

2023

# Implementing Music Therapy into Behavioral Healthcare to treat Autism Spectrum Disorder

Arthur George Scott  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Arthur Scott

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2023

Abstract

Implementing Music Therapy into Behavioral Healthcare to treat Autism Spectrum  
Disorder

by

Arthur Scott

BS Music Education, Liberty University, 1980

MS, Clinical Mental Health Counseling, Walden University, 2015

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

August 2023

## Abstract

This study explored how best to implement Music Therapy (MT) in any hospital setting when working with autistic children, teenagers, and adults. Baldrige's theory and concepts were used as a benchmark to facilitate all findings through the research conducted. Multiple factors affect the workforce and the existing staff at a large medical facility in the Western United States. The methodology employed included interviews with two behavioral health leaders using structured questions. This was an ideal research setting given that over fifty providers, including doctors, psychiatrist, and therapists, who work daily with the ASD population. Key findings included MT treatments at facilities in the United States that have proven effective and positive with families. Extended key findings also included the fact that these treatments can be facilitated not just in session in a medical facility but also duplicated at home and school. The conclusions validated that MT is needed to increase patient satisfaction, facilities, and beneficial social service. In addition, medical facilities can outsource or implement these services within their organization and bill insurance for reimbursement. The population's demographics within one hundred miles of this hospital show that hundreds of ASD children, teens, and adults can participate and benefit significantly from these new services, positively impacting social change. This newly added service would also increase the number of patients, thus increasing the bottom-line profits of this facility. Positive social changes will result when these new services are implemented and brought in-house. Parents will be the most significant contributors in telling all their friends and families about the outstanding results that MT has made in their child's life.

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## Dedication

This study honors all families with children diagnosed with special needs and Autism. We are never alone in this world, and support is always available, starting with my undergraduate work at Liberty University, where I earned a BS in Music Education degree, and Walden University, where I earned an MS degree in Clinical Mental Health Counseling; Outreach Concern, a non-profit organization in Orange County, California that enabled me to finish my 3,000 hours of clinical internship, nine hundred hours of supervision. At every juncture of my journey, the presence of God is apparent in every step. The steps noted in this study are fascinating for the opening of the Frances Scott Counseling Center, where ASD children, teens, and adults will benefit from music, art, dance, and counseling services.

## Acknowledgments

I dedicate this capstone to my mother, Frances Scott, who passed away on January 1, 2023. She was ninety years old and raised four boys and one girl. I am her eldest son. My mother suffered from mental illness and abuse issues from her childhood. I have decided to turn her experience around, offering to help children with special needs, including Autism, through the gifts of music, art, and dance.

I also dedicate my research to the late Dr. Frederica Hendricks-Noble and the outstanding faculty members at Walden University, including Dr. Rohde, Dr. Simms, and Dr. McDonald, who have supported me in reaching this new professional goal. I have secure faith in the Almighty God that He will use this research to help many people. He has held my hand through this entire process. God gets all the credit, and the glory is His.

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## Section 1a: The Behavioral Health Organization

### **Introduction**

The behavioral health organization (BHO), which serves as the host site for this proposed study, is a non-profit organization in the western United States. Background information for this study was obtained through email correspondence with the behavioral health leader (BHL) and included reviews of the BHO's extensive website. The website states the BHO was started more than one hundred years ago with one hospital; currently, there are over five hospitals, including a university, a teaching hospital, research scientists, and over forty clinics within a hundred-mile radius. The BHO has a religious affiliation as part of its mission for medical services worldwide.

The ownership of the entire medical enterprise lies within the parent corporation. The leadership hierarchy starts with a CEO and branches down to managers of different medical departments. That staffing exceeds 16,000 employees: doctors, scientists, nurses, accountants, billing, and front and back-office support staff. According to the BHO website, there were over 41,000 inpatient visits and over 1.9 million outpatient visits in 2021. Emergency room visits exceed 118,000 736 Residents and 130 fellows. Their medical school's enrollment exceeds 4,000 students, with a faculty exceeding 1,600. A summary of the services includes nine primary areas, Behavioral Health, which provides Autism, Cancer Center; Heart & Vascular; Neurology; Neurosurgery; Orthopedics; Primary Care, Rehabilitation; and Transplant services (BHO website, 2022).

The organization's website has a noticeably clear and well-focused mission statement: to continue the teaching and healing ministry of Jesus Christ. We are

committed to “Making man whole” in a setting of advancing medical science and providing a stimulating clinical and research environment for the education of physicians, nurses, and other health professionals (BHO website, 2022). The values are also openly shared using compassion, excellence, humility, justice, teamwork, and wholeness (BHO website, 2023).

### **Practice Problem**

This study will focus on a hospital in the western region of the United States. The BHL (Behavioral Health Leader) services ten children diagnosed with autism spectrum disorder (ASD). The health issues typically witnessed by autistic students include gastric, cognitive, emotional, social, and behavioral problems. ASD diagnosis is not determined by medical testing but by observations made by a physician, psychiatrist, or licensed psychologist. Currently, there are no in-house interventions available for ASD children. The BHL refers families with Autistic children to a local social worker.

This study will explore what services and treatments currently exist in this BHO and if new treatments are appropriate. According to one-on-one interviews with the two leaders who work with the ASD population, there are excellent services to offer assessments and diagnoses; however, no resources are available in-house to provide effective treatments that benefit clients and families. The primary leaders have validated evidence that this problem exists during interviews. The BHO and its leaders would welcome additional therapies and services and need feedback based on this research of what is currently in other healthcare organizations throughout the United States and internationally. Primary questions in this research include the following.



RQ1: What type of new services and programs would meet the needs of ASD patients?

RQ2: What changes will it take to convince the leadership in the behavioral health area to realize the merits of MT and be willing to implement this as a new service?

RQ3: Will parents and guardians be willing to support MT as a new service program for their children diagnosed with ASD?

### **Purpose**

This qualitative study explores the need for MT (MT) services for ASD children and how to implement these innovative programs. According to Mayer-Benares (2021), the usefulness of MT for ASD children is highly practical because it promotes preverbal communication vehicles of joint attention, motor imitation, and synchronous rhythm. Pedregal et al. (2021) added that when adding MT into a child's daily life, new opportunities involving self-awareness, self-expression, and increased social and emotional experiences will occur, allowing a child to participate in a whole new realm of life experiences. Cook et al. (2019) stated that parents would learn new coping mechanisms and be able to implement new MT experiences at home, in the car, and at school.

The BHO's website states performance systems, core values, mission statements, leadership skills, and internal management processes. Areas of improvement are present, which according to Baldrige, are necessary components of a successful medical organization (NIST, 2021). This study will suggest improving how services can be in-house, using MT as a primary treatment. The multifaceted benefits include significantly

improved cognitive, social, emotional, and behavioral skills and assessment before and after MT treatments.

### **Significance**

This study is significant because it will fill a gap in understanding by focusing on developing new, effective treatments using MT with the ASD community. As a result, the professional work of pediatricians, psychologists, psychiatrists, social workers, and therapists will benefit from more effective choices for the ASD population. The efficacy of using MT to improve a child's social and emotional behaviors has a historical presence, according to Cook et al. (2019) and Blauth (2017). Positive social changes include children finding better academic opportunities and job placements as they mature. The efficacy of MT in improving a child's behavior and social and emotional well-being has been well-documented in research (Kiane et al., 2022). Mayer-Benarous (2021) states that implementing MT into the daily life of children diagnosed with ASD produces positive changes in many cases.

These changes include ordinarily mute children who will start to sing or hum melodies. Treatments include listening skills, voice, body percussion, and instruments. Current research divides treatment opportunities into music listening, interactive, and improvisational MT. In more structured environments, more complex techniques include interactive music for educational purposes or musical games (Mayer-Benarous, 2020). In studies by Zyga et al. (2017), children who participated in mixed MT sessions such as singing, dancing, and theater improved their behavioral, social, and emotional skills. Researchers including Cook (2019), Blauth (2017), and Bergmann et al. (2019)

consistently validate that when MT was present as a part of a treatment program, ASD patients were calmer, relaxed, and able better to express their thoughts, feelings, and emotions. Emotions such as anger, frustration, and sadness were greatly diminished (Zyga, 2017).

According to the CDC (2022), 1 in 44 US Children are diagnosed with Autism. When parents receive a diagnosis of Autism, it is usually between the ages of 18 months to two years, according to the Centers for Disease Control (2022). According to the BHL, this diagnosis is both devastating and life-changing. Many cultures and race groups assume that when they have a child, they have elevated expectations, including their children growing up to be doctors, CEOs, and attorneys. When parents process the fact that based on their child's ASD diagnosis, their child will never be able to have the careers, wealth, and success they dreamed of. According to Bahri (2022), the disappointment of an ASD diagnosis results in 80% of the birth parents getting divorced or separated (2022).

### **Summary**

The BHO serves children, teenagers, and adults in the Western region of the United States. Multiple services are provided, including nine departments, including Autism in Behavioral Health, Cancer Center, Heart & Vascular, Neurology, Neurosurgery, Orthopedics, Primary Care, Rehabilitation, and Transplant services. The professional work at this BHO involves many licensed individuals, including pediatricians, psychologists, psychiatrists, and social workers, who all help to facilitate the diagnosis and care of ASD patients. According to Cook et al. (2019) and Blauth

(2017), positive social changes will be possible, including children finding better academic opportunities and job placements as they mature. In related studies by Zyga et al. (2017), children who participated in mixed MT sessions, including singing, dancing, and theater, improved their behavior and social and emotional skills. Researchers including Cook (2019), Blauth (2017), and Bergmann et al. (2019) consistently noted that when MT was put into place as a part of a treatment program, ASD patients are calmer, more relaxed, and better able to express their thoughts, feelings, and emotions. Emotions such as anger, frustration, and sadness were diminished (Zyga, 2017).

Using the Baldrige excellence framework (NIST, 2020) format, Section 1b includes more aspects of the organization by providing profile information dealing with key organizational factors such as environment and processes. The BHO structure and background will increase awareness of the need for MT and its benefits to the ASD community. Doctors using new choices, services, and programs, therapists, and doctors can confidently recommend MT to ASD children and families. By increasing a child's ability of self-expression, the ability to emote what they are feeling will be made possible.

## Section 1b: Organizational Profile

### **Introduction**

A comprehensive description of the partner site's profile provided great insights into strategic planning, organizational environment, and administrative processes. A review was critical to understand the BHO's need for improved and added services and programs to offer assistance through MT for ASD children. This qualitative research study aims to explore implementing MT into behavioral healthcare to treat autism spectrum disorder. The organization's profile, key factors, background, and context were a starting point for assessment to identify essential performance requirements and topics that may be conflicting or unavailable and to set a context to address aspects of the agency (NIST, 2017). Studying an organization's operations and relationships was essential for enhancing performance excellence (NIST, 2017).

This study is designed to help increase understanding of the BHO practice problem, implementing MT into behavioral healthcare to treat Autism Spectrum Disorder (ASD). Qualitative studies are for exploration, identification, and understanding. This research will open new opportunities for this BHO to revise and improve their work with the ASD community. Through understanding the cognitive differences that exist, a greater understanding of effective and adaptive treatments.

### **Organizational Profile and Key Factors**

#### **Factors of Strategic Importance to BHO**

The host organization in this study is a non-profit LLC Hospital and University organization. The board of directors, stakeholders, and a religious organization are all

factors. The Behavioral health department, which operates under the umbrella of the BHO, does not currently offer any in-house services to assist the ASD community. ASD children receive a diagnosis, and all treatment responsibilities go to an outside clinical social worker without follow-up or accountability.

According to the 2022 BHO website, there is a deep organizational commitment to “make man whole” in advancing medical science while also providing a stimulating clinical and research environment for the education of physicians, nurses, and other supportive health professionals. The BHO’s vision statement expresses a consistent atmosphere where lives are changed positively through education, healthcare, and research.

The BHO website states that confidentiality requirements are protocol in all departments, including mental health services, under the umbrella of Behavioral Health, according to the state regulatory law. Applying confidentiality laws to protect consumer rights can be challenging for organizations to maintain the junction between consumer autonomy and system accountability. Release of information to the consumer, by consumer authorization, court order, and release to other providers and hospitals, can be an intricate process. According to state guidelines, organizations are responsible for safeguarding policies that follow state and federal regulations to allow total compliance (Mulgund et al., 2021). The regulatory confidentiality requirement is most important in understanding the client-agency requirements for complying with state and federal laws (BHO website, 2022). State and federal laws are in place to maintain confidentiality and protect an agency’s patients. The BHO structure and background must increase

awareness of the need for additional services and programs to be effective. ASD children need the ability to find new outlets and options in their daily life so they do not feel trapped with unexpressed emotions.

The BHO treatment offerings, services, strategic direction, mission, and values are all fully revealed on the company website. As stated under the Behavioral Division, the treatment offerings exist primarily as diagnostic resources; currently, no in-house treatments or services are available. This study's primary focus and concern is the behavioral area, specifically clinical social workers in the community for families with ASD children. There is no strategic direction in the areas of ASD children. According to the BHO website (2022), the mission statement indicates a deep commitment to "Make man whole" in advancing medical science while providing a stimulating clinical environment for the education of physicians, nurses, and other supportive health professionals. Unfortunately, in this particular area of ASD care, there is a need to meet the demands of the mission statement. The values statement is "Transforming lives through education, healthcare, and research." It indicates that they are willing to be involved in ongoing research, which is the intention of this research project: to offer treatments and services that will benefit the ASD population.

The BHO website states that there are 16,000 staff including a CEO, Managers, department chairs, nine executive team members, and nine significant departments: Behavioral Health, Cancer Center, Heart & Vascular, Neurology, Neurosurgery, Orthopedics, Primary Care, Rehabilitation, and Transplant. Other areas include front and back-office staff, accounting, billing, IT, HR, and maintenance staff. Long and short-term

goals are established, including employee reviews semiannually and objectives through the agency's existing structure. (See Figure 1).

**Figure 1**

*Agency Organization Chart*



According to the BHL (personal communication December 15, 2022), the Behavioral Health Department has four aspects of professional care that work under the CEO/President: medical doctors, psychologists, psychotherapists, and psychiatrists. The number of providers in the BHO in the Behavioral Health area is over fifty.

**Mission**

There is a contrast between the structure of for-profit and non-profit organizations. Those for-profit organizations have missions, visions, and values primarily focusing on their core values and highly specialized services. In contrast, non-profit organizations' primary concerns are serving the more significant public health needs in



their community's best interest; some benefits are providing immunizations and complimentary health and fitness programs.

This BHO's mission statement clearly states that its concerns are for the community. It adds an altruistic component of a religious influence that serves the needs of individuals in the community, no matter their economic status. This BHO has Community-Academic Partners with over twenty years of serving their immediate community neighborhood (BHO, website, 2022). There were over 700 volunteers who assisted in providing medical services. In their youth and parent programs, there were over 900 patients. Thirty families participated in growing produce in the BHO community garden.

