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Perspectives of Music Therapists on Patients with Disabilities in a Pediatric Medical Care Setting

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PERSPECTIVES OF MUSIC THERAPISTS ON PATIENTS WITH DISABILITIES IN A
PEDIATRIC MEDICAL CARE SETTING

By

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“I am not what has happened to me, I am what I choose to become.” – Carl Jung

This thesis is dedicated to my Dad.

Thank you for teaching me to believe in myself and go after my dreams.
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ABSTRACT

The purpose of this study was to find the perspective of music therapists working in a pediatric medical care facility on patients with disabilities. Total, there were 40 participants that fit within the parameters of the study. The researcher found the majority of the participants felt comfortable and prepared working with pediatric patients with disabilities, although many (98%) would be interested in further education on this topic. The participants all stated they had both developmental and medical goals for this population. However, most (90%) had some type of change in the way they approached their treatment plan for patients with disabilities. Other results from this study indicated music therapists saw other staff members within medical facilities treat patients with disabilities differently as opposed to those of typical development. Further research should be done in more detail regarding the above findings from this particular study. Limitations of this study included uncertainties regarding the email invitations sent to possible participants. Many responses indicated they did not fit within the parameters even though the researcher had them listed as working in the required setting for this study. Future research should aim for a larger and more accurate pool of participants.
CHAPTER ONE

INTRODUCTION

The use of music therapy with children is well documented. And, while music therapy may be used in various settings, it is commonly found in medical and school settings. In pediatric medical settings, music therapy can assist to meet medical, physical, physiological, and psychological goals (Hanson-Abromeit, 2008; Wolf & Waldon, 2009). In school settings, music therapy can be used to meet academic, developmental, behavioral and emotional goals (Adamek & Darrow, 2010; Robb, 2003) Music therapists working in these settings may find themselves working on related goals and using similar interventions with children depending on their needs.

Music Therapy in Medical Settings

Children in the hospital may face a lot of challenges with the medical environment. Painful procedures, coping with diagnosis, being left overnight without parents or family, and other uncertainties may all have an impact on a child’s experience while they are being (Froehlich, 1996; Wolf & Waldon, 2009). Hanson-Abromet and Colwell (2008) recognized all of these factors and compiled research, case studies, and clinical experience to suggest how music therapy could specially help a child impacted by hospitalization. They advise music therapists to build a strong rapport with the patient and their family and base interventions off of a family-centered care model, focusing on what is best for the family as a whole. These recommendations have been reiterated through anecdotal testimonies, such as a story posted on the Primary Children’s Hospital (2013) website about how a young patient involved in an awful accident and her family were able to find hope and become more active through the help of the music therapist.
Music therapy has also been found effective in pain management with children. A report in National Public Radio (NPR) (2012) discusses how music therapy can help ease the treatment of children with severe burns. Robb (2003b) cites research done by Neugebauer and Neugebauer who suggest that, “active music engagement [and] incorporating improvisation, can support the patient by offering control, validating feelings, and processing of the experience” (p.35) while going though painful burn management procedures such as debridement.

Music therapy has also been found effective in coping skills for serious illnesses such as cancer. Robb (2003a) developed a contextual support model for music therapists to use with pediatric oncology patients. This model was the focus of a U.S. News and World Report: Health (2014) article, which highlighted Robb’s research to help teenagers diagnosed with cancer cope by making music videos though the guidance of a music therapist.

**Music Therapy in School Settings**

Likewise, music therapy has also been seen as a tool to use when working in a school setting with children with disabilities. For example, Birch (2014) and Kendall (2013) both reported on children with disabilities performing in ensembles and playing instruments with their peers who are of typical development. Adamek and Darrow (2010) compiled a resource for music educators and music therapists working with children with disabilities. They highlight on how important it is to include children with disabilities in music both in individual sessions but also group settings with their fellow peers. The Sidney Lanier Drum Line from Gainesville, Florida competes at national and state level competitions; all of its student members have disabilities and compete under the same guidelines as groups of their peers without disabilities. The ensemble has been very successful winning awards at the competitions and their director,
Don Devito, knows his ensemble can “keep pace with everyone else" (ABC, 2013). Examples such as these inform the general public about music in special education and make them more aware of the benefits structured music can have with children.

Wilson (2010) composed a collection of practical applications for music therapists to use in school settings with students with disabilities based off of music therapy theories and research. Crowe and Colwell (2007) discuss how music therapy can be used with children and adolescents with mental disorders. They discuss how broad of an area this is and how it can be seen in schools, day treatment centers, group homes, and medical centers. Their interventions include drum circles, music and imagery, instrument playing, and other behavioral and psychotherapy activities. This allows for music therapist to cover a wide range of goals for children diagnosed with emotional and behavioral disorder or other mental disabilities.

