. A summary of the recruitment process is provided in Figure 3.1.

I recruited six participants for my study. Participants were full-time music therapy faculty with a minimum of five years of experience teaching at the college level. For all participants, their current teaching load included undergraduate courses. Some participants also taught graduate courses. Adjunct faculty were not included as their teaching experiences would lack the same challenges of wearing multiple hats that full-time faculty encounter. Juggling multiple responsibilities is a significant part of the role that full-time faculty fulfill and an important aspect of their stories I sought to uncover. In addition, recruiting faculty with at least five years of experience teaching full-time was considered an adequate timeframe to collect narratives with a beginning, middle, and end. Anyone who did not fit the inclusion criteria would have been excluded. However, all six of the faculty who responded to the recruitment email met all study criteria.

One concern for qualitative researchers is how many participants are needed in the study sample. The sample size for this narrative inquiry study determined the number of informants or

storytellers. Kim (2016) cites that it is difficult to decide how many people will be needed for interviews so that enough data will be collected to make meaning. Moreover, qualitative theories have yet to agree upon an optimal sample size (Kim, 2016). There are some suggestions that saturation is likely to be reached after six interview participants (Kim, 2016). Others suggest a range of 5-25 (Kim, 2016). In narrative inquiry, it is argued that when the focus is on collecting life stories, the use of smaller samples and lengthier interviewing is appropriate (Kim, 2016). That said, it is suggested that "in determining a sample size for qualitative inquiry, and narrative inquiry in particular, an emphasis should be placed on the quality rather than the quantity of the interviews" (Kim, 2016, p. 161). In this study, I recruited six participants because I focused on collecting in-depth stories from a smaller sample size with a focus on quality over quantity. Previous studies on music therapy faculty have used seven (Olszewski, 2019), five (Ravaglioli, 2022), and three participants (Pierce, 2023).

Figure 3.1. Recruitment Process



Data Collection

This research project was completed online through synchronous and asynchronous interactions with participants. The interviews were conducted on Zoom. Each interview was scheduled to have a duration of up to approximately 60-90-minutes to ensure adequate time for the interview questions (Appendix A). Data from the teaching perspectives inventory results, syllabi, and reflective writings (teaching notes or journals) were collected through email following the second interview. The participants completed the Teaching Perspectives Inventory (TPI) during the second interview. They emailed their TPI results to me upon completing the TPI. Results of the TPI were immediately reviewed during the interview to elicit discussion related to the interview questions. Likewise, the course syllabi were used to elicit the stories of their experiences.

Bhattacharya (2017) suggests that researchers using narrative inquiry as a methodology should include as many data sources as possible to create rich stories. Zimmerman and Kim (2017) note the importance of the story to be told "not only through words but also through the worlds of participants" (p. 20). Examples include artifacts such as journals, pictures, documents, personal belongings, and observing the participants. As a result, I used other sources in addition to the semi-structured interviews.

Interviews

Kim (2016) proposes that individual interviews are the most commonly used method in narrative inquiry. This is because the individual who has had the experience we are trying to understand is the most important source of knowledge about the experience. Kim (2016) describes the person being interviewed as the "knowledge holder" and the researcher as the "knowledge seeker". I interviewed six participants for two sets of recorded, semi-structured

interviews conducted on Zoom. Conducting multiple interviews is important for establishing trust and rapport between the researcher and participants (Kim, 2016).

I selected to conduct semi-structured interviews, which consisted of prepared general questions that guided the interview and maintained the focus. These types of interviews tend to include six to ten questions. When compared to structured or unstructured interviews, semi-structured interviews allow for flexibility so that the scope of the interview can be expanded as needed (Kim, 2016). For example, this approach allowed me to ask different questions based on the responses of the participants. Kim (2016) describes the narrative inquirer's job as "to listen with attentive care and ask necessary questions that will further inspire the telling of stories" (p. 15). This approach proved especially beneficial when participants had difficulty recalling their experiences from over 10 years ago. In such cases, I reframed questions and gave some personal examples to help prompt their memories.

Each participant was interviewed individually. Moreover, each interview set had a different focus. The first interview focused on exploring the participants' experiences beginning from discovering the field of music therapy up to transitioning from expert music therapy clinician to novice music therapy educator. In the second interview, the questions were designed to elicit stories about the music therapy educator developing into an expert educator. Narrative interview questions serve the purpose of generating the data needed to fulfill the research purpose and answer the research questions (Kim, 2016). I used the two-sentence format as my interviewing technique. Kim (2016) describes this as a format that consists of a statement followed by a question. The advantage of this format is that it helps explain the question to the participant before you ask it. The wording of the question closely mirrored the statement. In addition, this format was beneficial as it helped focus on one question at a time (Kim, 2016).

Documents

To expand upon the depth of data collected from the interviews, participant and researcher-generated documents were collected. Merriam and Tisdell (2015) posit that the use of documents functions as something like an observation. Documents give the researcher a snapshot of the participant's personal perspective, such as their attitudes, beliefs, and worldview.

First, I collected the participants' course syllabi and teaching notes or journals (if available). Cullen and Harris (2009) cite that the purpose of reviewing course syllabi is to determine what type of learning experience a professor is attempting to provide to the learner. In addition, the syllabi should reflect the faculty member's intentions (Cullen & Harris, 2009). The teaching notes and journals also served the same function of providing a snapshot into the music therapy educator's teaching perspectives, but at a more personal level than the course syllabi.

In addition, the participants took the TPI during the second scheduled interview. As a researcher-generated document, the TPI served the purpose of learning more about the participants' teaching perspectives and their development over time. Although the TPI itself produces quantitative data, this type of document can be used to support qualitative research (Merriam & Tisdell, 2015).

Researcher Journal

Bhattacharya (2017) recommends the use of a researcher's journal to document thoughts and ideas and to use this as an additional source of data. Clandinin and Connelly (2000) describe this journaling as field texts and note that the researcher's compositions may include inner experiences, feelings, doubts, uncertainties, reactions, and remembered stories.

Patton (2002) emphasizes the role of reflexivity by the qualitative researcher. Reflexivity includes being self-aware of one's identity and perspective and requires the researcher to observe

themselves while engaging in research. Reflexivity facilitates attention to the researcher's and participants' "cultural, political, social, linguistic, and ideological beliefs" (Patton, 2002, p. 299). The researcher's perspective affects what they observe and document, and how they analyze data. In addition, the researcher needs to observe their interactions with their participants. A researcher's journal provides a way to practice reflexivity by documenting "issues with authenticity, reactivity, and how the observational process may have affected what was observed" (Patton, 2002, p. 301). This includes how the researcher's background and predisposition acted as influences throughout the research process.

I used an Excel Spreadsheet as my journal, noting the date of each entry. This same spreadsheet was used for all analytic memos. I found it beneficial to have all of these entries in one document. I added entries throughout the weeks of recruitment, data collection, and data analysis. I also regularly reviewed them prior to interviews and during data analysis.

Data Analysis

Data analysis includes all processes used by the researcher to develop meaning from the data collected (Kim, 2016). Specifically, the researcher examines the raw data and reduces them to themes through coding and recoding processes. The themes are then represented in various ways, such as figures, tables, and narratives. Data analysis for this narrative inquiry was initiated during the interview transcription process. In contrast to quantitative research, an inductive analysis approach is used by qualitative researchers. Bhattacharya (2017) defines inductive analysis as:

> The process through which a qualitative researcher might look at all the raw data, chunk them into small analytical units of meaning for further analysis, cluster similar analytical

units and label them as categories, and identify salient patterns after looking within and across categories. (p. 150)

Further, inductive analysis is an iterative process wherein the researcher passes through multiple stages and processes, often circling back several times. Saldaña (2021) describes the process as "dynamic and malleable" (p. 12). In addition, Bhattacharya (2017) offers general guidelines for inductive analysis. Some of these guidelines include reading data multiple times, chunking data into smaller units called codes, clustering the codes into categories, identifying patterns, and writing about the various processes by keeping a reflective journal. Engaging in a continuous journaling process helps the researcher to make connections.

Analytical Framework

Polkinghorne (1995) posits there are two types of analysis used for narrative inquiry studies: analysis of narratives and narrative analysis. I used analysis of narratives, which "seeks to locate common themes or conceptual manifestations among the stories collected as data" (Polkinghorne, 1995, p.13). In analysis of narratives, the researcher uncovers the commonalities across multiple data sources. The common themes are then organized into several categories (Kim, 2016).

The purpose of all the methods is to transform messy data from the narratives collected into meaningful stories (Kim, 2016). Thematic analysis methods are widely used in research to guide the researcher in developing patterns, including themes and categories (Braun & Clarke, 2021). Thematic analysis methods search for themes and patterns across the entire data set rather than within an individual interview or other data item (Braun & Clarke, 2006). This analytic method reports experiences, meanings, and realities of the participants studied. Moreover, thematic analysis is flexible while also providing a rich, detailed, and complex account of the

data (Braun & Clarke, 2006). Approaches within this spectrum of methods vary from coding accuracy and reliability to more reflexive approaches.

When using thematic analysis, the researcher uses either an inductive or deductive approach. An inductive, or bottom-up, approach indicates the themes have a strong link to the data, as is the case when data are collected specifically for a study. When using an inductive approach, the researcher does not try to fit the data into an existing coding framework, nor do they fit it within their own preconceptions. In contrast, a deductive, or top-down analysis, is driven by the researcher's analytic preconceptions.

Braun and Clarke (2006) suggest that thematic analysis that focuses on gathering a rich description of the data set can be especially useful when the researcher is studying an under-researched area, such as is the case with my study on music therapy faculty. Moreover, Braun and Clarke (2006) posit that thematic analysis is a foundational and accessible method for qualitative research and recommend that this should be the first method learned by less experienced researchers because of the core skills that will develop of learning to use it. That said, guidance for how to do thematic analysis is lacking. As a less experienced researcher, this is a barrier. However, Braun and Clarke (2006) outlined a six-phase process for conducting thematic analysis, which I used in my study.

Braun and Clarke (2006) describe a concern with "passive" thematic analysis methods that simply provide "an account of themes 'emerging' or being 'discovered' (p.80). This approach dismisses the researcher taking an active role in "identifying patterns/themes, selecting which are of interest, and reporting them to the readers" (p. 80). Given my background and lived experiences as a music therapy educator, I brought my own subjectivity into all aspects of this

study, including data analysis. Using Braun and Clarke's approach best aligned with how my subjectivity interacted with this study.

Braun and Clarke (2006) state that the process of thematic analysis begins when the researcher starts to notice and look for patterns in the data, which may be during data collection. The analysis process involves a constant back-and-forth movement through the entire data set. Moreover, they emphasize the important role of writing during rather than at the end of analysis. Examples of writing during the phase include noting ideas and potential coding schemes. I kept an Excel spreadsheet and used it for analytic memos throughout the data analysis process.

Braun and Clarke (2006) discuss that a theme "captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (p. 82). What is determined to be a theme is up to the judgment of the researcher, who needs to determine when and to what extent data captures something important relative to the research questions. A description of Braun and Clarke's six-phase process of conducting reflexive thematic analysis is discussed below.

Phase 1: Familiarizing Yourself with Your Data

I collected my data through conducting interviews and collecting documents from the participants. Braun and Clarke (2006) advocate that the researcher immerse themselves in the data by repeated active reading of the data to search for meanings and patterns. During this phase, I began taking notes and marking down any initial ideas for coding. I video-recorded the interviews and used the transcription service provided by Zoom to transcribe verbal data.

Phase 2: Generating Initial Codes

Once I read and became familiar with and highlighted what was interesting about the data, I began producing initial codes. Braun and Clarke (2006) state that codes are the most basic

element of the raw data in that they "identify a feature of the data (semantic content or latent) that appears interesting to the analyst" (p.88). I coded my data by highlighting content in the transcripts, which later became the In Vivo and descriptive codes.

Phase 3: Searching for Themes

Whereas codes are applied to a short segment of data, themes are broader units of analysis developed through the interpretation of the data. This phase of analysis begins once all data have been initially coded and collated into a long list. In phase three, the analysis broadens. This begins with the researcher sorting through the codes and collating them into themes. It is up to the researcher to determine how different codes can be combined to form an overarching theme. Braun and Clarke (2006) indicate some codes may not end up as part of a theme and instead will be discarded. As an alternative, codes that do not fit into an overarching theme can be fit into a miscellaneous theme. By the end of phase three, the researcher will have a collection of themes and sub-themes. In addition, the researcher may begin to identify the significance of the various themes. After completing coding of all transcripts (Word documents), I found searching for themes to be too cumbersome and made the decision to use Atlas.ti, a CAQDAS software program, to finish the rest of the data analysis process. The coded transcripts were uploaded to Atlas.ti, where I continued the process of identifying themes and sub-themes.

Phase 4: Reviewing Themes

At this point in the six phases of thematic analysis, there will be a set of candidate themes. The researcher moves forward by refining the themes. Whether a theme is really a theme or not must be determined at this point. For example, a candidate theme may not have enough data to support it being a theme. Other themes might be combined, yet others may be broken down into separate themes. Braun and Clarke (2006) direct researchers to complete two levels of

review and refinement of the themes. Specifically, the researcher needs to read all of the collated extracts for the themes and carefully determine if they seem to form a clear pattern. Level two is a similar process but is evaluated relative to the entire data set. To accomplish this, the researcher rereads the entire data set to evaluate if the final candidate themes align with the data set. In addition, the researcher codes any data that were missed when previously coding. Completing these two steps may elicit new themes. By the end of this phase, the researcher will have a satisfactory thematic map of the data. I collected the codes from Atlas.ti and arranged them into themes.

Phase 5: Defining and Naming Themes

This phase requires the researcher to define and refine the themes that will be presented for analysis. This step involves the identification of what each theme is about and what aspect of the data is captured by that theme. Specifically, the researcher needs to identify what is of interest in the data and why it is interesting. Each theme requires a detailed written analysis. This includes telling the story told by the theme while also considering how the theme fits into the overall story told by the data set and how it addresses the research question. Refinement of themes and sub-themes is an essential task in phase five. Finally, how themes relate to each other needs to be considered to avoid having themes with too much overlap. By the end of this phase, the researcher should be able to clearly define themes, including describing their scope and content.

Phase 6: Producing the Report

This phase begins when the researcher has produced a set of final themes. The goal of phase six is to complete the final analysis and write up the thematic analysis. The final write-up will tell the complex story of the data. Braun and Clarke (2006) advise the write-up should be

"concise, coherent, logical, non-repetitive and interesting account of the story the data tell – within and across themes" (p. 93). Furthermore, they emphasize the final write-up needs to use vivid examples to show, in a compelling way, that the story told by the data makes a solid argument in relation to the research questions.

Coding

Qualitative researchers use words and short phrases, known as codes, to assign an attribute to parts of data (Kim, 2016). Codes are generated by the researcher. Saldaña (2021) describes this as a translative process since the data is translated into meaning by the researcher. These translations are then used later as the researcher looks for patterns, which are data that appear multiple times. Patterns come in varying forms, including those related to frequency, sequence, similarities and differences, relationships, and causes (Saldaña, 2021). Therefore, according to Saldaña (2021), coding is "primarily an interpretive act" (p. 7). That said, the codes developed by the researcher are not random. Instead, Saldaña (2021) posits they are "constructed, formulated, created, and revised by the researcher" (p. 7). Two coding cycles are utilized in qualitative data. Saldaña (2021) describes first cycle coding as analysis and second cycle coding as synthesis.

First Cycle Coding Approach

I used In Vivo as the first cycle coding approach. In Vivo Coding uses "participant-generated words from members of a particular culture, subculture, microculture, or counterculture" (Saldaña, 2021, p. 137). Being similar to my participants is cause for concern. This study involved conducting research within my own professional community. As such, it was important to remain as open as possible to the experiences of faculty who had TPI profiles that varied significantly from mine. I used In Vivo Coding as a strategy to remain as open as

possible while I interpreted the data. Using direct quotes from my participants limited the amount of interpretation involved in developing codes for the data. In addition, as each music therapy educator had their own experiences teaching, I wanted to ensure their experiences were shared as directly as possible. Saldaña (2021) recommends In Vivo Coding for "studies that prioritize and honor the participant's voice" (p. 138). Using In Vivo Coding applies the "verbatim principle" (Saldaña, 2021). Because most of my data were collected through interviews, it was an appropriate first-cycle coding method.

In contrast to splitter coding, I used In Vivo codes at any point of significance. There was no scheduled, predetermined amount of coding frequency. Interviews with humans can be unpredictable. In some parts of the interview, there was justification for coding every line. In other cases, there was less material to code less often. Upon reviewing the interview transcripts, I highlighted key words and phrases that stood out to me, which were used as the In Vivo codes. Saldaña (2021) suggests looking for "impacting nouns, action-oriented verbs, evocative vocabulary, clever or ironic phrases, similes and metaphors" (p. 139). Saldaña (2021) also recommends those using In Vivo Coding use their instincts when trying to determine which data stand out.

Second Cycle Coding Approach and Transition from First Cycle

Saldaña (2021) states that the purpose of second-cycle coding methods is to "synthesize the analytic work from first-cycle coding methods" (p. 321). After In Vivo coding was completed to initially summarize the data, I used pattern coding as a second cycle coding method to group the summaries into categories and themes. I applied pattern codes when commonalities in the form of shared experiences between participants were observed.

Analytic Memos and Researcher Journaling

Saldaña (2021) recommends those using In Vivo Coding to engage in researcher reflection through "analytic memo writing, coupled with second cycle coding" (p. 140) as a strategy to condense the total number of codes and serve the purpose of reanalysis in this iterative data analysis process. Saldaña (2021) describes analytic memos as a brain dump. They are a tool researchers can use to process their thoughts about all aspects of the study throughout the entire process. Saldaña (2021) notes that this includes coding and describes the relationship between coding and analytic memo writing as reciprocal. Specifically, Saldaña (2021) states that writing in a journal "helps you work *toward* a solution, *away from* a problem, or a combination of both" (p. 58). Not only are memos part of researcher reflexivity on the data corpus, but they are also data in that they can be coded and categorized (Saldaña, 2021). Suggestions for what to write about include "future directions, unanswered questions, frustrations with the analysis, insightful connections, and anything about the researched and the researcher" (p. 59).

Data Management Processes

Data were collected from interview transcripts, course syllabi, teaching notes, and the results of the Teaching Perspectives Inventory. All data were in digital form and saved on a password-protected computer. Interview transcripts were downloaded from the graduate student's K-State Zoom account and saved as files in OneDrive. A folder was created for the study. In addition, a subfolder was created for each participant. All data collected were saved to the respective participant folder. Files not specific to an individual participant were saved in the main study folder. Analytic Memos were documented in an Excel spreadsheet file saved to OneDrive. Pseudonyms replaced participant names in the final product. Participants were invited to choose their pseudonyms.

Data Representation

The stories of the participants were re-presented in this study. Each theme and its associated categories are discussed in Chapter 4. Direct quotes representing the theme and categories were included in the retelling. Hollingsworth and Dybdahl (2012) caution researchers about how to approach retelling participant stories. As recommended by these authors, I needed to consider my collaborative relationship with participants and how context shapes the retelling of stories. The retold stories were co-interpreted by me and the participants. This required extended conversations between the participants and me so that trust and intimacy developed enough to gather real stories (Hollingsworth & Dybdahl, 2012). This was accomplished through two semi-structured interviews for a total of approximately two to three hours.

Pilot Study

In spring 2023, I conducted a pilot study which informed the methodological framework and research design of this study. The purpose of the pilot study was to explore the lived experiences of music therapy faculty members as they made decisions about their instructional methods. The following research questions guided the pilot study:

1. What are the teaching perspectives of music therapy educators?
2. How do music therapy educators select their instructional methods?
3. How do music therapy educators' teaching perspectives inform their selection of instructional methods?
4. How do music therapy educators' teaching perspectives and instructional methods align with the classroom experiences they provide?

Narrative inquiry was selected as the methodological approach and informed by transformative learning theory. Inclusion criteria included at least two years of experience

teaching college courses and currently teaching undergraduate students. Participants were recruited by posting a recruitment letter to a private social media group for music therapy faculty. After receiving inadequate interest, I directly contacted music therapy faculty in the group with whom I was most familiar. This resulted in the recruitment of two participants. In the pilot study, I specifically targeted faculty teaching undergraduate courses. Overall, the recruitment method used proved inadequate given the short window of time for conducting the pilot study during a spring semester course. This experience informed the more robust recruitment plan in the current study.

Data collection methods included conducting two interviews on Zoom with each participant. However, only one of the two participants completed both interviews. After the first interview with the first participant, there was no response to communications to schedule a second interview. In addition, data were collected from course syllabi. Specifically, they were asked to share syllabi that best reflected their teaching approach. Data also came from the results of the participant's Teaching Perspectives Inventory were reviewed and discussed during the second interview. Finally, I kept a research journal to document my experiences and reflections throughout the pilot study.

Data analysis included two-cycle coding approaches. In Vivo and Hypothesis coding were used for the first cycle coding. For Hypothesis Coding, I developed a priori codes related to each of Pratt's Five Teaching Perspectives. This coding system was used when analyzing data from the interviews and reviewing course syllabi. What I learned from using this approach with the course syllabi was that there was great variation in how personalized the course syllabi were to the faculty member's teaching perspectives. Many universities have standardized formats for course syllabi that can limit how insightful they are when used in a study of this nature.

I approached data representation by retelling the stories of my one participant. Analysis of the interviews identified themes and their associated categories and discussed them. Three themes were identified in the pilot study: Personal Experiences (Clinician and Student), Influence of Others (Predecessor and Students), and Culture of Institution (Opportunities and Barriers). Coding of the course syllabi found themes of three of Pratt's Five Teaching Perspectives: Transmission, Apprenticeship, and Developmental Perspectives. Finally, the results of the participants' TPI found that their dominant teaching perspectives were transmission, apprenticeship, and developmental.