### **Vision**

The BHO Board of Directors and BHLs envision that the organization will continue to reach a diverse population, including seniors, special needs children and adults, home healthcare, and underserved communities (personal communication, February 20, 2023). The BHL further explained that "with the continued growth and giving spirit of the organization, there will be a continual need for community projects, with exponential growth." The quality of each family's daily life is impacted by the food banks and other free services this organization provides, coupled with over 30 community partners (BHO website, 2023).

### **Values**

The BHO was founded over 100 years ago under the umbrella of a mainline denomination. Their religious and moral structure is still thriving in every aspect of this

organization. These values include giving, honesty, personal persona, and professional growth in the workforce. In addition, there is an emphasis on the intellectual, physical, social, and spiritual development of the entire staff and crew, including medical students, doctors, and all providers. Diversity is also promoted because the employees represent a multicultural basis that patients can relate to as they receive care (BHO website, 2023).

Other attributes expected of each staff member include personality traits of respect, mercy, and empathy. Accurate listening skills, common courtesy, inclusivity, responding to patient needs, and alleviating suffering are some of the skill sets offered, along with being able to analyze and balance daily decisions, having altruistic attitudes with patients and staff, participating in evidence-based care, and personal and patient safety. Safety, academic freedom, dependability, removal of systemic barriers, treating others with dignity, establishing the worth of all individuals, allowing access to healthcare for all persons are all priorities of the staff (BHO website, 2023).

### **Governance and Organizational Structure**

This BHO is a large, non-profit organization with over six hospitals and forty clinics, and it has medical hospitals and facilities with an international presence. In addition, there is a medical university with both faculty and students. The leadership structure includes decision-making and communications from the CEO/President to every management level and the board of directors with over fifty professionals, including doctors and medical staff. The board of directors facilitates expansion and future growth, conducts planning, and holds people accountable for their performance and use of resources.

**Strategic Direction**

The BHO continually seeks to increase its position in the community and the patients they serve. Eleven community partners provide many services, including a health neighborhood project, my campus, which assists minority high school students, a community garden, soccer leagues, a discovery program for high school students with career paths in the sciences, La Escuelita Family Resource Center, academic tutoring, music tutoring, community-engaged student advisory, and outside agencies apart from the BHO (BHO website, 2023). There are also numerous pro-bono services offered, which include dental services, allergen & gluten-free expertise, global services, student services, religious services, food service consulting, health GIS services, BHO dining services, federal student aid application services, international service learning, sterilization assurance services, outpatient psychological services, and a learning program in the school of dentistry (BHO website, 2023).

**Services**

BHO provides home healthcare services to its patients and families and outsources many types of care. These services include companion services, dementia, and Alzheimer's care, nutrition planning, and meal preparation, daily grooming, personal oral hygiene, use of the restroom, facilitating exercises programs under a doctor's care, grocery shopping, medical transportation, light meals, service public transportation, light housekeeping, assisting with mobility, and ambulation on and transfer from bed or chair (BHO website, 2023). Care for special needs patients of all ages is available. This includes meeting with a psychotherapist, psychologist, or psychiatrist. When services are

not offered in-house, patients are referred to outside resources through local clinical social workers (conversation with BHO, December 15, 2023).

### **Performance Improvement System**

The members of the BHO Board of Directions and the BHLs follow a predictable approach to determining and managing the performance days of the organization's workforce, as well as monitoring how services are delivered. Employees are given performance reviews at every level, and areas of improvement are offered (conversation with BHL, December 15, 2022). NIST (2021) stipulates that in collaboration with employees, the guiding force should always be to improve thinking and provide learning opportunities, both as an organization and employee.

Each patient's care plan and treatment are determined and routinely conducted after an accurate diagnosis. Consent forms are executed depending on the nature of treatment medicine for surgeries, changes in medication, outsourcing services, and resources as needed. Proper care of each patient is crucial as it impacts the quality of improvement and wellness; it is trackable and monitored by upper management and insurance providers. Future enhancements are possible by keeping accurate patient medical history records (NIST, 2021).

## **Organizational Background and Context**

### **The Study and Need Context**

Very few treatments are available in the United States for assisting the ASD population. Since the diagnosis of ASD does not involve clinical tests such as blood work, the current methodology of diagnosis and assessment is strictly observational. A

licensed medical provider, including a physician or psychiatrist (depending on their respective experience), will determine if a child's behaviors and symptoms merit a diagnosis of ASD. Historically, a diagnosis of ASD can be accurately determined between ages two to three. Diagnosis is determined by history taking, focusing on how the child has developed, observing core behaviors, and observations in several settings (Narcisi et al., 2023). These core values include social interaction, communication, imagination, repetitive patterns, language, response to outside stimuli, movements, and special skills (Narcisi et al., 2023).

### **Institutional Context**

To appreciate the need for the study, it is crucial to explain the necessity for changes and improvements, so best care for each patient, including those in the ASD population, is addressed. Currently, when a child is diagnosed, there is no care present to facilitate the overwhelming feelings that a parent faces as they realize their child has issues that will impede their growth as an individual and in the future. Secondly, changes must be made to effective treatments for children, teenagers, and adults, which can be offered, including MT and other forms of creative art-based interventions. This will allow a new realm of positive reinforcement and allow each child to f to express their feelings, thoughts, and emotions.

This BHO is located in the western United States. According to the recent census report, the population within a 100-mile radius of this community totals 24,712 within 8.7 square miles (Censusreporter.org, 2023). Within this area, this BHO has six hospitals and 42 clinics. The population is diverse and multicultural.

### **Care for Families – Psychoeducation**

Parents are devastated when their children receive a diagnosis of Autism. According to Bahri, 80% of parents end up divorcing or separating (2022). Offering traditional treatments through counseling and psychoeducation can curtail this divorce rate and encourage parents to learn coping skills for themselves and their children. The presence of knowledgeable licensed therapists can also assist with maintaining stable families through effective counseling.

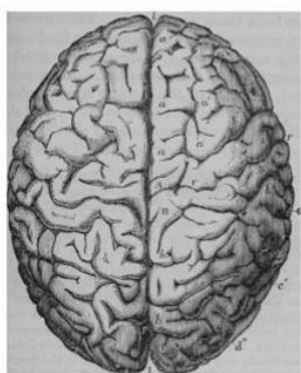
### **ASD Community**

Few therapies have succeeded for ASD, and parents are desperate to find innovative programs and services that will enhance their child, teenager, and adult ASD community members to begin to communicate their thoughts, feelings, and emotions. How an ASD child's brain exists typically blocks typical paths toward natural self-expression (See Figure 2). Parents yearn to find programs and services which improve their children's lives and will establish new methods of treatment they can trust and rely upon. The uniqueness of MT allows treatments to occur at home, in the car, at school, and in other environments (Marquez-Garcia et al., 2022)

**Figure 2**

*Music Affects 12 Areas of the Brain (The University of Central Florida, Pegasus, 2023)*

How The Brain Responds to Music - Twelve Areas



### AREAS OF THE BRAIN

- Frontal Lobe
- Temporal Lobe
- Broca's Area
- Wernicke's Area
- Occipital Lobe
- Cerebellum
- Nucleus Accumbens
- Amygdala
- Hippocampus
- Hypothalamus
- Corpus Callosum
- Putamen

### **Expansion of Care: Local, Domestic, and International**

By providing strategic planning, including the Baldrige (NIST, 2021) excellence model, the BHO in the western United States offers a solid base from which MT services could be implemented. This would first happen locally through their six hospitals and forty-two clinics. This BHO also has extended medical health groups in other areas of the US and internationally. When parents and providers realize the credibility and efficacy of MT and its benefits, the potential of the successful model could be coveted worldwide. In the United States, major insurance providers now cover CPT billing for Music and Art

Therapy. This is new information, and providers are informing parents that the cost factors are now covered by insurance.

Key terms and definitions for this study include *Autism Spectrum Disorder* (ASD), usually diagnosed in children aged 18 months to 3 years old. Wood et al. (2021) provide a comprehensive study outlining many symptoms and behaviors experienced by the ASD population. Some observed behaviors included one-sided conversation/preservative speech with others, narrowed interests, noncompliance coupled with anger, and general anxiety. CBT was utilized often in this study and was the most effective cognitive treatment with positive results.

Males rank the highest population in the ASD community. Mute or select mutism occurs because ASD children display no speech or selective mutism. For children with ASD, routines are helpful to ground. Elope or Eloping happens when children run and attempt to escape. Doors, even a home, need to be secure. Children on the spectrum often desire human touch. Eye Contact is nonexistent because children on the spectrum have difficulty looking at another person in their eyes. At another person directly, they avoid eye contact. The flapping of the child's hands occurs because ASD children's executive functions differ; they take their hands and flap them uncontrollably when they get excited or overwhelmed. Children may also rock back and forth. Social Skills – ASD children cannot have everyday social discourse. Making friends is difficult at best. Gene disorders raise risks for ASD in some families; Fragile-X, Phenylketonuria (PKU): tuberous sclerosis, Chromosome issues. Language skills start later, if at all. Children act shy in



public settings and often refuse to speak. Echolalia – ASD children typically repeat back words or phrases. Behaviors can include parts of dialogue from TV or Movies.

Healthcare workers can assist families after a diagnosis as a workforce can be taught how to contribute to a child's life by incorporating basic music skills. The rudimentary basis for MT can be prepared for all clinicians, parents, and educators. As ASD is a problem that affects all of society, effective treatment may include programs that change behavior and teach social skills. Each child with ASD is unique and has unique experiences.

In addition to administrators, clinicians, case managers, and office staff, BHO stakeholders include a board of directors and direct managers in the Behavioral Health department who oversee the work with ASD children. Knowledge of the BHO's intricacies, services, and leadership structure provides a clear perspective of the organization's needs and what additional programs could complement and improve its existing services. Understanding the gaps in services has enabled an awareness of the practice problem and the lack of treatments and services that can effectively help improve the communication and lives of ASD children and their families, specifically MT.

As revealed on the organization's website, pertinent information assists parents in determining the signs to assess if a child is Autistic. Concrete diagnostic skills, shared on the BHO website, are available to help parents determine the likelihood of an ASD diagnosis. These signs include flapping hands, no direct eye contact, abnormal communication, echoing back what was said with no original content, and non-existent social skills (BHO website, 2022). Once implemented, staff members can be trained in

many aspects of MT and be able to assist children in finding what part of MT is best suited for them based on personality, attentiveness, cognitive abilities, and comfort zones.

### **Demographic Context**

The population breakdown of the hospital staff is multicultural and represents a mirror image of the population being served. Zippia (2023), this BHO has 7,500 employees, 69% women, 31% men, 46% Caucasian, 31% Hispanic/Latino, and 10% Asian. In contrast, the population within a hundred-mile radius of this BHO in 2022 was 25,072, with a breakdown of 48% Caucasian, Asian 25%, 9% Black, and Hispanic/Latino 24% of the top groups analyzed.

### **Regulatory Context**

This BHO complies with Institutional policy H-24, Human Research Patient Protection (HRPP) program. Human protection policies and procedures are in place. This institution is registered with the US Office of Human Research Protection. It holds a Federal-wide assurance for federal agencies that apply national policies and clinical investigations regulated by the Food and Drug Administration. The IRB department participates in the process and governing of all Federal regulations. Protecting all human subjects is the goal (BHO website, 2023).

### **Fiscal Resource Planning, Management, and Behavioral Health Policy Compliance**

This BHO's primary areas of operation are in the western United States. With over one hundred years of exponential growth, six hospitals and forty-two clinics have been built and have maintained sustainability. According to the BHL (February 20, 2023), the CEO/President has changed, but day-to-day operations remain stable and

vibrant. The state where this BHO does business has stringent requirements, which include licensing regulations, sterilization requirements, verification of all employees and workforce, including status to be employed, and legal residency requirements. According to the medical board in the state of this BHO, professional corporation; child support; end of life; donation of organs; tissues or body fluids; prescriptions; human cloning; vital records; death certificates; attending physician responsibilities; coroner, disease programs; food, drug, and cosmetic laws; immunizations; tuberculosis; Covid-19; and patient records are some of the demands required when opening and maintaining any health facility in the state in question (BHO website, 2023).

### **Summary**

Though well-versed in diagnostic tools in determining if a child has the attributes or behaviors that represent a child with ASD, the BHO staff can expand their training so services can be broader and have a more significant and positive impact on the community. When implemented into this organization, MT will allow professionals to expand their services, freeing a child to learn more significant ways of self-expression. Parents and guardians can also participate in this MT training and learn skills involving singing, improvisation, and listening to recorded music.

Section 2 includes a discussion on the leadership assessment strategy of the BHO. The section also provides a rationale for the leadership assessment that will be available to address the findings and recommendations. Also, Section 2 includes a summary of background literature relevant to the practice problem and organizational leadership strategy and assessment.

## Section 2: Background and Approach—Leadership Strategy and Assessment

### **Introduction**

The practice problem investigates ways to include MT in behavioral healthcare to treat autism spectrum disorder. The BHO website states that they provide multifaceted healthcare to their demographics through numerous hospitals and clinics within a hundred-mile radius. An international presence is a part of the scope of its company worldwide. These countries include Africa, the Americas, Asia, and Ukraine. Implementing MT into this BHO can potentially establish a solid model of care for the ASD population, both domestically and internationally. According to the American MT Association, most ASD children respond positively to music and often show a heightened interest, making MT an excellent therapeutic tool for this population. In addition, MT works within the scope of public schools with the Individuals with Disabilities Education Act (IDEA). It is respected as a “significant motivation or assistance” (Ruble et al., 2019) towards achieving Individual Education Plan (IEP) goals and objectives. IEPs are personalized to each child to assist them in accomplishing academic, communication, and social skills and to track progress. Clinical studies within AMTA and their published journals recognize the importance and contributions of MT in five major categories: communication, cognition, behaviors (problem/repetitive/stereotypic), social skills and interaction, and emotional regulation (AMTA, 2022).

This section grounds the study by first summarizing the supporting research literature that documents the problem, discussing approaches other researchers and practitioners followed to address the problem, and listing sources of evidence. Leadership

strategies applied by the BHO are described using Baldrige (NIST, 2021) as the guiding force throughout. Descriptions of the clients and populations being served, statements reflecting the workforce and its operation, and the proposed analytical approach for data collected for this study are also included.

Music holds a universal appeal that can stimulate individuals, reduce harmful and self-stimulatory responses, and increase participation in more appropriate and socially acceptable ways. MT focuses on individual strengths, which can assess each individual's areas of need. MT also helps children and adults have successful experiences, which assists in their self-awareness and boosts self-esteem.

The BHO's practice problem is understanding how MT can work with ASD children in a hospital setting. These questions include the following. What type of new services and programs would meet the needs of ASD patients? What changes will it take to convince the leadership in the Behavioral Health Area to realize the merits of MT and be willing to implement this as a new service? Also, will parents and guardians be ready to support MT as a new service program for their children diagnosed with ASD?