Music Therapy and Children with Disabilities in Multiple Settings

A survey of music therapists done by the American Music Therapy Association (AMTA) revealed that 39% of music therapists work with children 0-18 years of age (2013). This makes children from birth to young adult the biggest population served by music therapists in the U.S. However, within this large population, children are being served in many different settings for various reasons. The same survey found music therapists working in daycares, schools, children’s hospitals, or other children treatment facilities.

What is not as commonly brought to attention in research is how some of the settings and populations overlap within music therapy. Recently, the Duchess of Cambridge, Kate Middleton, took part in a music therapy session at a children’s hospice in Australia. In photos, posted on Hello! Daily News (April 18, 2014), you can see the royal family member playing an ocean
drum with some children who are patients at the hospice. Along with being on hospice care, the photos show patients who also have disabilities.

Music therapists working in pediatric medical care settings may find they have patients not only diagnosed with medical illness, but with a disability as well. This could indicate the patient has both medical and developmental goals to be met and additional factors may need to be considered when making a music therapy treatment plan. To date, however, little investigation has been done examining the perspectives of music therapists working with children in a medical pediatric care setting also diagnosed with a disability.

**Purpose**
The purpose of this study is to find the perspectives of music therapists working in a pediatric medical care facility on patients with disabilities.

**Research Questions**

1. Do music therapists working in a pediatric medical care setting feel prepared and comfortable working with patients with disabilities?

2. In a pediatric medical care setting, is the focus of the music therapist medical or developmental while treating patients with disabilities?

3. From music therapists’ perspective, are patients with disabilities treated differently in a pediatric care facility verses patients without disabilities?

4. What is the same and/or different about music therapists’ approach to working with patients with disabilities in an in-patient pediatric care setting?
Operational Definitions

For the purpose of this study, the following operation definitions will be used:

A Pediatric Medical Care Setting- This term included children’s hospitals, a pediatric unit within a children’s hospital, a residential pediatric treatment facility, or a school for children who are medically fragile that has medical personal on staff.

Music Therapist- Someone staffed by the facility that uses music for clinical and evidence-based interventions to accomplish individualized goals within a therapeutic relationship. This person must also have some type of approved education, training, and credential (i.e. Music Therapist Board Certified (MT-BC), Certified Music Therapist (CMT), Neurologic Music Therapist (NMT)).

Interdisciplinary Care Team- Anyone working with the patients staffed by the hospital to help meet the patients’ needs (i.e. doctors, nurses, music therapist, speech therapist, child life specialist, physical therapist, etc.)
CHAPTER TWO

REVIEW OF LITERATURE

Music Therapy in Children’s Hospitals

Music therapy is an evidence-based practice commonly found in various types of medical settings. Hospitals, hospices, nursing homes, and psychiatric hospitals are just a few of the settings music therapy has been found to benefit in patient care. A growing part of medical music therapy is the therapists serving children in children’s hospitals or similar pediatric medical care settings such as general hospital with a music therapist working on the pediatric unit(s). A recent survey completed by the American Music Therapy Association (AMTA) found that 38% of music therapists work with a population aging from 0-18, and 12% of music therapists work in some type of medical setting (AMTA, 2013). In regard to music therapists working specifically with pediatric clients in a medical setting, Standley and Whipple (2003) found that 29 quantitative experimental research studies had been done on this topic. These studies revealed music therapy has not only been used during procedures, but also before and after a medical practices to reduce anxiety and relax a child.

Due to the protective status of children, music therapists who work in a pediatric setting must be aware of the many different factors concerning the individual child’s treatment plan. For example, authors have suggested general guidelines to use when working with hospitalized pediatric patients and cover such topics as patient selection, music selection, delivery of music, and the environment (Stuffer, et al., 2007). Other texts are also available that specifically discuss the research, clinical practice, assessment and documentation, and skills needed for working as a music therapist in a pediatric medical setting (Colwell, 2008; Froehlich, 1996; Hanson-Abromeit & Robb, 2003; Wolfe & Waldon, 2009).
Therapeutic play is also a common method to help children cope with the potential trauma of hospitalization, this is a service provided by the Child Life department. The Child Life Council (2014) recommends one Child Life Specialist for every 15 beds in a children’s hospital. However, Froehlich (1984) found that music therapy was more effective in medical play sessions than play therapy, specifically in verbalizations regarding the hospitalization, regardless of their age, gender, socioeconomic status, length of hospitalization, or illness.

Research investigating pediatric music therapy indicates that children who are hospitalized can greatly benefit from having music therapy during their stay to assist with various medical and nonmedical goals. Researchers found that music therapy has a positive impact on vital signs, feeding tendencies, and sleep habits in premature infants (Loewy, Stewart, Dassler, Telsey & Homel, 2013; Standley & Walworth, 2010). Additionally, Standley and Swedberg (2011) found music therapy in the Neonatal Intensive Care Unit (NICU) successfully resulted in premature babies gaining more weight and being discharged sooner than the babies who did not receive these services. Music therapy has been found effective in decreasing a child’s anxiety while getting some type of prick or injection (Fowler-Kerry & Lander, 1987; Malone, 1996; Noguchi, 2006). Pediatric patients diagnosed with cancer have also benefited from music therapy interventions regarding procedures and coping with diagnosis (Rasco, 1992; Standley & Hanser, 1995).