My intent for the dissertation was essentially to replicate the pilot study. The main revision I planned to do was to expand my recruitment strategies to hopefully increase the number of participants. However, during my second residency for the doctoral program, I came to the realization that I needed to focus on the experiences of faculty across the entire arc from discovering music therapy to becoming an expert music therapy educator.

Ethical Considerations

This research involved human subjects. As such, I needed to consider all ethical principles, including respect, integrity, beneficence, and justice (Kim, 2016). I began by applying to the Institutional Review Board (IRB) at Kansas State University. Once I started to recruit participants, I obtained informed consent. By doing so, the participants were provided with all pertinent information about the research study. Kim (2016) states that informed consent is "grounded in the principles of confidentiality, individual autonomy, and beneficence" (p. 158).

Confidentiality was imperative in this study. It was important to protect the privacy of all participants so that they felt safe in sharing sensitive information about their experiences. I addressed this ethical concern in several ways. To keep participant confidentiality, digital data

were kept on a password-protected computer. Hardcopy data were kept in a locked office. All data will be destroyed after three years. In addition, pseudonyms were used to protect the identity of the participants so that no one other than the researcher would know who participated. Kim (2016) also recommends removing other identifying features. Due to the small population of music therapy faculty, I also excluded the names and locations of all universities that my participants mentioned in the interviews. Moreover, as part of the member-checking process, participants were invited to request additional privacy measures. Kim (2016) advocates for these additional measures, especially when the researcher is conducting backyard research, which was the case for the current study. Participants may not always anticipate the need for additional measures of privacy prior to completing interviews. Kim (2016) suggests including the opportunity for interviewees to specify their wishes for confidentiality following the interviews. This can be done by providing a post-interview confidentiality form. In my study, I adapted this idea by emailing participants after each interview and inviting them to request additional confidentiality. This communication was sent along with the transcripts of the interview in question. This strategy of communicating about privacy multiple times with participants is also suggested by AERA (2009).

In addition to protecting the privacy of the participants, I also needed to consider the ethical issue of power dynamics. For example, at the time of recruitment and data collection, I served on the committee that approves new and existing music therapy academic programs. With that role came a power dynamic between me, a potential future program reviewer, and a potential future program applicant. AERA (2009) notes that research should describe any potential conflicts of interest such as this.

My membership role was an additional ethical consideration. I was a peer and potential past or future colleague of my participants. There was also the potential for me to be a former student of a participant. In addition, at the time of recruitment and data collection, I served on the national committee that approves new and existing academic music therapy programs. Bhattacharya (2017) describes this type of observer role as full membership in that "the researcher is a fully active member of the group that s/he is observing" (p. 140). These membership roles positioned me in the role of an insider. As such, I needed to be aware of my pre-existing knowledge and biases of the participants and any histories with which I was already familiar. Moreover, I needed to be aware of the potential for participants to feel uncomfortable sharing details with me for fear of disclosing potential violations of our clinical and educational standards. Bhattacharya (2017) emphasizes the importance of understanding that culture goes beyond ethnic background. Rather, culture includes membership in a group that shares values, beliefs, and rituals. While I shared the same role of music therapy educator with my peer participants, I did not share the same experiences. I needed to acknowledge these differences and be aware of them as I prepared to retell their stories. Similarly, when I heard these differences discussed during the interview, I needed to ensure that I did not break the protocols for the conversation, as that may not only have affected the results of the study but also my future interactions with the participant in our membership group. Therefore, it was important to acknowledge my intent, presence, and role (Bhattacharya, 2017), which I did through my journaling.

Standards of Quality

In addition to intentionally selecting qualitative methodology for this research, I also needed to ensure the study meets standards for quality. There are several quality standards that are particularly relevant to this specific study.

Worthy Topic

First, the focus of my research is on a worthy topic. My research explores the experiences of expert music therapists as they transition to novice educators and then transform into expert educators. Few studies have examined music therapy faculty experiences. None of them focus on the whole experience from expert clinician to novice educator to expert educator. When I posted my recruitment letter for a pilot study I conducted in 2022, several faculty responded that while they could not participate, they felt this was a gap in the research and were very encouraging that I continue down this path. This response further indicated the relevance of the topic within the field of music therapy. Tracy (2010) notes that worthy topics tend to emerge from a particular discipline's priorities. Our music therapy field has experienced some turbulence because of the pandemic. In addition, there has been a significant turnover in faculty positions. Many long-time professors of music therapy have retired. At the same time, there has been a decline in qualified music therapists to fill these positions, especially due to the number of doctoral graduates. The result has been more new music therapy faculty with a master's degree rather than a doctorate entering academia with little to no experience teaching college students.

Rich Rigor

This study has rich rigor as evidenced by the use of a solid theoretical framework and appropriate recruitment criteria. Specifically, each participant contributed at least 10 years of lived experiences.

Sincerity

This study includes self-reflectivity through the use of researcher journaling and analytic memos. The use of Braun and Clarke's process for thematic analysis calls for a reflexive approach that is transparent in the role of the researcher's subjectivity throughout the research process.

Credibility

In addition to being a worthy topic, this research ensured credibility. My methodology includes collecting data from a variety of sources, including interviews, course syllabi, teaching journals, results from the TPI, and my own research journal. By utilizing multiple sources of data, I can triangulate findings. By verifying findings through triangulation, I showed my interpretative analyses are persuasive (Tracy, 2010).

Resonance

This study provides resonance through its design as a narrative inquiry study. The data collected and re-presented were stories intended to be relatable to the reader and help transfer the findings to the field of music therapy and beyond to other contexts related to the transition experiences from novice to expert.

Significant Contribution

Finally, this study met quality standards for a significant contribution. Tracy (2010) describes a significant contribution as the extent to which the study extends knowledge. To date, there are no studies that have investigated the full experience of transitioning from expert clinician to novice educator and then transforming into an expert educator. The findings of this study added to what we know about music therapy faculty and help us improve teacher preparation in our graduate programs and continuing education opportunities. Furthermore, the

findings may extend to other creative arts therapy disciplines as well as other healthcare fields such as nursing, physical therapy, occupational therapy, and speech-language pathology. All of these disciplines have clinician faculty members.

Summary

The methodology for this study was a narrative inquiry. This study collected the stories of six music therapy educators. Two interviews were conducted with each participant. Through narrative inquiry, three research questions were addressed. I analyzed the data using two rounds of coding and following Saldaña's (2021) procedures for coding. The findings are discussed in the next chapter.

Chapter 4 - Findings

The purpose of this study was to explore what narratives of music therapy faculty members reveal about their experiences transitioning from expert clinician to novice faculty member and then transforming into expert educators. The research questions guiding this study were:

- RQ 1: What stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles?
- RQ 2: What stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator?
- RQ 3: What stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator?

In this chapter, I provide an overview of the participants and present the themes that were identified as a result of the data analysis process used to answer the research question. The chapter concludes with a summary of the findings.

Participant Demographics

Six music therapy educators from multiple regions of the United States participated in this study. All participants had at least five years of experience in college teaching and were currently working as full-time faculty at the time of recruitment. In addition, at the time of data collection, all six participants were music therapy program directors, even though being a program director was not a criterion for being included in the study. All six music therapy educators met the participant inclusion criteria. By the end of the data collection process, two participants either left academia or transferred to a different institution.

Table 4.1. Participant Demographics

Pseudonym	Earliest Degree Earned in MT	Highest Degree Earned
Carmen	Bachelor's	Master's
Ellen	Master's Equivalency	Master's
Anne	Bachelor's	Master's
Bonnie	Bachelor's	PhD
Melissa	Master's Equivalency	PhD
Sarah	Bachelor's	PhD

Identified Themes

The identified themes and subthemes from this study are detailed in the following sections. Thematic analysis and coding of participant interviews, analytic memos, and concept maps revealed the findings below. Musical terms have been utilized as metaphorical representations of the participants' experiences and findings. See Table 4.2 for a summary of all themes and subthemes.

Table 4.2. Themes and Subthemes

Themes	Subthemes
Themes answering Research Question 1 "What stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into academia?"	
Joining the Ensemble - Faculty describe their experiences entering the music therapy profession and their entry into academia	a. Tuning: Narrowing Down the Career Choice to Music Therapy - Faculty describe how they first discovered music therapy as a career b. The Rehearsal: Preparing for the Performance - Faculty describe their educational and clinical training experiences leading up to entering academia c. The Performance: The Ensemble Performs as One and Many - Faculty describe how their situational and life contexts played a major role in shaping their pathway to an academic role and their mode of entry into academia

Themes answering Research Question 2 “What stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator?”	
From Performer to Conductor - Faculty describe their personal and professional experiences that shaped their transition from expert clinician to novice educator	a. The Section Leader: Leading Practicum Music Therapy Students - Faculty describe how working with students prior to becoming an educator influenced their transition to a novice educator b. The Duet - Faculty describe how their partner influenced their experience transitioning to educator c. Picking up the Baton - Faculty describe no longer preferring to be a clinician or work in a clinical environment as a reason to transition to an educator role d. The Concertmaster - Faculty describe feeling like an expert music therapist e. Key Change - Faculty describe how experiencing an abrupt transition from clinician to educator affected their experience transitioning to their new role
The Masterclass - Faculty describe their educational experiences that shaped that transition from expert clinician to novice educator	a. Dynamics -Faculty describe their educational experiences that shaped their experiences entering academia

Themes answering Research Question 3 "What stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator?"	
Improvisation - Faculty describe their experiences becoming and identifying as an educator and navigating challenges and growth	a. Sight Reading -Faculty describe their experiences navigating challenges
Developing Repertoire -Faculty describe their experiences growing as novice educators	a. The Arranger - Faculty describe being given autonomy b. The Composer - Faculty describe feeling like an expert educator
Accompaniment…Faculty describe the personal characteristics, strategies, and resources within their academic/teaching environment that impacted their experiences	a. The Tonic - Faculty describe their personal characteristics that influenced that development as an educator b. Technique - Faculty describe strategies they used to develop as educators c. Consonance - Faculty describe the internal resources available to them as educators d. Playing Accompanied - Faculty describe the external resources available to them
Dissonance - Faculty describe the challenges within their academic/teaching environment that impacted their experiences	a. Neighbor Tones - Faculty describe experiences with music therapy faculty b. The Tritone - Faculty describe the impact of COVID on their experience transforming into an expert educator c. Modulation - Faculty describe their work role transition to program director

Themes Answering Research Question 1 "What stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles?"

In this section, the participants describe how they first discovered the field of music therapy. Their narratives provide examples of the diverse pathways to becoming music therapists and how they eventually ended up transitioning from their clinician roles to faculty positions.

Joining the Ensemble

Joining the ensemble represents entering the profession of music therapy. All the participants described their entrance to academia through various pathways. The career journeys and entry points of the participants include their experiences completing their education, working as music therapy clinicians, and then transitioning to faculty roles. The experiences leading up to the initial faculty role played a significant role in how the participants experienced the transition from expert clinician to novice educator. Moreover, some participants began their college teaching journey as adjunct faculty while others immediately started out as full-time faculty. This factor also influenced the experiences of transitioning from a clinician to a faculty role.

Prior to their transition to academia, all the participants worked as music therapists. All participants were provided the opportunity during the first interview to share their stories of how they entered the profession of music therapy, worked as clinicians, and then transitioned to academia. Each of them shared their pathways to the profession of music therapy, which varied and later influenced how the participants experienced their work role transition from clinician to educator. Some participants directly entered undergraduate music therapy programs from high school, while others pursued their music therapy education through accelerated equivalency programs.

The participants entered academia through diverse situational contexts. Some transitioned through part-time adjunct positions, while others entered through full-time faculty positions and even program director roles. These work role transitions were further influenced by life events such as their partner's own educational pathway, pregnancy, relocation, and career opportunities. Altogether, there were situational factors for each participant that shaped how the transition was perceived by the participant and whether it was an opportunity, a challenge, or both.

Schlossberg's Transition Model's emphasis on situation, self, support, and strategies closely aligns with the themes and subthemes that I identified. This framework helps with understanding how the music therapy faculty navigated their work role transition. The stories told by the participants provide examples of how situational factors, personal attributes, support systems, and coping strategies influence how they experience their transition from clinician to educator.

The most common "pathway to academia" story shared by the participants was finding out about music therapy in high school, majoring in music therapy as an undergraduate student, working as a music therapist, and then entering academia. Four of the participants entered the music therapy profession by completing a traditional bachelor's music therapy degree program, which included four years of coursework and clinical experience followed by a 1,000-hour internship. This pathway provides the maximum number of years for a student music therapist to develop their clinical skills while completing their coursework.

Another common pathway to music therapy educator roles was to discover music therapy as a second career, either during undergraduate school or later in life. This experience is often the result of a lack of awareness of the field of music therapy. Instead, the individual shares a passion for music and psychology, and selects a related major in undergraduate school, only to later learn about the profession of music therapy and realize it is the career that combines all their interests. These individuals often then complete accelerated equivalency music therapy programs as their gateway into the profession. Two of the study participants completed accelerated equivalency programs as their entry into music therapy.

Tuning: Narrowing Down the Career Choice

In music, tuning is a process of narrowing and refinement. After fine-tuning their career interests, the participants entered the profession of music therapy after they discovered that the

field combined their interest in music with their passion to help others. Carmen, Anne, Bonnie, and Sarah first discovered music therapy in high school, while Ellen and Melissa learned about it during or after their undergraduate studies. Altogether, the participants' stories reflect how entry into the music therapy profession is often serendipitous while also aligning with their life's passion and purpose.

Carmen first learned about music therapy as a career during her senior year of high school. Although she was interested in a music career with children, she did not feel drawn to becoming a music educator. After researching programs and speaking with a music therapy professor, she decided to pursue a degree in music therapy. "And I only auditioned for music therapy programs at that point. So, I pretty much decided that that was my route I wanted to go. Looking back though, I had no real idea what the profession was".

Anne's interest in music therapy began in high school. Like Carmen, she was interested in pursuing a career in music but did not want to teach music or be a performer. During her first year of high school, she discovered the field of music therapy while browsing at a bookstore.

After connecting with several music therapists through her personal network, Anne's decision to pursue a degree in music therapy was solidified:

> I was really taken with how music was being used in a way that seemed like this kind of secret, hidden, cool thing before it became trendy, and I was really convinced. I knew I wanted to be a music therapist.

Bonnie had been involved in music and science throughout high school. While auditioning for a music scholarship, she was informed that she would have to be a music major to receive the scholarship. Upon hearing of her interest in music and psychology, the faculty recommended that she major in music therapy, which she had never heard of up to that point:

> And I was like that's it. That's the thing I didn't know is a thing, and I can put together my interest in psychology and mental health in human beings and music, and put them together. My parents asked me what music therapy was, and I said I have no idea, but I think in four years I'll figure it out.

Sarah first heard about music therapy programs during her junior year of high school. She had been interested in music and healthcare so when she found out about music therapy, she concluded that "it looks like it has the right combination".

On the other hand, Ellen and Melissa both discovered music therapy during their undergraduate studies. Ellen initially earned her bachelor's degree in psychology and minored in music. Although she'd heard about music therapy during her senior year of college, she finished her psychology degree and then entered the field of human services, serving in a variety of roles. However, the idea of music therapy as a career had lingered. "It was just like niggling in the back of my mind, like I feel like there's something else that I should be doing." She expressed missing music in her life, but "didn't realize there was a career where I could use music to help people, but it didn't have to be as a teacher." At the age of 30, she was aware of music therapy and decided to enroll in an equivalency program, which she completed in one year. She began working as a music therapist and started her master's degree after one year in the field. At the end of her graduate program, she had a conversation with her professor about possibly going into college teaching in the future.

Melissa first learned about music therapy during her final year of undergraduate school. At the time, she was finishing her degree in music education when one of her professors invited her to a presentation by a local music therapist. After attending this presentation, she realized music therapy was her true calling. "I was perfectly happy being a music teacher. I was

graduating with that degree. But, when I heard about this, I just was like, this is what I'm meant to do." Melissa graduated with her music education degree and then immediately enrolled in a music therapy master's equivalency program, which she completed in three semesters.

The Rehearsal: Preparing for the Performance

The music rehearsal focuses on preparation and repeated practice prior to the performance, whatever that may look like. Similarly, the participants' pathways toward faculty roles unfolded in varying combinations of their experiences in clinical practice, graduate education, and evolving professional goals. While some participants, such as Anne and Sarah, always planned to become faculty, others did not see this as a professional aspiration until later. In addition, some of the participants, such as Bonnie and Carmen, worked as professional clinicians with a variety of populations prior to entering academia, whereas others were limited in the diversity of their clinical experience. As a group, the participants' stories illustrate how pathways from clinical practice to academia can be intentional and planned or emerge as a result of their experiences leading up to the transition.

After completing her undergraduate program, Carmen worked as a music therapist for eight years at two different organizations before becoming an adjunct. In addition, Carmen pursued an online master's degree in music therapy during her first job. It was after earning a graduate degree that Carmen started considering becoming an educator:

> Especially since I had my master's already, I was like what am I doing with this? Is this just like I wanted to further my education, and that's great. Or is there another plan for how that moves forward, whether it's diving deeper in the business and really making that huge? Is it going the faculty route?

Anne enrolled in a nearby academic program and earned her bachelor's degree in music therapy. Anne worked as a music therapist for 2.5 years before attending graduate school and earning a master's degree in music therapy. Upon graduation, she accepted an adjunct faculty position as a clinical coordinator. Securing a faculty position had always been a goal for Anne. "I knew, even when I was an undergrad, that I wanted to be a music therapy professor, so everything was kind of working towards that this entire time."

Sarah attended undergraduate school where she double majored in piano performance and music therapy. Sarah immediately began her master's degree upon graduation. While completing her master's thesis, she started taking PhD coursework and began working as a music therapist.

Melissa worked as a music therapist and internship director for one organization for five years before pursuing a PhD in music therapy. Prior to entering the PhD program, Melissa felt she was content with her work. "I never thought I would get into teaching. I was perfectly happy doing what I was doing." One of Melissa's professors from her master's degree called her in for a meeting one day and encouraged her to return and do a PhD. During her terminal degree program, she shared that she "loved teaching," and upon completion, she applied to faculty positions at the only three schools that had openings. Immediately after graduating, she started her first faculty role as an assistant professor.

The Performance: The Ensemble Performs as One and Many

Following many hours of rehearsal, the music performance is a demonstration of both individual and group performance, both of which have been shaped by a variety of factors. The participants' transitions into their faculty roles were shaped by a blend of influences and experiences. While some participants pivoted to academia due to personal circumstances, such as

the case with Carmen, other participants, like Ellen, sought a change in professional roles and responsibilities. The participants' narratives show that entry into academia is a dynamic process and highly individualized to the person's personal and professional experiences and situation.

Carmen ended up moving to a new state when her partner started a faculty position. The same institution had posted a full-time position for music therapy, but because it was a dual-role position, it ended up as a failed search due to a lack of qualified candidates. The university then created an adjunct position, and Carmen applied for that, was offered the position, and accepted the role. Although it was a part-time position, Carmen felt that it ended up being best for their family:

> They offered me an adjunct position, which actually worked out beautifully because I was pregnant with my first child and we were moving all at the same time. So, it would have been a lot to take on a full-time role, have a baby, and be in a new state. So, I did some adjunct clinical support of practicum and supervision for the first year.

Bonnie worked as a music therapist for five years before attending graduate school for two years and earning a master's degree in music therapy. While attending graduate school, Bonnie continued to work part-time as a music therapist. In her master's degree, she worked with a couple of practicum students, which sparked her interest in teaching. "I'd get a couple of those practicum students, and I realized I like to break down what I did and why I did it as much as I like providing the clinical work." Bonnie then returned to working full-time following graduation. During this time, Bonnie had future plans to go into teaching. She shared how those plans influenced the populations she chose to work with during those years. "When I moved back, I went into IDD, and I did that very intentionally, with kind of seeing college teaching on the horizon and wanting more breadth of practice." After a total of eight years of experience

working as a music therapist, Bonnie accepted her first academic position as a visiting professor for two years. She then left that position to pursue her PhD in music therapy. Upon completion of her terminal degree, she began her next academic role by accepting a full-time tenure-track faculty position.

Although she had not planned to stay in the country after finishing her terminal degree, once Sarah was all but dissertation (ABD), she started a job search. “Well, at the time when I was all but dissertation, I started kind of looking for, like you know what opportunities that were available.” Sarah started her first academic role while finishing her terminal degree in music therapy. During her one year of teaching in this role, she realized that she was lacking clinical experience, so she left and returned to working as a music therapist until she started her second faculty role, which was as a program director.

Ellen worked as a music therapist for five years. During that time, she shared that the idea of college teaching “was kind of in the back of my mind, and I had some experience teaching adults.” After some changes in her clinical workplace, she revisited the idea of teaching and began scrolling for job openings. She eventually accepted a full-time faculty role as clinical coordinator.

Summary of Discovering the Profession and Entering Academia

The participants discovered music therapy at different stages of life—some learned about it in high school and completed traditional undergraduate programs. In contrast, other participants discovered music therapy later in life and took the equivalency pathway to their music therapy career. Their transition into academia was shaped by their educational and clinical experiences as well as personal and situational experiences.

Themes Answering Research Question 2: "What stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator?"

In this section, the themes I identified from the data answering the second research sub-question, which is, what stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator? In their narratives, the participants described their experiences as they related to this research question. I then analyzed these storied experiences through the lens of the theoretical framework, specifically Schlossberg's Transition Model, which emphasizes situation, self, support, and strategies. This process resulted in the two themes discussed below.