They study an organization's background and leadership strategies, an essential step to enhancing performance excellence (NIST, 2021). Questions explored included how the latest programs look when put into place, what type of new services and programs would cause families and ASD patients to be compliant and participate regularly, what issues exist where ASD children do not experience the necessary resources to gain effective treatments, and does the lack of services cause patients to leave and not return?

The two BHLs expressed evidence that a problem exists via one-on-one interviews. The physician interviewed stated that she is genuinely concerned that the only resource they are allowed to give to parents of ASD children is a business card of a local social worker. The BHO and staff need to be aware of the services and resources provided to the parents, as the lack of in-house services causes distrust in the organization and does not present the best care for this population (ASD) children. This study explores two crucial issues; how to implement new services in a hospital setting and the possible benefits of using MT as a treatment for ASD children.

This study is significant because it will fill a gap in understanding BHO by focusing on offers of new, effective treatments using MT with the ASD community. MT training assists in training parents and hospital support staff. The skills can include listening to music, playing instruments, singing, humming, clapping, feeling the beat of the music, dancing movement, and other skills, keeping each student's needs and comfort zones in mind. This study explored the opportunity for this BHO to implement MT with the ASD population. The anticipated benefits for the ASD population include emotional, behavioral, and cognitive benefits.

## **Supporting Literature**

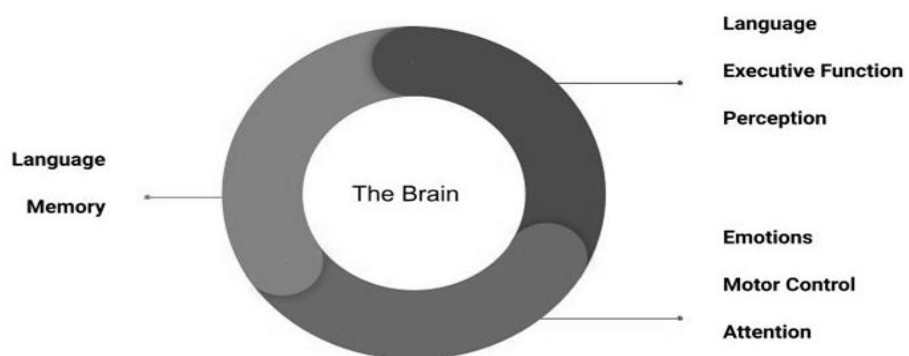
### **Literature Review Resources**

Another source of evidence includes The Academy of Neurologic MT, particularly the extensive research from this academy on the effects of music and the brain. The implementation of music with neurology includes the therapeutic application

of music to cognitive, practical, sensory language, and motor dysfunction due to neurologic disease of the human nervous system (The Academy of Neurologic MT, 2023).

### Figure 3

*The Impact that Music Has on the Brain (The Academy of Neurologic MT, 2023)*



**Table 1***Literature Review Resources: Databases and Keyword Searches in BHO Study*

Databases	Keyword Searches
ProQuest Central	Autism Spectrum Disorder
ProQuest Health Medical Collection	MT, Change
Behavioral Health Integration	ASD, Behavioral Health Therapies
Thoreau multi-database	MT, MT
Google Scholar	Hospitals
CINANHL Plus	Treatments, New Services
MEDLINE	

This study includes exploring information from key leaders of the BHO and reviewing the literature to understand the BHO practice problem. The literature review summarizes previous findings about the importance of accurate diagnosis and treatment needed for the ASD population. Several keywords were apparent in researching the practice problem, as noted in Table 1 and the databases searched.

### **Background on the Problem**

The practice problem states how to best implement MT as a new service and program into a BHO, serving the autism community. Three sub-topics will be covered: autistic children's differences; brain, sex, and cognition; and autism therapies that have failed. Further considerations will include successful treatments with the autism population, the best types of MT, a focus on barriers, MT with autism currently operating, and neurologic MT.

### **Factors Related to BHO and the ASD Population**

ASD children are born with differences in their brain structure. The wiring of the brain prevents children from having typical social and emotional interactions as they get



older. Walsh et al. (2021) noted recent studies that indicated females with ASD were excluded from neuroscience research; however, emerging evidence suggests they show individual phenotypic trajectories and age-related brain differences. Sex-related biological factors may play a role in ASD etiology. These factors can also influence neurodevelopmental trajectories. Thus, a lifespan approach with ASD children is appropriate to understand brain-based sex differences in ASD (Walsh, 2021).

Wong et al. (2022) stated that ASD is a neurodevelopmental condition exemplified by social communication difficulties and regulated and repetitive behaviors. Wong's study also included details and clinical studies dealing with Receptor-Enriched Analysis of Functional Connectivity by Targets (REACT). The following section will describe how ASD therapies in current and past use have failed.

### **ASD Therapies**

The need for authentic treatments, programs, and services for the ASD community has risen to a top priority because of treatment failure in the United States and worldwide. One of those interventions is ABA, also known as Applied Behavioral Analysis. ABA's approach has no scientific basis (Shkedy & Sandoval-Norton, 2021). Shkedy and Sandoval-Norton (2021) noted that the ethical code dictates behavior to maximize benefit and minimize harm. Practicing autism therapies if they are outside one's scope is unethical. Instead, behavior analysts create treatment plans based on the client's needs, as dictated by the clients or their caretakers (Gorycki et al., 2020). The issue is the ethical extent of the practice of ABA, given that the approach inherently ignores all internal constructs.

The methods utilized in ABA are fundamentally unsound for treating the autism population, particularly those with more severe symptoms. A negligent approach is not practical for treating those with severe autism. Change is difficult for children diagnosed with ASD, which includes relationships. A study cited by Gorycki (2020) suggested dependency, where children on the spectrum develop a dependence on their therapist and struggle as a result. The Association for Behavior Analysis International asserts that ABA is a natural science comparable to physics and biology (International Association for Behavior Analysis, 2019). According to the Merriam-Webster.com dictionary (2021), natural science deals with objectively quantifiable phenomena. Whereas this may be true for some behaviors, many behaviors result from internal processes that are not objectively measurable. A simple example is that there is no reliable, objective measure of how depressed or angry a person is. This leads to the conflict between human psychology and ABA.

This lack of understanding of human psychology and scientific rigor leads to malpractice around ABA (Shkedy, 2021). The cornerstone of ABA is the Functional Behavior Assessment (FBA), which allows a hypothesis of the function of behavior to treat it. Behaviorists believe all behaviors demonstrated by all people serve a function and purpose (Shkedy & Sandoval-Norton, 2021). Examples include behaviors en route to something desirable (e.g., attention, money), avoiding or escaping something unpleasant, or punishment (Shkedy, 2021). Nonverbal children with autism are given intense home-based ABA services for years, and then some, if not most of them, transition to an ABA-

based school program for the remainder of their school years. Research on the effects of prolonged, long-term use of ABA needs to be more robust.

Proponents of ABA continue to argue that their outdated approach to human behavior is suitable for the most vulnerable autistic population. However, it is no longer used by the wider human population (Shkedy, 2021). Despite decades of usage as the primary method for this population worldwide, ABA is not even slightly effective (Gorycki, 2020). In contrast, the following section will review successful therapies with the ASD population.

### **Client/Population Served**

The primary therapies for the ASD population with immense success are music and art therapy (Mantadin, 2019). According to research by Cardile et al. (2023), musical materials and experiences enhance speech and language development. Technique appropriate especially for children with Autism and disabilities. Melodic Intonation Therapy (MIT) A three-level approach to improving the fluent output of language for clients with severe Broca's aphasia. Musical Speech Stimulation (MUSTIM) Utilize musical materials (such as songs, rhymes, and chants) to stimulate non-propositional speech. Oral Motor and Respiratory Exercises (OMREX) Sound vocalization exercises and wind instrument playing to strengthen coordination in making speech sounds. Technique appropriate for patients with apraxia, cerebral palsy, and respiratory problems. Rhythmic Speech Cueing (RSC).

Using metric and patterned rhythmic cues controls speech rate and facilitates speech initiation. This technique is appropriate for clients with apraxia, dysarthria, and

fluency disorders (Thaut, 2014). Symbolic Communication Training through Music (SYCOM) uses structured experiences in instrumental or vocal improvisation to train communication behavior. A qualitative research study by Salomon (2019) mirrored the music analysis of this MT and ASD study. Salomon's study covered aspects of music, including improvisational MT; vocal communication; vocal interventions, and vocalization.

This technique is appropriate for patients who may not develop speech but could still master or regain language concepts. Therapeutic Singing (TS) uses singing activities to help to practice speech articulation and improve respiratory function. This technique is appropriate for patients with apraxia, dysarthria, and medical conditions (Thaut, 2014). Vocal Intonation Therapy (VIT) uses controlled singing and vocal exercises to improve inflection, pitch, breath control, vocal timbre, and volume. This technique is appropriate for patients with voice disorders, medical conditions, and dysarthria. Cardile et al. (2023) found that MT uses music or music elements by a trained, qualified therapist to promote health and psychological changes. Furthermore, ASD children respond better to music rather than words. Cardile's study took place over eight months and 25 sessions. The present research favors the consideration of MT as a rightful add-on to the ASD healthcare program. The result was a sample size and intervention length that raised the standards of most existing literature. It is crucial within this research to be aware of barriers and how to overcome them.

## **Organizational Policies and Practices**

### ***Focus on Barriers***

Whenever new services are present, workforce members, including therapists, doctors, nurses, parents and children, teenagers, and adults, will often resist distinctive therapy (Genovese, 2022). The fact that treatment is new can be fearful to some people. All parties involved in patient care can learn how the process works and be taught some treatments through psychoeducation. The following section will highlight the differences between effective ways to choose and implement MT treatments.

Ellement et al. (2017) validated using testing formats, data sheets, and training staff to perform tests resulting in accurate evaluations. Discrete Trails Evaluation forms were developed and utilized with staff and other patients. They role-played to establish a working model, including basic tasks with ASD children. Element's goal was to show that treatment integrity is the degree to which intervention occurs—before the study, role-playing with 100% accuracy over three sessions. In the study, several confederate/child pairs took part. Examples of the many aspects covered in these testing formats include securing the child's attention, representing the materials/instruction and prompts immediately to guarantee correct responses, offering praise to the child, recording the answers indirectly, and pace intervals of 3-10 seconds.

Stahmer et al. (2020) study offers keen insights with many statistics and data analyses that involved not only ASD patients (toddlers) but a close involvement with parents. The average age of the children was 22.76 years (Stahmer, 2020). One unique scale in the research was tracking affection, response, encouragement, and teaching.

Stahmer (2020) openly stated that this study was breaking new ground, and the results were positive and encouraging, with twenty-five families participating. The involvement of the parents and children together included observed playtime and the completion of specific tests, including three months of active participation and follow-up reports three months after the completion. The program title was Project ImPACT for Toddlers and Families in Children's Social and Communication Skills.

For an ASD child to receive treatments, including MT, there must be adequate studies to show parents, educators, and those decision-makers in Behavioral Healthcare facilities which treatments are ethical and safe and assist children in improving their social, emotional, and behavioral skill sets. Baldrige (NIST, 2021) offers solid advice concerning core values and establishing a great foundation ensuring ethical practices. Baldrige espouses ethics, transparency, and delivering values and results. A byproduct of these positive results will result in positive social changes and improve community health (NIST, 2021).

### ***Types of MT Treatments***

MT is a vast field that offers many interventions, including singing, humming, body movement, piano, guitar, drums, and other instruments. Skills include listening, feeling the beat, and identifying how music can affect our moods, including positive and negative emotions. Research by Olga et al. (2020) showed that MT could positively affect people diagnosed with ASD. The attributes of implementing MT include a calming, relaxing effect when used with children diagnosed with autism. Because of the

auditory hypersensitivity experienced by some of the ASD population, choices and selections must be carefully selected.

If ASD children respond positively, broader aspects of MT, including good habituation, passive MT, and drama using elements of rhythm, movement, sound, and logarithms, will set a baseline and provide positive feedback and results from patient results. Research reported by the Egyptian Journal of Neurology (2019) validated that The Orff teaching method is a “child-centered way of learning.” Music education involves singing, body percussion, playing on various tuned and untuned music devices, movement and dancing, and communication activities to help children with developmental delays and disabilities. Music interventions improved non-musical abilities, such as communication and social and academic standards among individuals with ASD (EJN, 2019). The Cochrane Collection was available to render reviews of randomized clinical trials (RCT), showed evidence about the positive effect of MT on ASD, and stressed the possibility of MT increasing social adaptation skills in children with ASD and promoting the quality of parent-child relationships (EJN, 2019). The following section will summarize MT’s presence in Behavioral Health facilities throughout the United States and Internationally.

### ***MT with ASD at Facilities***

Approaching a medical facility with experts in assessing and diagnosing children on the spectrum will take proof and efficacy that the new services of MT will enhance the children, teens, and adults and assist this population with better social skills and improved self-expression. Rickson et al. (2016) claim that extraordinary interventions

meet the social, emotional, and communication needs of ASD children. Included in Rickson et al. (2016) study was the observation that MT, from a research standpoint, lends itself to qualitative research as opposed to other methods.

Gaining the trust of those in leadership and the entire workforce will take strategic planning and winning the trust of parents, patients, and staff. Hart et al. (2022) research explicitly dealing with the evolution of adding primary care-based programs was highly effective for the patient, families, and the community. The Center for Autism Services and Transition (CAST) is a direct care-based program focused on providing individualized, high-quality care for adolescents and young adults on the autism spectrum. Hart (2022) also stated that testing and keeping statistics and evaluations on each patient would be a part of the implementation process. Establishing a baseline for each patient is critical for improvement and positive changes.

Offering creative skill-based MT will assist children in developing self-confidence. Through the treatments, children can tap into self-expression and feel new feelings and thoughts. Social skills will become a natural byproduct of the MT session. Both one-on-one and group experiences will assist children, teens, and adults. Diverse activities include singing, humming, dancing, body movement, and playing guitar, drums, and recorder. Yum et al. (2020) research gives precise information regarding the issue of social skills connected with the ASD population, including music. Some individuals may possess deficits in restricted interests or repetitive behavior, resulting in poor social skills; however, they accept social interactions. The willingness to seek out social experiences is the foundation of social skill development. In such cases of social avoidance, cultivating



social interests through other strategies, such as music making, may be more effective. Narrowing down the characteristics of children who respond well to a particular type of intervention can facilitate timely and efficient treatment provision—measures of treatment outcomes.

Pasiali (2020) focuses on how parents and educators can assist their children in being taught how to use MT at home and school and the benefits. The results stated that by studying a conceptual map, students could better understand what happens when music is present at home, school, and clinical settings. Furthermore, when music became a shared endeavor, when more than one patient, this process increases social skills.

