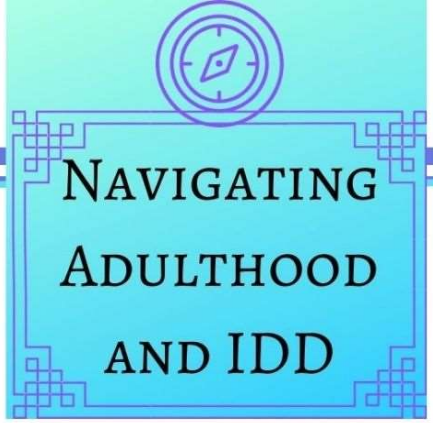


# Episode 15: Amanda Brigham- Design Thinking and Music Therapy

[00:01:33] **Bonnie:** In this episode, I talk with Amanda Brigham about design thinking, but first a word from some of our sponsors.

And now a word from our sponsor Creative Remedies, LLC, Creative Remedies, LLC, is a music therapy and mental health counseling private practice located in Aurora, Colorado, specializing in neuro-diversity, mental health, and bereavement.

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All right. Welcome back to another episode of Navigating Adulthood and IDD. Today, I'm so excited to have my friend and colleague Amanda Brigham, a board certified music therapist in the Denver, Colorado with me today in the Denver, Colorado area with me today.

I just kept on going, but welcome Amanda.

**Amanda:** Thanks Bonnie. Thanks for having me.

**Bonnie:** Yeah, so Amanda, I have a short bio, if that's okay. And then I'll read real quick. Amanda is a member of the Midwestern region of the American Music Therapy Association, and you're also chair of the Colorado Music Therapy, legislative task force. Um doing awesome advocacy work for us here in Colorado, and you own Colorado Music Therapy Services, [00:03:33] LLC. Working with children, adolescents, and young adults with ASD and neurodevelopmental differences. So we're so excited to have you and your expertise here today. I know I kind of read your bio, but would you mind giving us a short introduction about yourself?

It could be music therapy related. It could just be life related.

**Amanda:** Absolutely. I have been a board certified music therapist since 1993. I did my undergraduate degrees in performance and in music therapy at Arizona State University. So got my two undergraduate degrees there. And then I worked for a long time.

I married my college sweetheart, and we moved to Boulder in '95 and got married, started my practice and worked for a long time. Doing, you know, back in the early to mid nineties, pre a lot of internet, it was all about presenting and helping educate people about music therapy and its value for various [00:04:33] populations.

So I was, I was really honored to be able to develop a lot of the. I dunno the first, but yeah, many, oftentimes, the first music therapy programs offered in a variety of programs, schools non-profits clinics in the Denver Metro area, places like Anchor center for Blind children, the Joshua's School, the rise School for Kids with Down Syndrome.

I serve a variety of school districts and early childhood programs in the Denver Metro area, as well as in Boulder county area, which is where I live. And I'm married and have a 10 year old daughter. And I guess another interesting thing about me is that I learned about design thinking and how to apply it as a clinician, into the people that I work with through listening to my own podcasts, listening.

So it's fun to be on a podcast, talking about something that I think is really valuable topic on your podcast. So thanks for having me.

[00:05:33] **Bonnie:** Yeah, of course. And we can get that podcast that you listened to in the show notes, before we dive into design thinking one, something, I just want to say, talking about how you were talking about you started so many things like in the area music therapy wise, it's like.

So true. Give yourself that credit. Cause I swear. And if I'm out like networking, your name comes up a lot. People are like, oh, do you know Amanda? If I'm like, I'm a music therapist, but, or like one time I was at a resource fair and they were like, oh, we already have a music therapist. And I was like, oh, do you mind telling me like, and they were like, oh, it's Amanda. And I was like, I love Amanda. It's really cool to see that impact in the community.

**Amanda:** Thank you. It's been great. I think at this stage, in my career, it's been great to see programs that I've developed and served continue, and take off even after I've moved on. And I think that's a real Testament, not to me, but to the power of our field and that, you know, I think it's obviously we develop a personalized [00:06:33] relationship with the clients that we have, and we all have different styles, clinical styles, and it's nice to have that style valued and appreciated, but it's really the music therapy that I want to see continue.

And so it's great. You know, the very first music therapy program that I started was at Colorado Lutheran Home and Lutheran Hospital which is now part of this it's I think part of the Kaiser system, but a colleague of ours, Lisa Sprangler, took that over for me years ago and she's been there forever and started an internship.

And so it's really nice to see as more music therapists have moved to Colorado, programs just continue to thrive and develop. And, and also, I guess I didn't mention earlier on when I was talking about my, my background, you know, having that experience, that clinical experience was so rich before then going back for my graduate degree, which I did at CSU.

And I think that's also really helped shaped me as a [00:07:33] clinician was that I didn't do my graduate work right away, but that I had those opportunities to really advocate for music therapy and develop programming and gain experience as a clinician before going back to do my grad school. Not that that's something that I recommend for everyone, but that ended up being my path and yeah. So it's, it's worked out. So thanks.

**Bonnie:** Yeah, of course. That's awesome. And thanks for like, sharing kind of your, your journey too, because I think. A lot of people think about like, oh, when you know, when do I go to grad school? So hearing like how it's worked for you. I bet that will resonate with different listeners too.

**Amanda:** That's great.

**Bonnie:** I haven't gone to grad school yet. I'm like, oh good. Maybe there's hope for me.

**Amanda:** There was, I mean, I didn't go back until I was, you know, in my early forties and you know, I had a kid, and I mean, I could have done it earlier, but you know, the timing, [00:08:33] the timing was right then, and I kind of speaks to what we're talking about today.

