Group Telehealth Music Therapy With Caregivers: A Qualitative Inquiry

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Abstract

Informal caregivers of older adults are faced with increased responsibilities as health and social systems fail to respond to the rising demands associated with the aging populations. For many caregivers, the COVID-19 pandemic has severely impacted their access to already sparse supportive resources, highlighting the importance of varying service delivery methods to meet caregivers' needs. This qualitative study explored the experiences of informal caregivers of older adults who took part in group telehealth music therapy. Semi-structured interviews with 5 women caregivers were conducted. Through a thematic analysis process, the following themes were identified: (a) affordances of group telehealth music therapy, (b) challenges of group telehealth music therapy, and (c) music as a health resource. Telehealth considerations, clinical implications, as well as ways to support caregiver agency are discussed.

Keywords

caregivers, COVID-19, creative arts therapies, informal caregivers, music therapy, pandemic, preventive healthcare, telehealth, telehealth music therapy

Introduction

People worldwide are living longer, resulting in major challenges in providing quality long-term care (1). As a result, increased responsibilities tend to fall on informal caregivers as health and social systems fail to respond to the rising demands. In 2018 in Canada, over 7.8 million individuals reported caring for a loved one with a long-term health condition, physical, mental disability, or problems related to aging (2). While the importance of informal caregiving is increasingly acknowledged as exhibited by the commitment to increasing informal caregiver support in the Common Statement of Principles on Shared Health Priorities (3) endorsed by the Government of Canada, most Canadian caregivers reported having unmet needs and that they desired further governmental support (2). In addition, the coronavirus pandemic severely impacted caregivers' access to these already limited supportive resources (4,5), which alongside other factors such as pandemic isolation, as well as diet and lifestyle changes, led to a dangerous decline in caregiver health and wellness (6,7). As caregivers deserve good health, and their health is linked to the quality of care they offer (8), it is of vital importance to ensure access to innovative supporting services at a large scale (9). Fortunately, attitudes towards telehealth services are changing (10,11), and this delivery method, which was underutilized in Canada until

the COVID-19 pandemic (12), may be a viable avenue for ensuring access to needed wellness services for caregivers. Similarly, there has been increased public interest towards telehealth music therapy's potential health benefits (13). Yet, no study has explored the benefits and challenges of providing group telehealth music therapy services to caregivers from the participant's perspective. Thus, the aim of this qualitative study was to explore the experiences of informal caregivers of older adults who took part in group telehealth music therapy.

Informal caregivers may or may not be family members who provide unpaid vital care for loved ones (4,14). Informal care involves performing a multitude of activities (such as transportation; meal preparation, meal clean-up, house cleaning, laundry; house maintenance; personal care; medical treatments/procedures; scheduling or coordinating care-related tasks; and managing finances) to assist older

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adults who have reduced autonomy and independence in the execution of activities of daily living (2,8). Informal caregivers (who will be referred to as caregivers for the remainder of this text) can be family members, close relatives, friends, or even neighbors, and they are usually emotionally involved with the person being cared for (8). The caregiving experience may provide a sense of satisfaction, fulfillment, and meaningfulness (15,16). It may also make caregivers feel competent and important (17), and lead to feelings of closeness and companionship with their loved ones (15). On the other hand, caregivers may experience emotional stress (2,4,8,18); poor communication (19); physical wear, lack of appetite, and sleep disturbances (8); as well as limited access to social or leisure activity, which may ultimately result in social isolation and resentfulness (4,8). Being a caregiver may lead to a cycle of impoverishment caused by difficulties in balancing work/studies and caregiving responsibilities (20), not to mention an increased risk of mortality and mental disorders such as burnout syndrome for caregivers as compared to non-caregivers (8). Fortunately, research shows that as many as 70% of caregivers do access supportive resources when available (2).

Music therapy is defined as "a discipline in which Certified Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being" (21). Research looking at the role of music therapy for caregivers includes caregivers of individuals with conditions such as dementia and age related diseases (22–26), cancer (27), and developmental disabilities (28,29). It also includes studies on family caregivers of pediatric patients (30), of critically ill patients (31,32), and of patients in end-of-life care (33). Music therapy's goals with caregivers may include reducing distress, stress, and anxiety (22); improving mood (26); increasing coping, happiness, and feelings of relaxation (24,25); facilitating prebereavement and grieving processes (34); and promoting meaningful social interactions (23).