Research by Dalla Bella (2022) shared many insights which contribute towards developing a curriculum and a database to assist training non-professionals in basic skills representing MT. A type of app named Serious Games engages multisensory processes, creating a rich, satisfying, and motivating rehabilitation setting. Moreover, they can have specific musical features, such as pitch production or synchronization to a beat. Because serious games are typically low cost and enjoy complete access, they are inclusive tools ideally suited for remote at-home interventions, using music in various patient populations and environments. This article focuses on the use of rhythmic games for training auditory-motor synchronization.

Research by Golan et al. (2022) provides evidence that PTSD is present when ABA therapy is the primary intervention. Golan et al. (2022) published studies that indicate that those with autism spectrum disorder may face an increased risk of exposure to traumatic events. Separate lines of research on autism spectrum disorder and post-

traumatic stress disorder have shown that the two may share several vulnerability factors. One of those is ruminative thinking, one's tendency to re-hash thoughts and ideas repetitively. This article examined the role of two rumination types as potential factors connecting autism spectrum disorder and post-traumatic stress disorder: brooding and reflection. In contrast, MT has no reported adverse effects besides avoiding post-traumatic stress disorder.

Golan reports how other forms of treatment can assist in replacing existing services, some of which doctors and other medical professionals already embrace. Through their examinations and observations recorded by licensed therapists, they are numerous cases of children on the spectrum, when subjected to ABA therapy, eventually suffering comorbid issues, including PTSD. This research is because the treatment involves manipulating children and using intimidation to attempt to change negative behaviors. This treatment is the antithesis of Phoebe Caldwell et al. (2010), whose premise is not to try to change a child's behavior, but the therapist morphs into the child's world and mimics the child's behaviors and interests. Researchers realize that ASD children deserve patience and to be understood. When a child is born and later receives a diagnosis of Autism, it often causes a great deal of tension, and couples will blame each other it is their fault because mental illness can be hereditary. Eighty percent of marriages end in divorce or separation.

Researchers support the broad-based implementation of MT, and its benefits support research by Vaiouli et al. (2022). Validity that within a family-centered approach to enhancing young children's preverbal communication skills, the introduction and use

of MT contribute significantly to a child's increased communication and social skills. Qualitative data included in this study were semi-structured interviews, logs, and journaling.

Researchers Yum et al. (2020) videoed the effects of music on all children, teens, and adults, including the Autistic community, and released the following observations. Cameras in this research have three distinct aspects, initiation, turn to take, and eye contact; using a high-resolution camera to analyze social skills is the primary effect of improving social skills and making collaborative observations. Twenty-five different pieces and genres were the basis for this research study.

Latif et al. (2021) research stated the collaborative effort of 'two active ingredients,' including the ASD child and therapist. The term multi-based interventions are more effective than other treatments of similar intensity. Intrinsic motivation and reward lead to higher levels of engagement. This form of treatment also benefits movement-related (sensorimotor modulation and interpersonal synchrony). Lakes et al. (2019) research includes implementing a customized program, 'Creatively Able.' There was an elevated level of engagement, with improvements in self-regulation and other forms of target goals. There was also a reduction in repetitive behaviors and compulsive behaviors. A greater understanding of how the behaviors of ASD children can improve and suggestions for even more research in the future is part of Lake's study. Developing a foundation knowledge of how the BHO operates was necessary to understand how an MT program benefits ASD child is the practice problem. Sources of evidence for this qualitative study included a structured interview with two BHL members of the host

BHO. Secondary data includes interviews with a staff psychologist and a primary care physician with 10 ASD children in her caseload. These two BHLs generated an excellent cross-section of experiences that contributed significantly to understanding mutual experience working with the ASD population.

Interviews with the BHL and Staff psychologist compared their responses to this research. Autism Speaks (2022) recently published an article stating the amount of funding the United States Congress put into place in 2022 to support ASD causes. The Consolidated Appropriations Act 2023 provides \$28.1 million in funding for autism-related work. The organizations offering MT treatment include The George Center in Atlanta, GA. They successfully bill insurance companies for 80% of their clients. They employ registered music therapists to work in groups and with individuals (AutismSpeaks.org, 2022). The last research topic involves Neurologic MT.

### ***Neurologic MT***

The George Center, located in Atlanta, GA, offers extensive research on ASD children and the effects on the brain when coupled with creative forms of therapy (The Academy of Neurologic MT, 2023). The sessions are one hour. Goals for clients include ASD patients, so future activities are determined. These ambitions include improved motor functioning, speech, communication, and behavior modification. The techniques are neuroscience research. The results include Sensorimotor, Speech and Language, and Cognitive Rehabilitation (The Academy of Neurologic MT, 2023). Executive Functions, Perception, and Emotions are all essential aspects of understanding the brain structure of the ASD population (The Academy of Neurologic MT, 2023).

The expansion of MT to include a neurologic basis can consist of NMT, which provides specific, individualized, and standardized interventions for those affected by neurologic injury or disease. NMT differs from traditional MT as it views music not as a social science model for well-being but as a neuroscience model, where music is a hard-wired brain language. Further research explains the various aspects of NMT to include the Neuroscience of Rhythm in three significant areas. NMT includes empirical data and computational modeling of how the brain synchronizes rhythmic movement to duplicate external rhythm. Evidence for the subliminal perception of auditory timing includes data below the level of conscious perception, which the fewer uses to guide rhythmic movement. Brain mapping using PET and fMRI technology to describe neural networks involved in rhythmic synchronization (NMT Academy, 2023).

Interview questions help to gain the information necessary for a comprehensive understanding of the practice problem (see Appendix A). Interview questions elicited data on ASD children, the current regime of care, and any treatment interventions offered. Part of the assessment realizes what the past is, what the dissatisfactions are, and what can add to resolve the patient care involving ASD children, teenagers, and adults.

## **Leadership Strategy and Assessment**

### **Governance and Leadership**

According to the BHL, this organization has a religious origin, incorporating the Christian beliefs of its founders from over one hundred years ago; there is a strong emphasis on faith, prayer, and body healing, which influences the staff's management. Decisions include a spiritual priority apparent throughout the mission statement, values,

and the forward motion of the organization. According to the BHL, managers at every level of the organization offer strategic planning to make day-to-day decisions and are not 'micromanaged' (personal communication, September 28, 2022). According to the BHO website, the average time of employment throughout the organization is five years. The religious component of the organization has the added responsibility of caring for all patients, including those in the special needs area.

This BHO website states that they operate with a team approach; most employees work overtime and are in high demand. The BHL sometimes spends the night in the office, sleeping on the couch because home is two hours away, and the need for leadership and input is constant. The organization monitors self-care throughout all levels of management. The BHO website states they prioritize offering a personal experience throughout the organization's healthcare services. The National Research Corporation ranks this BHO in the top thirty-three of one hundred local hospital groups (NRC, 2018). The BHL oversees two hundred employees, including residents, doctors, and nursing staff. This BHO encourages employees to work autonomously, developing trusting, caring relationships as an employee model throughout the organization. Self-care is one aspect of the BHO that helps avoid employee burnout.

Partnering with other organizations is a forte of this BHO. According to the BHO website, over 132 community partners are with this organization. Baldrige (2022) states that core values and concepts involving leaders include being visionary and innovative and delivering value and results. In contrast, Condon (2022), a writer for Becker's

National Hospital CFO report, nineteen hospitals closed and filed for bankruptcy in the US in 2022. This BHO is still thriving even after Covid-19.

Annually the BHO is responsible for providing holiday meals for the staff and the community. In January 2022, this BHO launched a produce distribution at one of the hospital locations and served over four hundred families weekly for free. The employees participate in holiday and community gatherings. (BHO website, 2022).

### **Strategic Planning**

Baldrige's excellence framework (NIST, 2021) addresses strategic planning in the context of eliminating organizational risks by making concise, deliberate choices that allow the ability to structure the necessary resources for success. The BHL expressed during our interview how making the best decisions within her department and domain is crucial. Patient care is a number one priority throughout the BHO. Baldrige's excellence framework (NIST, 2021) maintains that 'best practices' involve benchmarking. Improvements in patient care are apparent by keeping good records and charting. Future strategic planning can incorporate MT treatments, including assessing baseline behaviors of ASD children and determining what aspects of the services make the best improvements and impact each child individually. These treatments accommodate organizational planning.

### **Clients/Population Served**

#### **Client Description**

BHL currently has ten clients diagnosed with ASD. After diagnosis, all ASD patients obtain a Clinical Social Worker. There are no in-house services at this time

provided to the ASD population. The BHL refers to a clinical social worker who works for the city. However, there needs to be a follow-up with parents to discuss possible outside services. The primary service area encompasses a footprint of a 100-mile radius of a central county in the Western United States. The BHO population represents a diversity of races and cultures; Latino or Hispanic (31%), White 46%), and Asian (10%) (BHO website, 2022). According to the BHO website, the most common minority is Hispanic or Latino, and significant industries represented are Health Care Equipment & Services. These employees are women: over 60%, employees who are minorities: over 50%.

### **Client Input and Feedback**

BHO leaders interact daily with patients to obtain information in numerous ways. As part of the intake process, a series of questions are obtained from the attending physician or the nursing staff. These responses will determine a diagnosis, plan of care, and treatment. In the case of ASD diagnosis, this is accomplished from multiple observations in different settings (personal communication with BHL, January 15, 2023).

Other areas where patients are involved include presenting a bill for services and collecting payments. This BHO is a non-profit organization, so in addition to being able to bill significant insurance companies. The BHO does follow-up through their nursing staff, determines the ongoing patient status, and provides this feedback by charting all factors and changes. The BHO also has contact points online and over the phone 24/7, so patients and families can report issues and gain instant feedback from the nursing staff.



## **Workforce and Operations**

The population of the BHO county is over 24,000, as listed on their website. The state where the BHO is has a population of thirty-nine million. The median income of the BHO population is \$56,000, per capita income in the past 12 months is \$30,000+, and persons in poverty are 14.7%. In comparison, the median income in the US is \$30,000+. The unemployment of the population of the BHO county is 7.8%, and in the US 6.0%.

## **Analytical Strategy**

This section details the study design, researcher, patients, data collection strategy, and efforts to ensure the research is high-quality, trustworthy, and credible.

### **Research Design**

This doctoral study utilizes a qualitative, single-case study research design. Because this research is exploratory, this design permits the creativity of collecting data from multiple sources focusing on a professional practice problem for a single organization. A quantitative study would not be feasible for this study as the goals are divergent-to find answers to state research questions by controlling context (Ravitch & Carl, 2019).

IRB approval must first be obtained. After this approval, the role in this study of the BHO was that of a doctoral research scholar-consultant. Objectives as a qualitative researcher were to understand the agency's perspectives, organizational vision, mission, strengths, and barriers to implementing needed services for the client population, specifically the ASD children and their extended families. For a qualitative study, the researcher is the primary instrument in the research process. Institutional Review Board

(IRB) approval from Walden University was fast. Patients sent written informed consent before an interview (see Appendix A for interview questions). Data about service needs, vision and mission, leadership strategies, and strategic development was present during discussions and other communities with the BHL.

### ***Methodological Triangulation***

Methodological triangulation occurs when a researcher utilizes multiple research methods in concert with one another and allows the element of cross-checking (Azulai, 2021). Triangulation is demonstrated in this doctoral study through semi-structured interviews and information gathered through primary and secondary data collection and analysis. This triangulation will provide a multifaceted view of the study topic and increase the study's credibility, research methods, and results (Azulai, 2021). Evidence collection and analysis will provide deeper insight into BH seniors and their ability to make decisions, challenges, and barriers regarding leaders' impact on such access and organizational changes about the Baldrige (NIST, 2021) key factors.

As qualitative researchers, we are fundamentally entangled in the research through the decisions we make about design, the rapport and shaping of interviews to construct the data, and the lenses we bring to interpretation and sense-making (Ajjawi, 2022). The constructivist viewpoint explains that meanings are extracted from experiences so that individuals construct subjective meanings of objective realities (David, 2015). In this study, I assume the scholar consultant role and take seriously the tasks of protecting privacy, minimizing harm, and respecting shared experiences in research, recognizing each patient as an expert on their own experiences. As a scholar-

consultant, I am a qualitative researcher aware of the potential for reflexivity, an awareness that researcher presence can impact research (Ravitch & Carl, 2019). As the scholar-consultant, I am a researcher in this doctoral study, have no personal connection to the BHOS, and recognize that subjectivity is possible because of human nature. As the scholar-consultant, I maintain responsibility for observing qualitative research best practices throughout the development of the study design, methods, and analysis.

### ***Patient and Procedures***

The research data came from a structured interview (See Appendix A) and are the foundation of the qualitative student with the BHL as an informant. The interview response was thematically coded and evaluated for potential support by secondary data and theoretical concepts obtained from current literature. BHLs' statements based on their organizational leadership roles and tenure were part of the process. Interview questions and responses became part of the record. The transcription was available by using Microsoft Word. A tentative timeline for the evidence collection will be February 2023.

After the IRB approval was obtained, patients assisted in the practice-focused question: two individuals employed by the BHO, a chief physician, and a licensed therapist. Both leaders were knowledgeable of the care of the ASD population and were available. The relevance of these patients is that both deal with special needs populations, including ASD, regularly, and they are aware of the need for more services and treatment to serve these needs adequately. The techniques used to collect this evidence include

taping one-on-one interviews, providing a prepared list of questions in advance, transcribing the responses, and applying it to a qualitative format, obtaining keywords.

The qualitative research goal is to understand how people act, think, behave, and feel and why they respond the way they do. Resilience is a growing focus in health research. However, researchers have varying conceptual and methodological approaches to understanding resilience across populations and often explore the perspectives of patients involved in a study (Bowling et al., 2020). In-depth one-on-one interviews are among the most common qualitative data-collection research methods (Bowling, 2020). In this sense, the proposed research study is meant to facilitate my interaction with patients to gather data to construct knowledge regarding BHO leaders' perspectives of their influence on personnel's access to available mental health resources. As the primary data-collection instrument, I developed semi-structured interview questions in alignment with the research question and to encourage leaders to provide a better understanding of their perceptions and viewpoints (see Appendix A). I also developed an interview guide to utilize during the semi-structured interviews, so I may take handwritten notes to document critical information, clarify information, and indicate post-interview follow-up that may be needed. A separate interview guide for each interview was present.

Purposive sampling understands how BHO leadership experienced working with clients while using MT.

The researcher chose the patients based on their leadership roles and ability to speak about relevant topics aligned with the Baldrige excellence framework (NIST, 2021). High ethical standards are maintained throughout the process to avoid conflicts of

interest. This research included the ethical research standards of Walden University and the American Psychological Association (American Psychological Association, 2021, Section 10.4). Data was prohibited without consent, and the BHO's identity and patients were protected. According to Ravitch & Carl (2019), informed consent is the agreement to engage in a qualitative study before it begins; the agreed discussion with the patients includes the commitment necessary for the study.