You know, you sort of take the circumstances that are in front of you and you design think around your current set of circumstances.

**Bonnie:** Right.

**Amanda:** Sometimes we can plan and plan and just the timing isn't right. So yeah, it has to, it has to work. It has to work in everybody's continuing education, I guess, is what I'm trying to say. Or, or graduate education has to work in terms of everyone's, you know, overall life.

**Bonnie:** Yeah, definitely.

**Amanda:** Yeah.

**Bonnie:** And what a great segue we'll get into our first big topic that I really wanted to have you on today. I've had the absolute pleasure of hearing you speak on this. I think multiple times, I think anytime you've done a present, like a presentation on this, that regional conference, I've definitely tuned in or watched it live, or I got to see one live. I think the first one you did.

**Amanda:** Yeah.

**Bonnie:** And that first one, when, what was that like 2018?

**Amanda:** That was 20 19?

**Bonnie:** 2019? 2019?,

**Amanda:** Yeah, [00:09:33] so just about two years ago. I'm trying to remember where that was. It was at our regional conference,

**Bonnie:** Kansas city,

**Amanda:** Kansas city, I think.

**Bonnie:** Yeah. So that's the first time I heard you speak about it and like not being dramatic. I think it absolutely changed my kind of perspective and approach in my practice.

**Amanda:** Wow.

**Bonnie:** So I've always tuned in when you talk about it, because you know, it changed. I feel like in a way it changed my life, which was kind of cool because I never had thought about practicing, like the way with design thinking, especially with accepting mistakes are okay or even optimal, which we can get into and not the very problem solving aspect of it.

Coming out of undergrad, I was very like, "Mistakes?? Never! We're professional!" Yeah. So hearing you talk about it, like I remember that was probably my biggest takeaway from that conference and has really [00:10:33] resonated and stayed with me ever since. So I was just so excited to have you on so we can talk about it some more that's yeah. Would you mind explaining, you know, what design thinking is?

**Amanda:** Yes, absolutely. So this is not my concept, so I think it's great that it resonated with you as it did with me. I don't think you're, I think we have that in common, and I've heard that from other people when I've presented on this topic, it's, it's not, this is not my original, these are not my original concepts, but they're concepts that I think a lot of us latch on to, in wanting to use design thinking in our personal lives or in our professional lives.

And I first learned about. On a podcast on national public radio Shankar Vendantam, I might mispronounce his name. I'm spacing on the name of the actual podcast, but it'll come back to me, Hidden Brain, Hidden Brain, Hidden Brain [00:11:33] and design thinking has been around the concept of design thinking has been around for a long time, but it was really sort of popularized or mainstreamed for the consumer product industry and most notably by Steve Jobs.

So back in the early eighties, just as a quick sort of background, back in the early eighties, Steve Jobs took the concept, like I said, which had been around for awhile, but design thinking and really challenged his engineers at Apple to think about, to use the design thinking approach, as a framework for handling problems and in particular, as a framework for developing consumer minded products.

And this really was revolutionary in the world of engineering at the time, what Steve Jobs did that he did many things that I think could be considered revolutionary [00:12:33] for apple, but he charged his engineers with not using their ideas because they were considered smart engineers. But instead he said, design thinking the values, the experience of the user, Who is using this product, why are they using it?

And how can we design the best product for this particular set of people? This particular user, and that was different. You know, the, the, the mainstay at the time was to, the engineers develop something because they're the smart engineers and they tell the consumers, how do you best use it when Steve Jobs said, no, no, no.

We want to, we want to keep trying. We don't want to, accept if people are saying, well, this is clunky, or I don't like this, we're not just going to say, [00:13:33] oh, too bad. So sad. This is how it works. We're going to say, well, why don't you like that? And how can we make it better? And what if we tweaked this? And what if we tried that?

Or what if we scrapped this whole idea and came up with a new idea? And design thinking was attributed to the development of the first computer mouse. And the computer mouse was designed very much for the consumer, somebody who is going to be sitting in front of the computer, let's develop something, that's going to be highly functional bull, small ergonomically sound and all those kinds of things. So he really, Steve Jobs really made popular this whole concept of valuing and understanding that mistakes and trial and error should be part of development. Whether you're developing a service for [00:14:33] someone, or you're developing a product for someone that we should take on and empathize with our user or consumer or a client or a family member, we have to have a great deal of empathy for how they're experiencing something.

And then we have to define another part of design thinking is then defining well, what is our role for this particular person for empathizing with them, then how do we appropriately define what we can create or how we can help? Right? Because we're not just talking about creating a product we're talking about also providing a service. Empathizing and defining are two of the stages of design thinking.

We can talk more about the other stages, but that gives you a little bit of the background where design thinking came from, and it's sort of big picture view of that, it can apply toward anything. It can apply toward [00:15:33] our relationships. It can apply toward our professional life. It can apply toward a problem that we have to fix or creating something new.

**Bonnie:** Awesome. So what I loved about what you were just kind of discussing with design thinking is also like how broad it is. And you can apply that to so many things, which is why you're on the podcast, because it's kind of a niche where it's like, yeah, we only talk about adults with disabilities, but this is something where I will tie it back in when we can, but it is so broad too.