From Performer to Conductor

The music performance produces sound and reacts to the conductor. In contrast, the conductor shapes the sound produced by the ensemble. While first being a performer helps ease the learning curve, being a conductor is a completely different role. Similarly, the narratives told by the participants revealed that there were a variety of factors that influenced how they experienced their transition from expert clinician to novice educator. Moreover, the factors that influenced a participant had a synergistic effect, meaning that while one factor may have hindered or caused negative effects in the transition experience, other factors contributed positively to the experience. Finally, in some cases, the participants experienced sudden role changes due to unexpected attrition within the music therapy program.

The Section Leader: Leading Practicum Music Therapy Students

The section leader in the ensemble guides and coordinates their peers. They use their expertise, leadership, and communication to ensure effective performance. Music therapy faculty

are responsible for supervising the clinical training program. All of the participants included their experiences supervising practicum students in their narratives. While some found this responsibility to be a good transition from clinician to educator, they also said it was challenging, especially when their own clinical experience was limited, and the settings they were supervising were outside their comfort level as clinicians. The participants shared stories about how their experiences working with practicum and interns while being music therapy clinicians influenced their decision to become educators. Carmen told her story about why she wanted to go into teaching:

> I feel like when I was working with the interns, I would always get feedback that I was really helpful to them. I was teaching them things they didn't learn in school. I was helping them visualize things in a different way so that they grasped concepts a lot more. And so that kind of was like okay, maybe this is something that I could be good at.

Some of the participants worked with practicum students while they were attending graduate music therapy programs, where they were graduate assistants and supervised undergraduate practicum students as part of that role. Anne, for example, supervised practicum students while working on her master's degree in music therapy. "When I was an academic supervisor for the practicum students, I did not get any insight into what I could or should be doing." Bonnie shared about working with practicum students while she was finishing her master's degree and later in clinical practice, and how this sparked the idea of becoming an educator one day:

> At the hospital where I worked when I was doing my master's degree, I got a couple of practicum students. And I realized I like to break down what I did and why I did it as much as I like providing the clinical work. There was just a spark of, like, maybe I can do

an internship someday. I liked that aspect of it. And then I got to do more of that with the university students, but I got to have them longer. So, you really got to see their progression across time.

Melissa had been supervising practicum students and interns while working as a clinician and internship director. After she had been working as a music therapist for five years, one of her former professors from her master's degree reached out to her and requested a meeting, which eventually led to Melissa going back to school for her PhD and eventually transitioning to a faculty position:

> At the end of five years, my former professor called me in for a meeting, and she said 'You've been working with our interns and practicum students, and you're a really good teacher. You're a natural teacher. I would love for you to come back and do a PhD. And you can teach classes here as a grad assistant.'

Melissa shared that she initially did not feel like she had enough experience since she had only been a music therapist for five years, but her professor said she had had enough experience and that she would get more during the three-year PhD program. Melissa did not say "yes" right away, but her professor was persistent and eventually convinced her.

Sarah told about how she first worked with students as a peer clinical supervisor when she was in her PhD program. However, she did not consider supervising undergraduate music therapy practicum students to be "teaching":

> So, I was the peer supervisor. According to my own definition, I kind of supervised the undergraduate students as a graduate assistant because, at the time, I was already an MT-BC. So, you know it was more like clinical coaching.

The Duet

The music duet is characterized as a collaboration, interaction and shared expression. Each player contributes their individual strengths while supporting their partner. Three of the participants told stories about how experiences from their personal lives influenced their decision to become educators. Several experiences included how the participants' partners impacted their career trajectories.

Carmen's transition from expert music therapist to novice educator began with her husband's own career journey. He was recruited for a faculty position at an institution where his former graduate school was launching a new program. As the time, he was working as an adjunct in a rural area and saw little chance of securing a full-time role without relocating or waiting years for a retirement opening. During her husband's interview, he learned that the university was also starting a music therapy program and would be posting a position.

Carmen explained that she applied for this position, but that it was a dual position with music education, which she was not qualified for. In the end, the department failed the search after not finding any qualified candidates. Instead, they created an adjunct music therapy position and offered it to Carmen, which "actually worked out beautifully because I was pregnant with my first child and we were moving all at the same time. So, it would have been a lot to take on a full-time role and have a baby in a new state."

Carmen also elaborated about how her husband's own experience in academia impacted her decision to make the transition from clinician to educator:

> It was almost like, because my husband was in education, I'd gotten a little bit more of a glimpse into that potential field in higher ed. And then we were moving here, and there

was a position open. I was like, “This could be a great way to like elevate my career and do something a little different”.

She continued:

> I will say that since my husband was full-time at the university, I started getting to know more about the university through him. He would attend the faculty meeting and then say, “I met this person over in this department,” and we kind of had the idea that this music therapy position was going to be reposted. So, I was trying to keep in the back of my mind. Well, what’s the environment like? And what is the potential for collaborations across campus with other disciplines? And so, I was learning some of that information indirectly.

Carmen described her transition experience as not only a work role transition, but something that was part of a life transition. For her, the change was positive and like turning a page to a new chapter. They had moved, started a family, and had new work roles.

Carmen shared:

> So, I was still holding onto those pieces when we did the transition. Clinically, I feel like I left or turned a page on some of that. But the role that I had coming in at the university was all supporting clinical skills initially, and so that felt like a very natural transition to go from supervising interns and working full-time as a clinician to then supporting practicum students and supervision at the university. And then from there, as my position grew into full-time, I transitioned into being the clinical placement supervisor and then I taught some classes too, but that still was there for me to do some of the clinical dabbling and going out and providing music therapy in the community with the students and you

know either modeling things for them and being the main person that they then eventually or for just supporting their sessions.

Bonnie also shared how being married to a fellow educator helped her adjust to the work schedule of academia, which is quite different from working year-round as a clinician. In addition, she adds that having a partner who is also in education and understands the seasons of this work environment is helpful:

> I'm married to a teacher, so I certainly understood the rhythm of a semester and the grading periods and then you bring it home with you every night. I think that rhythm of teaching in the pattern of August to May with nothing to do between May and August helped because that was different than clinical practice where you had time off, but people needed your care year-round. So, I think that helped adjust to just the intense busyness. And because my partner was intensely busy, parallel with me that helped.

Ellen shared about how her husband influenced her decision to accept a faculty role. At the time, she had applied to multiple clinical positions and one faculty role. She was offered a clinical position in one state and a faculty role in another, so they needed to decide really quickly.

> He sort of persuaded me. He's like, "You already know you're a good therapist. You know you could do that". But he told me that he felt like I should switch into teaching because that's what I had been working towards, whether I realized it or not. So, he encouraged me to do that, so that's sort of how it happened.

Picking up the Baton

Picking up the baton is a role transition in which the performer moves into the role of guide, mentor, and coordinator of the growth of others. Participants chose to leave their roles as

music therapy clinicians to become educators for various reasons and under different circumstances. And while they experienced challenges stepping into their new work roles in academia, all of them expressed that the transition was a natural next step in their careers, and they had looked forward to it. None of them seemed to feel a sense of loss in leaving their clinician roles. Instead, the challenges they experienced upon beginning their new roles were related to a lack of preparation and resources.

Carmen told a story about her desire to pivot from being a full-time clinician:

> I felt like the day-to-day of doing full-time clinical work was something I enjoyed, but I wasn't finding as much joy in that as I was finding in some of the administrative aspects of some of the leadership opportunities I had through my business. So, I felt like I was wanting to propel my career a little bit differently into something that was different than a full-time clinician.

Ellen shared about how she had started to feel frustrated with the clinical work environment she had been practicing in for four years. "There were some changes at the hospital where I was working, and just kind of gradually over time it became a really frustrating work environment." This feeling of frustration led to Ellen scrolling job boards, where she noticed a clinical coordinator faculty position:

> Oh, here's one for a clinical coordinator. It's not like running the program. It's just supervising students. I'd had a couple of interns, so I was already very confident with that. So, I just randomly said I'll apply for this.

Anne also shared how she did not feel a sense of loss related to transitioning from a clinician to an educator and in fact, felt like her educator role is a better fit for her personality:

> I actually do not miss clinical work. It took me a while to reconcile what my strengths are as a person in the music therapy profession. So nowadays I kind of joke about being a cerebral music therapist, but there are a lot of parts of my personality that probably don't on paper fit well with being a music therapist.

She continued:

> But I think my strengths really lie in like organization, being able to articulate why music therapy works, which I think works really well for teaching music therapists and holding them accountable as they're growing and developing. So yeah, I did not have any mourning period of not being a clinician anymore. And again, this fed into the kind of story that had been motivating me since my first year.

Anne also shared that while she had transitioned to an educator, her role as an adjunct clinical coordinator provided her with the opportunity to still do clinical work. "So, I didn't really miss clinical work. I still got to dabble in it because I was subcontracting to supplement my income the first three years. I was the clinical coordinator, but that wasn't something that I yearned for after becoming an educator."

Bonnie talked about her experiences transitioning from clinician to educator and how she did not feel she had the same experience as some of her peers who had also left clinical practice. She also expressed that she still identifies as a clinician:

> I still think I'm a music therapist, but I'm really also doing a whole lot of teaching and so it is a shift. And I know people who find leaving clinical practice very difficult and very rattling. I don't think I had that.

Melissa had a different experience from some of the other participants in her pathway to academia. She went from being a clinician to a PhD student and then transitioned to her faculty

role. For Melissa, her transition from clinician to an academic role started during her PhD program, where she was a graduate teaching assistant. In her story, she talks about how excited she felt in the academic environment:

> I remember really loving the feeling of information coming in at the same time as it was going out. For the first two years I remember, and it was something that really struck me the first semester I was in school again for the PhD, was like the thrill of information simultaneously coming in and going out. So, I would take a class. I would go to a class, and I'd be the student, and I'd be like, you know, taking notes and learning everything. And then, like an hour later, I would be teaching a class, and I would get to then like reintegrate all the things I was learning and then send it out in a different format. So, I just loved being a student and teacher simultaneously. That really kind of innovative and creative, and exciting feeling.

Sarah shared about how she likes the work environment of academia more than working in a clinical environment:

> To be honest, I like academia better just because you know how inspiring, and I shouldn't say that as a clinician it's not inspiring, but you will have to be self-motivated to keep moving forward because it's very easy that you kind of fall into that routine. And then if you don't have anyone above you, that kind of keeps you inspired, stimulated, you will be your own primary source of progress. And I think in academia there's already that unspoken, I shouldn't say pressure, but the atmosphere that you would have to keep moving forward, stay current with the literature. I feel more at home.

Sarah also shared that she enjoys being in the educator role more than being a clinician. "I actually enjoy being the educator more than the clinician. I feel that as the educator, I'm able

to see the students I have, and we don't always have the crème de la crème students." Sarah spoke about a conversation she had during her interview with the provost related to her comment about the type of students she works with at her university and why this inspires her to be in an educator role.

She continued:

> If you are going to make an impact to a person, a true educator is able to be the one who is capable of identifying whether this is a diamond in the rough or not, and then polish them and hopefully it becomes the diamond that everybody admires. It really affirmed that if I am able to transform a student who may not be thought of as promising just on the surface level…if I could transform the student, I think I have accomplished my mission. Being able to help them reach that specific point when just a few years ago, they were written off, I hold that as an honor and a pride.

The Concertmaster

Second in command to the conductor, the concertmaster acts as an expert mentor, interpreter, model, coordinator, and confident anchor of the ensemble, particularly in moments of uncertainty and transition. All the participants were asked to share about when they started to feel like an expert clinician and what made them feel like experts. The amount of clinical experience achieved before identifying as an expert clinician varied between participants. However, a common thread between them was feeling confident in their practice of music therapy. They also told stories about external recognition and how that played into feeling like an expert clinician.

All the participants had been board-certified music therapists for at least five years and had been educators for at least five years at the time of the study. However, some of them found

it challenging to identify as expert educators and/or expert music therapists. The point at which they felt like expert clinicians and later as an expert educator was influenced by their educational experiences and their duration and variation of clinical experience. Those who experienced accelerated entry-level education felt they had been rushed through the education and clinical training, which seemed to play a role in their feeling like an "expert," especially when compared to the many years and extensive training they had gained as musicians prior to their clinical training. Moreover, some participants worked with very limited numbers of clinical contexts or even with just one organization prior to moving into their faculty position. All the participants had been music therapists for no more than five years prior to becoming faculty members. Over time, the participants experienced a transformation in their frames of reference as their identity transitioned from expert clinician to novice educator to expert educator. The transformation in identity experienced by the participants was cognitive, emotional, and relational, and involved shifts in their confidence, identity, and purpose.

AMTA standards for education and clinical training requirements for full-time undergraduate faculty only require three years of full-time clinical experience (AMTA, 2021, standard 6.1.1). Most of the participants expressed that they did not feel like expert music therapists until they had more than three years of clinical experience.

Carmen shared that she started to feel like an expert clinician in her fourth or fifth year of music therapy practice:

> I felt like I had been recognized for some of the work that I've done by colleagues as well as at the new school that I was at. I was being recognized by the leadership of the school to help step in and help with some administrative things. I was being more involved with the state organization for music therapy and became the vice president, and was helping

> to organize conferences. And I felt like I had a good grasp on what the field was, but also how to move up some of those leadership skills and some of those administrative opportunities to advance what career opportunities might open up in the future especially since I had my master's already. I was like what am I doing with this? Is this just like I wanted to further my education, and that's great. Or is there like another plan for how that moves forward, whether it's diving deeper in the business and really making that huge. Is it going a faculty route? I wasn't sure what that would look like because my husband and I weren't planning to move away from our hometown and there were really no opportunities right there for a music therapy position for faculty. But I kind of wanted to have that in my back pocket in case there was something that opened up.

Carmen also told me about how it felt to be an expert clinician. "I think the confidence and understanding and being able to articulate to others what music therapy was for this person,"

Ellen also used the word "confident" when talking about her experience becoming an expert music therapist. In addition, she described how she felt that becoming a music therapist later in life fast-tracked her learning due to having more life experience:

> I felt once I got into the population where I had the training and skills, which I had done my internship in mental health, I really felt pretty confident as a new therapist. I think it helped that I did this a little bit later in life, having already kind of had some clinical skills and leadership skills from different things that I did in my twenties. So, I think that really helped me to feel a lot more confident more quickly.

Anne shared a different experience about feeling like an expert clinician and also talked about how the purpose of gaining clinical experience after receiving her undergraduate degree

was to provide her with enough experience to qualify for admission to a graduate music therapy degree program:

> I kind of knew I was putting in my clinical hours, so to speak, so that I would get the two years of full-time experience, which is what most programs say in order to be eligible for a teaching assistantship. I felt around the two-year mark, I did kind of feel like I was plateauing a little bit. In a lot of situations, I felt a lot more confident responding to.

Anne compared her first two years as a professional music therapist and how she provided large group music therapy and small groups, which was a big change from her medical internship experience, which was most often individual sessions. She described the second year, which she said was when she felt like an expert clinician, and how this led to her applying to graduate programs:

> The second year was really more about coming up with new ideas and kind of at the end of my second year of work, I did feel like I could do variations on all of my session themes, and I'm kind of itching for a new challenge. So, I think, probably like one and a half years in or so, I was like, Okay, I think it's time for me to start looking at grad programs. And certainly, by the time I left, I felt like I had grown as much as I could in that setting, so it did feel like a nice evolution of confidence for me.

Bonnie shared about how now being an educator for 20 years influences how she perceives herself as currently an expert clinician. She also shared about how her plans to eventually go into college teaching influenced her pursuit of gaining more of a variety of clinical experiences:

> Yeah, when you said expert clinician, I was like 'huh'. That's a word that sticks because, and I've said that to people, I've said I've been in college teaching for 20 years. So, my

full-time gig has not been clinical practice. But I've been a music therapy supervisor in communities where there are no music therapists. I've been the supervisor. I've been the one telling the student. And I've modeled. I've led, you know first parts of sessions and then tailed off every time, which I don't always feel like is adding to the expertise.

She continued:

> By the time I left my last mental health job, I had moved back and gone into IDD, and I did that very intentionally, with kind of seeing college teaching on the horizon and wanting more breadth of practice. And I feel I would have said at that point, I felt like my skills were well-honed. I'm not sure I would say I'm an expert, but I will give you a well-honed.

Melissa talked about her feelings identifying as an expert clinician when she first started her faculty role and how that was challenging to identify as an expert clinician despite having two music therapy degrees and five years of clinical experience. Melissa brings up how her fast-tracked educational experiences influenced her feeling like an expert music therapist. She also brings up an interesting comparison to her identification as an expert musician:

> You're calling me an expert clinician. I had five years of clinical work and time as a teacher and all that. And you know, two degrees at that point. I mean, probably you know a confident and more than competent clinician. I'll tell you what, I definitely was an expert musician. That is one area that I have always felt very confident in because I've played my instrument since I was seven. But you know the therapy part, I mean, I already told you I was fast-tracked through the master's and a PhD. So, I had plenty of education, but truly only five years of full-time experience. And then at that point, I had three years' part-time PRN experience while I was in school. So, did I feel like an expert clinician? I

mean, I probably felt like a confident clinician and an expert musician and a novice college professor. So, there were a lot of feelings of what am I doing here? Am I ready for this?

Sarah told her story about feeling like an expert music therapy clinician, which she felt was not until she took on her second and current faculty role. She also mentions how rushing through her own educational experiences, teaching in her first faculty position, returning to clinical work, and then moving back into a faculty role may have affected her experience feeling like an expert clinician:

> I would say when I started teaching again. I confess I kind of rush it [education] through. To be honest, I never planned on staying in the United States after the completion of my degrees. I was planning out like, I'm going to rush this through. I'm going to get my PhD and now I'm going back home. You know I got a job, and then I started teaching. I realized that I had to learn how to read and digest the material that I thought I knew. So, I remember the first year I taught, students asked questions, and I would look and say, 'That question is valid,' but for some reason, I had no answer immediately. I'll give you the answer tomorrow. I have to go back and then reassemble the answer. But when I started teaching here after those years of clinical experience, I could take the questions as they struck me. So that's when I realized that I know a little more than I give myself credit for.

Key Change

A key change is a shift from one tonal center to another. It can occur suddenly and last briefly or it may establish a new, long-term key. In either case, the key change adds variety, contrast, and tension to the experience. The transition from clinician to educator was abrupt and

rapid for the participants. Melissa, Sarah, and Anne transitioned into their faculty roles within a few months after completing their graduate studies. In other cases, such as Ellen's story below, they quickly moved from working as a clinician to a faulty role within a span of just a few weeks. This quick turnaround influenced how they experienced their work role transition. Specifically, the experience was a whirlwind of navigating the logistics such as parking and learning campus to figuring out their day-to-day responsibilities as faculty.

Ellen talked about how abrupt her transition was from clinician to educator, arriving to campus after the semester started, and then not knowing what to expect or what was expected of her. She also described her interactions with the other music therapy faculty member and other music department faculty. She recalled the first week:

> So, because I started late, I missed that (faculty orientation) actually. I actually interviewed during the faculty orientation. So, it was a very quick turnaround. I got the offer the next day, and they wanted me to start the next week, and I gotta move across the country. I have to give two weeks' notice. So, they allowed me to start late. My department chair knew that clearly, I wasn't getting any official orientation right away. So, he was really helpful, and a lot of my other colleagues in the music department were really helpful because they all recognized that. So, there was a lot of just kind of asking people 'What do I do for this?' and how do I figure this out, and figuring out the learning management platform and all the online, the different online technologies that are used. So yeah, it was just it felt like kind of a whirlwind.

The participants' narratives demonstrate the complexity of the experience of transitioning from being an expert clinician and then transitioning to their new role as a novice educator. Their stories illustrate that this transition is shaped by the interactions of various influences from their

personal lives, educational and clinical experiences, and contextual factors. Although all participants were technically qualified for their positions as college faculty, most did not perceive themselves as expert clinicians. Instead, their stories showcase how they worked through a period of identity realignment, with participants using descriptors such as "confident" rather than "expert."

The participants' reflections of their experiences highlight a gap between existing AMTA standards for faculty qualifications and the reality of faculty responsibilities. Even the participants who entered academia with at least some teaching experience and doctorate degrees found themselves unprepared for their full-time faculty positions. As told in their narratives, early experiences in academia required self-directed learning, informal mentors, and trial and error of teaching practices.

The Masterclass

The masterclass provides the learner with expert feedback and guidance in a collaborative and transformative experience. The learning experience is reflective and interactive as the learner engages as an observer and performer during the masterclass. The participants described how their educational experiences shaped their transition from clinician to educator. As already discussed, AMTA standards for education and clinical training requirements only require that undergraduate faculty have a minimum of three years of full-time clinical experience. In addition, these faculty only need to demonstrate *some* of the advanced competencies. This may further contribute to novice faculty feeling unprepared and out of place. And while some participants completed graduate coursework that focused on preparation for academia, this coursework provided no preparation in teaching or skills required of program directors. Relatedly, participants who were graduate teaching assistants shared that those experiences did

little to prepare them for teaching. The act of teaching a course multiple times allowed them to reflect, revise, and reteach. Subsequently, this developed their confidence as educators.

All the participants told stories related to the extent to which their graduate education experiences prepared them for teaching in higher education and navigating working in academia. While some participants completed their graduate education through traditional, on-campus programs, others enrolled in online programs. In addition, participants shared how formal and informal educational experiences during their first years as faculty solidified their new identities as educators. Overall, it was their informal educational experiences that appeared to provide the most support and guidance rather than any preparation they received in their graduate education programs, including those that provided teaching experience through graduate teaching assistant roles and coursework focused on academia. The following stories outline those experiences and how they impacted the participants' experiences transitioning into their academic roles.