Since the declaration of the COVID-19 pandemic in 2020 (35), telehealth services have become increasingly available in an effort to provide much needed services while limiting the spread of the virus and protecting vulnerable populations (36). According to Wosik *et al*. (37), "telehealth refers to the entire spectrum of activities used to deliver care at a distance —without direct physical contact with the patient" (p. 957). The term telehealth is sometimes used interchangeably, depending on the country, with the terms telemedicine, telecare, technology-enabled health, digital health, and mobile health (38). The main benefits of telehealth are convenience, infection control, cost savings, improved access, and increased feasibility of multidisciplinary consults (36). Challenges of telehealth include access to reliable and secure internet and digital devices, knowledge of how to use technology, session length, technical difficulties, relationship building, confidentiality issues, and a need for new regulations, reimbursement models, systems, staff, and training (36).

Like many other health professionals, music therapists have been impacted by the COVID-19 pandemic (39). They have had to limit their in-person client contact hours and move to alternative delivery methods such as telehealth music therapy (39,40). While the body of telehealth music therapy research is sparse, it is now growing quickly, covering populations such as people with dementia and their companions (41,42), veterans (9,43), and clinical support staff (44,45). To date, there has been no research study looking at group telehealth music therapy provided solely to informal caregivers (ie, without the person they care for). This gap in the literature led to the following research question: "How do informal caregivers experience group telehealth music therapy?"

Method

This qualitative inquiry is situated within an interpretivist paradigm, which "holds that humans construct knowledge as they interpret their experiences of and in the world" (46, p. 101). This paradigm supposes a relativist ontology where there are no "value-neutral perceptions, nor singular, permanent truths" (46, p. 107); all knowledge is context-specific, and its meaning is derived from one's interpretations of meaningful realities. To gain access to the participants' experiences, semi-structured interviews were conducted. This allowed the researchers to co-construct knowledge on the topic at hand (47) using Neuman's (48) content analysis method. This methodology was utilized in the hope of amplifying the caregivers' voices, so that their opinion may be taken into account when stakeholders make decisions about service offerings for caregivers.

The research was realized in collaboration with a Canadian community agency offering support to informal caregivers of older adults since 1995. The agency provides individual psychosocial support, support groups, relaxation workshops, creative arts therapies sessions, monthly conferences, as well as burn-out prevention programs. According to the agency's 2020 to 2021 annual report, the organization serves close to 200 members, of which the majority are French speaking, white women over the age of 55. In-person open group music therapy sessions have been offered since September 2019 at the agency. Sessions were interrupted in March 2020 due to the coronavirus pandemic and resumed in May 2020 as 90-minute telehealth bi-monthly services using Zoom Pro. The session structure was adapted to the telehealth environment and featured the following types of experiences: musical transition/opening, check-in, core music therapy experience/debrief, and musical closing/transition as described in Table 1.

The primary researcher, who is a certified music therapist, adopted a resource-oriented approach (49) when conducting the telehealth music therapy sessions. This involved framing the therapeutic encounters around the participants' extrinsic and intrinsic resources through 4 primary processes: (1) nurturing the strengths, resources, and potential of the participants;

Table 1. Telehealth Music Therapy Session.

Type of experience	Clinical rational	Music therapy experiences examples
Musical transition/ opening	For participants to arrive and have a moment of transition into the musical space	• The music therapist recreates a song • The music therapist creates an ambient improvisation • Participants engage in a movement to music experience • The music therapist shares an evocative image, poem, or quote alongside music
Check-in	For participants to share their state/feeling as they arrive to the session and to greet each other	• Participants verbally check-in • Participants musically check-in through improvisation, song sharing, etc.
Core music therapy experience/debrief	For participants to engage in a shared music experience and explore music as a health resource	• The music therapist leads a receptive experience, such as adapted Guided Imagery and Music; drawing/writing to music • The music therapist leads a composition experiences, such as writing chants, composing music-assisted guided imagery scripts, creating song collage, etc.
Closing/transition	For participants to share their state/feeling at the end the session and to say goodbye to the other group members	• Participants verbally check-out with or without prompt • Participants musically check-out through performing a piece composed in session, offering a closing sound, etc.