So whether you're a music therapist working with adults with disabilities or an occupational therapist, working with adults with disabilities or an art therapist, working with children, like this could apply to anybody listening about so many aspects of their life. Yeah. And the other thought I had from what you just said, you're talking about the history and what I found is interesting is it really aligned with discussions that have happened on this podcast about kind of shifting the expert in the [00:16:33] relationship to our client, especially like within disability culture and neurodiversity, shifting that expertise to our client versus us being the expertise like medical model versus, oh, it's like a social model. I feel like I'm missing a word there.

**Amanda:** The humanistic model maybe?

**Bonnie:** Different disability culture models that are out there really shift that expertise. And it's cool to think, design thinking really aligns with that where it's not a, we we're the expert. We know what to do, but really problem solving with our clients for what they want and what they're interested in.

**Bonnie:** Different disability culture models that are out there really shift that expertise. And it's cool to think, design thinking really aligns with that where it's not a, we we're the expert. We know what to do, but really problem solving with our clients for what they want and what they're interested in.

**Amanda:** Yes. And that is very much at the crux of design thinking is, you know, whether you're a therapist or a teacher or a parent that thinking of your thinking of again, that the user or the consumer of the service or the product as the expert, it's [00:17:33] their experience that we have to value the most and work around.

And sometimes, that really can create tension when you step outside of the design thinking model, when, when you're in it, when you're in design thinking, you can cycle through the stages and think about, okay, this isn't working, I need to, you know, I need to experiment more. I need to prototype more. I need to test my theories or test my ideas all for the benefit of the person that we're, that we're working with in our world, that the, you know, the client, the person that we're working with, which is vastly different than, you know, like you said, the, a more medical model of I'm the one with all the knowledge, I'm the one with the expertise.

And I'm going to tell you and show you how it should be. And design thinking says no to all of that, that there is no how it should be. There is no one way. And that's [00:18:33] one of the big principles of design thinking is that there is no one right way of doing anything. There are multiple ways to be successful.

There are multiple approaches to be valued and that we should kind of go down the path of all of them and see, and let our, that our client let our child let our, who whomever it is. Show us what's best for them.

**Bonnie:** Yeah. I mean, I agree 100% with like that philosophy. And like I said, when I first heard you speak about this, I feel like it really changed my approach because there's just something even beautiful about like realizing, oh, there's more than one way I have to do things.

**Amanda:** Yeah. And it lets us off the map. Right. Because we are taught from our perspective as clinicians to, you know, and I don't think that's unique to music therapy, to education, to OT, to speech that, oh, we're the ones that have gone to school and have all this [00:19:33] skill. And that's absolutely true. And I don't want to diminish that the knowledge and the skill.

That we bring to the table. It's how we use it. That's different in design thinking. And I think not only how we use it, but how we interpret it, how we, how we play with what we do. And I used that word play intentionally because it's, the word play sort of represents that there is no one right way, right.

Then we can be flexible and, and sometimes rely on things like, god forbid, our intuition, or our, god forbid, our spontaneity, or, you know, just trying things out. I just want to try. And that's one of the biggest questions that I think resonated with me when I first [00:20:33] learned to design thinking and started reading and researching, it was, this switch of my framework to, from what should I do to, what can I try? And just reframing that to me is it was and continues to be really important. It's not about what should I do that puts a lot of tension and stress on us as parents, teachers, clinicians, whatever our role is. And no matter how we're applying these concepts.

And I think just culturally, you know, we function in such a. Rush rush society. And we're always looking for a quick fix or an answer that can be at odds with design thinking, which really values continuous experimentation, continuous trying to improve ourselves, improve our relationships with our clients, improve [00:21:33] our client's experiences in music therapy and speech therapy and whatever it is that they're trying to skill up on.

**Bonnie:** Yeah. I love that. You said it's not, what should I do, but what can I try?

**Amanda:** Yeah.

**Bonnie:** So beautiful because we put so much pressure on ourselves. In like society and in schooling. So coming out, it's intimidating for, I think for new professionals. I'm not too, I'm not I'm. I feel like I'm finally getting, well, I don't know.

What's the actual line for new professional? I don't know. I'm moving away from it slowly, but you know, I, it's not too far away in my memory of like that new professional of like, I'm a music therapist now I have, I have to do things that does like high professional skill. And it's, I think it's, like you said, trusting the schooling that we have, but then like just this mindset shift of what can I try with the knowledge I have? Not, what do I need to do? Or my world's going to explode, you know? Cause that's just so much pressure..

**Amanda:** Right. And I [00:22:33] think there's equal pressure for those of us like myself. Who've been in the field 20 plus years. Right. We are seen as, by many people as the more experienced and. You know, we should have all the right clinical answers and not make mistakes and those types of things.

And that's just simply not true. And, and, and one of the ways that a person in my stage of career, I think, you know, I look at design thinking and I think to myself, this is, I've been doing this. Like when I first heard the podcast Bonnie, I thought to myself, I've been doing this all along. I just didn't have a framework.

I didn't know the term design thinking, but I knew that my, I knew that my strengths aligned towards some of the steps. I don't want to call them steps because design thinking is not at all a hierarchy. That's one of the points that they make about it, that there are stages, there are stages and you shift between [00:23:33] the stages, right?

So there's empathizing, which I mentioned earlier, defining, let's define what our problem is. And then there's ideating. Thinking about it, brainstorming, coming up with ideas and prototyping, which is basically experimenting, being spontaneous. And then testing, testing for us as clinicians would be, you know, we're, we're gonna act on what we've come up with with our client.

And sometimes those things all happen together that brainstorming, experimenting and testing that all kind of happens, say in one fell swoop and other times it might happen more categorically, but the stages are designed. I guess what my, the point I'm trying to make is all of those stages might not be intuitive for all of us, but there are some that are going to be maybe easier for others.