Dynamics

Music dynamics are variations used to shape what is created. The participants described how their educational experiences shaped their transition from clinician to educator. As already discussed, AMTA standards for education and clinical training requirements only require that undergraduate faculty have a minimum of three years of full-time clinical experience. In addition, these faculty only need to demonstrate *some* advanced competencies. This may further contribute to novice faculty feeling unprepared and out of place. And while some participants completed graduate coursework that focused on preparation for academia, this coursework provided no preparation in teaching or skills required of program directors. Relatedly, participants who were graduate teaching assistants shared that those experiences did little to

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Carmen told a story about when she was in undergrad and how one of her professors hinted at her eventually becoming an educator:

> I also think back to the times when I was in undergrad and my professor at the time had always pulled out my papers as examples and I remember him telling me, "Oh, you'd be really good at my job someday". And I never really thought much of it, but that kind of always stuck with me of feeling like I have a knack for being able to read a room and help individualize things. And I'm like I feel like I could help other students along their path.

Ellen had a similar experience with one of her professors, except it was during her master's degree program.

> My professor and mentor from graduate school, when I was finishing up my master's she sort of just randomly dropped in and said, "You know you should consider doing a doctorate sometime and become a professor". And I was like, "Oh, really". And she said, "I think you'd be a good teacher". And then we never really talked about it again, but it was kind of in the back of my mind and I had you know some experience teaching adults, but I didn't think about it again until probably four years later when there were some changes at the hospital where I was working and just kind of gradually over time it became a really frustrating work environment.

Ellen also talked about her lack of instruction on how to teach:

> I never had any explicit instruction on how to teach, how to prepare a syllabus or anything like that. And so all of that first year, and since I didn't really have my colleague to help me, I really had to rely on people outside the music therapy program, on other people, other music therapists that I knew, and then just sort of my own research abilities to kind of find out this information on how to teach? How do I put together a syllabus? And I know my first year, a lot of my classes were just basic, you know, a dump lecture and test. And you know, so I know it was not good teaching.

Anne started working with students as a graduate teaching assistant in her master's degree program. She shared how she received little guidance from her graduate school. Moreover, she talked about how her experience as an undergraduate student attending a program that closed, resulting in a teach-out, affected her later on when teaching practicum students:

> When I was an academic supervisor for the practicum students, I did not get any insight into what I could or should be doing. So, jumping back to when I was being taught by adjuncts who were teaching, I was just like, 'Oh, you just talk about stuff.' And so even

> knowing that my co-teaching assistants were like doing role plays with their students or we could practice music. We can talk about repertoire. I really kind of just felt like I randomly just ran into different ideas.

Melissa did not receive any preparation for college teaching during her master's equivalency program. However, she did talk about how the same university, where she also completed her PhD program, included coursework intended to prepare her for the academic environment, but did not actually cover how to teach:

> I will give them credit for this. That university really kind of prepares you for college. So, I had to take two classes on college teaching. I mean, like you had to wear a suit to class. You had to dress up for the class. He treated us like we were professors in the class. He went over just everything from faculty governance to you know how to go up for tenure and how to interact in faculty meetings. It was really intense and immersive. It almost overprepared me because when I took my position here, they're all wearing like jeans, and I showed up in my business suit on the first day of school. And so, I looked so out of place because they were so casual there.

She continued:

> Strangely, the courses did not cover how to teach. We never covered anything on like how to create a syllabus or how to break down information from a textbook into workable units. Like nothing about teaching. It was all about how to interact in a collegiate environment. So, I feel like walking into my first job, I felt very confident, like I understood that world. I felt like I really understood the world of higher education because of that coursework. No idea how to teach a class.

Summary of Expert Clinician to Novice Educator

The participants' narratives demonstrate the complexity of the experience of transitioning from being an expert clinician and then transitioning to their new role as a novice educator. Their stories illustrate that this transition is shaped by the interactions of various influences from their personal lives, educational and clinical experiences, and contextual factors. Although all participants were technically qualified for their positions as college faculty, most did not perceive themselves as expert clinicians. Instead, their stories showcase how they worked through a period of identity realignment, with participants using descriptors such as "confident" rather than "expert."

The participants' reflections on their experiences highlight a gap between existing AMTA standards for faculty qualifications and the reality of faculty responsibilities. Even the participants who entered academia with at least some teaching experience and doctorate degrees found themselves unprepared for their full-time faculty positions. As told in their narratives, early experiences in academia required self-directed learning, informal mentors, and trial and error of teaching practices.

Themes Answering Research Question 3: "What stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator?"

In this section, participants describe their experiences developing from novice to expert educators. Their experiences highlight the influences on their transformation. Participants also share how other individuals and resources impacted the ways they approached various challenges.

Improvisation

Improvising entails navigating new challenges with skill, intuition, and creativity. It requires responding to unexpected situations flexibly, often by adapting resources and strategies borrowed from others. The participants shared their initial feelings as they first started out in their faculty roles. Not only was this transition a change in work environment, but it was also a change from being an expert at something back to being a novice. In their stories the participants described feelings related to being a novice such as feeling like an imposter. Participants shared that they had experiences in which they felt they needed to learn or relearn musical and clinical skills so that they could teach them to the students. Their proficiency in these skills had declined due to a lack of use in the clinical setting. The responsibility of teaching and assessing students in these same musical and clinical skills posed a challenge as a result.

They also shared feelings of excitement and looked forward to living the next chapter of their lives, which seemed to be a natural flow from the previous chapter as an expert clinician. In addition, they also experienced a lack of clear expectations for what they would be doing in their roles. This lack of guidance tended to come from the music therapy program director.

Sight Reading

Sight reading in music involves navigating unfamiliar music with skill, focused awareness, and adaptability in real time. It requires quick interpretation and adaptability while using existing knowledge and the ability to immediately problem-solve. Altogether, the transition from expert clinician to novice educator often involved disorienting dilemmas. These moments of uncertainty, imposter syndrome, and lack of preparation challenged the participants' existing assumptions about teaching and learning. As new faculty, participants did not necessarily recognize themselves as expert music therapists and subsequently experienced

disorienting moments that led to a shift in their identity. In other cases, experiences such as abrupt role changes as music therapy faculty, such as program director, forced participants to re-evaluate their understanding of their role and the academic environment, often without guidance. These disorienting dilemmas lead to shifts in perspective as the participants questioned their assumptions about what it means and looks like to be a college educator.

As the participants navigated their new roles as educators, they engaged in critical reflection. Their stories demonstrate how they reflected on their past experiences as students, clinicians, practicum supervisors, and internship directors. Critical reflection helped them inform their teaching practices as new educators and faculty members. In some cases, they borrowed from these educational experiences, such as using and adapting a syllabus from their own undergraduate or graduate education. Others thought about themselves as new music therapy students and used those reflections to guide their teaching practices and student support. Those who experienced preparation for academia during their graduate education reflected on those experiences and used them to adapt to their new roles and understanding of academia.

Ellen shared about her first few weeks as an educator:

> Let's see, I was figuring out what my schedule was and what I was actually responsible for because I arrived, I think, about two weeks into the semester. I just remember I hardly saw my music therapy colleague. I think I saw her a couple of times that week. I got a lot of support from other colleagues in the music department. But yeah, it felt really weird. I felt very disconnected from the other music therapy colleague, who was the director at the time.

Ellen also talked about what seemed to be a lack of guidance for what was expected of her as a clinical coordinator:

> And then it was just trying to start meeting with students and figuring out 'Where are you placed for practicum?' because that was my primary role. And then we were like, 'When are we gonna meet?' And like getting myself acclimated to those sites, so like going to the local organizations and a local hospital that I was observing sessions at, so it was just a lot of you know, orientation. So it was that unofficial orientation of here's what you're actually gonna be doing.

She continued:

> I was definitely nervous. I was excited. I definitely had imposter syndrome when I first arrived. And before I started, of course, I think I didn't quite have the full picture of what I was going to be doing. I think the initial job that I thought I was going to be doing, I did feel like I was going to be doing more clinical supervision and co-leading. And I knew I was going to teach one class, and so I was excited about it. I was a little bit nervous but then when I arrived, and within a few weeks, the other faculty member, the director, suddenly went on long-term leave. And so, I suddenly found myself having to teach the whole program, never having taught in this position. So that whole first year, probably just the main feeling was overwhelmed, anxiety, freaked out. It was a rough first year.

Ellen told another story about how it felt to be a novice educator with clinical experience limited to a specific population and how that was challenging to navigate:

> I definitely felt my novice status. There were a lot of things that, just in terms of some of the clinical placements I supervised. Well, I didn't do great with kids. That wasn't my favorite. I could still supervise them. But it wasn't my comfort zone. And there were a couple of other placements where I had to supervise just populations that I wasn't as familiar with or as comfortable with. So, I definitely felt a little bit that it was really

> forcing me to go back and relearn some things. And then in terms of teaching, some like basic piano skills. In my hospital role, I used a guitar almost exclusively. And so, I'd really let my piano skills go. And so, I really felt like, "Oh my gosh. I have to really practice everything that I show them in class. I have to really make sure I practice first. And so, there was definitely a little bit of that. And then just relearning a lot of new stuff.

Anne's first educator role was an adjunct position, which she started directly after earning her master's degree in music therapy. Her story provides an example of how entering academia as a part-time faculty member influences the transition from clinician to faculty and the degree to which the new faculty member feels connected to the new work environment:

> I mean, being an adjunct my first year, I was only on campus like two days a week, kind of thing. I remember my first year, there were times when the director would consult with me about how we should handle the situation or do you have an opinion on what the jury requirements should be for music therapy students. And I was just like, 'I don't know, like I don't really have any context for how things are usually done.' I wasn't attending faculty meetings because generally, I wasn't on campus, and they were not required for adjunct faculty. So, I think that I didn't really feel plugged in and more grounded until I became full-time my second year of teaching.

Bonnie's first teaching job was as a visiting professor role at her alma mater. She recalled how she felt very early on after beginning this position. "I said at the end of the first week of teaching, 'I can die right now'. This is what puts all of my skills and interests together in one career.

Melissa talked about experiencing imposter syndrome as a novice educator and shared her story about immediately going into a faculty role after graduating with her PhD:

> What I remember about the first week was a lot of imposter syndrome, which I don't think we had that word back then. If we did, I didn't know it. But looking back, that's what I had. So, I remember the first day that someone called me "Dr.". Now the ink on my diploma was still wet. I mean, I had graduated in May with my PhD, and then I started here in August. And I remember walking down the hall the first day. This memory is very clear, and hearing someone behind me saying 'Excuse me, Dr. LAST NAME', and I didn't turn around. And my first thought was that someone else has the same last name as I. I was like, surely, they're not talking to me. It was quite a transition in terms of believing, trying to believe like that I deserve to be there.

Developing Repertoire

Repertoire consists of a range of skills, experiences, and strategies that can be drawn upon to do the work. The following section describes the participants' experiences and reflections on transforming from novice to expert educators as they relate to their autonomy and eventually identifying as expert educators. Their faculty development experiences mirror prior experiences from their roles as clinicians, where they were also given high levels of independence as they developed into expert educators.

The Arranger

The arranger takes existing music and reworks it. Multiple participants told stories related to their experiences being given a high level of autonomy as new faculty. It is common for music therapy clinicians to also be given a lot of independence so this part of their experience transitioning to academia brought some familiarity and seemed to be preferred by the new faculty while also helping make the transition a positive experience.

Carmen shared about how the music therapy program director provided her autonomy:

> The director of the program at the time had provided me a lot of autonomy with how I wanted to run the supervision and how I felt I wanted to provide my own input into things, as opposed to being told how to do the class. And I think a lot of that was because the program was still in such infancy that they were like, whatever support you can provide would be great. So I felt empowered to be able to make some of those decisions about how the class should run and what things I felt like I needed to bring into that practicum supervision type coursework, which I think helps that transition, especially from a place where I'd been able to make a lot of my own decisions, both as an employee at the school that I was working at prior and within the business. I felt very self-driven. And so being able to give input was helpful coming in the door as opposed to being told this is exactly how it needs to be done.

Anne shared about her experience joining a newly approved music therapy program and how entering a role in that program opened up the opportunity to have autonomy and freedom in her work as an adjunct and help build the program even while in a part-time faculty role:

> I kind of just figured things out for myself. But looking back, I think my personality type is that freedom actually led to me not needing to ask for permission. I didn't need to ask for permission to build the program that I wish I had had as an undergrad, and I feel really proud of the program I have built at this university over the last eight years.

The Composer

The composer creates original music from scratch. Unlike the arranger who is given something and adapts it, composers are experts at creating something out of nothing. Like their experiences as expert music therapists, the participants found it challenging to identify as expert educators even though they all had been in their academic roles for five years or more. The

participants' stories reflect a gradual, reflective, and nonlinear process shaped by disorienting dilemmas. Their transformation from novice educator to expert educator unfolded over years of navigating experiences such as imposter syndrome and a global pandemic. Through experiences such as teaching the same courses multiple times, taking a deep dive into understanding the music therapy curriculum, mentoring others, and taking on program director roles, the participants developed feelings of confidence and reoriented their identities to expert educators between years three and seven.

Carmen's experience of transforming from a novice to expert educator was influenced by a combination of additional education, navigating COVID, and making changes to her program's curriculum:

> So, I definitely think coming out of COVID, I enrolled in a graduate certificate program in health professions education. That was a 15-credit-hour certificate that had five courses to learn more about teaching in higher ed, about adult learning theories. There was a teaching practicum involved. There was a curriculum design course. So, coming out of COVID, I enrolled in that and took one class each semester. But I think that I was able to implement some meaningful changes into the curriculum and my thoughts and intentions as faculty. And that started making me feel more solid in what I was doing. Probably about three and a half years into the teaching role, I felt like I was more grounded in that. I was getting a lot of positive feedback from students from the moment I walked in the door, but it didn't necessarily feel like I knew what I was doing, even though the students were praising what I was doing, and so I felt like it was making sense of the feedback they've given. Here's what I've maybe responded to or changed because of that feedback. And now I can see the impact of that within their learning and what

they're demonstrating clinically. I think around the three-to-four-year mark for me, I was just feeling aligned with what the feedback was that they were giving me all along. It kind of felt like what do you call it when you're just faking your way through it and stuff?

After additional discussion, Carmen identified that what she was describing was the feeling of imposter syndrome.

Yeah, it felt very much like imposter syndrome. Yeah, I can do this. I can teach stuff. I'm knowledgeable as a music therapist, but I'm really not a good faculty member yet. I'm really just jumping into the deep end here. That's very much what it felt like until about year three or four, when I felt more solid on things.

Ellen had been an educator for eight years when she participated in the study, yet still did not identify as an expert. In her experience, it was not until she mentored a new faculty member that she identified as an expert educator:

So, a lot of times, I still feel like a novice educator eight years into it. I think last year, when I brought on a new adjunct faculty. And he had never really worked with music therapy students or anything before. And he also had never taught in a higher ed setting, like he taught lessons and he taught high school a little bit, but he was very, very young and very, very fresh. So, I kind of took him, and part of the agreement to hire him, even though he did not have a graduate degree, was that I would sort of mentor him. And so, as I worked with him, I realized he was asking me questions, and I was able to just say, 'Well, have you tried this?' and then this year I realized maybe I have slightly gotten past that novice stage.

Anne shared about how becoming a program director influenced her when she felt like an expert educator:

> I think in year four of being an educator, I moved into the directorship role. And so, my teaching responsibilities, really, I mean, I was teaching half new classes. So, I think that also delayed my feeling like an expert educator. But at some point, a colleague said to me, 'Yeah, you don't really get to settle in as a professor until year seven of teaching.' And so, I do remember, like year six or seven, being like 'Oh yeah. I remember what that person said.' That does feel like it's starting to settle in. I'm more editing my slideshows or assignments, but it's pretty stable from semester to semester.

Anne also commented on how teaching a class multiple times also impacted the level of expertise she felt:

> Year six or seven I had taught every class in our course sequence, except for two, and I had taught every class at least three times. So, I think that there was just a lot of trial and error. I think after teaching something at least three times, I started to see the patterns of why certain assignments were not landing.

Bonnie recalled feeling like an expert at around her 5th year of teaching. She also commented on how completing her PhD between her first and second teaching positions impacted her development as an expert educator:

> I'd say somewhere around the five-year mark. And mine's unique because I did two years, and then I did my PhD in between. So that was really some time to take that experience, look back, and go beyond. In my first job, it was 'I'm here to teach and go home,' and that's fine. So, I felt like that enlightened me a lot.

Similar to Anne, Bonnie added how she felt becoming a program director added to her sense of feeling like an expert educator, as well as the impact of repeatedly teaching a course:

> And then I was program director for those additional three years. I could use some of the teaching content that I had, but I had to build new courses as well as do a curriculum revision, NASM review, and the APAC review. So, I felt like I knew how the whole system worked by that point and could step back. You know, I could see the big picture. How to sequence things so that, probably around the fifth year, some of my courses were rotated. And so, it probably took five years for me because I didn't teach everything every time. But it's somewhere between three and five times a course.

In addition to experiencing disorienting dilemmas and engaging in critical reflection, participants told stories of how they experienced a transformation in their frames of reference. Specifically, their narratives featured stories about how the participants transformed from viewing themselves as clinicians to their new roles as educators. To that end, viewing themselves as expert clinicians as they became novice educators was challenging. Several participants expressed that they did not perceive themselves as expert clinicians when they first started their faculty roles.

Melissa felt like she had become an expert clinician and educator at the same time. She explained:

> I think you asked me about at what point I feel I became an expert teacher, and I think it was sort of a synthesis at the same time that I felt like I had become an expert clinician. There's something about teaching that breaks it down. You're just doing it out there and you're not really thinking about the process because you're just being intuitive. And so, when you have to teach something, you have to take that intuition and figure out what the

> actual decision-making process is behind what I'm doing. And I think it was probably around year six into teaching, maybe when I got tenure so between years five and seven, I would say where I finally hit the strike of like I probably did feel at that point that I was an expert clinician and educator in the same way that while I had not worked in every single population at that point, I had worked in enough that you could have sent me in any situation and I could have figured it out.

Accompaniment

Accompaniment includes the provision of guidance, mentorship, structural support, and collaboration. The experience transforming from a novice to expert educator unfolds within a complex web of institutional, professional, and teaching contexts. For the music therapy faculty in this study, their transformation was shaped by the structures of their academic environments, personal characteristics, strategies, and resources.

Within their institutional, professional, and teaching contexts, the participants described a dynamic interplay between their personal characteristics and strategies and varying levels of resources within their teaching environment, as well as external resources they accessed. Their stories show how these factors impacted their pathways to growing into expert educators.

The Tonic

In music, the tonic functions as an anchor and provides stability and orientation. For the participants, their personal characteristics were tonic. Each of the music therapy faculty shared about the personal characteristics that they felt played a critical role in how they experienced their transition to educator. Personal characteristics shared by the participants, such as adaptability, independence, and resilience, were all examples of Schlossberg's Transition Model of how the Self plays a role in the perceived experience of the participants. Participants told

stories of how their confidence, leadership skills, problem-solving mindsets, and refusal to give up helped navigate imposter syndrome, the challenging academic environment, and reflect strong internal coping mechanisms.

Carmen talked about how her work ethic and tendency to be independent in her work were helpful in the academic environment:

> I think personal characteristics that helped are that I've usually been a very driven person and dedicated to my work, and having good quality work, so that's important to me. Also, that initiative to be independent and being okay being independent because I'd done that in my prior positions and through starting my business. So, it kind of flowed naturally to have some of those leadership qualities transfer over.

Ellen shared about her personal characteristics that she felt were most helpful in helping her adjust to her new role as a full-time educator:

> I feel like I'm a pretty flexible person and very realistic. Like, I'm very pragmatic. So, I understand that sometimes shit happens and you decide how you want to deal with it. And so, I think that was a good personal resource, that I had that ability to not just be completely overwhelmed by it to the extent that I just quit or just, you know, became a turtle in my shell.

She continued:

> Definitely a sense of humor, and I think just a deep curiosity for like everyone telling me this was an unusual situation, and so I had a lot of curiosity for well what will this look like when it becomes stabilized, you know, like what would it look like once I sort of know what I'm doing. So, I think that curiosity for just okay, here's a problem. Let's be curious about how to solve it. I think that really helps too.

Anne shared how her high sense of independence and knowing when to confer with others influenced her development into an expert educator:

> I think that just a lack of like I don't necessarily feel the need to confer with others to arrive at a decision about whether it's worth moving forward in something I do qualify this with like, I don't feel like I rampantly just go in one direction and don't seek out counsel when I need to, but I do feel like my gut is pretty like, I know when to seek out guidance or mentorship.

Anne also commented on how much being an academic became part of her identity. "A lot of my identity and my sense of self were wrapped up in being an academic. I found a lot of personal pride and meaning from my work."

Bonnie shared the personal characteristics she felt most impacted her experience with the clinician-to-educator transition:

> I'm super organized. I have an incredible memory for information. Truly photographic, but I have super high recall. So, I'm blessed with being able to read something, remember it, and then articulate it. So, in terms of being able to plan a week's worth of courses in a weekend, then still be able to retrieve all that information, I think that was really a gift.

Melissa described some of her personal qualities that have helped and hindered her. She also shared about how she has become aware of these and used them to help her as an educator.