This study's primary strategy was conducting interviews with the BHL from the BHO: data collection, written consent from the BHL, and approval of the doctoral study committee. At the time of the interview, copies of the Institutional Review Board (IRB) supported the BHO's permission to conduct the study and informed consent. Interview responses include spoken words, using Microsoft Word—each line coded with contextual content. Themes were brought together for patterns and evaluated in the Baldrige excellence framework (NIST, 2021). Open coding was a tool in this study. According to Delvetool.com (2023), open coding is a common step in qualitative research analysis. Open coding is often part of the initial coding pass in Grounded Theory. Open coding is meant to open up new theoretical possibilities, allowing for more excellent comparisons and contrasts with similar events. Open coding eliminates preconceived biases in research. The timeline to collect primary data was three weeks from obtaining consent, scheduling interviews, conducting, and transcribing the interview.

The Baldrige Excellence Framework for Performance (NICS, 2021) provides a framework for the data collected for the study. Four framework factors include approach, deployment, learning, and integration (NIST, 2021). The analysis of factors presented

information relative to the BHO work and critical systems. The supporting data collection to analyze the BHO processes' outcomes and allow for novel approaches and goals in patient care. The results integrated an understanding of how to implement best and provide new services to ASD children through MT. Interview questions focus on the study's intent—the collection of sources of information facilitated and strengthened the study's purpose. The BHL is incredibly supportive of new exploring new services and programs that will enhance and expand their current approaches to working with the ASD population. Implementing new services will need the approval of critical management patients and proof of MT's value in this research.

BHL Student example of Analytical Strategy Section of this proposal, as a researcher, I ensure the doctoral study is ethical, protecting the qualitative research's credibility and patients and the BHO. Utilizing qualitative ethical best practices in developing the research design, method, processes, and analysis made discoveries possible. Additionally, I provided the BHL with documents in preparing for the study, including the approved prospectus that describes the study, model, and framework to be used. The BHL and BHO, BHO, and I read and signed a partner organization agreement and order agreement. This study was designed with me fulfilling the role of a scholar consultant to explore the practice question and make recommendations on results from the primary and secondary data. Copies of the doctoral study, prospectus, signed forms, and application to collect data to Walden University's IRB before any data was collected and approved. The IRB then provided an informed consent letter I sent to each interviewee requesting them to reply with "I consent" (see Appendix C for the informed

consent letter template). I will maintain patients' anonymity throughout the doctoral study, as the BHO has been de-identified; the state location has been masked; and individual patients' names, titles, and positions will be hidden and kept confidential. This strategy creates a trusting relationship between me and the BHO, which is vital for obtaining sensitive organizational information for this doctoral study.

Confidentiality requires protecting patients' privacy, and I have given significant thought to how and what patient information I will disseminate (Ravitch & Carl, 2019). In contrast to confidentiality, privacy pertains to information that will not be shared with anyone, even if I inadvertently obtain this information. For example, suppose an interviewee leaves BHL Student example of Analytical Strategy Section of this proposal, their home address on a form, even if asked not to do so. In that case, I must ensure this address is not shared with anyone or documented anywhere because it is not a part of the data collected for the study. To ensure privacy, I will keep all research data locked up and unavailable to anyone other than me. I will protect the confidentiality of interviewees' information during the semi-structured interviews. This data will only be used in the analysis process for the study's purposes and will not be shared with others for any other reason.

### ***Minimizing Harm***

Numerous efforts to minimize harm are present in the research design. The IRB reviewed the proposed research prospectus, ensuring ethical processes will be respected, and all steps will be taken to minimize or eliminate potential patient harm. I have already obtained informed consent from interviewed patients and anyone else who may be

involved in providing data for the study. Everyone is an expert in their experiences (Ravitch & Carl, 2019). I must be mindful of my biases and opinions and keep them separate from my data collection and analysis, remaining aware that each patient contributes wisdom and knowledge to the research (Ravitch & Carl, 2019). My role is to allow patients space to share their own experiences and perspectives with no prejudice.

### **Summary**

In researching the practice problem, the critical issue prevailing is obtaining sampling so BHO leadership can understand the client's needs and how to inform the leadership, so they may realize how to address the needs of the patients appropriately. All this is done with the Baldrige excellence framework as the model and guide (NIST, 2021). The ethical research standards will align with Walden University and the American Psychological Association (2021, Section 10.4). According to Ravitch and Carl (2019), informed consent is the agreement to engage in a qualitative study before it begins and contains a contract with all discussions.

This study focused on interviews with two leaders representing the Behavioral Health department. Data collection, written consent from all leaders from the BHO, approval of the doctoral study committee, and copies of the Institutional Review Board (IRB). Themes were matched for patterns using the Baldrige excellence framework (NIST, 2021). Interview questions were aligned with the focus of the study. The collection of data from many sources expedited and strengthened his study. Both leaders in the BHO, part of the Behavioral Health department, were supportive and significantly



contributed to the knowledge base. New services will need the approval of critical upper management and proof of the value and efficacy of MT with the ASD population.

Section 3 examines the strategy of the BHO, combined with workforce engagement and daily operations. In addition, workforce recruitment and training would involve new strategies in the areas of the MT curriculum. Instructions would be stated and made available so internal staff can replicate many activities needed to implement MT in this BHO. Engagement, leadership, knowledge management, risk management, and information and technology security will be part of the discussion regarding the organization's practice problem.

### Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

#### **Introduction**

The BHO website states they offer numerous services to the public across nine areas, including Behavioral Health, Cancer Center, Heart & Vascular, Neurology, Neurosurgery, Orthopedics, Primary Care, Rehabilitation, and Transplant. In addition, this hospital setting includes a university with faculty and students actively learning medicine as a career. Research scientists are also involved in cancer and cardiovascular projects.

This qualitative study explored how to implement MT in the services offered to children. The organization has an entire department dedicated to diagnosing children, adolescents, and teenagers diagnosed with ASD and other mental health-related issues. Diagnosis is in-house, and a clinical social worker provides treatments. Fifty licensed medical professionals are assigned to serve young people at this BHO with their mental health needs, carrying the following designations: MD, DO, LMFT, LCSW, Ph.D., NP, DMFT, MS, and MA.

The Baldrige excellence framework (NIST, 2021) guided the BHO data analysis by applying the indicated structures for deeper understanding. The organization's leadership gathered evidence for the study through strategic planning, policy, performance, satisfaction, and documentation. First and secondary sources were reviewed and combined with findings from interviews with BHL and a staff psychologist. Qualitative data collection, which includes coding, allowed for a more excellent

assessment of understanding the practice problem. In addition, coding offered suggestions for implementing MT as a new source of treatment for young ASD people.

### **Analysis of the Organization**

This study was based on three key sources of evidence, each addressing the professional practice problem. One source is the supportive scholarly literature used to identify appropriate strategies. The second source involves structured interviews with two BHOs at the selected medical facility to obtain a cross-section of opinions, facts, and experiences. The third source includes public documents, the BHO website, and supportive information from a structured interview.

The Baldrige excellence framework for Performance (NIST, 2021) was the framework for the data collected for the study. The BHO website references their 100+ years of successful presence in the surrounding community, serving all patients. The relevant statistics include six hospitals, 42 clinics; 16,917 employees; 1,080 physicians; 1.9 million outpatient visits; 41,800 inpatient visits; 4,371 babies born; 118,000 ER visits; 736 fellows; and 130 licensed beds.

Information gathered from the BHO website reveals that the organization has a solid, supportive, and effective workforce. This strength is apparent through ongoing training and excellent supervision. As an incentive towards employee retention, the BHO offers competitive benefits, collaboration with outside partners, and an established relationship with the university setting on campus. An intrinsic presence throughout the organization displays the importance of continuing education and staying current with state-of-the-art healthcare.

According to the BHL (personal communication, 2022), there is a new trend among management to adjust work schedules. Innovative approaches to a work routine allow physicians to work from their homes virtually, with a work week of three days across 30 hours and two days offering in-person appointments to patients. This new phase of work expectations will allow staff members to save on fuel and toll road expenses, alleviate fatigue and exhaustion, and see more patients in a shorter period. Diagnosis and treatments for patients will also be quicker. Updating patients' records can be instant, and the actual appointments will lead to more efficient time management for the physician. Further, the university's presence on campus, coupled with research scientists, allows the staff of physicians and surgeons to access updated treatments and offer patients the best possible treatment plans while also increasing the health of the total patient population. As reported by the BHL, interns, and residents have firsthand opportunities to adapt and learn how to diagnose and treat the whole gamut of patients.

The Behavioral Health department of this BHO's website lists fifty practitioners who provide care for the entire population of this BHO. The organization's website lists license designations for each staff member with contact information. A specialty area is included to provide for the needs of ASD children. Four pages on the BHO website allow families to read the descriptions of behaviors typical of a child diagnosed with ASD. The main aspects of ASD children and their behaviors include social, emotional, and physical manifestations. The actual diagnosis of ASD children is by an MD based solely on observational skills.

In the past ten years, there has been little attention on children diagnosed with ASD, primarily because no in-house services or programs exist. Social workers are involved with cases involving ASD children. For example, the BHL reported having ten children under her with an ASD diagnosis (One-on-one interviews BHL, 2022). The BHO website states they are a non-profit recognized by the IRS as a 501c3, where all major insurance companies complete billing coverage. There are also community-based pro bono services for patients who cannot pay, with criteria that determine multiple qualifications based on economic needs, race, and cultural background. To stay sustainable, according to Baldrige Excellence Framework for Performance (NIST, 2021), healthcare criteria involve an inherent risk to maintaining balance. This ratio of providing free care to some populations assists in balancing the budgets.

### **Creating Workforce Capability and Capacity**

According to the BHLs, this organization uses a blend of choices when seeking to fill positions. The options include advertising on the main BHO website, referral of existing employees, nursing registries, and other online job recruitment companies. Incentives include sign-on bonuses, currently \$9,000 for key nursing staff positions (BHL website, 2022).

Professionals are attracted to this BHO because of its reputable persona throughout the medical community. The BHL attributes the commitment and reliability of its staff of 200 employees under their management to developing each employee's talent, providing generous support, and nurturing personal growth. Creating an autonomous, relaxed, and supportive work environment causes a workforce to be

positive, engaged, and ready to serve. The hiring process is exact, allowing for the opportunity to find a good fit for both the applicant and the hospital. According to the BHO website (2022), this standard has been the guiding force of this organization for over 100 years.

### **Workforce Supervision and Support**

The management's primary concern is providing a work environment that allows daily challenges and opportunities to be met by creative problem-solving. Daily decisions give the best patient care as the optimum goal and a workforce with mission-driven goals. To maintain longevity in the workforce, quality benefits are part of the compensation package. Benefits include sick leave, personal leave, 401K retirement plans, electric vehicle charge stations, and a generous health plan with low-cost co-pays. Self-care is encouraged and monitored by managers. Avoiding stress and burnout is a top priority for each staff member (BHO website, 2022).

### **Workforce Communication**

The BHO website states that all managers and crew are encouraged to use great listening and communication skills at all levels, including the CEO, managers, and team members in every department. The chain of command is respected in the behavioral health area that oversees the care and clinical needs of the ASD population. According to the BHL, families, and children diagnosed with ASD are referred to medical professionals such as physicians, psychiatrists, or licensed psychologists.

The website shows over 20 community partnerships have been established with this BHO, including food, housing, and medication resources. This advocacy resource

increases the credibility of the BHO and shows a broad connection to the outside community. This organization also operates as an advocate for individuals who may be oppressed, including people of color, LGBTQ, members of an Indigenous population, homeless individuals, mental illness, SUDs, and those with criminal convictions. The BHO website also states that they are in other countries through missions, where doctors, nurses, and other medical staff are overseas. The countries represented in the student body at the university level total eighty. Medical care outreach outside the United States includes Africa, the Americas, Asia, and Ukraine.

### **Establishing Workforce Climate and Engagement**

According to the BHO website, honesty, integrity, and altruistic behaviors are the hallmark character qualities. Good relationships are apparent throughout the organization in all departments. Patients must feel safe, accepted, and cared for to expedite their healing process. Patients' treatment and spoken words are essential when they enter the doors. The BHL monitors the staff closely to ensure patients receive respect, care, and dignity.

### **Authentic and Inclusive Leadership**

Leadership involves modeling behaviors desired by all staff. From an employment standpoint, Baldrige Excellence Framework for Performance (NIST, 2021) raises over seventy-nine concerns that affect everyone in a healthcare setting involving how to be the best leader and the attributes necessary to build an effective team. To assess what changes are needed, there must be a process to measure, analyze and possess knowledge management skills (NIST, 2021). A well-focused workforce will contribute to

daily governance, yielding positive results toward the organization's bottom-line profits and sustainability. Self-care and maintaining emotional stability are part of this profile of being a great leader while cultivating other leaders Baldrige Excellence Framework for Performance (NIST, 2021). In a broader context, this BHO is consistently ranked as one of the top hospitals in the United States, out of thousands of competitors, according to an annual review by US News & World Reports (2021).

## **Knowledge Management**

### **Improving Organizational Performance**

A management team facilitates the retrieval of information which assists in measuring employee goals. The hiring process at the BHO includes prioritizing finding qualified candidates to fill key management positions by developing accurate job descriptions, HR co-background checks, verifying licenses, and asking pertinent questions in the job interview process. Due to the size and complexity of this healthcare facility, there is always a need for new employees. According to the BHL (BHL interview, BHO website, 2022), finding skilled managers and the workforce is a tedious task Management skill.

### **Risk Management & Managing Organizational Knowledge**

The BHO website states that they follow state and federal licensing regulations. This compliance allows the organization to operate legally and ethically while providing services and meeting its mission. Patient services are at a superior level. Employees have a high work ethic and are willing to continue in their professional learning and growth. Authentic relationships with peers are a necessary attribute for all employees. Change



involves taking intelligent risks and being flexible while maintaining a professional image. The Baldrige Excellence Framework for Performance (NIST, 2021) model includes patient safety, engagement, and planning while fostering future organizational leaders. Building great employees and potential leaders will always involve risks and can consist of leading transformational changes within an organization's structure and culture (NIST, 2021).

### **Information and Technology**

The BHL disclosed that the finance department and the CEO manage costs. The CEO also monitors the cash flow, expenditures, and workforce costs daily and oversees daily operations. The purchasing department procures and negotiates the best prices from third-party vendors. Major capital expenditures can involve the stakeholders and the board of directors. Cybersecurity and IT issues are all managed in-house. Hardware, software, repairs, and installations are all governed by a staff the IT department facilitates. Movement of equipment, relocations, and desktop support are by specialists working directly for IT. New equipment and customer service issues are available 24/7 on campus. Employee behaviors that are not within the scope of acceptable practice involve the HR department. When appropriate coaching is, goals towards improvement are established and, as a last resort, terminations. Employee records are kept up to date and are confidential per the BHL.