You know, if you're more of an introvert and a thinker, that whole concept of ideating and defining might be your wheelhouse, if you're more comfortable with doing [00:24:33] and just being spontaneous. And experimenting, which is my wheel house. That is what I realized when I first listened to the podcast. I thought I've always done that.

And I think that my lack of fear of making mistakes and being willing to be spontaneous and experiment has probably helped keep me from feeling really burned out.

**Bonnie:** Yeah.

**Amanda:** So regardless of what stage you're at in your career, whether you feel like, oh, I'm a new professional. I should have all my stuff together and I shouldn't be making mistakes or whether you're, you know, a more experienced clinician or parent or teacher and you think, oh, I should have all my stuff together and I didn't make mistakes.

There's something for you within this framework. Right. You know, there's, there's something hopefully for you to latch on to and say, oh, I do [00:25:33] that. And, and then the areas that maybe aren't your strength, once you're aware of them, once you're attuned to them, well hopefully you, you know, you grow it, you know, you kind of say, okay, this isn't working.

Why is this not working? It's not because of me. It's because I'm not sitting in the stage of defining fair and well, maybe I haven't really defined my problem well. And I think a lot of times for younger clinicians, or even more experienced clinicians, such as myself, that defining of the problem and what we're trying to tackle and help our clients with is a doozy.

Yeah. Is, is maybe you know, it's not that our interventions might not be creative or successful, but perhaps the problem is lies with how we're defining what we're trying to work on. Where we don't have a match, our clients [00:26:33] skill and the goal we want to accomplish any intervention that we've picked to do it.

And so, you know, design thinking would say, don't throw all those things out and don't beat yourself up about it. Learn from your mistakes, keep making mistakes. It's in the failing, and in the mistake making that we develop new things that we develop new things about ourselves, and that helps us continually improve.

And that is a different way. That is a vastly different way of thinking. And I think it's just, I think you have to also be aware that it's going to maybe feel stressful for awhile.

**Bonnie:** Yeah. It's a huge shift, like almost celebrating mistakes because it gives you new information. It's just so like counterculture.

**Amanda:** Yeah. I know you also want to think about the mistakes with the caveat of you want to learn from them [00:27:33] and see improvement happening. Once you've gone back to the drawing board of what am I now going to experiment with? What am I now going to brainstorm? Right. If you go into every single session saying I'm just going to experiment, I don't have a sense of familiarity or structure or security for your client.

That's not going to work either. I think that that concept of making mistakes and failing and learning from experimentation is more for us. It's like, step one for us in then creating something new or improved for the next time. You know, I mean, when I was serving as a teaching assistant, a graduate teaching assistant at CSU and working with music therapy, practicum students, and I still do that over this past year.

I've been doing all of that through [00:28:33] tele-health. I would say things like, you know, what can you tweak? You know, what can you, what was working that you can then add something to, or take something away from to make it a richer experience for your client? What can you tweak versus that mindset of this just didn't work.

I have to come up with something brand new.

**Bonnie:** Well, it's having that structure like with the experimentation, because yeah. It's not realistic to try something new every time. Cause then you're not really, you don't know, what's really working or not. Sometimes you may need to retest something a couple of times to see if it actually didn't work.

**Amanda:** Exactly. Exactly. And testing is one of the stages of design thinking and sitting in, sitting in that uncomfortability for awhile with, you know, why is this, oh, this is working. Why is it working? And how can I continue to build on that? Or why isn't this working? And what's the [00:29:33] right question to ask. So, you know, again, with design thinking, I think remembering these five areas, empathizing defining, ideating, which is basically like brainstorming, prototyping, which is experimenting and testing.

It's not a hierarchy. You can think of it that way, but that doesn't really help you. Right? You don't have to go through all the steps in sequential order. You can bounce between them. I think that remembering that, and also, when you're defining, thinking about what's the right problem, a lot of times we, and this is something I've talked about, you know, when I presented on this topic at conferences, those of us working with people with intellectual and developmental differences, you know, we're, we do that type of work because we're in the helping professions.

We want to help. We want to help. We want to advocate. We want to see our clients succeed and grow and live a joyful life. And the [00:30:33] question that design thinking would ask is what is keeping X from happening? What is keeping something from happening and making sure that we're attacking the right type of problem, because design thinking, and this is sort of another new concept that we haven't talked about, but another important concept.

Is to really analyze what's my problem. What am I trying to, to help? And there are two basic types of problems. There's a wicked problems and team problems. And a wicked problem, and you hear that term a lot of times in leadership work too, a wicked problem is something that we really can't do anything about.

So we could problem is I'm living in a global pandemic.

**Bonnie:** Oh no. Yeah.

**Amanda:** That's a wicked problem. It's I can't, it's so widespread or, you know, my, my [00:31:33] daughter has down syndrome. People might view that as a problem, but there's nothing we can do about that particular diagnosis. There's nothing we can do about the fact that the world is living with COVID or, but then team problems are things that we can kind of see an immediate answer to.

I have strep throat. Okay. I'm an antibiotic for two weeks. I'm going to get over it. I am always late. Okay. I'm going to develop some strategies for better time management. Those are tame problems. We can kind of tackle them pretty easily.

--I have a street sweeper going by.