(2) collaborating with them in elaborating their care plan; (3) viewing them within the complexities of their intersecting contexts; (4) and utilizing music as a health resource (49,50). Providing a space where participants felt connected to one another (as opposed to feeling isolated) was central: Participants were encouraged to share their feelings, caregiving experiences, and helpful tips with the group (e.g., how to navigate the health care system, new resources accessible to caregivers, and self-care strategies). The music therapist was careful to provide sufficient space for leadership to emanate from within the group as to avoid a "therapist as expert" stance. The music therapist's resource-oriented stance was also realized through co-creating musical/arts-based resources with the participants during the telehealth music therapy sessions for them to appropriate in their everyday life afterwards. Examples of musical/arts-based resources included: (a) images or poetry shared during the opening; (b) unlisted music and wellness YouTube playlists containing songs shared or performed during the session, (c) lyrics or imagery scripts composed in the group, and (d) audio or video recordings of group compositions, such as chant, music-assisted relaxations, and guided imagery.

Participants

The 5 participants were women primary caregivers who participated in at least one 90-minute group telehealth music therapy session prior to the interview. They represented 42% of agency members meeting the study's eligibility criteria. Table 2 describes participants' age group, sex, race, primary language, informal caregiver situation, in-person and online session's numbers, as well as services used at and outside the agency. Note that participants took part in varying numbers of in-person and online sessions prior to the interview since attendance varied from sessions to sessions as customary in an open group format. It is preferable in qualitative studies to select

participants in a way that represents the naturalistic context upon which the study is based (51).

Data Collection Procedures

Once the ethics approval was obtained, recruitment for the telehealth music therapy research started in collaboration with the community agency. The recruitment strategy included (a) announcing the research in the agency's monthly newsletter, (b) inviting members who previously participated in the in-person music therapy sessions to join the telehealth music therapy group and research, as well as (c) sending email invitations to participate in the research after each telehealth music therapy session to those who attended. Participants interested in the research contacted the co-researcher (the co-author) who sent them the consent form and the questionnaire via email prior to the interview. The co-researcher did not conduct the telehealth music therapy sessions and did not know the research participants prior to this study. Participants were not compensated for their participation in the study. The co-researcher answered participants' questions concerning the consent form before they either signed and returned a copy via email or gave verbal consent prior to beginning the interview. At the beginning of the semi-structured interviews, which were conducted in French, demographic data was collected. Participants were then asked the following open-ended questions in relation to their experience of group telehealth music therapy: (1) What did you appreciate most about your group telehealth music therapy experience?; (2) What did you like least about your group telehealth music therapy experience?; (3) What motivated you to partake in the group telehealth music therapy sessions?; (4) Were there any personal resources that you learned about in telehealth music therapy that could be used to face challenging times? If so, please explain. (5) Is there anything else you would like to

Table 2. Participants' Demographic Information.

	Participant 1 (P1)	Participant 2 (P2)	Participant 3 (P3)	Participant 4 (P4)	Participant 5 (P5)
Age group	65 +	65 +	65 +	45-54	55-64
Sex	Female	Female	Female	Female	Female
Race[a]	White	White	White	Latino	White
Primary Language	French	French	French	Spanish	French
Person(s) they care for	Aging partner with a physical disability and various other health conditions	Aging partner with Parkinson	Aging parent with various health conditions Adult child with various health conditions	Aging parent with mental health challenges Child with developmental challenges	Aging parent with mental health challenges
In-person sessions (September 2019 to March 2020)	1-5	1-5	6-10	0	0
Online sessions (between May 2020 and February 2021)	6-10	11-15	11-15	1-5 (new at the site)	6-10
Other services received by the agency	Relaxation workshops	Relaxation workshops Psychosocial services	Relaxation workshops Psychosocial services	Psychosocial services	Relaxation workshops Psychosocial services
Other services received by other agencies	Health services	Community services	Community services Creative arts therapies	Community services Creative arts therapies	Support groups Community services Creative arts therapies

[a]As per the Canadian Institute for Health Information's Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada.

share with us about your experience of the group telehealth music therapy sessions? The interviews lasted 30 to 60 minutes. The co-researcher conducted the interviews via phone or using the Zoom virtual platform as per the participants' preferences. The interviews were audio recorded, encrypted, and saved on a password protected device and hard drive. Data was collected between October 2020 and February 2021.

Data Analysis Procedures

The responses to the semi-structured interview questionnaire were transcribed and analyzed as per Neuman's (48) specifications for thematic analysis, which entails open, axial, and selective coding. These rounds of coding were realized using the qualitative data analysis software NVivo. The researchers first engaged in open coding: this involved reviewing the interview transcripts and assigning codes and memos inductively (as they emerged) and deductively (guided by the interview questions). Through the process of axial coding, both researchers revised the codes and classified them into themes. The researchers reviewed the transcripts again to verify the trustworthiness of the subthemes before generating overarching themes. Finally, selective coding involved identifying relevant participant's quotes that reflected their experience in relation to the subthemes. The researchers opted for a group thematic analysis, as

opposed to engaging in a separate analysis of each participant's narrative. While participants' accounts of their telehealth experiences varied, providing a group perspective was important since the interviews pertained to the shared experience of group telehealth music therapy. Participants' quotes are provided within the following results section to ensure that each participant's voice is heard within the group analysis.