> I'm adaptable. I'm a natural leader. I'm confident, which can also be a hindrance. I feel pretty comfortable walking into a situation and figuring it out. I'm a quick assessor. I can assess a situation really fast, which always helped me in clinical situations and also helps me in social situations and professional situations because I can sort of read a room really fast. I'm a really good listener, so I'm able to kind of go into a situation and just listen to

> what everyone is sharing, and again, try to assess how I can help. And I think that's helped me a lot. Things that have hindered me. I can be blunt, and so that never comes from a rude place in my heart. I'm kind of type A. I'm also a high-energy person, and so when I come into a room, I have to kind of work hard to "Iso principle" myself down and mirror the room. I was not so good at that in the first couple of years, but I've gotten very good at it in my old age. It also helped that I married an introvert.

Sarah talked about her personal characteristics and also shared with me that she had experienced discrimination during her undergraduate program, developed a strategy to respond to that experience, and how this impacted her transition to becoming an educator. "When it comes to transition, I think I'm more of a problem solver'. She also described herself as someone who does not give up easily:

> The personality attribute of not giving up easily may have helped me quite a bit. The option of giving up will be the very, very, very last resort. I always say that if I give myself a try or two, and then of course the second time would be you know correcting some of the actions that I wish I could do differently. You know I would at least give the second try, doing things slightly differently, and see how it turns out. But I think the personal attribute of not giving up, finding a solution to kind of move it forward, could have contributed to the coping.

She continued:

> I feel that I am very uncomplicated. Once I set my mind to it, I make it happen. I think it had a lot to do with my earlier experience in my academic pursuit. I was telling you about that very racially discriminating professor, and it was unbearable. And I was angry. But I

ask myself, am I giving up or am I not? And so back then, I only allowed myself two answers, either yes or no.

Technique

Music technique includes skills, habits, and competencies that allow the individual to perform their role. Similarly, the faculty described strategies and resources they used to survive as new faculty. These techniques were pulled both from their personal experiences as former music therapy students and their clinical expertise and experience. One common strategy the participants used as new educators was to put themselves in their students' position. The faculty found it important to recall what it was like to be a new music therapy student unfamiliar with the profession. Several faculty also commented that some of their clinical skills such as assessment and adapting to their audience, transferred smoothly into their faculty roles.

Ellen talked about how she thought about what it was like to be a student and how she considered this in her teaching. She also mentioned coming from a family of educators and how that played a part in her thinking process as a novice educator:

> Remembering learning how to put myself in that position of these undergraduate students who are learning this information for the first time, and so having to go back from having to switch from knowing all this information, and I shouldn't be speaking about things as if they know what I'm talking about. So, really having to adjust back to what that fresh mindset is like and how I can adjust how I talk to students, how I present information. I'd never had any training on how to teach.

Bonnie talked about how she had kept her own notes from college and referred to them to try and remember what it was like to be a new music therapy student and how this helped her as an educator:

> I kept my college handwritten notebooks. I still keep them, and I always go back and read them before a semester starts to kind of gut check what you did not know and what becomes so natural as an expert clinician or just somebody with longevity. You're like, there was a day and time when you learned the word 'iso principle'. You had no idea how to make that a music therapy concept. You learned it at some point. So just to help my perspective know where that starting point is for students.

Melissa also mentioned how she thought about the students and even reflected on herself as an undergraduate student. She shared how this strategy has been a guiding principle for her:

> I think this might not sound like a big deal, but something that's really been a guiding principle for me is thinking back to myself and thinking about what I needed. And trying to provide that. It's almost like a meme. Be the person you needed when you were younger. I really try to do that more and more. I would have given anything to have just one person that I could have confided in. It's really important to me to try and be that person for a lot of these young people. So that's been really important to me.

Several of the music therapy faculty told stories about how they felt some of the skills they developed as music therapy clinicians transferred to their new roles as music therapy educators.

Carmen talked about how she felt her clinical assessment skills were useful as a new music therapy educator:

> And it's very different from being a therapist. Like, my assessment skills were still super helpful. I could assess where students were and what they were understanding or not. But how to transition from, "Okay, this is my plan I have for you to know, I need everybody to get to this threshold for learning was kind of a different mindset.

She continued:

> I feel there are a lot of parallels from the therapeutic process to being able to teach and understand what's going on in the classroom dynamic. But I think the assessment skills for sure transitioned over really beautifully. I think things like being able to adapt in the moment with a session and being able to then think on my feet really fast in the classroom space transferred nicely. Also, just being able to differentiate levels of things. Because when I was doing group work as a clinician, I may have some folks who didn't need a lot of support, where others needed a lot of support, and so being able to kind of see that, but then provide tiered levels of support was something that was always on my mind when I was coming into the classroom as well.

Bonnie also talked about how she felt her background as a clinician helped her transition and develop into her educator role:

> I really feel like I fell into college teaching quite easily and quite naturally. It's assessment and treatment plan. The treatment plan is the course. You assess whether the students are learning across the way, and then you have a summative experience of reflecting on their whole semester, and depending on where you drop in each course in the curriculum, you know how isolated or how interconnected that is, really varies a whole lot.

Consonance

Music consonance is the combination of tones that provides a stable, harmonious, and resolved sound. For the participants, consonance came from internal resources. As is often the case, most of the participants relied on internal faculty in the music department to help support them in acclimating to their new work role and navigating the academic environment. The music

therapy program director was a common source of desired support, but as is storied below, there was inconsistency in how supportive they were for the participants as they experienced their transition from expert clinician to novice educator.

When Ellen was suddenly put into the role of program director when her co-faculty suddenly went on medical leave, she found more internal support through her department chair and the dean's office than her music therapy co-faculty. "I worked with my department chair and the Dean's office to kind of figure out 'Okay, obviously I cannot teach every single class and also supervise every single student'." She said their enrollment at the time was about 25 students and luckily, they all were placed already for the semester practica experiences. The chair and dean worked with her to problem solve and figure out that they could hire an adjunct to teach some classes on the weekend so that Ellen could prioritize her own tasks. She added, "It wasn't ideal, but it got the students the information that they needed. It covered that. So that was a good strategy of just thinking about problem-solving with others in the administration."

Anne shared that her university offered a mentoring program for new faculty, but she did not find that to be a helpful resource:

> Additionally, there were also opportunities for me to get a faculty mentor from somewhere. The one I was assigned to was a dance professor. My style of music therapy is much more like applied music science-based. And so being with a faculty that was very creatively based in her scholarship, and honestly, she just seemed kind of apathetic. I don't know if it was just kind of a lack of emotional expressiveness or like our schedules never worked out, but I asked to be reassigned to another mentor. I got someone the next year in psychology, but that person was just not really invested in the role. I feel like they just kind of did it for a line on their CV or for their service. So, I guess this is all to say

> that I felt like I succeeded despite not having clear mentors or what I found to be meaningful sources of information. It wasn't meaningful. It didn't meaningfully cushion me or launch me.

Carmen shared about experience entering academia as an adjunct and what internal resources were offered. She did not experience new faculty orientation as an adjunct but talked about her experience with supports specifically for new full-time faculty, which she transitioned to after her first year. One of the internal supports was a new faculty committee that shared about the university supports and resources. There was also a faculty learning academy that provided continuing education, which Carmen especially benefited from:

> And so, I was like hopping on for every single one of those the first couple of years like, "What can I learn and expand and understand?" A lot of it was like teaching strategy stuff that I was like eating up because I wanted to make sure I understood the diverse needs of the learners in the classroom.

Carmen also described her reliance on the director of the music therapy program for essential and logistical information as she started her first faculty role as an adjunct instructor. Since she was an adjunct faculty member, Carmen did not attend the faculty meetings and other events catered to full-time faculty. She also talked about her experience adjusting to the academic work environment and how her initial role as an adjunct did not help her acclimate as much as she expected. She also seemed to experience a lack of connection to the other faculty. Her story also demonstrates the level of isolation that can be experienced by new adjunct faculty:

> The transition in was through the director of the program. So, I would say, environment-wise, I definitely didn't feel like acclimated or that I knew like other people, other than this other person. I knew the chair of the program as well as the one other person who

was on the search committee, since I had interviewed for the full-time position. So, like when I ran into them, I at least had a familiar face. But most of what I was doing was showing up on campus and teaching one class or two, and then heading out into the community to supervise, and then going home. So, I didn't really have much connection.

Bonnie also talked about the extent to which her music therapy co-faculty influenced her experience transitioning to her educator role. "I had a really good mentor. He was just very good at assessing what I could do well and fall into quickly and not have so much of a gap." Bonnie also shared about how her mentor and music therapy co-faculty member provided her with resources during her first year to help her survive. She said that he helped "hold her hand", but that this was balanced with recognizing that there were things she could handle on her own. So, she found it helpful that he would explain how he had done things, but then he would tell her that he did not expect her to do it the same way. "So, I think having somebody who had taught the curriculum and was willing to give me all that I asked for, but not expect that I do that." While telling this part of her story, she provided a poignant analogy.

It's like walking around in someone else's shoes. It keeps your feet off the hot, burning pavement, but they never fit. And it feels like, you know, you'll make it through. But at the end, you're like, 'Okay, I'm gonna do it in a different way. I'm gonna approach the same content in a different way. And it's like you've got to have the freedom to do that.

Several of the participants entered academia through adjunct roles. As a result, they were not included in the new faculty orientation offered to full-time faculty. In other cases, the new faculty did not attend due to their start dates being after this experience.

Playing Accompanied

Playing accompanied means the performer receives supportive guidance and stability. The accompanist listens and responds to the performer to support their execution of the performance. In addition to internal resources and support, the participants also described receiving these from external sources and what specific challenges these addressed. They described relying on models from their educational and professional experiences. The participants used these models and then adapted them. In addition, supportive relationships with others were mentioned as guidance they depended on as they transformed in their educator roles.

Ellen shared that she came from a family of educators. “Some of it kind of came naturally, which is why I think after a while it did start to feel like it was something that I could do.” She also talked about how beneficial her former classmates and professors were in navigating the challenges she experienced.

> There were a couple of folks outside the music department that I got to know who became really great resources, just for like you know processes or you know here’s how you might think about putting together a syllabus because I’ve never made a syllabus before. And then I also definitely reached out to my former professors at my former university, my mentor and professor, and another friend who had worked at that university. Some folks, some friends who had done adjuncting, had done clinical supervision, and had that familiarity where they helped. They were still in clinical practice, but they were also doing some education. And so getting to ask them some things and then really talking to my former professor/mentor and getting a little bit of perspective, like here’s the bare minimum that you need to do to keep the program afloat,

and then getting permission to kind of utilize some of her syllabi, as needed. So that was really helpful.

Anne also talked about how she used materials from her own educational experiences as a resource for her teaching:

> I would say I pretty much lifted practicum assignments from my graduate school from the previous year. So, I felt like the predictability of the assignments and thoroughness of the assignments had served the students well. So, I pretty much just looked at their assignments and kid of redid a couple of things.

Dissonance

Dissonance represents conflict, tension, or disagreement. Often leading to discomfort, it can be functional by signaling areas that need attention, and it may catalyze growth or change, leading to a clearer understanding and innovation. The participants described their experiences with various challenges throughout their careers as academics. Their stories of navigating a variety of challenges, often accompanied by disruption, are deeply integrated within their overall experience of transforming from a novice to an expert educator. The challenges experienced by the faculty included working with their co-faculty, teaching during COVID, and moving into a new work role as music therapy program directors.

Neighbor Tones

Neighbor tones are small, recurring disruptions in the music caused by a note that is just a step away from another note. They cause awkward and persistent disruption and ongoing tension, leading to instability. The participants shared stories about their interactions with the other music therapy faculty and how these experiences impacted their transition to their new role

in academia. Ellen shared about the lack of connection and interaction she experienced from the very beginning with the other music therapy faculty member, who was also the program director:

> I still never really spent much time with my music therapy colleague. We were on the phone quite a bit, but she was there two days a week, so it was kind of tricky to really get to know much from her or really get a lot of clear information about the program. I remember spending most of that first month just being very confused on what the processes were. And I figured out later, I think she was just under so much personal stress. Even when we would talk on the phone, it was really hard for me to get like a clear picture of what any process was and some of that is just her communication style. And I'm sure some of it was the amount of stress that she was under. But I just remember feeling that month mostly just very confused.

Anne also had challenging interactions with the director of the program, but they were rooted in their philosophical differences in how the degree program should be run:

> My co-faculty, the director at the time, like we had very philosophically different ways of doing things and she wasn't very organized. And she hired on an adjunct because she was feeling overwhelmed and burdened, and I felt like she didn't make a good choice in the adjunct she had hired. So, I just kind of put my head down and said, 'I'm gonna just be responsible for the things I'm responsible for and do that'.

Melissa shared about how helpful her current music therapy colleague has been. Since Melissa started her faculty role, both she and her colleague have experienced role transitions. Melissa started as an assistant professor and then moved into the director position. Her co-worker was an adjunct professor when Melissa joined the university and then became a full-time

instructor when Melissa took over as program director, which was the result of the previous director leaving the role for another administrative position at the university.

> So, all these years later she and I really have bonded over the years. We work really well together. We're a great team. We don't socialize outside of work. We talk on the phone constantly. You know we're very much in contact all the time. In fact, I think I'm probably texting and calling her more than my own spouse. So, we have really been great supports over the years.

The Tritone

The music tritone represents conflict, friction, and often unresolved tension within a system, yet also demonstrates that tension can be productive if resolved thoughtfully. It is a signal that there is a need for negotiation, compromise, and adjustment. All the participants were in teaching roles during the global COVID pandemic and shared stories related to how that experience affected them at various points in their academic careers. Some were very early on in their roles and others were more established. Regardless of where the participants were in their development as faculty, their stories highlight how the pandemic affected them at the time and continue to influence them today.

Carmen began her adjunct role during the 2018-2019 academic year and then started her full-time role in fall of 2019. The spring 2020 semester was only her second full-time semester, which is when COVID hit.

> So, in the spring of my first full-time year we went online. And so, I just had one full semester on campus trying to get to know people and acclimate and understand processes and procedures, where a faculty meeting met, and what building that is and everything. And then it was just we had a couple months into the next semester, and we were all

online. So, then that whole next year I taught only online the 2020-2021 year. Our program director came in and did a couple of in person things here and there, but I didn't feel comfortable especially with a young child at home and so we had split the course load accordingly. And so, it was a very strange transition from okay I'm part-time for a year. I'm full-time, but I really didn't get to know a lot of people within the first year because it was such a brief blip. And then the next year and a half we're primarily online. So, I was meeting people online and getting to network with folks a little differently. But then when we came back to campus, I'm like I have no idea where your office is. I've never heard of that building. It was a very interesting experience.

Ellen talked about her experiences teaching during the COVID pandemic. In addition, she discussed how those experiences shaped her teaching perspectives, particularly social reform.

Well, I think that's where the focus on the social reform really manifested. That design has always been there, but that's where it really manifested. It really clarified my calling as a teacher. That this is not just like…teaching is a spiritual act, that teaching is a humanitarian act. It really kind of helped clarify that for me. So that part, I mean, I guess we can thank COVID for that.

Ellen also shared her perspective on how COVID affected the students and their clinical training.

That first year was really, really rough on the students. And I'm sure you know, you probably experienced that too. Trying to figure out how to get them appropriate clinical training in a way that was safe and to get other people on board with "We'll follow all these guidelines. Would you please just take somebody?" We had to really beg for those. We had to partner students up way more than we normally would have. And so that was

just stuff like we just gotta do it. That's the only way that this is gonna work. So, there was a lot more of me kind of going behind the scenes to get our practicum partners to be okay with doing these virtual things. That was a lot. There was a lot of stuff.

Bonnie shared a different perspective on how COVID actually played a role in helping her become a better teacher because of the disruption it caused:

> Just looking at how COVID threw everyone for a curve, especially some of us who are older educators. I have always taught at regional, residential, predominantly undergraduate colleges, and the idea of teaching online was just so foreign to me. But you know, over these five years, it's like I get it. We can do some things this way. It's different. Different pedagogy, different learning, different learner, but it actually can be done. And I think concurrent with the pandemic were cultural shifts, cultural awareness, and cultural humility. It's easy to just get in a rut of doing the same thing. A cohort of students come through that don't learn the same way or something just kind of has to rock you and say you need to do this differently. And it isn't always like 'yay'. But you see it's an opportunity to expand the way you do it or the way you think about it.

Melissa talked about how important it was to become more flexible as educators during COVID. She also shared about the challenge of transitioning students back now that it has been a few years since COVID. Moreover, she speaks to how she is still retaining some of that flexibility due to the challenges students experience today:

> We had to be so flexible during COVID with assignments and how learning was happening because people were sick or they were taking care of people who were sick. Just everything was turned upside down during that time. Just dragging everybody to the finish line. It was a crazy time, so it was pretty challenging in the last couple of years

trying to move everybody away from like, just do your best, to okay, we have to have some real deadlines now. I'm still way more flexible with all that than I used to be. Times are hard. People are working jobs. It's very rare that you have a student who's just here for college and they're not doing anything else.

Sarah shared that she felt there were some positive and negative experiences during COVID. She commented on how she noticed the mental health issues in her students:

> That is the time that let me realize how important social contact among human beings. I could be socially isolated in feeling. I am really fine with being alone. That's when I start seeing students not being able to survive just due to a lack of social contact, holding them accountable, giving them motivation, and helping them feel relevant. Even if we were constantly meeting online, contact is not going to be there. And especially if you have students who have already been vulnerable to mental health issues like depression and anxiety.

She continued by also talking about what she missed about supervising practicum students during COVID:

> One thing that I really miss when I was supervising students was when we had to have online sessions or if I supervised them remotely, I would usually kind of open up FaceTime or messenger and then I would text them, like coaching them. You know, send them a really quick message, and they will be able to see it. I kind of miss that part, especially if there were things that you want to remind students, but not in front of the group. It was very beneficial. That's the thing that I miss the most, and I still do that occasionally.

Modulation

Modulation represents the idea of shifting roles, growth, adaptation, and forward movement. Since all the participants were also program directors, they shared their stories about transitioning into that different work role. In some cases, this transition occurred very early on after beginning their initial faculty role. Moreover, sometimes this transition abruptly occurred due to the former program director suddenly leaving. Participants shared how this transition was particularly difficult due to the timing and lack of transition planning. Although they were already music therapy faculty, the participants were not fully aware of how the overall degree program worked. There were also instances where the music department did not even officially offer the opportunity to accept this new role. Instead, they just assumed the participants would take on the additional responsibilities with no training or support.

Carmen became the program director unexpectedly when the other music therapy faculty member, the former program director, left the university. Carmen shared that the university did not hire another faculty member to fill the program director position due to financial circumstances nor did they have any formal conversations about this with her:

> And so, everything was basically assumed that I would take over the director role. There was never really an ask, although I was grateful to do it, and I wanted to do it. Looking back, I would have appreciated a more open conversation about how that transition is gonna go down from the administration and things.

Ellen shared about how her other music therapy colleague suddenly went on medical leave just one month after Ellen entered academia and how this abrupt experience affected her, and suddenly led to a role transition to program director temporarily.

She went on medical leave, and so then it was like 'Okay, can you cover these other classes?' And so, all of a sudden, I'm covering all these other classes. And then we're trying to get a game plan for the next semester because she was going to be gone pretty much indefinitely. So that rest of that semester was okay, now I have to essentially run a program that I'm still thinking basic processes for, so there were a lot of decisions that I made. It was like, you know, I don't have anyone else to help me with this so I'm just going to make my own processes. So, there were a lot of things, decisions that I made out of necessity and expediency. And just this makes logical sense to me, so this is how we're gonna do it. These students need an answer or whoever needs an answer. And so, I'm just gonna create a solution and then deal with any consequences.

Although the other faculty member was on medical leave, Ellen continued to communicate with her. However, this put her in a difficult position.

Even though she was on leave, she would call me and try to talk about something logistical, but then she was very emotional. So, I feel like I was in a really weird position just because of that and like well, I barely know this woman and I feel for her. So, most of my interactions with her were hearing about how you know she was just having such a terrible time. And then anytime I told her 'Well, we decided to do this' often it would result in her crying. I'm sure it wasn't all about me or the decisions that were made, but I think she just felt so much ownership over the program, so I almost felt like I was stealing this woman's program. So, it felt really strange. So that first semester was really rocky.

Despite a lack of support from the music therapy co-faculty, Ellen spoke about the support she received from students:

> The students were so amazing. Like they were, they recognized even though they were also kind of, it was not a great situation for them either, they recognized that I was doing my best and really trying to problem solve with them. And so, I got so much great support from especially the upper-level students, and so I think that's the reason I ended up staying because I just connected with the students so much, and so that made it okay.

Ellen also shared about getting advice from one of her internal colleagues at the end of her first semester as she was navigating her unexpected role transition to program director and the only active music therapy faculty member, all during her first semester in academia:

> He's like 'There are two potential ways that this could go. You could be the person who just comes and sort of holds everything together for a year, and then you leave, and that would be great because you would be doing a great service to the program. Or you could be that pivotal person who comes in during a time of incredible transition and then helps stabilize the ship on the sea. Rather than just patching the ship, which you're kind of doing right now, you're actually gonna be stabilizing.'

Ellen's colleague recommended that she spend the rest of that academic year thinking about how she wants her position to be and what legacy she wants to have there. She said this gave her a lot to think about and figure out as far as how she wanted to approach things.

Anne told her story of becoming program director after working in her role for three years and then transitioning to the program director during 2020. In addition, she experienced switching roles with her music therapy co-faculty, which was also challenging:

> So, I honestly had a really intense year of being a director in the fall of 2020 with COVID, but as I became director, there were just kind of these things that were building that the founding director wasn't a good fit anymore. And at one point, the administrators

above us had had enough of these incidents or little fires to put out related to a lack of organization and a lack of accountability on my co-faculty's part that they said, 'Hey Anne, we're gonna switch you over to being director. Your co-faculty will become the clinical coordinator. I really think my administrators recognized I would be a good fit in that role, so they initiated that.