### **Summary and Transition**

In Section 3, exploring the BHO reveals information on the organization's work environment and employee engagement. The discussion allowed an understanding

of how effective the daily operation is and how the organization works consistently towards improving its services and managing its data. The workforce is supportive and engaged, providing ongoing management, supervision, and training. Wellness and self-care are monitored and encouraged by management. The positive energy of the organization is present because of the weekly team meetings, where the topics surrounding strategies for remaining mentally stable, spiritually, and physically healthy. The safety of both the patients and the staff is a top priority. This BHO website states they were founded over 100 years ago by a mainline denomination. The focus of the CEO and the entire management team is to respect faith, trust in a higher power, honesty, and the ability to accept change. The BHO has highly qualified staff licensed in their respective fields, maintains patient confidentiality, and keeps data confidential.

Section 4 examines the results, including analysis, implication, and preparation of findings, as sources of evidence and how they relate to the organization's practice problem. Evidenced, collected, and evaluated the organization's programs, services, client-focused results, workforce-focused results, financial and marketplace performance results, and new initiatives will be part of the discussion. Data will be analyzed using the Baldrige model (NIST, 2021) and by comparing the results from a broad cross-section of supportive literature.

## Section 4: Results—Analysis, Implications, and Preparation of Findings

### **Introduction**

This qualitative study explored the need for a large medical facility to implement MT services and programs as an effective treatment for children, teens, and adults with ASD. The participants included one MD and one licensed therapist employed by the BHO. Suggested programs and new services are based on the needs of children, teens, and adults with ASD who need new ways to explore self-expression. Research questions were used for deeper probing and richer explanations through research and interviews with BHLs. Three key research questions were used to address the value of MT services and programs to support children, teens, and adults with ASD and their families:

RQ1: What types of new services and programs meet the needs of ASD patients?

RQ2: What changes will it take to convince leadership to realize the merits of MT and be willing to implement this as a new service?

RQ3: Are parents and guardians willing to support MT as a new service program for their children diagnosed with ASD?

The results were drawn from structured primary interviews with BHLs, the chief physician in charge of the women's hospital, and a licensed marriage and family therapist in the behavioral health department. Conducting interviews and accessing the organization's website will allow new insights and programs to be formulated and made available. Research topics were identified involving children, teens, and adults diagnosed with ASD. Databases were then searched, which led to a review of related literature.

Additionally, structured interviews were conducted with two leaders who work in behavioral health, one a physician and the other a licensed therapist.

The organization has provided services to its local communities for over 100 years (BHO, website). Leaders of the BHO recognize that changes are “needed to expand their service for this select group of ASD patients” (BHL conversation, 2023). Adding MT will expand services to children, adolescents, teenagers, and adults (Brancatisano et al., 2020); MT leads to new opportunities to learn self-expression and communicate thoughts and feelings for children, teens, and adults with ASD. These productive contributions include improved cognitive, psychosocial, behavioral, and motor benefits.

Brancatisano (2020) said music is engaging, emotional, physical, personal, social, and persuasive and encourages synchronization of movement and speech. Music has concrete benefits that are overlapping and interdependent, and it is a special and unique tool for therapeutic purposes. Sarrazin (2023) stated that music learning is a holistic and artistic approach that involves outlining developmentally appropriate methods to understand the role of music in children’s lives through play, games, creativity, and movement (para. 2). Music contains many components that are best referred to as core elements: pitch (melody and harmony), rhythm (meter, tempo, and articulation), dynamics, and the qualities of timbre and texture (Sarrazin, 2023).

Music and its applications can have many positive benefits for ASD patients. Exploring what patients respond to the most will lead to future beneficial treatment plans. Examples of MT include singing, listening to music, and playing instruments. Through

research, interviews with BHLs, and data from the organization's websites, implementing MT will be an asset to all patients and families and benefit all parties, including BHOs.

### **Analysis, Results, and Implications**

#### **Qualitative Coding**

I used a cloud-based Wordle tool to code qualitative data based on interviews and research. I coded transcripts derived from two interviews with two BHLs in the organization. Interviews were recorded and transcribed for two patients (medical doctors and licensed therapists) who are part of the workforce at the BHO. Data from these interviews were used for thematic coding. Nodes, or categories, were created, and themes were identified through discussion patterns. Transcribed interviews were then clustered in word patterns using Microsoft Word. Word patterns and phrases were uploaded into a word cloud generator (see Table 1 and Figure 4).

**Figure 4**

*Word Frequency Cloud Using Microsoft Wordle*



The interviews with both BHLs yielded 44 detailed thematic codes, which were analyzed and re-coded into nine recurring themes. These themes were explored and, as a result, re-coded into eight pieces, as listed below. The themes include MT (MT); Organization Website; Treatments / Medications; Cultural Awareness; Positive vs. Negative Emotions; and Cognition, Feelings, Emotions, and Thoughts.

Open coding involves familiarizing oneself with the data; conducting initial coding; re-reading; and identifying concepts, categories, and themes. Codes are created that represent these concepts, categories, and themes. Similarities are identified and boiled down, and sub-themes are generated within the more prominent pieces, such as MT and Autism. Codes are then refined to ensure accurate representation. A codebook is generated, including definitions. Open coding facilitates the researcher to understand the

patient's experiences and perspectives. Revision is part of the process as a more profound understanding manifest.

This illustration shows the direct correlation between cognitive, psychosocial, motor, and behavioral skills, the main areas where MT positively affects ASD children, teenagers, and adults. The display expresses many relationships which are associated with ASD patients, treatments, keywords that are associated with medicines, best patient care, and the positive results which occur when MT is implemented.

### **Key Words and Phrases**

By reviewing the data, keywords were examined. Based on this review and the fact that this BHO has a history of providing treatment for patients with a history of ASD, many descriptive words rose to the surface. The BHO needs new programs and services identified to meet the needs of children, teenagers, and adults utilizing MT treatments. The BHL mentioned multiple times during interviews that her perspective is that alternative therapies, such as MT, would provide solutions for ASD patients.

According to the BHL (November 20, 2022), most children who are diagnosed with ASD experience an increasing need for more services and support as they grow older. The three top themes from the leadership interview included the demand for new services, assistance with social skills, and help improving behaviors. The most common terms mentioned in the BHL interview also included communication, focus, and cognition. The BHL equates quality performance with investing in overall well-being by encouraging autonomy and having a *laissez-fair* management style.

Nine themes were introduced earlier: MT (MT), Organizational Website, Treatments/Medications, Cultural Awareness, Positive vs. Negative Emotions, Cognitive, Feelings, Emotions, and Thoughts. I wish to highlight the top three from the nine and explain their importance in the application of MT with ASD patients. Under the section emerging themes, a more detailed description is offered. All nine themes reflect the full implementation and its effect on ASD patients.

MT as a new service was theme number one, specifically regarding management developing strategies for continuing growth when implementing a new program. Through exploration and collaboration with employees, effective changes are made and implemented, and patient care improves. Increased commitment towards organizational development, workforce commitment, and social impact are all accomplished by adding MT as a new service program.

The second theme involved the corporate organizational website, which includes updated information covering every aspect of this large BHO. More than 50 care providers are in these departments, including physicians, psychiatrists, and licensed therapists. Diagnosis and treatments are facilitated in this department so providers outside this domain can focus on other aspects of daily patient healthcare.

The agency has internally built an effective practice offering counseling and therapy for staff and patients at numerous facilities. (BHL, personal communication, November 20, 2022). The BHO has built a successful and supportive work environment through workforce capability, competence, and climate. The organization has formal



mission and vision statements on the organization's website. Therefore, the leadership explores more profound levels of processes to ensure improvement.

The third theme involves treatment and medications. Several pharmacies are available at numerous facilities and outside vendors and can fill diagnosed prescriptions for ASD patients. The Behavioral Health department sees ASD patients under their care, and treatments, including alternative therapies, are offered. Communication with the BHL on May 2023 suggested that the use of MT could be added as a service internally in the Behavioral Health area and might also be effective if outsourced to independent facilities in the community.

### **Thematic Results by Research Question**

The following section will expand on themes corresponding to the research questions.

RQ1: What type of new services and programs would meet the needs of ASD patients?

#### **Emerging Theme: Implementation**

How to best implement services and treatment in a hospital setting for ASD children was the first theme to explore. The data collected identified, including 1:1 interviews and website review, was used to identify themes. The terms *special needs*, *barriers*, *social skills*, and *efficacy* were connected to this theme. Both behavioral health leaders expressed the need for treatments to help children fully express their thoughts, feelings, and emotions. In an interview with the BHL (December 15, 2022), the doctor told me that she was “excited to learn new ways and methods that ASD children could be

engaged in that would result in improved social and behaviors” (1:1 interview with BHL, December 15, 2023). This research addresses the MT services and programs that would benefit ASD children. The changes needed involve stopping outsourcing programs and services to social workers and bringing all treatment in-house, through professionally trained staff members, to execute many creative MT interventions.

### **Emerging Theme: MT, aka MT**

In Atlanta, GA, there is a well-established model, a private facility that offers a great example of MT treatments (The Academy of Neurologic MT, 2023). This aspect of MT addresses the first research question, which asks what type of new services would best meet the needs of the ASD population. Research by Hartman et al. (2022) concludes with choices of the kinds of interventions using MT can include playing recorded music, humming, singing, dance movement, drums, guitar, pianos, keyboards, midi interfaces, Pro Tools sequencer software, and all other instruments used in a band and orchestra setting. This theme answers the question surrounding what type of new services and programs would meet the needs of ASD patients.

By following existing models like the George Center, The Academy of Neurologic MT (2023), anyone attempting to start a new service in a hospital or private setting, can follow and implement new MT programs by using this facility as a guide and role model. Research by Epstein et al. (2019) validated the importance of MT in three different arenas; musical infrastructure, which includes arousal, attention, and emotions; meeting points which have the differences between musical and verbal playfulness,

which involve verbal and non-verbal pretend to play and lastly, musical responses. ASD children deserve MT because the treatments work.

RQ2: What changes will it take to convince the leadership in the Behavioral Health Area to realize the merits of MT and be willing to implement this as a new service?

### **Emerging Theme: Diagnosis of Autism and Affected Population**

According to interviews with the BHLs, one of the biggest concerns is the rate of divorce and separation of married couples when a diagnosis of ASD is rendered. The BHLs suggest incorporating psychoeducation, which can include the staff of psychologists and Marriage and Family Therapists to intervene and offer counseling and support to the couples and family counseling to provide the best care for all patients. All MT treatments and services aim to find authentic and effective therapies to help the children and the families modify behaviors, increase social skills, and improve ASD children's cognition and executive function. Interviews with the BHL provided insights into the level of frustration experienced by the therapists in the Behavioral Health Department at the BHO.

While interviewing the BHL (December 15, 2022), she mentioned that if their facility could offer MT services, it would increase their ASD population. The BHO expressed concern for the care of the ASD population and admitted her frustration with being unable to offer credible services in-house. She can only hand parents a business card to a local Social Worker, with no follow-up.

According to research by Vaiouli (2022), involving parents and guardians in participating and supporting MT actively will offer peace of mind and secure marriage relationships when they realize there is hope and solutions and coping mechanisms are readily available. In addition, Vaiouli's (2022) study validated that family-centered MT interventions can create preconditions for communication events between parents and their ASD children. Parents develop competence and confidence once they witness the positive differences MT brings to their children. This theme answers the questions surrounding convincing the leadership in the BHO of the merits and necessity of implementing new services and programs.

**Emerging Theme: Organization Website**

Current diagnostic tools used by the BHO are available and very extensive. The company website is highly informative, with over four pages of information, allowing parents to self-diagnose their children on the autism spectrum. Encouragement is offered to bring a child in person so a medical doctor can officially diagnose a child who may be on the range. According to the BHLs, children must see a medical doctor to be evaluated by a professional and determine an accurate diagnosis. Treatment should only be prescribed after an appropriate diagnosis takes place.

The demographics of the BHO also represent a broad range of diversity. According to Data.com (2023), the five most prominent ethnic groups in this region of the Midwest United States include White (Non-Hispanic) (37.3%), Asian (Non-Hispanic) (26.7%), White (Hispanic) (16.4%), Black or African American (Non-Hispanic) (7.86%), and Other (Hispanic) (3.43%). Providing ASD and MT services to different populations

requires strategic planning and an awareness of what is appropriate for each culture being served. Everyone in the workforce supporting the MT services would need special training to help the families involved in treatments.

West et al. (2021) research validates through numerous tests of social skills (SSPI) allow evaluations of ASD to inform treatment options and facilitate evidence. West (2021) provides concrete proof that communication and social skills are improved when testing is applied to the ASD population. West's research will inform the BHO of the merits of treatments that can be evaluated using the same tests as West (2021).

In a one-on-one conversation with the BHO (December 15, 2022), she indicated that she was grateful that the Behavioral Health department lists several pages on the website which assist parents in psychoeducation regarding diagnosing their children who might be on the spectrum. The BHO also mentioned how difficult it is to tell a parent that their child has a diagnosis of ASD and all the emotions that are present. Coping skills and help to process this type of information are appropriate to see a therapist for help and guidance. This BHO has over fifty providers to assist in this level of care with parents and families.

The new services and programs will assist ASD children and families in finding new opportunities that involve self-expression, comfort, and a soothing aspect that some children have never felt. According to BHL, they look forward to offering treatments in-house. This turnaround in implementing MT will expedite an ASD child's ability to express their thoughts, feelings, and emotions and expedite services.

**Emerging Theme: Treatments and Medication**

Parents should be cautious when choosing providers and treatments. Research by Rumball (2019) concludes that children diagnosed with ASD often experience symptoms that represent PTSD coupled with trauma issues. Medication that is typically prescribed to ASD children, teens, and adults varies, according to research by Madden et al. (2017). Madden's analysis includes children ages one to seventeen with ASD, compared with matched cohorts with no ASD. Almost half (48.5%) of children with ASD received psychotropics in the year observed. The most common classes were stimulants, alpha-agonists, atomoxetine, antipsychotics, and antidepressants.

Lilja et al.'s (2022) research indicate that the comorbidity of ASD is ubiquitous. Pharmacological treatment for ADHD symptoms is compelling. Coinciding with the research question dealing with parents and guardians, choosing services and programs, including medication and MT, should be considered with medication, as determined as medically necessary by the attending physician. The BHL, in an interview, indicated that she has to provide a great deal of consultation with parents and guardians who need to be informed of the benefits of medications to treat ASD and what the side effects are present.

RQ3: Will parents and guardians be willing to support MT as a new service program for their children diagnosed with ASD?