Results

The thematic analysis revealed 3 themes and a total of 9 subthemes as described in Table 3: (a) affordances of group telehealth music therapy, (b) challenges of group telehealth music therapy, and (c) music as a health resource.

Theme A. Affordances of Group Telehealth Music Therapy

A1. Adapted and Diverse Experiences. The group telehealth music therapy sessions provided participants with tailored music experiences within the comfort of their home amidst the pandemic. All participants commented on how adapted and diverse the music therapy experiences offered were ("each session felt totally new" P5; "I was surprised to see all that could be done [music therapy experiences] in a group via a screen" P3). Participant 5 talked about the

Table 3. Themes and Subthemes.

Themes	Subthemes
A. Affordances of group telehealth music therapy	A1. Adapted and diverse experiences
	A2. "A weight being lifted"
	A3. Online facilitation of the group process
	A4. Greater sense of intimacy within the group
B. Challenges of group telehealth music therapy	B1. "Not in the right conditions at home"
	B2. Technological difficulties and limitations
	B3. Group dynamics online
C. Music as a health resource	C1. Renewed connection to music
	C2. Arousal and mood regulation through music

creation of music-assisted relaxation videos: "We created two cardiac coherence videos, it was different each time, I listen to it now and wow!" Participant 4 said that she "enjoyed relaxing to music and composing songs." The group also generated music and imagery scripts: "We created a guided imagery narrative using music, visuals and texts to describe the ocean shore, the forest, the cave. We created something beautiful" (P2). Participant 5 felt that the music therapy sessions were "well adapted to the online format and provided just as much benefits as in-person sessions."

A2. "A Weight Being Lifted". Participants expressed that a weight was being lifted through their engagement in telehealth music therapy. Referring to the emotional demands of caregiving, Participant 2 explained that she "felt much better after the group, as if the weight of being a caregiver was lifted." Similarly, one participant viewed the music therapy sessions as a way to prevent burn-out: "I have serious health issues, and I take care of my mom and my daughter's health issues as well. So, I need to find energizing activities, like music [..]. I have seen caregivers experience burn-out, I don't want that to happen to me" (P5). The group telehealth music therapy sessions were like "an oasis in the desert, a beautiful way to start the day" for Participant 4. Group members also felt more at ease participating from home, as opposed to "leaving the house, worrying about what is happening with [their] spouse" (P1). In this case, attending telehealth sessions was less stressful and required less planning than attending in-person sessions as a caregiver.

A3. Online Facilitation of the Group Process. Participants felt that the online facilitation of the group process by the music therapist positively impacted their experience. They appreciated that the music therapist was flexible and managed time effectively so that "[they] always [had] a chance to speak if [they wanted] to" (P5). All participants felt that the therapeutic presence was essential. Participant 5 indicated that she "felt welcomed," while Participant 2 commented on the music therapist's "gentle presence and non-judgemental attitude, which [she found] soothing."

Participant 1 added that "when we speak, she [the music therapist] brings out the emotion." They had trust in the music therapist's technological competencies, particularly as it related to her online musical production skills ("she is very skilled in musical production" P2).

A4. Greater Sense of Intimacy Within the Group. Participants also felt a greater sense of intimacy within the group, which was apparent in the "rich exchanges [they] had amongst [them]selves, at ease in [their] own homes" (P1). Participants felt closer to one another as they witnessed each other within their respective environments. Some participants appreciated the smaller size of the online group (4-5 persons) as compared to the in-person group (8-10 persons; "I feel very close to the 4-5 people in the group, it is very intimate, I love it" P1; "we have a good group, I knew them before, but I discovered them under a new light" P3). Being at home afforded a more intimate setting for the sessions, yet the high demands of caregiving were sometimes revealed through the different types of interruptions that occurred, which are addressed next.

Theme B: Challenges of Group Telehealth Music Therapy

B1. "Not in the Right Conditions at Home". While most participants felt comfortable engaging in sessions from home, others did not have the right conditions. Some were frequently interrupted by the person they cared for, which impacted their experience and the one of the group. Some participants recalled a specific instance where another participant's spouse with Alzheimer's disease interrupted the telehealth session by frequently demanding assistance. Participant 1 said she felt "uncomfortable and sorry for her [the other participant], and it disturbed the flow of the session for everyone."