Anne shared that she was going to be leaving the university and talked about how she felt about that transition:

> You find me at another turning point where I'm actually leaving. Yeah, I think I'm just reflecting and that I'm going through this other kind of really big stage. It's kind of like I'm closing this emotional arc of you know feeling and doing the work so I could avenge the program and build it in a way I wish I had, and having this weird string of like once in a career issues come up multiple times and kind of getting spent with that. But yeah, I have a lot of gratitude for how I've grown as an individual over that stage, that really long arc of my life. I think for so long being the director of a program was my dream, and so I'm just reconsidering what that means. I don't have any regrets about spending that much time, but it's just not a good fit for me and my priorities to be an academic anymore.

Bonnie experienced a quick transition into the program director position at her university and how challenging it was compared to her previous experience as a visiting professor. Like other participants, she also felt it was beneficial to see how the curriculum fits together:

> Well, I just jumped into it. I graduated with my PhD and took over the program from the previous director, who had been there for 30 years. I was a department of one. I think I had 27 students when I started. Later, I had 41. The next year, I was 56. The addition of

> academic advising, I think, was initially the most intimidating because I had to learn the whole curriculum. The whole university curriculum. You had to learn all of that at once, while it was critical that you get it right so a student can graduate. All the codes and the systems like that were a lot to take on. And I had all of the music therapy majors, and my predecessor was gone. I think it was helpful seeing the big picture of how the entire curricula were put together and not just a single course. A single syllabus only fits in with a bigger picture, and advising shows you the biggest picture of all. I said everybody on the faculty ought to be an advisor for two years. I think that's something that directors learn, that second chairs don't, because you're not put in that position unless you have a role in academic advising.

Melissa told her story of becoming program director after she had been in her initial role as assistant professor for three years. At that point, the program director retired, and she took over the role. Melissa talked about what her experience with this significant transition was like and how her mentor and music therapy classmates provided her support:

> It was complicated because the department chair at the time, who's now the associate Provost, was very difficult and I didn't get along with him. And so, my transition to that role was challenging, and any challenges I've had in my role since then, pretty much the common denominator is that guy. So, I will say that I did not have a really good mentor or someone in leadership at that time who was kind of taking me under their wing. I just had this guy who's pretty much a jerk. It was hard. And so, instead of leaning on him, which was not an option, I looked outside my organization for mentorship. And so, I called my mentor, my internship director, a lot. She was a really strong mentor for me during that time and just kind of helped me. Gave me advice, and it was invaluable, you

know, her support. And also, other friends that I leaned on who were also music therapists. So that was a hard transition. Another thing that made the transition hard is that they didn't give me any kind of course release to be the program director. So, it was like I was already teaching four classes, and I'd only been there three years. And I'm still kind of learning the ropes, and then suddenly I had to handle all the recruiting and meeting with prospective students. So, I had to do all those things. And be the liaison with AMTA and with internships. It was just a lot, and I wasn't really trained or anything. It was like the guy who retired. He just was like 'Peace out'. I mean, that was it. He didn't give me any resources or files or I mean nothing. He was just gone, and it was hard. It was hard to really figure out what I was doing. But I was young and feisty, and I got through it. And I had the outside support.

Summary of Novice to Expert Educator

The participants' narratives demonstrate that the transformation from novice to expert is a complex, multifaceted process shaped by intersecting personal, professional, and contextual factors. Some influences proved to be more like barriers, whereas others fueled participants' growth. The influences did not act in isolation. Rather, their combined, cumulative effects shaped the participants' experiences developing into expert music therapy educators.

The participants recounted the challenges of interacting with their colleagues, experiencing disruption caused by COVID, and then managing their often-sudden role change from faculty to program director. At the same time, their stories about how they navigated these challenges show that they demonstrated creativity, resourcefulness, and determination and subsequently still managed to become expert teachers and competent leaders.

Throughout their experiences, the participants demonstrated resilience, adaptability, and growth. This transformation into an expert educator did not occur in a single moment but instead happened as an ongoing developmental journey that unfolded and continues to unfold over time and across their experiences.

Chapter Summary

This chapter included overviews of participant demographics and interview settings. It also presented the themes that answered the three research questions. The first theme answered the first research question: what stories do music therapy faculty members tell about their pathways into academia and initial entry into faculty roles. The next two themes answered the second research question: what stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator? Four additional themes answered the third research question: what stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator? I identified seven themes from the rich narratives told by the six participants. In Chapter 5, a discussion of the results and interpretation of the findings through the theoretical framework is included.

Chapter 5 - Discussion

The purpose of this study was to explore what narratives of music therapy faculty members reveal about their experiences transitioning from expert clinician to novice faculty member and then transforming into expert educators. The three research questions guiding this study were what stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles, what stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator, and what stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator.

The theoretical framework used in this qualitative study included Schlossberg's Transition Model, Mezirow's Transformative Learning Theory, and Pratt's Five Perspectives of Teaching. Narrative inquiry was the methodology used. I gathered 12 interviews from six participants. These interviews were analyzed and coded, which led to the emergence of themes discussed in the previous chapter.

Detailed observations of the findings to the research questions are provided in Chapter 4. A brief summary is provided here. A total of seven themes were identified. These included: (a) faculty describe their experiences entering the music therapy profession and their entry into academia; (b) faculty describe their personal and professional experiences that shaped their transition from expert clinician to novice educator; (c) faculty describe their educational experiences that shaped that transition from expert clinician to novice educator; (d) faculty describe their experiences becoming and identifying as an educator and navigating challenges and growth; (e) Faculty describe their experiences growing as novice educators; (f) faculty describe the personal characteristics, strategies, and resources within their academic/teaching

environment that impacted their experiences and (g) Faculty describe the challenges within their academic/teaching environment that impacted their experiences.

In this chapter, I will apply the theoretical framework to interpret and discuss the major findings and their implications as they relate to the literature presented in Chapter 2 and the theoretical framework used for this study. This chapter also includes implications for theory and practice. In addition, the significance of the study and its limitations is presented. Finally, recommendations for future practice and research are discussed.

Results and Interpretation

This study explored the experiences of music therapy educators as they transitioned from expert clinicians to novice educators and then transformed into expert educators. The findings suggest that participants' experiences were both complex and individualized. The narratives told by the participants were multifaceted and showed deeply personal journeys. This study contributes significantly to the existing literature on music therapy faculty by building the current understanding of how music therapists navigate the work role transition from clinician to educator and how they develop into expert educators.

The First Movement: Entering the Music Therapy Profession and then Academia

The experiences of the music therapy educators in this study included stories about how they transitioned from being an expert clinician to a novice educator. Their stories shared the participants' career journeys and entry points into their academic roles. Participants described how various factors disrupted their existing perspectives and initiated reflection. The participants' stories included examples of how they used reflection to understand their experiences.

The participants experienced disruption and uncertainty at multiple points in their career pathways prior to entering academia. This first took place when the participants arrived at the decision to pursue a degree in music therapy. For some participants, this experience took place while they were in high school. In other cases, the uncertainty happened when selecting a career in college or even years after earning an undergraduate degree. Regardless of the timing and stage in life, the participants engaged in reflective conversations with others throughout the decision-making process. Participants often shared that part of this experience included rationalizing their decision to pursue a career in music therapy, which is often an unfamiliar career to others. Moreover, some participants themselves expressed not really feeling like they knew what music therapy was, even when they had made a decision to pursue it as their career. Interestingly, the participants entered their music therapy education with limited knowledge of what the profession entailed. As a result, what they believed about music therapy prior to beginning their coursework greatly changed as they learned and experienced their new roles as music therapy students, then as interns, and finally as clinicians.

The participants' experiences as new music therapists mirrored their experiences entering their music therapy education programs. While all participants completed AMTA-approved music therapy degree programs and were prepared as required by the educational standards, they shared experiences of uncertainty and disruption as new clinicians. These experiences were particularly intense when their professional roles were with clients and in settings in which they were less familiar. The minimum number of populations to be required as part of clinical training is three, according to Educational Standard 3.2.2 (AMTA, 2021). As a result, this particular challenge is a common occurrence for any music therapist. Upon graduating with their entry-

level degrees, the chances of a new music therapist securing their first job with an unfamiliar population are high.

In addition to experiencing disruption and uncertainty prior to their academic appointments, the participants experienced transitions into their music therapy degree programs, internships, and then their first work role or entering their graduate programs. Throughout their music therapy educational experiences and music therapy careers before academia, the participants faced a variety of challenges, which required coping and eventually led to their development into their new roles as music therapy students, interns, and entry-level music therapists. At each point, the participants adapted to the change. Participants varied in how easily they adjusted to these transitions, often depending on the supports and challenges they experienced.

The Second Movement: From Expert Clinician to Novice Educator

The music therapy faculty described how their personal and educational experiences shaped their transition from expert clinician to novice educator. For each participant, specific circumstances influenced how the transition was experienced, often both an opportunity for growth and a significant challenge.

Participants entered academia through a variety of pathways, often prompted by personal and professional factors such as relocation, encouragement of mentors, career or workplace dissatisfaction, or ongoing interest in becoming an educator. These entry points into academia shaped how participants perceived their readiness for their new faculty roles. While participants chose to enter academia, some of them entered their new roles rather abruptly, which required rapid adjustment to new expectations and responsibilities.

The participants found it difficult to identify as expert clinicians and expert educators. This was despite having the minimum clinical experience prior to beginning their academic appointments and at least five years of teaching experience at the time of this study. The participants who completed accelerated degree programs were especially resistant to identifying as expert clinicians.

Given the number of populations and therapeutic music experiences provided by music therapists, it is understandable that participants may feel confident as music therapists with the populations they have worked with yet not feel like an expert music therapist since they have no experience with many of the other populations. One participant described herself upon entering academia as an expert musician, confident clinician, and novice educator. Multiple participants commented on feeling like an expert music therapist after they gained teaching experience, noting that there is something about teaching that grows one's sense of expertise as a result of explaining the practice of music therapy and breaking it down for others, so they understand it.

Interestingly, once they became expert educators, the participants did not necessarily continue to view themselves as expert music therapists, noting that it had often been years or even decades since they practiced full-time as clinicians. Despite continuing to engage in clinical practice through their roles as practicum supervisors, the participants commented that focusing on teaching the very basics of clinical practice may have hindered their continued growth in their own clinical practice. Compared to music therapists who have been practicing as clinicians for the same number of years, the educators did not feel their level of competency was the same. Relatedly, the faculty felt their novice status again when supervising students who were completing practicum experiences with populations with which the faculty supervisors were less experienced.

Compared to support provided by other sources of support that are closely tied to the work role, such as co-workers, support from a partner or close friends or family, provides the most stable support over time since it is not tied to the work role (Anderson, 2011). Some of the participants described how their partners influenced their experiences transitioning to their new faculty roles. As part of the participants' support systems, their partners were essential to successfully navigating the clinician-to-faculty role transition. These relational supports provided emotional validation and reassurance. In addition, for some of the participants, their partners were experienced educators and could provide practical advice in addition to emotional support.

All of the participants had experience working with students prior to transitioning to their educator roles. For some of the participants, this was a trigger leading to their decision to become an educator. While working with students, these participants recognized that breaking down information for students and helping train them in clinical practice was a personal strength they possessed. In addition, the participants shared that others, such as former faculty and students, recognized their teaching skills, and this grew their confidence. The participants' self-concept of viewing themselves as competent clinical trainers who also commented that they preferred training students more than directly providing therapy, influenced their decision to go down the pathway towards music therapy education. In addition, previous experiences supervising students helped participants recognize that while they may have little to no experience as faculty, they did have transferable skills they could bring with them into their new roles.

Dissatisfaction with working as a clinician was mentioned as a trigger for participants to transition to an educator role. Some participants shared that they no longer enjoyed doing clinical work as much as other tasks such as program administration. Others found that being an educator was a better fit for their personality than being a music therapist. They no longer preferred to be

clinicians who taught sometimes. Instead, they sought the opportunity to advance themselves and apply their clinical knowledge and experience and pass it along by teaching future generations of music therapists.

Preference and dissatisfaction related to the clinical work environment were also reasons for transitioning to the academic environment. One participant expressed frustration with the clinical environment and some negative changes in her specific workplace. In another case, the participant desired to work in an academic environment due to the level of intellectual stimulation and challenge that naturally occur in academia.

These experiences prompted all of the participants to critically self-reflect on their current work roles and their future professional goals. That said, the intensity of this process was not the same among all participants. While some participants shared that they had always planned on becoming educators, even since their undergraduate education years, this was not the case for everyone. For those who had assumed they would always be music therapy clinicians, they had to critically reflect upon their long-held assumptions about their professional futures.

Regardless of the reasons, the participants no longer preferred to work as clinicians. Their dissatisfaction initiated a search for renewed purpose as working professionals. These experiences illustrate a process of disorientation followed by critically reflecting on their professional identity and purpose. Dissatisfaction in the participants' clinical roles was a trigger for the transition. Each participant sought out an educator role rather than being forced to do so as a result of other situations, such as job layoffs. Participants' stories characterized the transition as one that was positive, internally driven, and void of a sense of loss. However, support systems and characteristics also influence adaptation to the transition.

The participants entered academia from a variety of educational pathways. Some received a traditional educational experience – the one you would expect most. They learned about music therapy in high school, majored in music therapy immediately upon entering their undergraduate institutions, and then eventually continued their education by completing a master's and a doctorate in music therapy. During their graduate studies, they were graduate teaching assistants and clinical supervisors. In contrast, other participants completed very different trajectories prior to entering academia. In these cases, their educational experiences were shorter and accelerated. They had less time to develop into clinicians compared to their peers who completed the traditional pathway.

Interestingly, despite any additional preparation and time the traditionally educated and prepared music therapy faculty received, there was no apparent difference in how prepared the participants felt as novice faculty. Ravaglioli (2022) specifically shared this was her own personal experience. Despite meeting all of the AMTA requirements to teach, she did not feel they were sufficient for teaching music therapy within the context of a full-time faculty position. These findings also align with Olszewski (2019), who argued that the majority of board-certified music therapists entered academia with enough educational preparation and training to be proficient teachers as they transitioned to their new roles as novice educators. It is especially concerning that even those who taught courses, supervised practicum students, and took coursework in their graduate programs still did not feel prepared to teach. This also agrees with the findings of Olszewski (2019), who noted her junior music therapy faculty participants felt they did not receive enough experience teaching in their graduate programs.

In addition, even the participants who gained teaching experience through adjunct faculty roles did not feel prepared for full-time faculty roles. Therefore, the lack of preparation of music

therapy educators extends beyond training provided in graduate programs. Institutions and established music therapy faculty are not providing the support and resources novice educators need. There is especially a lack of consistency in the amount of support provided by the experienced music therapy faculty. While some participants experienced high levels of support from their co-faculty, others were completely isolated and had very little interaction with them. This finding highlights inconsistency in the level of support available to new faculty.

The lack of support from co-faculty was not limited to welcoming and acclimating the new educators. Participants had similar experiences when their co-faculty abruptly left academia, leaving their new music therapy co-faculty before passing along vital program information, especially in cases when the remaining music therapy educator(s) took over the role of program director. This neglectful practice of refraining from knowledge management as part of their exit, is a disservice to the remaining faculty and the students in the program.

The Third Movement: From Novice Educator to Expert Educator

The participants' movement from novice to expert educator was transformational. The faculty described their experiences becoming and identifying as educators and navigating the challenges and growth that were part of their transformation.

The participants shared that much of their learning was by "trial and error" and "learning by doing", which mirrors findings by Murphy and Wheeler (2005) and Jackson and Gardstrom (2012). The lack of teacher preparation coursework in graduate music therapy programs is the catalyst for new educators developing their teaching skills through practice rather than formal learning of pedagogy.

The participants described reaching the point where they felt confident in their expertise as educators, typically around years five and seven. It was at this point that the participants'

teaching perspectives became more integrated. As participants gained experience and confidence as educators, their understanding of teaching and their beliefs, intentions, and actions became more relational and contextual as well as student-centered. The participants' evolution from teacher-centered instruction (Transmission Perspective) to student-centered (Developmental and Apprenticeship Perspectives) suggests that teaching experience transforms over time for music therapy educators. Most notable was that the most experienced educator of all the participants showed the most alignment in their teaching perspectives, whereas the less experienced educators had one or two dominant teaching perspectives. Milutinović et al. (2023) suggested the academic discipline of the instructor has the most influence on the instructor's beliefs. However, this was not necessarily the case with the participants in this study, who had different dominant perspectives despite being from the same discipline. West (2020) suggested that faculty draw on their personal music therapy philosophies and integrate them within their teaching. In contrast to Milutinović et al. (2023) and West (2020), according to the participants, their teaching perspectives were initially influenced by their own educational experiences, which were largely oriented to the transmission perspective. As they gained experience as educators, they reflected on their teaching and adapted their teaching over time as their teaching beliefs, intentions, and actions were influenced by their teaching experiences.

Multiple participants also commented that teaching a course multiple times was a significant factor in feeling confident. To that end, this iterative approach to mastering teaching a course appears to be more important in feeling like a confident educator than simply the passage of time. This experiential learning is what drives the development of skill through the novice to expert stages. In addition, the individual might be at different levels of skill in different areas of practice. The participants' experiences of teaching a new course or supervising in a setting with a

clinical population that is “new” to them is a good example of this. Both situations may place them at a novice level of skill, whereas they may simultaneously be an expert at the other courses or supervision settings. So, while the participants indicated they felt like expert educators between years five and seven, experiential learning by teaching a course multiple times, rather than simply the passage of time, was what established a sense of expertise.

Relatedly, while critical reflection was present in the transformative learning process, the primary mechanism of transformation was experiential learning. Teaching perspectives are dynamic and evolve with experiences that either confirm or challenge the educator’s existing beliefs. As the music therapy educators gained more teaching experience, they found themselves refining their teaching, and their teaching perspectives changed as well as a result. This change is often developmental, yet in some cases it might be influenced by other factors such as uncertainty and adversity. This was much the case when the participants experienced teaching during COVID, with participants citing disruption as a factor in their development as educators.

As expert educators, the participants described their teaching perspectives as grounded in their values and reflective of the context. This is in contrast to their approaches as novice educators, which included borrowing teaching materials and approaches from others. Instead, as expert educators, their approaches were more flexible and self-authored. The participants commented on using other teaching approaches to survive initially and then later adapted their teaching and made it their own approach.

The participants’ experiences reveal that they received support and experienced constraints from various sources. They also faced multiple challenges within the academic environment. Transformative learning is both the product of others and of personal change. For some participants, their colleagues, mentors, and autonomy provided a supportive work

environment in which to develop into novice educators. In contrast, other participants experienced a lack of support from these types of resources while also expressing feelings of isolation.

In addition to the role of supports, personal characteristics of the participants also influenced how they experienced transforming from a novice to an expert educator. These same characteristics had also impacted their initial transition from clinician to educator. In this study, each participant shared characteristics that impacted their experience. Some personal traits, such as confidence, flexibility, curiosity, and persistence, served as assets, whereas others, such as imposter syndrome and uncertainty, were liabilities. As such, the transition experience of each participant was deeply personal and anchored in their personal characteristics.

In addition to their personal characteristics and resources, the participants utilized strategies throughout their transformation from novice to expert educator. Even after they completed their transition from clinician to educator, the participants experienced other transitions in which they needed to adapt to situations (i.e., COVID) and work role transitions (i.e. educator to program director). Strategies included seeking out professional development through formal and informal learning, applying feedback from students, and the use of mentors, especially those who were the participants' former professors or internship directors, which were the most beneficial. These transitions experienced by the participants occurred concurrently as they transformed into expert educators. Moreover, the transitions experienced during the transformation from novice to expert educator influenced their transformation as transitions were often the trigger leading to the need to learn and adapt within the academic environment. In this sense, the transitions were some of the difficult challenges experienced by the participants.

Moreover, the participants experienced change frequently as they navigated through multiple transitions throughout their tenure as educators.

Participants indicated they had many responsibilities, especially as program directors. All the participants in this study experienced the work role transition from educator to program director. The heavy workload of teaching, advising, supervising, and program administration lead to frustration with the lack of guidance from AMTA and support from their institution. Gooding (2018) shared similar observations of AMTA's lack of standards related to teaching load and the subsequent burnout associated with it. In the case of one participant, this was the catalyst that led to her leaving a less supportive institution for another, more supportive program. For another participant, their transformation into an expert educator was followed by making the decision to leave academia altogether, another type of work role transition. Both of these participants' stories demonstrate the reciprocal relationship of transformation and transition in which one is often triggered by the other in this study.

Theoretical Framework

The theoretical framework for this study included Schlossberg's Transition Model, Mezirow's Transformational Learning Theory, and Pratt's Five Perspectives of Teaching. The findings will be discussed for each component of the theoretical framework in the following sections.

Schlossberg's Transition Model

Schlossberg's Transition Model provides a relevant structure for understanding how individuals experience, interpret, and adapt to work role transitions. However, findings of this study suggest several key refinements. Although the theory explains how assets and liabilities from resources including the individual's situation, self, support, and strategies influence their

adaptation to the transition from clinician to educator, this study highlights the importance of support stability.

Schlossberg (1981) states that even when events are positive, they can still be stressful. This is especially the case with a work role transition because of the extent to which it may change the person's life, such as where they live, their routines, roles, and relationships. As a result, support is required with any major transition in order for the individual to adapt. However, not all support is created equal. In this study, the extent to which the support is tied to the role change is directly proportional to the stability of the support. The quality, stability, and accessibility of internal and external support played a key role in the adjustment experiences of the participants and how they coped throughout the process.