**Music Therapy in Special Education**

Similarly to medical care, music therapy has also been found very effective in students with disabilities. Over a two-year period Kaplan and Steele (2005) observed and measured the effects of music therapy with 40 different people diagnosed with ASD ranging in age from 2-49
years. The participants had different goals areas (i.e. behavior, communication, cognitive, etc.) for each of the two years and were involved in multiple settings of music therapy (i.e. individual, partner, small/large group). The researchers found that 100% of the participants had positive results from the music classes regardless of the goal’s difficulty or the session type all of the subjects responded to music based learning; all of them achieved their first objective goal within the first year, and many (77%) also improved on their second goal within the first year. In the same study, music therapists were asked to use different interventions while teaching/addressing the subjects’ goals (i.e. instrument playing, singing, instrument instruction, instrument/song choices). ‘Interactive instrument playing’ was most commonly used intervention to successfully obtain goals, followed by ‘musical instrument instruction’ showing the influence instruments can have on those with ASD (Kaplan & Steele, 2005). Songs can be used to help form social interactions with peers and the familiarity of the song provides a framework for those diagnosed with ASD. Often, music can also provide emotional support and experiences for a positive and creative atmosphere (Seach, 2007).

Boswell and Vidret (1993) found that music therapy could also assist students with profound disabilities in similar objectives. They incorporated rhythmic movement and music to help adolescent improve motor skills, self-expression, and encourage speech sounds. Digiammarino (1994) worked with students who had higher functioning cognitive deficits and helped them learn functional music leisure skills. This included tasks such as listening to music, using a tape player, and borrowing or purchasing music. These tasks could later be transferred to other daily living skills such as buying groceries. Likewise, music therapy has been found to be successful in teaching self-care tasks such as hand washing or going to the bathroom (Kern, Wakeford, & Aldridge 2004)
Music Therapy and Children with Disabilities Who are Hospitalized

Barrickman (1989) recognized that developmental goals in preschool aged children had the potential of being delayed in cases of chronic or acute illness due to spending a lot of their time in the hospital setting. The author gives suggestions on how music therapy can counteract these delays with music activities structured specifically towards age-appropriate, non-musical objectives. Another author writes about a music therapy program in a children’s hospital that is specifically designed to help children meet developmental goals. Where most music therapy programs in hospitals focus on needs based on the patient’s medical diagnosis, the author explains how the role of the music therapist, as part of the multidisciplinary team, uses music strictly to focus on developmental skills such as speech, language and gross motor (Kennelly, 2000).

To date, only one research study has investigated using music therapy with hospitalized children with disabilities. McFerran and Shanahan (2011) recently conducted a study with three preadolescent boys with profound developmental delay who were also on hospice care. All three boys participated in music therapy in a special education setting and in a hospice setting. The music therapists, also the researchers, working with the boys noticed their sessions were often similar in structure and used the same type of interventions. The music therapist working in hospice used familiar songs with improvising to promote self-expression; the music therapist working with the children in a special education setting used familiar songs to encourage communication. The researchers concluded, “in both cases, sounds and improvisation were woven together to provide an empowering framework that provided opportunities for choice and control” (p.110).
CHAPTER THREE

METHOD

Participants (N = 207) for this study were music therapists working in a children’s hospital, at a general hospital on the pediatric unit(s), or at an independent pediatric medical care setting. Participants were identified by The American Music Therapy Association (AMTA), which provided 181 email addresses of members who indicated they worked in the specified settings, and by an independent Internet search conducted by the research. All music therapists identified through these two sources were contacted. There were no other stipulations to participate.

The dependent measure was a questionnaire made by the researcher and edited by a university professor. The survey first asked the participants to verify they were a “music therapist is a children’s hospital, general hospital on a pediatric unit(s), or other pediatric medical care setting.” After the participant confirmed they fit the conditions of the study, they were asked to complete 27 questions (see Appendix A). The survey covered demographic (3 questions), experience and education with children with disabilities (9 questions), current job setting (6 questions), and specifically working with patients with disabilities (9 questions).