B2. Technological Difficulties and Limitations. Some participants also encountered technological difficulties and limitations which at times impacted their experience of the telehealth music therapy sessions. Internet connectivity issues made it difficult for Participant 5 to engage on her preferred device

(she mentioned having to connect with her desktop computer, rather than her tablet). Having multiple unmuted microphones simultaneously sometimes made it difficult to properly hear the music or other participants clearly (P3 and P5). Unintentional louder sounds (ie, feedback) were particularly bothersome for a participant who suffered from tinnitus. Participant 3, who had attended in-person music therapy sessions prior to partaking online, missed playing music instruments, feeling that it was "a huge disadvantage [of the online format]" (P3). She missed feeling the vibrations of the instruments, and playing or singing simultaneously with other group members.

B3. Group Dynamics Online. Some participants also found it difficult to gauge group dynamics online, particularly as it related to 'air time', feeling that "some participants took too much 'space'" (P5). Hearing about others' difficulties at length was "draining" (P3) for one of the participants, particularly when she was experiencing lower energy levels herself. Despite of these challenges, participants sustained their commitment and had a high attendance; Participant 3 said "I did not want to miss any sessions […] it started my day well."

Theme C: Music as a Health Resource

C1. Renewed Connection to Music. Using music as a health resource is one of the 4 characteristics of the resource-oriented music therapy approach (49) employed by the music therapist who offered the sessions. Participants talked about having a renewed connection to music. All participants mentioned listening more to music in their daily life. Participant 1 said that "the radio is always on now, […] I practice my dance steps along the music […], and I also pay more attention to the lyrics." Participant 5 also mentioned "The way I use music in my daily life has changed, I pay closer attention to the different sounds, to the lyrics, […] I need to sing. I dance, improvise, whether there's people around or not." Participant 3 felt "reenergized" through revisiting songs and singing along. She felt that the sessions "stimulated [her] musically; [she went] back to YouTube to listen to the songs suggested by the group" (P3). It also rekindled her desire to engage in independent music instrument playing. Music listening and imagery allowed Participant 2 to engage with her passion of travel, something that was no longer possible for her due to the pandemic and the health condition of the person she cared for: "Although we can't travel anymore, music allows me to do so" (P2).

C2. Arousal and Mood Regulation Through Music. Participants reported using music to regulate their arousal and mood during and after the group telehealth music therapy sessions. They used music-assisted relaxation to regulate their breathing ("I benefit a lot from breathing to the melody of the music"; P2), and they sang to modulate their mood ("When

I'm in a bad mood, I start to sing; The power of songs/music is just incredible" P2). They listened to music to facilitate concentration ("I find music on YouTube to help me concentrate" P4) and to relax ("I listen to classical music to calm down" P4). Participant 2 also explained that she "learned to listen to music when [she doesn't] feel good." This revealed participants' use of both intrinsic (self-awareness of the mood) and extrinsic resources (utilization of music).

Group telehealth music therapy provided the 5 caregivers who were interviewed with an opportunity to unwind, socialize, and develop their personal resources. They were able to renew their connection to music via their engagement in adapted and diverse experiences, which often led to the co-creation of music resources that they could use in their daily lives.

Discussion

The study revealed the following clinical considerations for facilitating telehealth group music therapy sessions: (a) conveying therapeutic presence in ways that are adapted to telehealth delivery, (b) reducing the group size, (c) attending to the shared virtual environment while recognizing the multiple physical environments from which participants partake in sessions, (d) adapting to the technological capabilities of the participants, (e) mitigating the limitations of current teleconference software in terms of group music-making, (f) effectively managing group members' engagement levels, (g) as well as promoting participant agency by co-creating musical resources accessible between or after sessions.

Participants felt that the music therapist's therapeutic presence was key in creating a welcoming virtual space. In an open-group context where there are changes in the group's membership from session to session, the consistent presence of the therapist is something the participants can rely on. Conveying therapeutic presence online can be difficult as there are increased distractions and an absence of body-to-body interaction and limitations to eye contact (52). Helpful strategies to counteract these challenges include increasing therapist self-disclosure, carefully placing the web camera, curating the online video frame, and inviting participants to use their imagination (41,52).