Once the participants moved out of their clinician roles, their identities as clinicians did not simply disappear. Rather, their clinical and educator identities integrated as they started their new roles. Schlossberg (1981) notes that individuals are required to let go of their previous self when they gain a new role, which is in contrast to the experiences of the music therapy faculty. However, this outcome is unique to faculty who previously worked as clinicians because their new roles often involve clinical supervision. The findings of this study suggest that professional identity is fluid and multidimensional. Furthermore, some parts of an individual's professional identity are internally validated (claimed) while others are externally validated (granted).

The participants experienced multiple transitions, each influencing the other. The findings suggest that transitions are not necessarily bounded events. Instead, they are part of a broader, ongoing development process. Understanding that transitions can be recursive and overlapping expands upon Schlossberg's Transition Model.

Mezirow's Transformative Learning Theory

The findings of this study illustrate the continued relevance of Mezirow's Transformative Learning Theory to the development of college faculty. Mezirow's theory helps explain how music therapy faculty make sense of their experience as they develop into expert educators. The theory is especially applicable to educators because educators are lifelong learners. As they continuously learn as part of their profession, they experience transformative learning. Findings from this study suggest that a balance of autonomy and support is a condition required for transformative learning in individuals developing from novice to expert educators.

The findings also challenge Mezirow's framework of transformative learning. Specifically, the participants did not experience all 10 phases of Mezirow's transformative learning process. Experiencing a disorienting dilemma and reflecting on their assumptions were the two phases present throughout the participants' narratives. The extent to which the other phases were present and the order in which they were experienced was individualized and situational. The findings of this study indicate that the 10 phases may or may not be experienced depending on the context. The context matters and it shapes the transformation. Regardless of how an experience reflects the 10 phases, successful transformation still occurs.

The new faculty also experienced transformative learning as they developed from novice to expert educators. The experiences of the participants indicated that gradual transformative learning took place by "learning by doing" and "trial and error" rather than a formal process such as rational discourse, which is in contrast to Mezirow's theory on transformative learning (Mezirow, 1997). It is important to note that completing the process of transformative learning does not necessarily result in the educator feeling like an expert as was evidenced in the findings of this study. This suggests there are other factors that impact how an individual identifies as an

expert. Moreover, identifying as an expert can be especially challenging for women. All of the participants in this study were woman. Therefore, it is important to recognize how this characteristic impacted their identity development as expert educators.

Pratt's Five Perspectives of Teaching

Pratt's Five Perspectives of Teaching is the third component of the theoretical framework used for this study. Pratt (1992) defines teaching perspectives as a teacher's values, beliefs, and intentions anchored in their cultural, social, historical, and personal meaning. The findings of this study demonstrate that teaching perspectives are influenced by more than just academic discipline. This is one difference from previous findings that indicated the influence of disciplines on teaching perspectives. Because creative arts therapies, including music therapy, are approached by different philosophical orientations, teaching perspectives of educators in the creative arts therapies are more complex to predict compared to other healthcare professions.

While Pratt's theory supported the collection of data, it was limited in its ability to account for transitions, identity development, and meaning-making in music therapy faculty. While the participants shared their teaching perspectives in their narratives, how they approached teaching was not a focus of this study. Subsequently, the other two theories better aligned with the purpose and research questions of this study.

Implications for Practice

This study underscores the need for structured preparation and support for music therapy faculty navigating transitions from clinical to academic roles, particularly when changes occur abruptly. Findings suggest that roles that integrate clinical supervision, such as clinical coordinator positions, provide an effective bridge for new faculty while supporting student learning and maintaining clinical competency. Additionally, the findings highlight the

importance of balancing autonomy with mentorship, access to resources, and intentional knowledge transfer from outgoing colleagues, particularly during the first academic year.

Findings from this study highlight the value of iterative teaching experiences in the development of new faculty. Faculty preparation and development should provide opportunities for new or future faculty to develop expertise by teaching one or two courses several times before adding additional courses. This approach allows the new educator to teach, reflect, select changes, apply them when the course is taught again, and continue this iterative process until the educator feels like an *expert* at teaching that class. It would behoove graduate programs and academic programs with new faculty to practice this approach to preparing and developing faculty.

The findings also suggest that academic programs should consider specifically recruiting new faculty for clinical coordinator roles as this would benefit both the program and the new faculty member. First, assigning faculty who are current on music therapy practice to supervise clinical students is beneficial as it facilitates the students being instructed on current practice. Second, this type of role would help clinicians transition into a faculty role that has a great deal of crossover from their previous role because of its emphasis on clinical practice. This alignment between clinical practice and clinical supervision responsibilities may ease the transition from clinician to educator.

This study highlights the importance of intentional support structures provided by program directors and senior faculty. Findings show it is essential to carefully evaluate the needs of new faculty and ensure that a balance between autonomy and support is facilitated. Music therapists generally have a lot of autonomy, so working independently is familiar to them. However, too much autonomy given to new faculty may lead to feeling overwhelmed and

confused. Access to shared teaching resources and institutional knowledge was identified as critical to helping faculty survive. While the resources may not be a perfect fit for the new faculty member, they will significantly help them survive, especially during their first semester and academic year.

Findings further suggest that transitions between outgoing and incoming faculty represent critical moments for both faculty and students. Outgoing faculty, including program directors, should plan for their transition and provide resources for incoming colleagues to ease this transition. Doing so not only benefits the new faculty member, but it also benefits the students as they, too, experience changes when there is faculty turnover. Supporting incoming faculty members facilitates minimal disruption for the students. The music therapy faculty community is small and should support one another.

Additionally, the findings point to the importance of supporting adjunct faculty, who may serve as a pipeline into full-time faculty roles. As such, providing better support to adjunct faculty holds potential for a high return on investment for the music unit and university. Support can take the form of orientation, mentoring, training, and additional opportunities for inclusion within the unit, department, and university.

As music therapy education continues to evolve, findings from this study suggest a growing need to prepare faculty for teaching in online and hybrid learning environments. Participants' experiences with teaching coursework and supervising practicum students during the COVID pandemic illustrate how music therapy educational experiences can be achieved in learning environments other than traditional, face-to-face settings.

Limitations

This section discusses the limitations of this research study. The limitations discussed include participant recruitment, researcher positionality, and data quality issues.

The first limitation relates to the variation and size of the participant sample. The general population of music therapy educators is relatively homogenous (AMTA, 2019). The 2019 AMTA Workforce Analysis, which reported data on its 3,928 members, indicated that 87% identified as female and 85% identified as White. In addition, the music therapy workforce is relatively young, with more than half of all AMTA members reporting being under 40 years of age. Although efforts were made to recruit a variety of participants, not all potential participants responded to the recruitment invitation.

Another limitation related to the size of the participant pool was that there was a risk that the participants might influence one another. Due to the small size and the regular interactions between music therapy faculty, it was possible that participants could have discovered their colleagues were also involved in this study. This awareness could have influenced the interview responses. For example, the participants might have known the interview questions if another participant shared them. In addition, it was possible that some participants might work together. This could have made participants feel guarded when sharing their stories, as they may have felt their stories could be identifiable when others knew they were participants. To minimize the likelihood of participants influencing each other, I attempted to recruit no more than one faculty member per institution.

A related limitation for this research was access to the potential pool of participants. The AMTA website provides a directory of all the academic degree programs in the United States. However, when I went to access this directory for participant recruitment, it was discovered that

the database was no longer accessible. Instead, a pdf document with limited information was uploaded. Unlike the previously available directory, the document did not include the names and contact information of the program directors. As a result, I had to navigate to the website of each academic degree program to collect this information. In some cases, the websites did not provide the names of the music therapy faculty. Therefore, some of the potential participants were not contacted.

Relatedly, an email soliciting participants was sent to the program directors who were contacted. The research relied on the program directors to spread the word about the study. However, the only faculty who responded with interest in participating were the program directors. This may indicate the program directors did not share the recruitment email with their co-faculty.

Another limitation was the timing of recruitment for the study. I began participant recruitment towards the end of the spring semester. Due to the busyness of the end of the semester, the timing likely had a negative impact on the number of faculty who responded to the recruitment letter. The sample size in this study is another limitation. Six participants were recruited for the study. A larger sample may have led to additional or different findings.

Due to the small population size of music therapy faculty, a high level of participant anonymity was included, resulting in the omission of details in the findings. This may have affected the data analysis.

In some cases, I had interacted with the participants prior to this study in some way, either through my previous position as a music therapy educator, my work as a music therapist, and/or my service on AMTA national and regional committees. My previous interactions with the participants may have affected how much and what they shared with me during the

interviews. could carry professional repercussions. Similarly, since I met the criteria for recruitment, I likely shared an overlapping history with the participants, some of whom I have known for years. I needed to be aware of the assumptions that I brought into the interview as well as my history with the participants. I anticipated this would be challenging, yet the size of the population and my involvement in the music therapy profession for 20 years made this inevitable.

Relatedly, I served on the committee that reviews and approves new and existing music therapy programs, which put me in a position of power. I wanted to be sure participants felt they could freely share with me rather than feel they needed to guard themselves for fear of disclosing information that could affect their program's reapproval process. While I was completing this research, I planned to recuse myself if I was assigned as a reviewer for any of the participants' approval or reapproval, since this could have been a conflict of interest.

An additional limitation is that some of the participants had been music therapy educators for so long that they struggled to recall their experiences from early on in their careers. This difficulty in recall may have affected which stories were shared and the level of detail included.

One final limitation is that all stories are partial in several ways. When the teller of the stories recalls the experience from memory, their reconstruction may not be accurate or complete. In other words, there is a level of uncertainty in the stories. However, certainty is not a goal of narrative research (Bateson, 1994, as cited in Connelly & Clandinin, 2000). In addition, because the participants were current music therapy educators, their story will not truly have an end as they are still developing as educators. Their stories will continue after this study has ended.

Recommendations

The following section discusses future recommendations for practice and research. Recommendations for future practice center supporting faculty preparation, transition, and development. Recommendations for future research include improvements to AMTA standards for education and clinical training.

Future Practice

At both institutional and professional levels, program directors, senior faculty, and AMTA can strengthen preparation through formal training, enhanced educational standards, expanded graduate-level teaching competencies, and support for evolving program models, including online and hybrid learning. Attention to program sustainability and resource allocation further ensures faculty readiness, program quality, and student success.

Educational Standards and Competencies

AMTA standards for education and clinical training should require graduate music therapy programs to address advanced competencies in teaching and administration at both the master's and doctoral levels, particularly if the terminal degree remains at the master's level. These graduate programs should offer a teaching-focused track just like the clinical and research tracks already offered at some programs. This change would be especially beneficial for graduate programs that do not offer opportunities to supervise practicum students and/or teach undergraduate courses through graduate teaching assistantships.

AMTA standards for education and clinical training related to faculty qualifications should be revised to increase the minimum clinical experience requirements for entry into graduate programs and faculty roles. The increase should expand both the number of years, but

also the variety of populations and settings of clinical experience completed by the future graduate student or faculty member.

Equivalency programs appear to be too accelerated. Adjustments are needed to ensure graduates are sufficiently prepared for their roles as clinicians and potentially future music therapy educators. When approving and re-approving academic programs that include an equivalency option, AMTA needs to hold these programs to the same standards as traditional programs regarding developmental sequencing of coursework and clinical training. This is especially important for master's equivalency programs as those graduates may potentially move into faculty roles without first pursuing a doctoral degree.

Addition Academic Program Support, Resources, and Evaluation

AMTA should require that academic program directors complete required training, similar to the five-hour CMTE workshop required of internship directors. Additional structured support should be provided by AMTA as well, especially when the program director is joining a newly established and approved degree program. Support in the form of mentorship with music therapy faculty from other institutions is highly recommended. AMTA should help facilitate pairing mentees with experienced music therapy program directors.

In addition, AMTA needs to more closely evaluate the financial resources of new and reapproval program applicants to ensure any financial struggles that could potentially lead to faculty cuts or unfilled positions are prevented as much as possible. This practice is especially important since some music units might solely apply for approval of a new music therapy degree program as a last-ditch effort to save the music unit by increasing enrollment.

Online and Evolving Program Models

With more online graduate programs existing and being approved, faculty development should include teaching experience in online and hybrid learning environments. Experiences with teaching coursework and supervising practicum students during the COVID pandemic have provided experiences for how music therapy educational experiences can be achieved in learning environments other than traditional, face-to-face settings.

In addition, AMTA needs to more closely evaluate the financial resources of new and reapproval program applicants to ensure any financial struggles that could potentially lead to faculty cuts or unfilled positions are prevented as much as possible. This practice is especially important since some music units might solely apply for approval of a new music therapy degree program as a last-ditch effort to save the music unit by increasing enrollment.

Future Research

Future research should examine the experiences and development of music therapy educators, including the transfer of skills from clinician to faculty, the factors influencing successful novice-to-expert progression, and how early expertise as musicians shapes professional identity. Investigating how faculty roles impact ongoing clinical growth, preparation practices in graduate programs, and the effectiveness of resources left by outgoing faculty can inform strategies to better support new educators. Additional studies should explore systemic issues, such as the long-term effects of COVID-19, faculty turnover, program closures, and reliance on adjunct instructors, to guide program approval policies and improve both faculty and student outcomes.

Transfer of Clinical Skills to Faculty Roles

Future research is needed to explore the circumstances around outgoing faculty failing to leave resources for incoming faculty. Moreover, investigating the transfer of skills from clinician to educator could help graduate programs better prepare new faculty by emphasizing existing skills that carry over from one role to the other.

Novice to Expert

Studies that focus on the specific experiences of music therapy educators and what experiences lead them across the continuum from novice to expert are needed. Specifically, research using the framework of the Dreyfus Model of Skill Acquisition would help build upon the results of the current study.

Impact of Musicianship Expertise

All music therapists start out as experienced musicians. Studies examining how being first an expert musician affects how music therapists and music therapy educators view themselves as "expert" may prove interesting. This type of research could also be expanded to other creative arts therapies such as art, dance, and drama therapy.

Influence of Faculty Roles on Clinical Skills and Development

Future research needs to be conducted on how becoming a music therapy educator impacts growth as a clinician. Technically, all music therapy educators are board-certified music therapists. When these faculty have limited opportunities to continue clinical practice outside practicum supervision, does it support or limit their own development and how may this impact how they train their practicum students?

Graduate Program Practices

An examination of how graduate programs are preparing new faculty is long overdue. This area of research has potential as a future quantitative study. Moreover, given that most degree programs provide course lists and descriptions, the information for such a study is likely already available. Similarly, future qualitative research specifically on the graduate education of music therapy educators would help inform the guidelines needed to improve preparation for future faculty by identifying the specific gaps that exist.

Systemic Issues

More research on how COVID-19 has affected and continues to affect music therapy educators, students, and programs is needed. In addition, to better inform program approval and reapproval policies and procedures, research on the impact of program closures and faculty turnover is needed. For example, investigating how teach-outs that rely on inexperienced adjunct faculty affect the students (future clinicians and educators) and nearby programs would be insightful. This area of research could also focus on potential solutions, such as providing structured opportunities for program closures, such as traveling full-time faculty and program directors (similar to traveling nurses).

Conclusion

The purpose of this qualitative narrative inquiry was to explore what the narratives of music therapy faculty reveal about their experiences transitioning from expert clinicians to novice educators and subsequently transforming into expert educators. Guided by Schlossberg's Transition Theory, Mezirow's Transformative Learning Theory, and Pratt's Five Teaching Perspectives, this study examined how music therapy faculty experience the transition from expert clinician to novice and educator and then transform into expert educators.

Findings from this study indicate that the experiences of the participants were not a linear or uniform process but one that was dynamic, iterative, and personal. Participants' narratives revealed that entry into academia often represented a significant situational transition that disrupted their professional identities and prompted processes of adaptation. Participants' experiences of uncertainty, loss of confidence, and imposter syndrome served as catalysts for reflecting upon their assumptions about expertise, competence, and identity. As the participants transitioned from clinicians to educators, they gradually reconstructed their professional identities, signifying completion of this transition experience.

While participants entered academia with high levels of clinical expertise, they often found themselves functioning as novices in their new educator roles. Through iterative cycles of reflection, feedback, and practice, they progressed toward competence and proficiency as expert educators. Collectively, these findings demonstrate that the process of becoming an expert educator in music therapy involves both professional and personal transformation. Success in this process depends not only on individual characteristics such as adaptability, curiosity, and resilience, but also on contextual factors. The study further underscores that the limited pedagogical preparation within graduate music therapy programs, combined with inconsistent professional guidelines from AMTA, contributes to faculty feeling underprepared for their academic responsibilities.

This study makes several contributions to the existing literature on music therapy education. It expands understanding of the clinician-to-educator transition by situating it within multiple theoretical frameworks. It also offers practical implications for institutions and professional organizations regarding faculty preparation. The findings highlight the need for more intentional inclusion of pedagogical training in graduate curricula, clearer standards for

faculty qualifications, and ongoing professional development opportunities for educators at all career stages.

Ultimately, this study affirms that the transition from expert clinician to novice educator to expert educator is a transformative process. By understanding this transition and transformative process and addressing the factors that influence it, music therapy programs and professional organizations can better prepare and support current and future educators. In doing so, the students of these music therapy educators will be better prepared clinicians, which will subsequently better serve those in the community who receive music therapy services.

In addition to contributing to the field of music therapy, this study also contributes to the literature on the development of novices to experts in any field. Findings from this study confirm that expertise is not something you develop by staying still; it's something you build by engaging with uncertainty and learning how to respond to it. Learning something new often means falling out of certainty and feeling discomfort. When we become familiar with falling out of certainty and sitting in our discomfort, we learn that we can trust that when we enter that territory, we can learn from it and find our footing again. This is expertise.

References

Abbott, E. A. (2006). The administration of music therapy training clinics: A descriptive study. Journal of Music Therapy, 43(1), 63–81. https://doi.org/10.1093/jmt/43.1.63

American Educational Research Association (2009). Standards for reporting on empirical social science research in AERA publications. Educational Researcher, 35(6), 33–40. https://doi:10.3102/0013189X035006033

American Music Therapy Association. (n.d.). Organization directory search. https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=amta2&WebCode=OrgSearch

American Music Therapy Association. (2013). *Professional competencies.* *https://www.musictherapy.org/about/competencies/*

American Music Therapy Association. (2018). *Policies and procedures for academic program approval.* *https://www.musictherapy.org/assets/1/7/POLICIES_PROCEDURES_ACADEMIC_PROGRAM_APPROVAL_2018.pdf*

American Music Therapy Association (2019). *Member survey and workforce analysis: A descriptive, statistical profile of the 2019 AMTA membership and music therapy community.* https://www.musictherapy.org/assets/1/7/2019WorkforceAnalysis.pdf

American Music Therapy Association. (2021, January). *Standards for education and clinical training.* *https://www.musictherapy.org/members/edctstan/*

American Music Therapy Association. (2023a). *What is music therapy?* https://www.musictherapy.org/about/musictherapy/

American Music Therapy Association. (2023b). *About music therapy & AMTA*. https://www.musictherapy.org/about/

Anderson, J. K. (2009). The work-role transition of expert clinician to novice academic educator. *The Journal of Nursing Education*, *48*(4), 203–208. https://doi.org/10.3928/01484834-20090401-02

Anderson, M, Goodman, J., & Schlossberg, N. (2011). *Counseling adults in transition: Linking Schlossberg's theory with practice in a diverse world.* Springer Publishing Company, Incorporated.

Befi-Hensel, C. M. (2023). *What is competency? Exploring perceptions of functional musicianship in music therapy* (ProQuest Number 30313923) [Dissertation, Lesley University]. ProQuest Dissertations Publishing.

Belt, C. R. (2023). *Music therapy faculty perspectives on grading processes for undergraduate practica.* (ProQuest Number 30557329) [Dissertation, University of Dayton]. ProQuest Dissertations Publishing.

Benner, P. (1982). From Novice to Expert. The American Journal of Nursing, 82(3), 402–407. https://doi.org/10.2307/3462928

Benner, P. (2005). Using the Dreyfus Model of Skills Acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *The Bulletin of*

Science, Technology and Society Special Issue: Human Expertise in the Age of the Computer, 24(3), 188-199.

Bhattacharya, K. (2017). *Fundamentals of qualitative research: A practical guide.* Routledge. https://doi.org/10.4324/9781315231747

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*(1), 37–47. https://doi.org/10.1002/capr.12360

Browne, J., & Collett, T. (2023). Transition theory and the emotional journey to medical educator identity: A qualitative interview study. *Medical Education*, *57*(7), 648–657. https://doi.org/10.1111/medu.15094

Bruscia, K. (2018). Self-experiences in the pedagogy of music therapy. In K. Bruscia (Ed.), *Self-experiences in music therapy education, training, and supervision*. Barcelona Publishers. https://barcelonapublishers.com/self-experiences-music-therapy-education-training-supervision

Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives, 30*(6), 367-371.

Certification Board for Music Therapists. (2023a). *About us.* https://www.cbmt.org/about/

Certification Board for Music Therapists. (2023b). *Exam and certificant data.* https://www.cbmt.org/educators/exam-and-certificant-data/

Certification Board for Music Therapists. (2024). *Scope of Music Therapy Practice.* *http://www.cbmt.org/wp-content/uploads/2021/09/AMTA-CBMT_Scope-of-Music-Therapy-Practice-091721.pdf*

Cho, A. (2022). *Functional music proficiency exams: A survey of music therapy educators.* (ProQuest Number 30381409) [Master's Thesis, Texas Woman's University]. ProQuest Dissertations Publishing.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research* (1st edition.). Jossey-Bass.