Demographic questions were multiple choice and select all, they asked the location of the participant, their highest degree level, and what certification(s) they had obtained (i.e. MT-BC, NICU MT, CCLS, etc.). Questions regarding education and experience with children with disabilities were all multiple choice and covered how many years they had working in certain settings, if they had taken a class discussing disabilities, if they saw these classes as helpful, and if they would be interested in attending a workshop or online class about children with disabilities. Multiple choice and select all questions about their current job setting requested
information about how many patients they see a day, how their patients are referred to music therapy, whether or not they work on a interdisciplinary team, and what unit(s) they work on. Questions asking about the patients they see with disabilities were multiple choice and select all, they investigated the frequency of patients with disability they had, how they became aware of their diagnosis, and which diagnoses they had seen in their setting An additional group of Likert scaled questions sought to find how comfortable the music therapist was working with patients with disabilities, if they thought the patients were treated differently due to their disabilities, and how their goals/treatment planned varied between developmental and medical needs, if their planning process is any different for patients with disabilities.

**Procedure**

The researcher had to first gain approval from the Florida State University Internal Review Board by presenting research, the study’s purpose, method, and questionnaire; after edits the study was approved (see Appendix B). Once this was done, the researcher also had to get permission from the AMTA national office in order to be given and use email addresses from their directory. The researcher submitted a mailing label request, which asked for the email addresses of music therapists working in a children’s hospital or on a general hospital with a pediatric unit(s), along with the purpose of the study, research, and a method; after edits the study was approved (see Appendix C). Once given permission to go ahead with the study from both committees, the researcher paid $0.15 per email address provided by AMTA (n=181).

Additionally, the researcher found email addresses through word of mouth and Internet search (n=26). Internet search was done by locating children hospitals and other pediatric medical centers in each state though an online directory.
(http://www.healthguideusa.org/childrens/childrens_hospitals.htm). Once the hospitals were identified, the researcher went to the website of each pediatric medical care center. Once the websites were located, the researcher typed “music therapy” into the website’s search bar in order to search music therapy on the individual site. Based on the results from the search, the researcher would look to see if the pediatric medical care facility provided music therapy to its’ patients. The researcher found 193 facilities, 65 of which provided music therapy. However, only 22 of them provided email contact information. Three of these emails had already been given to the researcher by AMTA. Four other emails were obtained via word of mouth equaling additional 23 emails though this method.

Upon receiving approval from the Florida State University Human Subjects Committee and AMTA national office, and compiling a list of email addresses each possible participant was emailed a cover letter explaining the study, purpose of the study, possible risks, a link to the survey, and a link to opt-out of the survey and/or further emails (Appendix D). The researcher sent a reminder email to participants who did not respond after 2 days, 8 days, 11 days, and 22 days. The survey was put into the Florida State University’s Qualtrics system (Appendix A). The survey was closed after 25 days.
CHAPTER FOUR

RESULTS

The researcher sent out 207 emails (Appendix D) to music therapists in the United States who have been listed either by AMTA or online as working in a pediatric medical care setting. Of the 207 emails sent, 74 responded; however, only 47 contributors were able to confirm they fit within the parameters of the study. Additionally, seven people did not complete the survey beyond the first couple of questions. These responses were eliminated from the final analysis. Therefore, the total number of participants in this study was 40.

Overall, results of the demographic question revealed the majority of participants were from the Great Lakes Region, held the certification Music Therapist Board Certified (MT-BC), had completed either their Bachelor’s degree or Master’s degree in music therapy, and have worked as a music therapist in a medical pediatric care setting for 1-3 years. See Table 1 for more detailed results on participants.

Table 1: Demographic Information

<table>
<thead>
<tr>
<th>Region</th>
<th>Σ</th>
<th>%</th>
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<tbody>
<tr>
<td>Great Lakes</td>
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<td>38</td>
</tr>
<tr>
<td>Mid-Atlantic</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Midwest</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>New England</td>
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<td>3</td>
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<tr>
<td>Southeastern</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Σ</td>
<td>%</td>
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<tr>
<td>----------------------</td>
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<td>----</td>
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<tr>
<td>Southwestern</td>
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<tr>
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<td>40</td>
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<td>Bachelor's Equivalency</td>
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<td>Master's</td>
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<td>Master's Equivalency</td>
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<td>3</td>
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<tr>
<td>RMT</td>
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<tr>
<td>NMT</td>
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<td>30</td>
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<tr>
<td>Bonnie Method</td>
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<tr>
<td>Other</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Number of Years as a MT in a Pediatric Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>1-3</td>
<td>19</td>
<td>45</td>
</tr>
</tbody>
</table>
Note: “Other certifications” included: Certified Child Life Specialist, Licensed Creative Arts Therapist, Certified Infant Massage Instructor, and DIR Floortime

Demographic questions were also used to ascertain specifics about the patients with disabilities the music therapists were working with (see Figure 1). Results revealed the largest percentage of respondents (53%) worked with three or less patients with a disability at all times. However, while not a large percentage (15%), there were music therapists who worked with 10 or more patients with disabilities at times.

Note: N=40

**Figure 1: Average Amount of Patients with Disabilities at One Time**

The survey also listed the 13 disabilities from the Individuals with Disabilities Education Act (IDEA) and asked the participants to identify all of the disability diagnoses they have
worked with (see Table 2). Results revealed all 13 had a large response rate, with intellectual/cognitive disability listed as most frequent 98%), followed closely by autism (90%), and multiple disabilities and learning disabilities 88%). Conversely, deaf-blindness and deafness were the least frequent (48%).