**Bonnie:** No worries. --

**Amanda:** So design thinking is great for tackling, tackling those wicked problems. The ones that we think there's nothing we can do about and saying to ourselves, I'm just going to emphasize quantity. I'm going to come up with is many methods and strategies and potential solutions as I possibly can. And then I'm going to experiment [00:32:33] with them and design thinking really supports prototyping that there's not just one answer to something, you know, with the strep throat analogy, there's pretty much one answer. Take amoxicillin for two days. For two weeks, you would get over your strep throat. Okay. Done with the people that we work with and the types of problems that we want to attack and help with. We have to have a mindset of prototyping that we're going to come up with a lot of different options and they all might be valid and they all might be helpful.

And there's no single best one. And our client is going to kind of show us which methods or which strategies resonate with them. And the ones that resonate with one person might be different than those that resonate with someone else. But the takeaway is that there are multiple paths to improvement or to a solution.

And then we test it right then, and then our client or our [00:33:33] person or our situation undoubtedly shows us if our methods are working. I think the exciting thing is that if we're coming from the perspective of our clients, It's really their reactions and actions, interactions that they might be different than what we assume, you know, we might assume, we might assume that they might, not that they might not like a particular thing or method, but they might, and if we're valuing their experience, then the results should be placed on the experience of the client or the user or the consumer, not on how we perceive it going, but how they perceive it going.

**Bonnie:** Yeah, definitely. And if you don't mind me sharing, I thought of an idea today. And so I'd love to see where it fits into the design process cycle. So I have a client and they're working on ukulele. I do a lot of like adaptive ukulele and, you know, on the G chord on ukuleles three [00:34:33] fingers. That's kind of tricky.

And we've been working on an online for a while and we've kind of switched to an in-person online hybrid now. Which I'm excited about. And so when I got to see this client in person, I noticed their fingers are much larger than mine. I have little hands. And so I was like, you know, maybe I need to rethink this because they're trying their best.

I'm trying to cover it. But it's very, very difficult for the three finger. And today out of nowhere, I had the idea, like, why don't you just bar the top two G chord? Right. It's the same chord! I've never thought of that before. So now I need to test it. I haven't tested it with this client yet, but I will, when I see them next.

And I'm just going to kind of ask what they think, like, do you want to keep, try to cover the three or do you want to try to do this barring instead? Which usually is harder, but as I noticed, their fingers are a little bigger than mine, and I think that strength might be there to press versus to try to get both of them [00:35:33] in. So I guess I'm right before testing.

**Amanda:** I love it Bonnie. I think you, you defined a wicked problem in that you said to yourself, you know, here is the fact: my client's fingers are structurally different than mine, and you can't do anything about that. That's your wicked problem. My client's fingers are large and yet you're working on improving maybe their eye hand coordination, or just their motor planning to do the chords so that they can play this for, you know, play a G chord and you defined your problem really well.

And then you ideated around it. You experimented with, huh. And it just came to you, right? Because if you had that fixed mindset of, well, this is how you do a G core it has to be three fingers, then you wouldn't have gotten to this option. I found, and I don't have a [00:36:33] fun example like you do, but I wasn't ready with a fun example, but. I have found. And I think I said earlier, my strength has always been in the spontaneity prototyping.

**Bonnie:** Right.

**Amanda:** And I have found that a lot of times when I'm prototyping with a client and you're going to prototype and test whenever you're next to your client, it's in those moments. And I think this comes over time, if we can set aside our fear of failure and our anxiety about getting something wrong while we're prototyping, we have the opportunity to then prototype again and again and again. And so when you're with your client, you might come up, get with even more ideas.

**Bonnie:** That's true. Oh, that's awesome.

**Amanda:** And so sometimes just coming up with one or two on your own leads then to, if your, if your mindset is on your [00:37:33] user, your client's experience, when you're with them, you might come up with even more and allow yourself to just experiment in the session.

And therefore you kind of give yourself a framework of, okay, we're just going to spend time experimenting with the G code and what works best. And maybe it'll be another type of motor thing. Another motor strategy, an example I've used in this presentation before is non-music interventions. So we, as music therapists tend to always be concentrating on that the actual music making, but sometimes our music intervention, how we're going to have our client experience music, play something, sing something, what we've prepared musically, that all might be really well and good. That might be excellent. But perhaps the, [00:38:33] what we need to prototype with or redefine is something non-musical. And the example I usually give is the physical setup. I think as a music therapist, it took me a really long time before I learned how to be creative and successful with my non-music environment.

How do I have my clients facing each other? How much distance do I have them in the proper position to be successful with their hands? Maybe you'll decide with your client. You know what, maybe him standing up in front of the mirror, this is going to even be. More beneficial. And so you try the bar chord and you try it standing, or you try it in a different position and you do these other things that sort of envelop the music experience.

And then that takes the whole music [00:39:33] exercise to a whole new level. You didn't have to mess so much with the musical quality or what you were bringing to it as a music therapist, but you were ideating and prototyping with these other things that then elevated . Music experience. And I think that sometimes those experiments happen more easily when you're actually with the client or those that the brainstorming, the ideating for those types of things come more easily when you're with the client and that you should allow yourself to do that.

Oh, okay. That didn't work. That's okay. I'm not going to throw the whole thing away. I'm going to try something else. And for me, I know that happened years ago when I was doing a lot of group work in early childhood and with school age population. And now I apply this, even with all my teens and young adults is really thinking about proximity and in groups, there was this  everything was always facing [00:40:33] me.

You know, there was always this there's. And I think still clinicians are told to care to do things in this sort of semi-circle, you know, you're the leader. And that can be great if you want everybody to like, see you do like a motor thing, but if your problem is, if you're defining your problem of being, say, increasing the number of social bids or social interactions that your clients have with one another, and that's not a great setup.