**Emerging Theme: Parents / Educators**

Parents and educators are critical components in providing extended care to ASD children. As stated in the research questions, the participation of parents and guardians is

crucial to the sustainability of MT as an added service and program. Planning daily to add MT at home is a requirement. Children on the spectrum thrive when their schedules are consistent and predictable (Pamatatau, 2021). Caregivers of ASD children include daily routine planning, seeking social support, and obtaining further information and education to provide the best care for their child. Emotional support for parents includes helping with action-based coping strategies (Pamatatau, 2021).

Educators are inclusive of teachers at school, coaches, and private tutors. Careful selection of appropriate levels of care, training, and awareness is essential in choosing proper care when children are out of sight and control. Phoebe Caldwell (2010) sets an international standard for care and treatments with proven efficacy in the UK. Caldwell (2010) uses a unique technique called Intensive Interaction. This treatment is receiving increasing acclaim as an effective way of communicating and developing emotional engagement with children diagnosed with autism. Pamatatau (2021) shared firsthand experiences, including the experience of 15 fathers, sharing their experiences and growth in caring for their children. This theme supports the parent and guardian question and shows the importance of family participation and cooperation.

The ideal is for parents and teachers to work collaboratively on behalf of the ASD student. Teachers must be informed if a child is medicated and assist the school nurse in ensuring medications are taken regularly. Depending on an ASD child's severity level will place children in many areas, including a special needs class and mainstream a child in a regular classroom. Other education groups with an ASD child may include designations such as Section 504, a legal document in public schools stating special

accommodations involving special services such as speech, occupational, and special needs services. An IEP is another public school-based legal document providing special needs students assistance to meet educational goals (US Department of Education, 2023).

### **Emerging Theme: Cultural Awareness**

New services and programs need to be culturally sensitive. Broad-based research includes exploring many types of cultures to fully know the families' experiences and their disappointment with the diagnosis of Autism. Examples of this are found in Asian and Middle Eastern Cultures. This awareness aspect is crucial in providing psychoeducation to all parents who often expect that when their children are born, they will become educated and eventually become doctors, accountants, CPAs, nurses, and surgeons. The level of anger when the reality that these aspirations were never possible can result in parents and guardians and even grandparents being filled with rage and anger. Without proper understanding, which can include marriage and couples counseling, the diagnosis of Autism can result in couples getting divorced or separated.

Psychoeducation can advocate for this population, helping parents work through the acceptance phase and find ways to help their children live good lives. Research by Ghanouni et al. (2023) states that positive coping strategies can exist with ASD children, teens, and adults through reframing stressful situations. By taking the action of reframing, increased positivity will occur, and stress will commensurately decrease, depressive symptoms will also dissipate. Again, this theme brings out the involvement of parents and guardians through the lenses of multicultural experiences and shows an exemplary aspect of awareness for all care providers through MT.



**Emerging Theme: Positive vs. Negative Emotions**

ASD children, teens, adults, and parents often cannot express their thoughts, feelings, and emotions. Positive emotions exist when providers, parents, guardians, and educators provide care and treatments, allowing patients in the ASD community to feel encouraged, supported, and understood through the application of MT and other forms of treatments that new ways of self-expression are discovered, allowing new avenues of conveying how each individual can feel new thoughts and express these issues with positive, well-regulated results.

Negative emotions can exist when there is a lack of psychoeducation and parents, guardians, and other caretakers do not understand ASD and its broad impacts on the daily lives of ASD people. By providing teaching and training through psychoeducation, all patients can be informed of what to expect when working with the ASD population and learn new skills to assist families and children adequately. Then positive emotions will exist and will eliminate the harmful component. Roughan et al. (2019) The quality improvement (QI) methodology approach allowed for efficient systems and cost-effective ways to run interventions within our ASD pathway. Parents patients reported high satisfaction with the groups and increased confidence in their ability to parent their child with ASD. This approach of educating parents on the way to care for their ASD child offers positive social changes which benefit all families. This question goes along with the third research question dealing with parents and guardians and the necessity to provide support and education.

Whenever a person, child, teen, or adult possesses some disability, they can be subjected to rejection, judgment, and ridicule. Loftus (2022), in her article “Breaking the Autism Stigma: What can we do?” gives some great suggestions. Because ASD is virtually invisible, the ways people discern a child is struggling is usually through social interactions. ASD children’s response to being misunderstood is to melt down or experience a sensory overload. Loftus highly suggests having training sessions where a parent can be trained to manage their child and protect them appropriately. Teaching eye contact and using your words are some of the primary goals.

### **Other Organizational Results**

#### **Client Programs and Services**

The BHO programs and services were analyzed by reviewing their website and one-on-one interviews with the physician and licensed therapist. This non-profit hospital has a 100+ year history of serving the local community. An extensive 34-member Board of Trustees works under the Chair, 13 Advisors, two Oversight Committee members, six Administration members, and a President and CEO.

Client programs include a large number of active endeavors. The top ten programs include Safe Kids, Butterfly Program, Pediatric Residency Program, Pediatric Emergency Medicine Fellowship, PossAbilities, Minority Introduction to the Health Sciences, Center for Health Disparities and Molecular Medicine, Support COVID-19 Efforts (BHO website, 2023). These programs represent several internal programs the BHO has developed to support families and communities in their local demographics. Many of these programs have received national awards and recognition in social media.

## **Client-Centered Workforce**

The BHO offers surveys to patients and staff with a formal program to measure the lasting results. Baldrige's (2021) research validates results in four dimensions regarding patient care and outcomes. The questions that need to answer include what your current performance on a meaningful measurement scale is; are the results are improving, staying the same, or declining; what the comparison of services at other facilities is or with benchmarks or industry leaders; and how are you tracking and using results for future decisions. This BHO website offers information about its internal patient survey process. The CG-CAHPS survey was developed and adopted by this BHO, which includes formatting by the Agency for Healthcare Research and Quality, US Department of Health and Human Services. CG-CAHPS is recognized for its scientific rigor, reliability, and credibility and is used in hospitals and medical practices nationwide (BHO website, 2023). Provider Communication Questions include.

- Did this provider explain things in a way that was easy to understand?
- Did this provider listen carefully to you?
- Did this provider give you easy-to-understand instructions about managing these health problems or concerns?
- Did this provider show respect for what you had to say?
- Did this provider spend enough time with you?
- Using any number from 0 to 10, where 0 is the worst provider possible and ten is the best, what number would you rate this provider (BHO, website, 2023)?

Upper management within this BHO takes this information, both positive and negative feedback, into account as they make day-to-day management decisions. This BHO opens to a transparency policy at every level of the organization, including patient feedback (BHO, website, 2023).

### **Organizational Leadership and Governance**

CEO / President and managers constitute leadership for the organization. There are extensive 34 members of the Board of Trustees who work under the Chair, 13 Advisors, two Oversight Committee members, six Administration members, and a President and CEO. This BHO has a 100+ year history, over 16,000 employees, 1,000+ physicians, and over 1,000 licensed beds. The facility website defines governance as Professional governance is a collaborative governance structure that gives professionals, such as nurses, a voice regarding issues that affect their practice. Professional governance is a professional model that enables direct-care nurses to contribute collaboratively as decision-makers regarding the nursing practice setting. The professional governance council data below includes mobile and perioperative units and departments.

Professional Governance Councils at this BHO include 40 in the university setting, 12 in the Children's Hospital, and 28 in the Medical Center. Professional governance includes collaborating as nursing-driven interdisciplinary teams to make meaningful changes/impacts on the patients and families they serve. Projects organized by Professional Governance Councils are based on the Loma Linda University Health Nursing Strategic Plans and address the organization's targeted health outcomes to improve the patient experience. Professional Governance provides an environment of

collaboration and the opportunity for frontline nurses to impact nursing processes within the organization. Nurses bring their expertise and promote quality care and outcomes to patients and their families in the communities (BHO, website, 2023).

### **Financial and Marketplace Performance**

Financial reports were readily available for the hospital's medical clinics and university on the organization's website. No financial breakdown was available for the Behavioral Health area on the website and through a conversation with the BHL. The BHL did express through one-on-one interviews that the organization is financially stable, with assets over \$163 billion (BHO website, 2022) and a history of 100+ years of consistent growth and expansion in the community, nationwide and internationally. Formal marketing strategies are in place, which include social media, the organization's main website, and direct referrals from patients, doctors, and other community facilities. In one of the children's hospitals, BHL stated the following.

We want our patients to thrive, BHL said. In pediatrics, which means whole childcare. We care about the entire picture of what is happening to their lives. Not just their physical health but their mental, spiritual, family, emotional, and behavioral health. Our goal is to meet the needs of these patients in the community and these children globally in a large-scale way, not just by having another pediatric clinic in the area (Ukenreport.com, 2018).

This organization will thrive for many years with a large, highly sustainable BHO model, excellent leadership, and consistent growth and expansion.

## **Social Impact**

Community social impact would result in exponential growth and expansion of services to those with insurance and those who need assistance to provide the best care for ASD children, teens, and adults. Services and training can also be supplied to implement MT through teachers and educators in public and private schools. In-home treatments can be tailored to allow parents and guardians to include MT activities in the daily life schedule of this ASD population.

Frye (2018) concluded that the social deficits which define ASD result in significant disability. Social function is a complex outcome of studying individuals with ASD requiring special considerations in clinical trials. There are currently no FDA-approved drugs for social deficits in individuals with ASD. Using MT and treatment provides alternatives in helping modify an ASD child, teenager, and adult, without risking experimental drug interventions, which can have extreme side effects.

## **Strengths and Limitations of the Study**

The study's strengths include its flexibility and qualitative design, positive collaboration with the interviewees, adaptive use of the Baldrige Framework (NIST, 2021), and use of data analysis tools, tape recording, and transcription. The single case study design allowed for in-depth exploration with the BHO and BHLs. Contrasting the interviews with two organization leaders provides a realistic cross-section of experiences and opinions. The research developed a trusting, ongoing altruistic relationship with both the BHLs, which allowed exploration, clarification of responses, and continuation of data accuracy, validity, and understanding.

A secondary strength was found in the recorded interviews-transcribed using a subscription service, which was printed out and stored hard copies. From this baseline, baseline follow-up interviews were held, emerging themes were developed, and verbatim quotes were established and used to support the findings. The continual application of the Baldrige Framework of Excellence (NIST, 2021) added great support with flexibility, generating topics and questions that assisted in working with the large, non-profit organization.

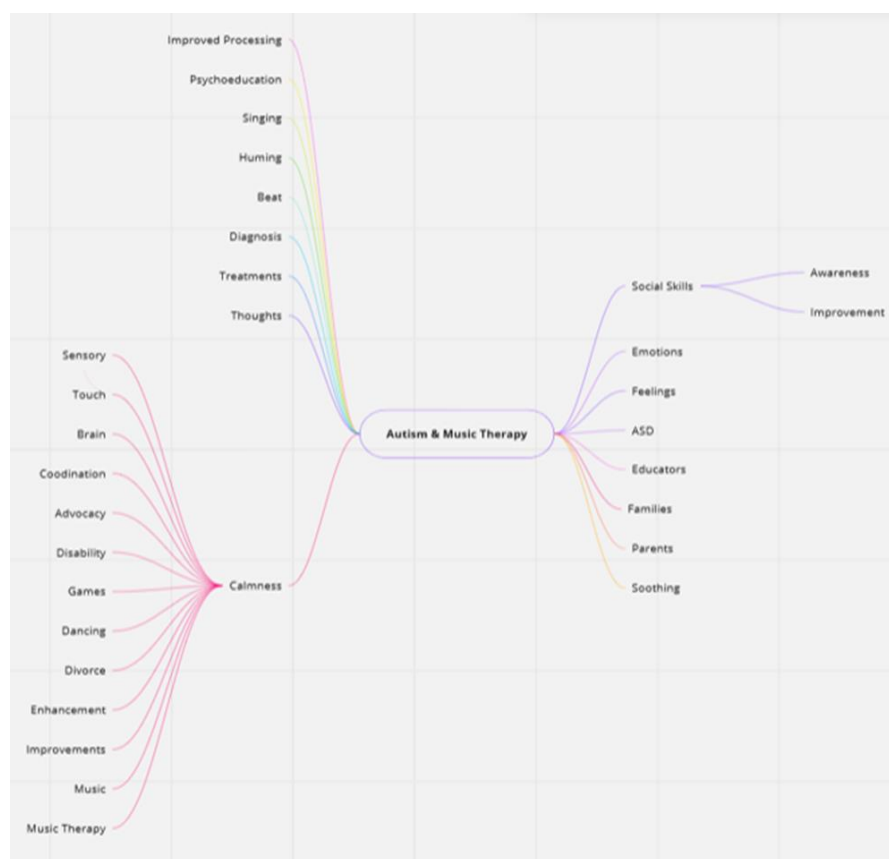
The limitations of the study include data reliability. Many organizations in the United States currently use MT as treatment outside of hospitals and medical settings, in privately owned facilities, for-profit and non-profit. Reimbursement for MT Services is new in the United States. CPT coding and the ability to file claims were very scarce from 2012 – 2018, according to surveys facilitated by Moore et al. (2021,) and this whole area of reimbursement has only been recognized in five states. Privately held independent facilities that offer MT treatments do not publish their financials. When more hospitals and medical facilities participate in MT treatment for the Autistic population, there will be a more excellent baseline to determine the success rates of MT. With services on a cash basis, it limits the patients because not all families can afford MT treatments. Figure three gives a broad representation of the impact of ASD and MT and what different aspects of a child's life are impacted by this new treatment and services. The areas most affected include the patient's brain and executive functions on the left side, where the brain learns new ways to process life and daily activities. The other areas on the right

delineate how families, parents, teachers, and educators will notice improvements in social skills.

The column starting with Improved Processing lists creative venues that can be part of implementing treatments and keywords that summarize a patient's daily experience.

**Figure 5**

*Mind Map of Autism and MT*



When a child is diagnosed with ASD, the whole family dynamic changes, teaching parents what to expect, how to work with their children, developing coping mechanisms for themselves and other family members, and teaching appropriate



behaviors to the child. When MT is introduced into the daily life of ASD children, one of the first observations is the attribute of calmness. Social skills and behaviors improve at home, in the car, in school, and in the session. MT can be introduced in many ways, including singing, humming, and feeling beat. Through appropriate diagnosis and treatments, a child will experience improved processing, better thoughts, sensory improvements, touch awareness, and the brain can open new communication channels.

Advocacy exists so the disability of ASD does not have to hold a child back. Through correct psychoeducation, parents, and guardians can avoid divorce, and their lives as a family unit can be significantly improved. Educators can collaborate with parents, learn which aspects of MT appeal to a child most, and accentuate their care accordingly. Social, emotional, and behaviors improve with the use of MT treatment.

## Section 5: Recommendations and Conclusions

According to the BHO, the organization adheres to requirements for employee licensures and state regulatory reporting standards. The agency does have a formal mission, vision, policies, and internal quality performance goals. The BHO also offers the delivery of many services, as proven by consumer satisfaction, treatment success through the consumer's ability to manage symptoms, and indicators of life skill development. Service performance is in the documentation about treatment, service notes, and adherence to billing compliance (personal communication, November 20, 2022). Analysis of the evidence has led to the following recommendations.