**Table 2: Disabilities Seen Within Pediatric Medical Care Settings**

<table>
<thead>
<tr>
<th>Disability</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>90</td>
</tr>
<tr>
<td>Deaf-blindness</td>
<td>48</td>
</tr>
<tr>
<td>Deafness</td>
<td>48</td>
</tr>
<tr>
<td>Emotional disorders</td>
<td>83</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>58</td>
</tr>
<tr>
<td>Intellectual/cognitive disabilities</td>
<td>98</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>88</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>75</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>88</td>
</tr>
<tr>
<td>Speech/language disorder</td>
<td>85</td>
</tr>
<tr>
<td>Traumatic Brain Injury (TBI)</td>
<td>80</td>
</tr>
<tr>
<td>Visual/blindness</td>
<td>63</td>
</tr>
<tr>
<td>Other health issues</td>
<td>70</td>
</tr>
<tr>
<td>I am unaware of the disability diagnosis</td>
<td>3</td>
</tr>
</tbody>
</table>
The survey also ascertained the different ways participants were informed about their patients’ disability details (see Figure 2). The largest percentage of the respondents indicated they found information about the patient’s disability diagnosis by looking on the medical chart (55%). Conversely, there were music therapists who indicated they were not always sure of the disability (8%).

Note: N=40

**Figure 2: How Music Therapists Become Aware of Disability Diagnoses**

**Research Question 1:** Do music therapists working in a pediatric medical care setting feel prepared and comfortable working with patients with disabilities?

When investigating how prepared music therapists feel in this setting the researcher found most of the participants (93%) felt prepared. Almost all of the responses indicated they
had taken a college class regarding the subject and found it useful. Forty-five percent indicated they had attended a workshop, conference session, or online seminar regarding pediatric patients; however, 95% said they would attend one if offered. See Table 3 for more detailed results.

**Table 3: Music Therapists Preparation for Pediatric Patients with Disabilities**

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Σ</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous experience in children with disabilities</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td></td>
<td>93</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Took a class regarding children with disabilities</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>48</td>
<td></td>
<td>95</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>If so, how many classes did you take?</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>19</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>3-4</td>
<td>15</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>5+</td>
<td>4</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Was this class required?</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td></td>
<td>89</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Was this class helpful?</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td></td>
<td>97</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
Table 3 - continued

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Σ</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attended a workshop, session, or online session?</strong></td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td><strong>Would attend if offered</strong></td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Those who answered ‘no’ to “Did you take a class regarding children with disabilities?” were directed to skip the two questions regarding class details.*

Additionally, when asked how comfortable the music therapists were when working with this population the majority (60%) said they felt very comfortable. Correspondingly, none of the participants reported feeling completely uncomfortable. Figure 3 shows more detailed results.

![Music Therapist Comfort Level Working with Pediatric Patients with Disabilities](image)

*Note: N=40*

**Figure 3:** Music Therapist Comfort Level Working with Pediatric Patients with Disabilities
**Research Question 2:** In a pediatric medical care setting, is the focus of the music therapist medical or developmental while treating patients with disabilities?

The researcher found that out of the total responses, the focus of treating patients with disabilities seemed to be very similar between medical goals and developmental goals. Figure 4 shows how similar participants focused their objectives with this population. Although the responses were comparable, some music therapists tended have a stronger focus on medical goals when they saw medical as their biggest need. However, most music therapists answered that developmental goals are their main objective, but the focus may not be as strong.

![Figure 4: Focus of Medical/Developmental Goals with Pediatric Patients with Disabilities](image)

*Note: N=40*

**Figure 4:** Focus of Medical/Developmental Goals with Pediatric Patients with Disabilities

**Research Question 3:** From music therapists’ perspective, are patients with disabilities treated differently in a pediatric care facility verses patients without disabilities?

Music therapists participating in this study stated they saw some difference in the way patients with disabilities were treated verses patients without disabilities in a pediatric medical
setting. Figure 5 shows how the answers varied some, but most participants (92%) saw at least some variance in how those with disabilities were treated by other staff members within their facility.

![Graph showing difference in treatment by staff.]

Note: N=40

**Figure 5:** *Music Therapists Perspective on if Pediatric Patients with Disabilities are Treated Differently by Staff Than Those Without Disabilities.*

**Research Question 4:** What is the same and/or different about music therapists’ approach to working with patients with disabilities in an in-patient pediatric care setting?