**Bonnie:** 'Cause they're turned towards not each other. Yeah.

**Amanda:** You know? And so that's where defining our problems. And ideating around the problem have to really better connect. Right. And, and so have, and so tackling something that is not directly music minded, but still is part of the success of the overall intervention, I think is really important. And [00:41:33] part of design thinking.

**Bonnie:** Right. And, and maybe not something someone would consider right away or have as intuitively because we focus so much on music and our training, you know, where it makes sense. But yeah, there's so many things that can affect what's going on and, and figuring out what, what can we control? What, you know, what do we not have control of it? And then what can we try?

**Amanda:** Exactly. And we'll always think about setting up the music for success, right? We'll think about, okay. If I'm going to do such and such song, I want to make sure I do it in this key, because if I do it in a different key, it goes too low and I'm not going to be able to sing it.

Or, you know, we think about those types of things.

**Bonnie:** Right.

**Amanda:** But again, if we're coming at it from the experience of our client and our consumer, and we're looking at their experience with the problem, it's not our problem. It's our client's problem. Or it's our client's challenge. I should say. That helps, I think get our mindset around [00:42:33] not only the music component or whatever our subject matter is, but also our client's kind of complete experience with it.

**Bonnie:** Yeah, definitely. So I'm super curious, like talking through design thinking. About kind of your goal setting process, because how often do you reevaluate, like your documented goals, keeping in mind, like the idea of like defining what's the actual problem? Cause kind of with my ukulele example, I think the goal I have right now says three fingers and I'm, and I'm thinking like, I don't think this is actually a very good goal.

Like I think I need to change it. Well, I'm going to test, I'm going to test first and then kind of see what, what the client wants to, but I'm really thinking about changing it. Cause I think there's still so much or maybe trying a different three finger cord. Yeah. That could work. So I'm ideating with you, right?

Because E minor is much more friendly and spread out like on the ukulele. [00:43:33] So maybe that's what I need to be doing for more of the goal, but we could still work on the G chord and not have that shape have to happen that way. But yeah, I have to think about like, I usually do like quarterly. Kind of updates, but now with this, I'm like, do I need to update it sooner? I don't know. I really don't know.

**Amanda:** Well, I think that, I mean, I don't want to tell you what to do in terms of the frequency or the details of your notes, but I can tell you where my head space goes with with something like that. So as a clinician and I've, I've kind of, I've always done this, I think intuitively, but it is, is now that I know about design thinking and I use that approach so often, design thinking would align with this, that the goal of using the three fingers is that what's really important to your client or is your client's [00:44:33] experience to be able to functionally play chords on the ukelele, the goal is to functionally play chords on ukulele, then one of your interventions could be to work toward using three fingers, but in the meantime, your client, again, if we're valuing their experience over our own might be just as happy and just as pleased and more comfortable using the two finger bar or the bar for the, for the, for the two notes and using it at two finger strategy.

So by reframing your goal and reframing your problem, it opens you up to then working on more than just the three fingers.

**Bonnie:** Right?

**Amanda:** Right. So to me, the three fingers is more of a strategy or an objective toward the bigger goal.

**Bonnie:** Right? I think the [00:45:33] way I do my notes, I have like goal, which is pretty broad and then an objective, but I guess there's nothing stopping me from. Adding different objectives. I've just never thought about, I've always had, like, this is the one objective under the goal that we keep the corridor, but I'm wondering like, could I keep the goal and try different objectives as things pop up?

**Amanda:** Exactly. I think that's, I think that's what, I'm what I'm asking.

**Bonnie:** It's that kind of how you approach documentation.

**Amanda:** Yeah, I think that's what I'm trying to articulate is that the goal should be about, you know, in my mind, for us as music therapists, especially, the goal should be something that is attainable and applicable across settings. Right. So I always think about, you know, to do something, to do to successfully do blank across people in situations.

Can the client do [00:46:33] across multiple people. Can he, can he play the ukulele for enjoyment, with his friends, his family, for, you know, a variety of people. Can you play it? It at work, at church, at home, those would be across situations. That's sort of the goal because that's one thing that's transferable and then your strategy is, or your objectives.

I think you're absolutely right. You can have numerous strategies and objectives. I tend to keep my goals much more broad and things that are non musically related.

**Bonnie:** Right.

**Amanda:** So, so that, and I think also, I mean, I definitely can and do write specific objectives, but I think of them more as strategy.

**Bonnie:** I love that. Like, like I obviously I'm learning a lot from you right now. I hope it's okay. I'm picking your brain a bit. [00:47:33] I want to like design think the whole way I've been doing documenting.

**Amanda:** I would think about, I think about the interventions more as strategies and that there is again like design thinking would say, when you're, when you're ideating about your problem or your situation that needs help, you want to come up with multiple ways of doing something, your client is going to, again, you know, show you which path in which direction is best for them.

And also sometimes, you know, we come up and I've talked about this in my, in my presentations too. Sometimes you come up with a strategy or an objective or an exercise or whatever you want to call it. And it works for a while and your clients really gelling with it. And then it stops working. Does that mean, that it was bad? Does that mean that it's never going to work again? No, but it's just one of the tools that you have in your tool house, right? It's like, right. You know, I've been working [00:48:33] on yard work because it's spring and I have this old pair of pruners. It's not the pruners fault that they've gotten dull.

I maybe need to invest in another set of pruners in rotate them, rotate through my interventions, rotate through my pruners. And so I am, I am a big proponent. And again, I think I do this sometimes more intuitively. And so I don't know if I'll articulate it very well now that I'm thinking about it, but I will work on the same goal for a long time with my clients, but I will have a ton of strategies or interventions or objectives.