For the study's participants, telehealth music therapy afforded a greater sense of intimacy within the group. One possible contributing factor may have been the fact that there were generally fewer participants in telehealth sessions (4-5 participants) as compared to in-person sessions (8-10 participants). This would be consistent with emerging music therapy telehealth guidelines which also emphasize the importance of working with smaller groups online (42). Virtual contexts are also "known to promote and facilitate self-disclosure in interpersonal communication" (53, p142). Participants who may not have felt comfortable sharing in-person, may have felt more comfortable participating online.

At the same time, participants also reported challenges in the telehealth setting. For some, the conditions at home were not always right for optimal engagement in the sessions. Being at home meant that most participants were with the person they cared for, rendering them still responsible to provide assistance if needed. While the expectation online was still for group members to participate without the person they care for in the same room, interruptions inevitably occurred from time to time, disrupting the natural unfolding of the session. Participants also experienced technological difficulties, such as internet connectivity issues, difficulties hearing the music and understanding others (due to feedback issues caused by unmuted microphones), and the inability to play instruments synchronously. The therapist may employ different strategies to palliate technological challenges, such as providing clear instructions for optimal connection (ie, improving the internet router placement, keeping the video conferencing software up-to-date, establishing what to do in case of disconnection), teaching basic video conferencing etiquette (ie, muting the microphone when not speaking, turning off the cameras when needing to step away, using the chat function to provide group feedback); and utilizing applications for online collaborative music-making (e.g., myNOISE, Soundtrap, Chrome Music Lab).

Participants commented on the uneven level of engagement from group members during sessions, particularly on issues related to sharing "air-time." Difficulties in decoding non-verbal communication online (41,42), may have played a role. Having limited access to the participants' non-verbal cues (ie, movement, facial expressions) on the small video boxes on-screen may have made it harder for people speaking to know if others wanted to contribute to the conversation, or were ready to move on to the next part of the session. In the primary researcher's experience verbal interjections can also feel more abrupt online, as it is difficult to hear more than one person talking at the same time due to the video conference software limitations. Using live chat can be a potential tool to help pace the session, but it is not always accessible or convenient depending on the devices participants use to partake in the session.

Even though the transfer from in-person to telehealth sessions represented some challenges, participants were generally positively surprised by the possibilities afforded by the online format, including the use of technology to co-create music resources for use beyond the sessions. Participants reported reaching for music to regulate their mood, improve concentration, and induce relaxation. Some reported using the group YouTube playlist to revisit preferred songs in-between sessions. The resource-oriented music therapist aimed to tailor the music resources to the needs and aesthetic preferences of the group, which may have contributed to participants sustaining their musical engagement in-between sessions. It is possible that the co-created resources may have been more motivating and effective for the participants than generic music resources (such as automatically generated playlist or commercial guided relaxation tracks). Likewise, there is increased interest in the field of music therapy to use technology to promote musical engagement in everyday life in order to enhance client agency and well-being outside the therapeutic context (41,54).

Limitations

While this research has value in terms of raising awareness of participants' experience of telehealth music therapy, the applicability of the research findings may be limited to the specific context of the COVID-19 pandemic. For instance, it is possible that participants were more willing to engage in the telehealth music therapy experiences because they did not have any other service delivery format choices. Data was collected over a relatively long period of time (5 months), which contributed to the wide range of online sessions participants attended. In addition, some participants had experienced in-person sessions prior to engaging in telehealth music therapy, while others had not. It is possible that participants with more music therapy experience, both in-person or online, may have more easily adapted to the online format, and as a result benefited more from the sessions than newer participants. Similarly, the researchers did not inquire specifically about the caregivers experience with other telehealth services, therefore, it is unclear if familiarity with the online format impacted their telehealth music therapy experience. It is also important to note the possibility of social desirability bias as the primary researcher had a dual role of being the primary researcher and the clinician offering the sessions, although it is hoped that this was mitigated through having the co-researcher (who was not a clinician in this context) conduct the interviews.

Conclusion

This qualitative inquiry was a first step in exploring the benefits and challenges of providing group telehealth music therapy services to caregivers. The findings suggest that telehealth music therapy services may offer benefits that are well suited to the needs and contexts of the 5 participating caregivers in this study, as it provided a communal yet intimate space where they could explore music as a resource for heath. While telehealth music therapy seems to be a promising service delivery method for caregivers, more research is needed to develop clinical guidelines and best practices; to determine when, where, and why in-person or telehealth services might be indicated; to identify ethical issues that may arise; and to continue to explore how telehealth music therapy may address the needs of caregivers whose provision of care continues to be vital to the fabric of the Canadian healthcare system.

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