Most participants said their approach changed at least some (90%) when working with a pediatric patient with a disability. However, 10% of participants said their approach does not change at all. Figure 6 shows contributor’s responses regarding how much their approach changes.
To investigate further, the researcher asked for a brief explanation on how, if any, the music therapist changed their approach. This was an open-ended question to the participants. 27 responses were given; the research analyzed the content of the responses and coded them by similar reoccurring categories. When examined, five common themes were found. Here are the themes listed from most to least amount of occurrences, see Table 4 for more detail:

1. Individual adaptations depending on each patient
2. Specific adaptations such as adapted instruments more time, more modeling, use of other methods
3. Assistance from family or other staff members
4. Approach does not change
5. Music therapist uses the opportunity to educate staff on music therapy with people with disabilities

Most of the comments (56%) were similar to one statement, “my approach differs depending on any clients needs and strengths.” Some participants felt very strongly about this reporting, “If
it is a developmental session versus a medical session, the approach and interventions will look very different.” However, one participant whose approach did not change stated, “The two goal areas (developmental versus medical needs) affect each other incredibly and it is difficult to tease out that in addressing just one area versus the other.”

Many of the participants mentioned how important utilizing the patient’s families and other staff members is, one comment made was, “I rely on parents to interpret emotions, behaviors, and words.” Another interesting trend was how music therapists are taking these opportunities to educate staff members about their services and uses of music therapy. A participant stated, “I use music therapy in a way to teach staff how music therapy can be used to normalize the hospital environment for these patients.”

**Table 4: Trends in Comments Regarding How Approach Changes**

<table>
<thead>
<tr>
<th>Trend</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual adaptations depending on patient</td>
<td>56</td>
</tr>
<tr>
<td>Specific adaptation (i.e., more time, modeling, instruments, other methods)</td>
<td>30</td>
</tr>
<tr>
<td>Approach changes to educate staff</td>
<td>7</td>
</tr>
<tr>
<td>Use family and/or other staff members</td>
<td>26</td>
</tr>
<tr>
<td>Approach does not change working with patients with disabilities</td>
<td>15</td>
</tr>
</tbody>
</table>

*Note: 27 participants (N=27) made a comment about how their approach changes. Some comments had multiple trends.*
CHAPTER FIVE

DISCUSSION

The purpose of this study was to find the perspective of music therapists working in a pediatric medical care facility on patients with disabilities. Of the 40 participants who fit within the parameters of the study, the majority felt comfortable and prepared to work with pediatric patients with disabilities, although many would be interested in further education on this topic. Additionally, all participants stated they had both developmental and medical goals for this population, and most applied some type of change in the way they approached their treatment plan for these patients as opposed to patients with typical development.

In this study, the researcher found that most of the participants had experience working with children with disabilities, and most had taken a required class. The specifics of the experiences and classes were not within the scope of this study so it is unclear what skills the participants had received education or had been exposed to previously. Additionally, it is unclear if there are any situations that make them uncomfortable and what these situations are. Further research may want to investigate what universities are covering in their college courses in regards to their preparation for future music therapists working with children with disabilities.

An additional item to consider from this study is the amount of workshops being presented on pediatric patients with disabilities. The majority of participants in this study have never attended a workshop, conference session, or online session regarding this subject, but 98% said they would attend one if offered. Although this study did not look into the frequency of these sessions currently given at conferences or provided online, it indicates that practicing music therapists in pediatric medical care would like more information on their patients with
disabilities. Organizations such as AMTA may want to consider this for future conferences and other continuing education opportunities.

This study elucidated that music therapists working with patients with disabilities had both medical and developmental objectives during their sessions. The researcher did not ask any further questions so no conclusions about the objectives can be made. Future studies should ask music therapists about session structure, interventions, and goals with these individuals in order to make more conclusions about what type of music therapy services this population is receiving while being hospitalized.

Ninety-two percent of the participants in this study responded they saw at least some variance in how pediatric patients with disabilities were being treated by other staff members. There were no further questions to determine what manner the treatment was in, whether it was positive or negative, or whether it was consistent or situational. Studies have exposed that doctors were not giving the same amount of respect or fairness of treatment to patients with disabilities as they were their typical patients due to lack of knowledge on how to treat these patients (Krahn, Hammond, & Turner, 2006; Wen, 2014). Further research should be done in pediatric medicine to investigate how staff members treat their patients with disabilities, if they are educated properly on how to treat them, and to ensure the best quality of care for this young population.

The researcher also found that most music therapists change their treatment approach when working with patients with disabilities. The majority consensus in this study was that the approach changed based on each individual and what adaptations best fit their needs. However, details based on different disabilities and severity levels were not considered. Future studies should seek out what type of interventions and goals are best for children in the hospital who are
also diagnosed with specific disabilities. This could educate other music therapists on successful ways to work with these individuals to ensure the best medical and developmental outcomes.

Another factor this research exposed is the reoccurring theme that music therapists are using opportunities with patients diagnosed with disabilities to educate staff about music therapy. This indicates that staff at pediatric medical facilities may not know all of the benefits of music therapy and may need continuing education regarding how music therapy can work with other populations and how it can benefit people with disabilities. Music therapists working with this population in these types of facilities should be aware of this and consider these benefits of music therapy when educating fellow staff members.