So I will switch out, the goal remains the same, but the music experience for the client. My different every week and I'll rotate through them so that things aren't getting dull for me or for my client, or [00:49:33] I work within that mindset again. And this is something I've always thought about, but never thought about it in terms of design thinking until I learned of design thinking.

But I, I really like reminding myself of what can I add? What can I take away? What can I add? What can I take away? We all have those moments where we say X is not working. This is not working. Something needs to change. All right. Do I need to add more? Do I need to add more to this experience for my client to be successful with it, for them to understand, or do I need to take stuff away?

Is this becoming super easy and I need to remove myself from the situation or, you know, be more in a music supportive role rather than a hands-on role. Or do I, do I have too many instruments going on? You know, that was something when I was. A younger therapist. I think I did a lot. I [00:50:33] had overwhelmed my clients with variety.

**Bonnie:** I've been there.

**Amanda:** And that can, that can also be, you know, part of prototyping, right. Where we realized, Hey, again, I know it circles back to gaining, and, and allowing it to be uncomfortable, gaining the confidence to allow it to be uncomfortable. So that in the moment you don't feel like you have to spread it out and say, I'm just going to keep going down this path until this song is over.

You don't have to do that. You can say to yourself, okay, this isn't working. I want to try something new and different. This is going to be new and different. And I use that phrase a lot with my clients because in my work I'm emphasizing a lot of social, I emphasize a lot of social communication and social cognition, which I know, you know, I specialize in.

And so I'll use that phrase a lot of times with my clients, if I'm sensing a little bit of frustration or anxiousness on their part, I'll acknowledge the elephant in the room. This is new, this is [00:51:33] different. It's not supposed to feel really comfortable right now, but let's just try, let's just try it.

Let's see what happens and it's okay. It's going to feel kind of weird. It feels kind of weird, you know? And then once you started to acknowledge it, I think that takes away some of the tension because then you've acknowledged it and you've said, okay, this feels new and different, but I'm still gonna, I'm still gonna try.

**Bonnie:** And it, it brings the client into it, into that experimentation with that phrase. That's what I really like about it too. Like it lowers your pressure and then it's letting them know that you're, we're just trying something. And so that it kind of, their pressure can kind of go down too and like, oh, okay, we're going to experiment with things.

**Amanda:** Right. And if you have a client that has that level of communication and cognition to give you immediate feedback, or maybe it's the client's caregiver or parent. You're seeking their input, right? That's part of testing, you're testing out something and you're saying, well, how did it, how [00:52:33] did it feel for you?

How did it work for you? And, and that's part of design thinking is to make sure that you're defining the problem in your ideating, right? Your brainstorming with your stakeholders, with your client, with your client's family. And you're continually trying to get at whatever it is that you want to improve.

I say at the end of my presentations, you know, when things go well and there's that, that success, joy, aha moment, you know, inevitably someone will say, gosh, you know, how, how did you, how did you know to do that? Like your client might say to you, well, we've been working on this three finger chord. How did you know to do the bar?

And you'll be able to honestly answer, I didn't know. I just kept trying and just kept thinking about it and that's okay. You know, you want to be able to say I didn't, I didn't know. I just kept going with it. It just kept going down the path.

[00:53:33] **Bonnie:** Yeah. Oh, it's so beautiful. I love design thinking so much.

**Amanda:** Well, you should definitely do more reading and stuff on it. I've been a little bit away from it this past year. I feel like all I've been doing is working and I haven't read up as much on things, but I do know that Stanford is kind of the hub of design thinking in terms of research and the there's professors that specialize in it. I know that's my next. Area there are other, there are podcasts it's just on design thinking and, you know, the concepts are being applied to a wide variety of situations.

Now, you know, corporations are having management and administrators go through design thinking courses to help their employees kind of grasp this concept of continual experimentation and not being afraid to make mistakes. And you know, the big companies, the Apples, the Googles. I think they see that [00:54:33] that's really important in order to stay innovative.

Right. Right. And who doesn't want to be innovative. So if you have Apple saying it's okay to fail and make mistakes, keep innovating. Well, if it's good enough for Apple or Google or Microsoft, or, you know, some of these major, Amazon, you know, somebody had to be designed thinking within Amazon about, Hey, let's start buying up all these, you know, industrial plots of land, where we can get our vans in and out and create these shipping warehouse hubs.

Right. So I think when we think about it like that, yeah. Not that we have to compare ourselves to these fortune 500 companies, but I think it helps release some of that tension for us in saying, well, if these huge billion dollar company industries are using and applying design thinking for the betterment [00:55:33] of their consumer and society, then we can do it too. Really, what's the only thing stopping us is a fixed mindset.

And so if we, if we have that, that growth in design mindset, then we can continuously improve

**Bonnie:** 100%. Yeah. Awesome. Yeah. I feel like we could talk for hours, but we should probably at least wrap up this episode, but maybe I'll need to have you back on, because I know we talked about social cognition could be like a whole, maybe I'll have you on a part two sometime.

**Amanda:** Oh yeah. That'd be awesome. I love to talk about that as well. Well, now you have to keep me posted there, Bonnie, on how your G chord client remember that you might have to be in test mode for awhile. You know, you don't necessarily just have to do it one time. You can a couple times try different ways, but I predict that you'll find that when you're, when you're doing, when you're doing it with him, it will [00:56:33] create even more.