Collins, J. B., & Pratt, D. D. (2011). The Teaching Perspectives Inventory at 10 years and 100,000 respondents: Reliability and validity of a teacher self-report inventory. *Adult Education Quarterly*, *61*(4), 358–375. https://doi.org/10.1177/0741713610392763

Connelly, F.M., & Clandinin, D.J. (1990). Stories of experience and narrative inquiry: *Educational Researcher, 19*(5), 2-14. https://doi.org/10.3102/0013189X019005002

Crotty, M. (2020a). Constructionism: The making of meaning. In D.J. Clandinin (Ed.), The *foundations of social research: Meaning and perspective in the research process* (pp. 42–65). Routledge. https://doi.org/10.4324/9781003115700

Crotty, M. (2020b). Introduction: The research process. In D.J. Clandinin (Ed.), *The foundations of social research: Meaning and perspective in the research process* (pp. 1–17). Routledge. https://doi.org/10.4324/9781003115700

Cullen, R., & Harris, M. (2009). Assessing learner-centredness through course syllabi. *Assessment & Evaluation in Higher Education*, *34*(1), 115-125.

Daley, B. J. (1999). Novice to expert: An exploration of how professionals learn. *Adult Education Quarterly, 49*(4), 133-147. https://doi.org/10.1177/074171369904900401

Davis, W. B. (1996). An instruction course in the use and practice of musical therapy: The first handbook of music therapy clinical practice. *Journal of Music Therapy, 33*(1), 34-48.

De L'Etoile, S. K. (2008). Applying Perry's scheme of intellectual and ethical development in the college years to undergraduate music therapy education. *Music Therapy Perspectives*, *26*(2), 110–116.

Dileo, C. (2000). *Ethical thinking in music therapy.* Jeffrey Books.

Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education: An overview. *PAACE Journal of Lifelong Learning*, *7*, 1-14.

Dvorak, A.L, Hernandez-Ruiz, E., Nick, H., Qi, R., Alderete, C., Frieze, Z., Georgeson, K., Gilliam, T.M, Hatcliff, A., Kirsch, A., Kunst, J., Medina, R., & Weeks, M. (2020). Student music stimuli composition in a scaffolded course-based undergraduate research experience. *Dialogues in Music Therapy Education*, *1*(1), 1–32. https://doi.org/10.18060/24287

Dvorak, A. L., Hernandez-Ruiz, E., Sekyung Jang, Kim, B., Joseph, M., Wells, K. E., & Jang, S. (2017). An emerging theoretical model of music therapy student development. *Journal of Music Therapy*, *54*(2), 196–227. https://doi.org/10.1093/jmt/thx005

Eggerding, E. (2023). *Therapeutic presence in music therapy education: An arts-based phenomenological inquiry* (ProQuest Number 30487526) [Dissertation, Lesley University]. ProQuest Dissertations Publishing.

Freire, P. (2014). *Pedagogy of the oppressed* (M. B. Ramos, Tran.; Thirtieth anniversary edition.). Bloomsbury.

Gooding, L.F. (2018). Work-life factors and job satisfaction among music therapy educators: A national survey. *Music Therapy Perspectives, 36*(1), 97-107. https://doi.org/10.1093/mtp/mix015

Gooding, L. F., & Standley, J. M. (2010). The effect of music therapy exposure and observation condition on analytical clinical skills and self-confidence levels in pre-intern music therapy students. *Music Therapy Perspectives*, *28*(2), 140–146. https://doi.org/10.1093/mtp/28.2.140

Green, J. L., Camilli, G., Elmore, P. B., Skukauskaite, A., & Grace, E. (Eds.). (2006). *Handbook of complementary methods in education research.* Taylor & Francis Group. https://doi.org/10.4324/9780203874769

Groene, R.W., & Pembrook, R.G. (2000). Curricular issues in music therapy: A survey of collegiate faculty. *Music Therapy Perspectives, 18*(2), 92-102. https://doi.org/10.1093/mtp/18.2.92

Hahna, N. D. (2011). *Conversations from the classroom: Reflections on feminist music therapy pedagogy in teaching music therapy* (ProQuest Number 3453869) [Dissertation, Lesley University]. ProQuest Dissertations Publishing.

Hsiao, F. (2014). Gatekeeping practices of music therapy academic programs and internships: A national survey. *Journal of Music Therapy*, *51*(2), 186–206.

Hollingsworth, S. & Dybdahl, M. (2012). Talking to learn: The critical role of conversation in narrative inquiry. In D.J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 1–41). SAGE Publications, Inc. https://doi.org/10.4135/9781452226552

Illeris, K. (2014). Transformative learning and identity. *Journal of Transformative Education*, *12*(2), 148–163. https://doi.org/10.1177/1541344614548423

Jackson, N. A., & Gardstrom, S. C. (2012). Undergraduate music therapy students' experiences as clients in short-term group music therapy. *Music Therapy Perspectives*, *30*(1), 65–82.

Jarvis-Sélinger, S., Collins, J. B., & Pratt, D. D. (2007). Do academic origins influence perspectives on teaching? *Teacher Education Quarterly*, *34*(3), 67–81.

Johnson, R. (2022). *Music theory and the music therapy curriculum: A descriptive study and implications for the curriculum* (ProQuest Number 29063358) [Master's Thesis, The Florida State University]. ProQuest Dissertations Publishing.

Kim, J. (2016). *Understanding narrative Inquiry: The crafting and analysis of stories as research*. SAGE Publications, Incorporated. https://doi.org/10.4135/9781071802861

Knight, A., LaGasse, B., & Clair, A. (2018). *Music therapy: An introduction to the profession*. American Music Therapy Association, Inc.

Knight, A., & Matney, B. (2012). Music therapy pedagogy: Teaching functional percussion skills. *Music Therapy Perspectives*, *30*(1), 83–88.

Knight, A., & Matney, B. (2014). Percussion pedagogy: A survey of music therapy faculty. *Music Therapy Perspectives*, *32*(1), 109–115.

Lee, S.L., Ree, C.E., O'Brien, B.C., & Palermo, C. (2022). Identities and roles through clinician-educator transitions: A systematic narrative review. *Nurse Education Today, 118,* 105512–105512. https://doi.org/10.1016/j.nedt.2022.105512

Luce, D.W. (2001). *Collaborative learning in music therapy education as experienced in a course in the foundations and principles of music therapy* (ProQuest Number 3021810) [Dissertation, Michigan State University]. ProQuest Dissertations Publishing.

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (Fourth edition.). Wiley.

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, *1997*(74), 5-12.

Milutinović, J., Lungulov, B., & Anđelković, A. (2023). Disciplinary differences and university teachers' perspectives: Possibilities of applying the Teaching Perspectives Inventory. *Center for Educational Policy Studies Journal,* 13(4), 87-109. https://doi.org/10.26529/cepsj.1470

Murphy, K. M., & Wheeler, B. L. (2005). Symposium on experiential learning in music therapy: Report of the symposium sponsored by the World Federation of Music Therapy Commission on Education, Training, and Accreditation. *Music Therapy Perspectives*, *23*(2), 138–143.

Olszewski, C. A. (2019). *Experiences of music therapy junior faculty members: A narrative exploration* (ProQuest Number 27692277) [Doctoral dissertation, Cleveland State University]. ProQuest Dissertations and Thesis Global.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd edition.). Sage Publications.

Pierce, J.W. (2023). *Mixed method study investigating the Covid-19 pandemic adaptations of online teaching and mental adjustments of music therapy faculty.* [Unpublished doctoral dissertation], The University of Southern Mississippi.

Polkinghorne, D.E. (1995). Narrative configuration in qualitative analysis. In R. Wisniewski & J.A. Hatch (Eds), *Life History and Narrative* (1st ed., pp. 11-30). Routledge.

Pratt, D. D. (1992). Conceptions of teaching. *Adult Education Quarterly*, *42*(4), 203-220.

Pratt, D. D. & Associates. (2016). *Five perspectives on teaching: Mapping a plurality of the good.* (2nd ed.). Krieger.

Ravaglioli, R.C. (2022). *Appreciative teaching practices in music therapy education* (ProQuest Number 30461942) [Dissertation, Ohio University]. ProQuest Dissertations Publishing.

Saldaña (2021). *The coding manual for qualitative researchers (4th ed.).* SAGE Publications. https://us.sagepub.com/en-us/nam/the-coding-manual-for-qualitative-researchers/book273583

Schlossberg, N.K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist, 9*(2), 2-18.

Schlossberg, N.K. (2011). The challenge of change: The transition model and its applications. *Journal of Employment Counseling*, *48*(4), 159-162.

Shapiro, S. (2018). An exploration of the transition to the full-time faculty role among associate degree nurse educators. *Nursing Education Perspectives, 39*(4), 215-220.

Taylor, E. W. & Cranton, P. (2012). *The handbook of transformative learning: Theory, research, and practice* (1st ed.). Jossey-Bass.

Triemstra, J. D., Iyer, M. S., Hurtubise, L., Poeppelman, R. S., Turner, T. L., Dewey, C., Karani, R., & Fromme, H. B. (2021). Influences on and characteristics of the professional identity formation of clinician educators: A qualitative analysis. *Academic Medicine*, *96*(4), 585–591. https://doi.org/10.1097/ACM.0000000000003843

Vega, V. (2023, December). *Education Update.* American Music Therapy Association.

West, R. (2020). *Critical pedagogy in the undergraduate music therapy curriculum: A grounded theory study of music therapy educators* (ProQuest Number 27997772) [Dissertation, University of Minnesota]. ProQuest Dissertations Publishing.

Whitelaw, C., Sears, M., & Campbell, K. (2004). Transformative learning in a faculty professional development context. *Journal of Transformative Education, 2*(1), 9-27. https://doi.org/10.1177/1541344603259314Polkinghorne, D.E. (1995). Narrative configuration in qualitative analysis: Donald E. Polkinghorne. In R. Wisniewski & J.A. Hatch (Eds), *Life History and Narrative* (1st ed., pp. 11-30). Routledge.

Zimmerman, A.S. & Kim, J.H. (2017). Excavating and (re)presenting stories: Narrative inquiry as an emergent methodology in the field of adult vocational education and technology. *International Journal of Adult Vocational*, *8*(2), 16-28. https://doi.org/10.4018/IJAVET.2017040102

Appendix A Participant Interview Settings

A total of 12 interviews were completed, with each of the participants completing two interviews. Each participant met individually with me over Zoom. The participants completed the online interviews from a variety of locations including their private homes, campus offices, and even hotel rooms.

Carmen

Carmen is a female music therapy faculty member. I had not previously interacted with Carmen. The first time we met with at the first interview. We held both interviews on Zoom since the participant lives in another state. Carmen and I both completed the interviews from our respective home offices. The interviews were recorded using the record feature within Zoom. I began the interview by thanking Carmen and then explained how the two interviews would focus on different parts of her story. Carmen responded to each of the interview questions with very detailed stories. She was very expressive in her facial expressions and hand gestures and often smiled as she told her stories. I did not need to further prompt Carmen to elicit more details. She was very open and forthcoming about her experiences. However, I often shared my own related stories with her to help make the conversation as natural as possible. In doing so, there were several times when my stories helped Carmen remember additional details to her own stories and responses to the questions. I concluded the interview by thanking Carmen for the interview, reading her the debriefing statement, and then explaining what to expect for the next interview. I shared that she would be taking the TPI and sharing her course syllabi with me.

The second interview with Carmen took place two days after the first interview. I began the second interview with a quick recap of what we had covered in the previous interview and explained what we would be doing for this one. At about 30 minutes into the interview, we

switched from the interview questions to the TPI. I shared the link to the assessment with Carmen and explained what she needed to do. After she completed the TPI, I had Carmen read the descriptions of the five teaching perspectives to help prepare her for interpreting her own results. Once she completed that task, I asked Carmen to share her screen with me so we could review and discuss her results. She had a few questions about how to interpret the results. Once I answered them, we continued. She also shared that it was challenging to answer some of the questions and was not sure how to interpret some of them. Carmen was very thorough in sharing her reflections on the TPI results. She provided multiple examples of her teaching that aligned with her TPI profile. Following our discussion of her TPI results, Carmen shared one of her syllabi with me. I asked her to share whatever parts of the syllabus that she thought most reflected her teaching perspectives. My final question for Carmen was if there was anything else she wanted to share about her story and she offered to talk about her experience becoming the program director. At the end of the interview, I reminded Carmen to email me her TPI results, the syllabus that she shared with me, and then her pseudonym and pronouns. I also shared my tentative timeline for completing my dissertation and that she would be offered several member check opportunities. I let her know that if I had any questions after listening to the interviews, I may reach out to her. I ended the interview by reading her the debriefing statement.

Ellen

Ellen is a female music therapy faculty member. Ellen's interview was the first one conducted for the study. Although we had not previously interacted, we shared a student who had transferred from my program to Ellen's when the program I taught in was cut. Both interviews were conducted on Zoom and recorded. I completed the interview from my home office. Ellen used a virtual background, so I was not sure where she was completing the

interview from. I began the first interview by providing an overview of how the two interviews would go and then provided detailed information about the first interview. I also let her know if I needed to repeat a question or clarify anything to let me know. Ellen's first interview was shortest of all the interviews. Her answers were less detailed than I expected so more prompting than expected was needed. In addition, her story related to her pathway to academia overall was shorter as well. During the middle of the interview, Ellen had some connectivity issues, so she turned off her camera to complete the rest of the interview. I ended the first interview by thanking Ellen for time and read the debriefing statement. I then gave more details about the second interview to help her prepare, especially related to providing a course syllabus for that interview. I also let her know that I would be sending her the transcripts of both interviews for a member check.

I conducted the second interview with Ellen about three weeks after the first interview due to her availability. It was also one of the final interviews conducted in the study. I joined her via Zoom from my local public library where I had reserved a private study room. Ellen completed the interview from her home. She was more talkative during the second interview, and her stories contained far more detail than in the previous interview. About 35 minutes into the interview we finished going through the first few questions and I then provided instructions for completing the Teaching Perspectives Inventory (TPI). While she completed the TPI, I turned off my microphone and camera and let her know she could do the same as well. Once she was done, I had her read the descriptions of Pratt's Five Perspectives of Teaching and then we continued with the interview questions. The next part of the interview consisted of Ellen sharing a course syllabus and then answering the remaining questions. I ended the interview by thanking her and

reminding her to email her course syllabus and TPI results. I also encouraged her to participate in the member check for the second interview.

Anne

Anne is a female music therapy faculty member. I conducted Anne's first interview on Zoom from a private study room at my local library. Anne joined me from her kitchen table. I had never interacted with Anne. However, I was familiar with her because I had used some resources in my own classroom that she had created. I started the interview by providing an overview of the two interviews so she would know what to expect. Anne told her stories with great detail, and I found her to be exceptionally articulate in how she spoke. I completed the interview by reading the debriefing statement to her and then giving her a preview of the next interview. Since she had mentioned that she was leaving academia and I had recently left as well, I let her know we could chat about that more after I stopped the recording. I also let her know that I would be providing opportunities for member checks.

I met with Anne four days later for our second interview. We met via Zoom again. I joined from my office on campus, and she joined me from her home. She was dressed casually and sat in a chair in the corner of the room by a window. About 40 minutes into the interview we pivoted to the Teaching Perspectives Inventory. I gave her instructions, shared my screen and showed her what to do, shared the link to the survey in the Zoom chat, and then waited for her to complete the assessment. We both turned off our cameras and audio while Anne took the TPI. One thing she expressed at the beginning of our review of her results was that she experienced some challenges interpreting some of the questions in the survey, especially related to being an expert clinician. Anne was exceptionally detailed as she shared her first impressions of her TPI results and discussing how much she felt they aligned with her teaching experiences. She then

shared her syllabus with me and discussed elements related to our discussion of her TPI profile. We ended our interview with Anne reflecting on her decision to leave academia.

Bonnie

Bonnie is a female music therapy faculty member. I had not interacted with Bonnie prior to our first interview. However, I was very familiar with who she was an educator and research. I met with Bonnie for our first interview over Zoom. I joined the video call from a private study room at my public library. Bonnie let me know at the beginning of our meeting that she was travelling so she was using her phone as a hotspot and our reception might be spotty at times. Throughout the interview, she was expressive and detailed in her storytelling. Bonnie often gestured with her hands as she spoke. I wrapped up the interview by explaining what we would be doing at the second interview to help Bonnie prepare. I also shared my tentative timeline for completing my dissertation.

Our second interview was completed three days later on Zoom. I joined the call from my home office. Bonnie joined me from her home office. We spent the first 30 minutes with Bonnie sharing stories and then moved forward to the Teaching Perspectives Inventory. I shared the link to the TPI and showed her what to do. We both turned off our cameras and audio while she completed the survey. After discussing her reflections on her TPI results, Bonnie shared one of her course syllabi with me. We ended the interview with Bonnie sharing her story of deciding to leave her current institution and program director position and move to another university with more music therapy faculty and support. I thanked Bonnie and let her know what to expect moving forward with member checks and reminded her to send me her TPI profile and course syllabus.

Melissa

Melissa is a female music therapy faculty member. Prior to the study, I had interacted with Melissa in-person several times, beginning from when we were both getting our first music therapy degrees to my last year of teaching in 2023, so we were both familiar with each other prior to the study. I had last seen her in-person about two years ago. I joined the Zoom meeting from my home office and Natale joined from her home office. Melissa was very expressive and exceptionally open as she shared her experiences. She also often showed her sense of humor throughout our conversation. At the end of the interview, I shared details about what to expect for the second interview to help Melissa prepare.

I interviewed Melissa again two days after our first conversation. I joined our Zoom meeting from my home office and Melissa joined again from her home. Just like our first interview, Melissa was easy to talk with and freely shared her experiences in her storytelling. After about 40 minutes, we moved forward with Melissa taking the TPI. I shared instructions with her and then we both turned off our cameras and audio while she completed the TPI. After Melissa read the descriptions of the five teaching perspectives, we looked at her results together and discussed them. Towards the interview, Melissa requested a quick break and then we continued our interview. We continued with Melissa sharing one of her course syllabi. I ended the interview with reminding Melissa about sending her course syllabus and TPI results.

Sarah

Sarah is a female music therapy faculty member. I had previously interacted with Sarah through some committee work we had done together in the past. Both of her interviews were completed the month after I had met with all the other participants. This was due to Sarah being out of the country for several weeks after the spring semester ended. We met over Zoom for both interviews. I joined our first meeting from my office on campus. Sarah had her background

blurred so I was unaware of exactly where she was for our meeting. She was the most talkative participant of the group, and both of our interviews were the longest of the 12 interviews completed. She was very expressive, detailed, and transparent as she shared her experiences. Before ending our call, I reviewed what we would be doing for the next interview. I read the debriefing statement to her as well.

I met with Sarah two days later for our second interview. I joined our meeting from my office on campus. She had her background blurred again so I was not aware of where she was located for our meeting. Just as in our first interview, Sarah was a great storyteller. She also often laughed and showed her sense of humor in her storytelling. After about 60 minutes, we continued to the next part of the interview, and I had Sarah take the TPI. I first shared my screen and gave her instructions on what to do. I shared the link to the TPI in our chat and then we turned off our cameras and audio. Sarah took the longest to complete the TPI. After about 20 minutes, I checked in with her, and she was just finishing that survey at that point. She was experiencing a technical issue where the TPI would not let her save the survey. We were able to troubleshoot and the issue was resolved. I had Sarah read the descriptions of the five perspectives and then we reviewed the results together as she shared her first impressions and reflections. We then moved forward with the interview and Sohpia shared two course syllabi. One was from an undergraduate course and the other was selected for an online master's degree course. We completed the interview by reviewing that she would need to send me her TPI results and syllabi. I thanked Sarah and she wished me "all the best" as we ended the meeting.

Appendix B Research Question Alignment Table

Research Question	Interview Question	Theoretical Framework	Artifact Analysis
RQ1: What stories do music therapy faculty members tell about their pathways into the music therapy profession and initial entry into faculty roles?	1. Prior to being a music therapy educator, you were a practicing music therapist. What was it like becoming a music therapist? 2. You had five or more years of experience working as a practicing music therapist prior to joining the academy. How did you develop into an expert music therapist?	Schlossberg's Transition Model, Mezirow's Transformative Learning Theory	Interviews
RQ 2: What stories do music therapy faculty members tell about their experiences transitioning from an expert clinician to a novice educator?	1. You experienced a work role transition from practicing music therapist to full-time educator. What was it like transitioning from an expert music therapist to a novice educator? What losses and/or gains did you experience in that transition? 2. Job transitions are complex experiences. Can you describe the critical elements of that experience such as the space, time, how you felt, and your interpersonal relationships?	Schlossberg's Transition Model	Interviews, teaching journal/notes
	3. Since transitioning to a full-time faculty member, you have gained experience as an educator. How have you developed as a music therapy educator since those first two years?	Mezirow's Transformative Learning Theory, Pratts Five Perspectives of Teaching	Interview, teaching journal/notes, TPI results

Research Question	Interview Question	Theoretical Framework	Artifact Analysis
	4. You had your own beliefs about teaching and learning prior to becoming a music therapy educator. Let's review the results of your TPI. Now that we've reviewed your results, how would you say your teaching perspectives have developed across your experiences as a music therapist, new music therapy educator, and expert educator? 5. In our first interview, you shared your story about your work role transition from expert music therapist to novice educator. What was your experience like as a new music therapy educator the first two years? Can you describe any personal characteristics, resources, support and strategies that helped you cope with adjusting to this new role?		
What stories do music therapy faculty members tell about their experiences transforming from a novice educator to an expert educator?	1. Your experiences as a music therapy educator may have changed your beliefs about teaching and learning since your job transition. Is that the case and if so, how have these perspectives influenced your teaching over the years? 2. Course syllabi may reflect a faculty member's beliefs about teaching and learning. How do your course syllabi reflect your development as an educator and your teaching perspectives? Can you share some specific examples?	Pratts Five Perspectives of Teaching	Interview, teaching journal/notes, course syllabi