Limitations of the Study

Two-hundred and seven emails were sent out that were listed either by AMTA or online as working in a pediatric medical care setting, although there was a relatively small response rate (36%), it should be recognized that only 64% of the responses were able to confirm they fit within the said parameters. It should be considered that not all of the music therapists fitting this description were sent an email inviting them to participate in this study. This also indicates information given by AMTA and children’s hospitals websites may not be accurate or reliable. Future studies should include more sources for contact information and aim to get more accurate potential participants.

Conclusion

The study had some limitations with participants. Future research should aim to include more music therapists working in this field and make sure all possible candidates are invited to
participate. This research was able to give brief insight to how music therapists working in a pediatric medical facility feel about working with patients with disabilities. Overall, the participants felt prepared and comfortable but would be interested in more information. The majority agreed that goals could be both medical and developmental; however, their approach changes when working with a patient diagnosed with disabilities. Further research should be done on this topic to investigate more details in order to educate music therapists about this population, and to ensure the patients are getting the best possible care so that all of their needs are met.
APPENDIX A

SURVEY

Do you currently work as a music therapist in a children’s hospital, at general hospital on a pediatric unit(s), or in some other medical pediatric care setting?

- Yes
- No

What region do you work in?

- Great Lakes Region (IL, IN, MI, MN, OH, WI)
- Mid-Atlantic Region (DE, DC, MD, NJ, NY, PA, VA, WV)
- Midwest Region (CO, IA, KS, MO, MT, NE, ND, SD, WY)
- New England Region (CT, ME, MA, NH, RI, VT)
- Southeastern Region (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN)
- Southwestern Region (NM, OK, TX)
- Western Region (AK, AZ, CA, HI, ID, NV, OR, UT, WA)

What degree do you have in music therapy?

- Bachelor’s
- Bachelor’s Equivalency
- Master’s
- Master’s Equivalency
- Doctorate

What certifications do you hold? Check all that apply.

- Music Therapist-Board Certified (MT-BC)
- Certified Music Therapist (CMT)
- Registered Music Therapist (RMT)
- Neonatal Intensive Care Unit Music Therapist
- Neurologic Music Therapist
- Bonnie Method of Guided Imagery and Music
- Other:

[ ] Other:
How many years of experience do you have working with children/adolescents (0-18 years old) in the following settings?

<table>
<thead>
<tr>
<th>Please select number of years</th>
<th>&gt;1</th>
<th>1-3</th>
<th>4-5</th>
<th>6-9</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working as a music therapist in any setting:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working as a music therapist in a medical pediatric care setting:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have experience in Special Education or working with children with disabilities?

- ☐ Yes
- ☐ No

Did you ever take a college class regarding patients, clients, and/or students with disabilities?

- ☐ Yes
- ☐ No

If so, how many classes have you taken fitting this description?

- ☐ 1-2
- ☐ 3-4
- ☐ 5+

Was a class fitting this description a requirement of your degree program?

- ☐ Yes
- ☐ No

Did you feel as if these classes helped you in your current job setting?

- ☐ Yes
- ☐ No
Have you ever attended a workshop, conference session, and/or an online workshop course regarding pediatric patients with disabilities?

☐ Yes
☐ No

If offered, would you attend a workshop, conference, and/or an online workshop regarding pediatric patients with disabilities?

☐ Yes
☐ No

How long have you worked at your current job?

☐ 0-1 year
☐ 2-4 years
☐ 5+ years

What units do you work on? Check all that apply

☐ General Pediatrics
☐ Neonatal Intensive Care Unit
☐ Pediatric Intensive Care Unit
☐ Pediatric Oncology/Hematology
☐ Pediatric Neurology
☐ Pediatric Cardiology
☐ Pediatric Rehabilitation
☐ Pediatric Psychiatric
☐ Pediatric Emergency
☐ Pediatric Pre op/Post op
☐ Other: ________________________________________________

Do you work on a multidisciplinary team?

☐ Yes
☐ No
What other therapies/ specialist do you work with? Check all that apply.

- Child Life
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Psychology
- Nursing
- Other: [ ]

How do patients receive music therapy? Check all that apply.

- Referral from doctor
- Referral from member on multidisciplinary team
- MT goes room to room
- Parent/caregiver request
- Word of mouth
- Other: [ ]

On average, how many patients do you see a day?

- 1-5
- 6-10
- 11-15
- 16+

On average, how many of your patients at one time are diagnosed with one or more disabilities?

- 0-3
- 4-6
- 7-9
- 10+
- I don't know

In general, how do you become aware of their disability diagnosis?