### **Service Recommendations**

Diagnosis of ASD has a commensurate impact on the brain, which affects every aspect of an individual's life, including adolescence and adulthood (NIH, 2023). According to the BHO, BHLs are to meet the needs of all patients, including those diagnosed with ASD (personal communication, November 2022). This study identified the need for developing a targeted and effective MT program to support ASD children, teenagers, adults, and their families. Through MT, new coping mechanisms can be acquired through a partnership with skilled professionals adept at training parents, educators, and BHLs. Six recommendations are offered to the BHO leadership for MT service introduction.

1. Leadership should use existing data to determine a baseline for current service outcomes in the organization.

2. Leadership should call together a group of internal and external stakeholders to analyze the data and develop a 2-year plan that includes an annual review of goals following the program's implementation that supports the BHO's vision, sustainability, and potential future growth.

3. Leadership should develop a communication plan, which includes reliable performance updates to stakeholders.

4. Leaders will define the concept of change to provide a clear and succinct understanding of the program and to implement compelling motivation for variation within the organization.

5. Leadership should communicate performance efficacy by distributing reviews in memo form and town hall meetings to internal and external stakeholders, including employees, individuals, families, and community partners.

6. The BHO leaders should track performance monthly, communicating outcomes to stakeholders and seeking input for necessary changes.

An MT program for ASD children, teenagers, and adults would address the BHO's practice problem. I recommend that the agency leaders implement the development of this MT program in phases over one year. The following describes the steps and a timeline for developing the program. Through structured processes and implementation of assessment, the BHO leadership will implement innovative programs and services with a process improvement plan. The following are recommendations:

1. The internal stakeholders and leaders must review and adhere to the existing mission and vision statements.

2. The BHO leaders, stakeholders, and board members can review and recommend changes and improvements to the existing mission and vision statements.

3. Internal stakeholders develop, distribute, and examine survey and interview responses from staff and clinicians to develop a strategic plan for implementing an MT service for ASD patients.

4. Communicate strategic plan and process improvement assessment outcomes to all internal and external stakeholders through written memos and scheduled meetings accessible in-person and virtually.

### **Recommended Implementation**

MT programs for ASD children, teenagers, and adults should be strategically developed and implemented. New services should be completed in phases to help ensure efficiency and effectiveness and allow for an opportunity for organizational learning, responsiveness, management of innovation, and delivery of positive value and results.

The recommended phases are outlined in Table 2.

**Table 2**

#### *Phases and Timeline of Implementation*

Phase	Description	Timeline
Phase 1	Identify the team/leader	Month 1
Phase 2	Develop a strategic plan	Month 2
Phase 3	Create written policies for the program	Month 3-4
Phase 4	Identify which clients will use the program	Month 5
Phase 5	Program Development	Month 6-7
Phase 6	Implementation	Month 8
Phase 7	Three months assessment/evaluation	Month 11
Phase 8	Make changes to accommodate limitations or weaknesses	Month 12
Phase 9	Re-evaluation 6 months, nine months, and yearly after that	Month 18, 21, 24, actually after that

In Phase 1, the phase description involves the leaders identifying a team that could brainstorm and create a strategic plan for developing an MT program. Facilitation should include naming a team leader who would report directly to the BHO leader(s) weekly and providing progression updates. The benefit of this phase would consist of establishing and tracking patients' progress in a group and individually. The phase involves diverse patients, professions, perceptions, and ideas that may be essential. This team should consist of internal and external individuals with various backgrounds, including education, clinical counseling, MT, social work, case management, business management, and at least one of each professional: clinician, case manager, and leader from the BHO. The timeline would be one month.

In Phase 2, the phase description would involve the team developing a strategic plan. The benefits of the phase would establish priorities for the development of MT, various instruments, singing, and humming instruments; the energy would be focused on operational strengths and limitations of the stakeholders for working toward common goals. Those involved in this phase would include staff and patients. An agreement around intended expectations and an assessment plan would evaluate the efficiency of this new program. The timeline would be in month 2.

Phase 3 includes creating written policies for MT, ASD needs and wants, and providing guidance and clarity for stakeholders using the new MT program. The benefits of this phase would include showing the efficacy of the treatments and how they benefit each patient. The patients in this phase would consist of patients and their families,

educators, and the staff in the Behavioral Health Department. The timeline would be months 3 and 4.

In Phase 4, team members would identify the ASD consumers/organizations using this new program/service. The benefits of this phase would consist of community involvement and collaboration with other like-minded agencies. Those involved in this phase would include the workforce, h local school districts, other behavioral health agencies, residential services, local mental health hospitals, and others who would benefit from a firsthand MT treatment program and services. This phase would be assigned to month 5.

In Phase 5, the BHO team would develop the program and discuss the vision of the best types of MT that will have the most significant impact. Creation of a step-by-step program training manual and curriculum for clinics, homes, and school/educational settings would occur. Discussion and identification of who will become trainers/providers of the program, both volunteers and paid workforce, would also happen at this stage, along with creating specific plans to assess and evaluate the program for positive social change, including successes and areas of improvement needed. Necessary changes would be implemented to accommodate the unique needs of the ASD population, including special accommodations. This phase's benefits include presenting findings and a strategic plan for expansion, new equipment and musical instruments needed, and submitting programs to critical leaders for approval. The BHO's leader will begin Phase 6, the program's implementation. The development team will guide and support newly trained providers during this launch. The timeline for this phase is months 6 and 7.

Phase 6 involves implementing the MT program and services in a hospital setting. The benefits of this phase are the allowance of actual before and after observations, how ASD children respond to this new intervention, and what positive comments can be tracked and recorded. The involvement in the phase would be referrals from the entire medical including pediatricians, MDs, and Behavioral Health staff members who directly refer patients for MT treatment sessions. The timeline for this phase is month 8.

Phase 7 includes the development team, who will create and conduct assessments for program evaluation. This phase's benefits include collecting state data containing responses from ASD client surveys and employee surveys. In this phase, the surveys are presented by parents and families of ASD children, teenagers, and adults. The timeline for this phase is month 11.

Phase 8 involves addressing and making changes or accommodations for limitations/weaknesses found during the launch and assessment phases of the program. The benefit of this phase will be allowing room to assess what is working and eliminate or replace the aspects of treatments that are ineffective. The benefits of this phase include improvements to existing services, including changes. Those involved in this phase will be giving feedback, including staff, physicians, therapists, nurses, ASD patients, and families, allowing effective changes to be considered. The timeline will be month 12.

In Phase 9, the last portion of the program team will conduct 6-month, 9-month, and yearly evaluations of the impact. The benefit of this phase will include adjustments after each assessment to accommodate changes needed for the success of the program

and patient outcomes. Those involved may include professional staff, the workforce, and the administration. The timeline will be months 18, 21, 24, and annually after that.

### **Organizational Leadership and Governance**

BHLs, CFO/presidents, and managers constitute leadership for the organization. The agency leaders inspire and guide the BHO's growth and capabilities through a collaborative and open communicative approach with employees (personal communication, November 20, 2022). The BHO may benefit from its existing board of directors, including outside stakeholders, which provides an opportunity to gain experience in industry or economic changes that could direct internally needed modifications. Interviews with staff, clinicians, and case managers should concentrate on perceptions, including the following:

1. Professional growth opportunity with the implementation of the MT program.
2. Shared vision and values with the employer.
3. Training opportunities and incorporating new MT basic skills.
4. Organizational, community.

### **Financial and Marketplace Performance**

With a hundred-year history of success, this BHO displays a high level of financial integrity and sustainability and is recognized as a non-profit. By referencing the BHO website, financial statements are available, and they indicate the resources of the entire medical facility total of six hospitals, forty-two clinics, and mission hospitals worldwide. A university is also included, which provides education, interns, and resident placements within all the facilities. The workforce consists of over 18,000 employees,



over 2,200 physicians, 56,700 inpatient visits, 1.9 million outpatient visits, 4,600 babies born, 164,000 ER visits, 755 residents, and 137 fellows, according to the BHO website (2023). Total community benefit investments for 2021 are \$193.69 million, Research \$2.08 million; free, loc-cost & Subsidized Health services \$14.27 million; Community Health Investments, \$3.03 million; Shortfalls in Medicaid \$109.60 million (BHO website, 2021).

### ***Social Impact***

The BHO creates social impact through improved patient care in all age groups who identify with a diagnosis of ASD. According to the literature, parents and guardians continually look for new, creative, and proven treatments and programs to assist their ASD children, teens, and adults to live productive lives with more excellent skill sets. When parents involved in support of ASD issues discover that MT can offer prosperous and positive changes to their child's life, they will become highly supportive and tell everyone in their social network about the excellent services.

Communities that support special needs will support all medical facilities where services will be successful and transform lives. When children learn new avenues to channel their thoughts, feelings, and emotions, they will thrive in their educational pursuits and secure employment in expanded industries.

## **Recommendations for Future Study**

### **Recommendation 1**

A review of the literature indicated there is extensive data available regarding treatment for individuals who have a diagnosis of ASD. There are also comprehensive

research studies that address mental health issues relevant to the indicators of behaviors indicative of those suffering from communication and social skills challenges, restricted interests, repetitive behaviors, and limited ability to function in schoolwork and other areas of life (NIH, 2023).

### **Recommendation 2**

While researching the current practice problem, I found limited research offering solutions and evidence of effective treatments for the ASD population. According to the literature, MT offers some of the best interventions with positive success, including significant social changes at home, school, and clinical settings (The Academy of Neurologic MT, 2023). MT presents an opportunity for further research to address additional ways, including art and dance, as possible interventions.

### **Recommendation 3**

The BHO should consider creating strategies to measure workforce engagement and performance. Measuring work performance, learning and development, and career progression may bring opportunities for organizational growth and staff, provider, and client satisfaction. Satisfaction offers two levels of concern; workforce and patient gratification may be measured through quality surveys, while performance may be measured through annual employee reviews, including feedback and discussion from evaluator and employee.

Evaluation of the impact of using MT on ASD patients needs further study. Using controlled groups shows the correlation between a population with no MT and groups who incorporate MT in their daily lives at home, school, and clinical settings. A direct

correlation between these two groups can assist in showing the efficacy of MT, and its positive benefits, including social skills, cognitive abilities, and behaviors extended into feelings, emotions, and thought patterns.

### **Dissemination Plan**

The study benefits the BHO leaders seeking new treatments and services to improve their care for ASD patients. Upon completing this study, the researcher will meet with the BHL to provide an overview of findings and recommendations and discuss potential plans to disseminate this work to their Board of Directors and other designated staff members and stakeholders. As noted earlier in the Implementation Plan, this may be accomplished by delivering a PowerPoint presentation of a brief written summary highlighting crucial methods, findings, and recommendations, depending on the preference of the BHO leadership. Proposals often require a change in direction or expanded approaches to current practices. The researcher can highlight the need for the leaders to participate in a strategic planning process, setting the course for taking action. Changes can be implemented toward future, successful organizational performances.

Plans for disseminating this work to the organization is to create a well-organized report that communicates a summary of the research, discovery, and detailed recommendations made to the BHO and its leaders in the Mental Health and Behavioral Health areas. Question-and-answer at the end for further clarification or comments.

### **Conclusion**

This qualitative study aimed to explore the need for behavioral health agencies to incorporate MT into their services and understand the impact of implementing this

service on the ASD community, including children, teenagers, and adults. The literature identified a significant correlation between new treatments and MT should be in the daily lives of children, teenagers, and adults. Literature also identified meaningful therapies that offer substantial relief and the ability for ASD patients to begin to express their thoughts, feelings, and emotions. Treatment modalities involve many applications, including MT and the new ability to bill significant insurance carriers for services. The literature supports meaningful changes in ASD patients' behavior, increased cognitive abilities, and improved social skills. This study aimed to bring understanding to the BHO about developing innovative programs and services where MT is for use with ASD patients, with immense success.

A structured interview with the BHL provided information about the workforce engagement processes, financial presentation, and strengths and limitations of the BHO's service delivery efficacy. Studying the agency's systems and methodologies led to developing recommendations to improve services, organizational sustainability, and positive impact through social change for individuals served, stakeholders, community outreach programs, educators, and state and federal-level programs. This study's results may contribute to the literature on the practical development of new services and programs toward improved healthcare quality for the ASD community.

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## Appendix A: Interview Questions

The interview questions are as follows:

1. What would you perceive happens when MT is a form of treatment and allows self-expression in the Autistic population?
2. MT can help to enhance the quality of life for a person with Intellectual Disability. It allows them to communicate with other people nonverbally using music and sounds.
3. By conducting a qualitative study, the results will focus on the values, behaviors, and opinions of the Autistic population. Are you open to reading these results?
4. What differences do teachers and parents notice when MT is present? Is the child calmer, more engaged, and less disruptive?
5. What is your experience and opinion of ABA therapies for ASD children?
6. What are the age ranges of children diagnosed with ASD under your care?
7. What type of psychoeducation needs do the parents have to help them facilitate caring for their ASD children at home and school?
8. What types of MT do children enjoy and engage in the most?
9. Should the creative arts be expanded when working with ASD children to include Music, Art, and Dance?
10. If therapists on staff are interested, how much involvement and engagement would they be willing to participate in the MT training, so they can begin implementing protocols in their sessions?

11. In working with ASD children, what are the best treatments and approaches for working with this population?
12. What would the benefits be of transferring MT treatments from the office to the homes and potential school environments?
13. What budget might be looked upon favorably, including musical instruments, developing curriculum, training sessions, and establishing recorded training sessions for school staff, parents, and educators?
14. When this new service of MT is successfully in place, is this a positive marketing tool that the CEO, board members, and stakeholders would be willing to support and push forward?
15. What about this new service would be the most impressive to management? Have you increased revenue and billing opportunities?
16. Increase enrollment and additional patients, ASD children, and families who will refer their friends whose children need assistance.
17. Would board members, stakeholders, and CEO see this MT model as more than duplicatable in other clinics and hospitals within their umbrella? Could these new services be branded as a model that, under BHO ownership, could be franchised nationwide? International?
18. Could you perceive any foreseeable liability / legal issues with implementing MT?

19. With safety concerns, OSHA, and HIPPA, are there any types of musical instruments that could pose an issue? (Examples are drums, Guitar, Keyboard, Speakers, CD players, drumsticks, and rhythm band instruments.)
20. Because MT applications often open up aspects of a child's thinking patterns, what awareness do you have of how MT will modify and change a child's behaviors?
21. Should this MT type of care be given to all children with ASD under the BHO non-profit status, or should it only be offered to families whose insurance will cover MT treatments?
22. In the BHO setting you are in, if MT were considered to be used with the entire population of individuals affected by ASD, would a demographic population of teenagers and adults be available to participate?
23. What space size would be appropriate for MT treatments in the BHO?