- It is available on their chart before I see them
- I can tell through my assessment, and then I look it up on their chart
- I am told by another member of the medical or multidisciplinary team or by a caregiver
- I am not always sure of the exact disability
What type of disabilities have you dealt with in your current pediatric setting? (from disabilities listed by Individual with Disabilities Education Act). Check all that apply.

- [ ] Autism
- [ ] Deaf-Blindness
- [ ] Deafness
- [ ] Emotional Disorders
- [ ] Hearing loss
- [ ] Intellectual/ cognitive disabilities
- [ ] Multiple disabilities
- [ ] Orthopedic
- [ ] Learning disabilities
- [ ] Speech/Language disorders
- [ ] Traumatic Brain Injury
- [ ] Visual/ blindness
- [ ] Other health issues
- [ ] I am unaware of the disability diagnosis

How comfortable are you working with patients with disabilities?

<table>
<thead>
<tr>
<th>1 (not at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (very)</th>
</tr>
</thead>
</table>

In your opinion, do the medical, multidisciplinary teams and other staff members treat patients with disabilities differently?

<table>
<thead>
<tr>
<th>1 (not at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (very)</th>
</tr>
</thead>
</table>

When working with patients with disabilities how much do your goals focus primarily on developmental needs?

<table>
<thead>
<tr>
<th>1 (not at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (very)</th>
</tr>
</thead>
</table>

When working with patients with disabilities how much do your goals focus primarily on medical needs?

<table>
<thead>
<tr>
<th>1 (not at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (very)</th>
</tr>
</thead>
</table>

How much does your approach change when working with patients with disabilities?

<table>
<thead>
<tr>
<th>1 (not at all)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (very)</th>
</tr>
</thead>
</table>

Briefly explain how your approach differs, if any, when working with patients with disabilities?


APPENDIX B

FLORIDA STATE UNIVERSITY HUMAN SUBJECTS COMMITTEE
APPROVAL

OFFICE OF THE VICE PRESIDENT FOR RESEARCH
HUMAN SUBJECTS COMMITTEE
TALLAHASSEE, FLORIDA 32306-2742
(850) 644-8673 - FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 04/07/2014

To: Laura Meekin [REDACTED]

Address: [REDACTED]

Dept.: MUSIC SCHOOL

From: Thomas L. [REDACTED]

Re: Use of Human Subjects in Research
Music Therapists' Perspectives on Patients with Disabilities in a Pediatric Care Setting

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be expedited per 45 CFR § 46.110(b) and has been approved by an expedited review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 04/03/2015, you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report in writing any unanticipated problems or adverse events involving risk to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to ensure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Co: Kimberly VanWulden
HSC No. 2014.12222
March 26, 2014

Dear Laura,

Thank you for your request for the use of AMTA mailing labels. We have reviewed your materials and I am pleased to inform you that your study has been approved.

We wish you the best of luck with your response rate and data collection. Please send us a summary of your results.

Best regards,

Dr. Andi Farbman
Executive Director
American Music Therapy Association
www.musictherapy.org
Dear Music Therapist,

My name is Laura Meehan and I am currently pursuing a Master's Degree in Music Therapy from Florida State University. I am writing to you today to request your participation in a survey study I am conducting for my thesis.

The purpose of my study is to examine the perspectives of music therapists on patients with disabilities in a medical pediatric care setting.

You have been chosen to participate in this research because you are listed as a music therapist working in a medical pediatric care setting by the American Music Therapy Association (AMTA). Your name is being used with the permission of the American Music Therapy Association.

If there are any questions about the limits of this survey and/or your rights to participate please feel free to contact me. If you would like to participate in this study, please click the link at the bottom of this message. This link will take you to an online survey, which will record your answers anonymously. Thank you for your time.

Follow this link to the Survey:
${l://SurveyLink?d=Take the Survey}

Or copy and paste the URL below into your Internet browser:
${l://SurveyURL}

If you'd like to stop receiving emails regarding this study please click the link below:
${l://OptOutLink?d=Click here to unsubscribe}

Sincerely,
Laura Meehan, MT-BC
NICU-MT

*********@***.***

Dr. Kimberly VanWeelden
Professor, Florida State University
**********@***.***
REFERENCES


**BIOGRAPHICAL SKETCH**

**Name:** Laura Michele Meehan  
**Date of Birth:** March 22, 1989  
**Place:** San Antonio, Texas

**Education:**  
Texas Tech University  
Lubbock, Texas  
Bachelor of Music in Music Education  
Degree Awarded May 2012

Florida State University  
Tallahassee, Florida  
Master of Music in Music Therapy  
Degree Awarded August 2014

**Experience:**  
Music Therapist, Metro Music Therapy and Orlando Speech Therapy  
Orlando, Florida  
June 2014 – Present

Music Therapist, Healing Hearts Music Therapy  
Tallahassee, Florida  
January 2014 – May 2014

Music Therapy Internship, Chris Evert Children’s Hospital  
Fort Lauderdale, Florida  
July 2013 – December 2013