**Bonnie:** Yeah.

**Amanda:** You'll brainstorm even more. Cause that's, that's kinda what I find is that when I step back and think about it and, and just tell myself, well, it doesn't have to. It doesn't have to be perfect. And we're just trying, and that's how you get to that point. You know, I know I've had students in people observe me in sessions before and they're like, oh, that just goes so smoothly or that, you know, and I'll think, well, yeah, but you're seeing like, you know, w level X

**Bonnie:** yeah, this is test like test run X

**Amanda:** Yeah you haven't seen test run  A, and B and C and D. And so we have, you know, you have to allow, you know, yourself, it's like watching, I'm not comparing myself to like an Olympian, but it's that kind of thing. Right. You know, when sometimes you see a performance of someone who's really skilled at their, at their work, you're not getting an opportunity to, to, to see the [00:57:33] mistakes and the, you know, all the, the experimentation and work behind the scenes, but that has to, can, that has to happen right. In order for those successes to happen. So this has been really fun, Bonnie. Thank you.

**Bonnie:** Yeah. Thanks. Where can listeners find out more about you or connect with you?

**Amanda:** Yeah so I wish I said I had a really slick website. That's on my list of things to do, or probably hire someone to do for me, but yeah, just my email and I do have a new email. Well you have it? amandabrigham.cmts@gmail.com Yeah. That's the best way to find me.

**Bonnie:** Awesome. We'll put that in the show notes. Thank you so much for coming on. This was a blast.

**Amanda:** It was so fun to talk with you and thanks for experimenting with zen caster.

Yeah, definitely.

**Bonnie:** All right. I hope that you enjoyed that conversation [00:58:33] I had with Amanda, it was such a joy to have her on the podcast. She's a great friend and colleague, definitely. I feel like a mentor in the Denver area, but also just as a music therapist and her presentations are always so filled with knowledge and I'm so glad to, she was so kind to let me pick her brain a little bit as part of the conversation.

And I hope that there is something that you can take away for your practice with adults with disabilities. You know, whether you're a music therapist or another professional or a parent, I feel like there's so many great takeaways from this conversation about design thinking and our approach to problem solving in therapy and in relationships.

So a couple of points that I wanted to touch on. First of all, Amanda wanted me to make sure it was really clear. She did not come up with design thinking. This is not her original idea. Kind of like she was talking about how Steve Jobs didn't develop design thinking, but he applied it to his company. [00:59:33] She likes to take the principles of design thinking and study them and apply them to her music therapy practice and then create awesome presentations for us as well.

So we just wanted to make that really, really clear. She did not come up with it, but she is really doing awesome work, spreading information to other clinicians about how we can apply this information in our practice. And then a couple other points that I wanted to highlight from our conversation was that music therapy is a creative art.

And I feel like sometimes in our field, we get away from this a little bit, perhaps it's when things align a little more with the medical model or when we get into research. The medical model and research have their place. Definitely. And they have importance and significance, but I think sometimes we can get stuck thinking it is a very medical thing, but then the day music is creative and a creative art and design thinking really aligns with that creative aspect of what we get to do.

Like, yes, there's, we [01:00:33] get to do research and take notes and documentation, but also we get to be really creative with our clients and kind of talking about that prototyping part of sessions of how we can be creative in creative arts, in this music therapy with our clients. And as, and then if you know, if you're not a music therapist, it's a way to be creative because everybody is creative, applying this design, thinking to our work with adults with disabilities, so that we're fighting the real problem.

And, uh, collaborating with our client for what do they want the most and what do they get the most benefit from in a really beautiful collaborative kind of approach. So I definitely wanted to highlight that. And then this creative approach, as Amanda touched on helps combat the burnout. That's very real for, you know, people in this industry, working not only with adults with disabilities, but just any helping profession.

There's a high burnout rate and design thinking is one way to combat it [01:01:33] because Amanda was talking about how, even in her own experience, she's used different design thinking to keep things fresh, to kind of rotate out interventions, to come up with new ideas and to be creative. Yeah. And then on the flip side of that, we talked a lot about pressure and how we can bring our expertise to the work that we do, but we don't have to feel like everything has to be right all the time.

Or cause there's no one right way. And I think that pressure can cause burnout too. So that's kind of like two ways to combat burnout depending on you and your experience and what you struggle with as a clinician. Cause we all have struggles. We all have difficulties. So if that's keeping things engaging and continuing to learn and leaning into that creative part of the design thinking, or if it's really allowing yourself to make mistakes and learn from them and give yourself so much grace and see things in that light play perspective.

I think both of those are things that we touched on that can combat that burnout in our fields so that [01:02:33] we can continue providing work over time, that is fulfilling to us and to our clients collaboratively. So those are the couple of points I wanted to make. I really feel like Amanda shared a lot of information about design thinking.

And in the show notes, we'll put the podcast that she listened to and a couple of slides that she has had in presentations to give you a visual of the different stages that we kind of bounced around talking. And yeah, I think there's a lot of good information and that can be a great kind of mindset shift experiment for ourselves as clinicians and how we approach our work.

So I'm really interested to hear what you thought about this episode. Please email me at bonnie@rhythmicrootsmusictherapy.org, or leave a message or comment on Instagram at Navigating Adulthood and IDD. I'd love to hear what your thoughts are about design thinking and how we can apply it to our work with adults with IDD.

So thanks so much to Amanda for coming on again. We'll have to have her on again. She [01:03:33] does a great work with social cognition. She touched on just a little bit, so maybe we'll need to have her back on to discuss those goals too. Yeah. And so to end the episode, we're going to go over. May music therapy session plan.

So the outline this month is Hello, Good Day, Sunshine by the Beatles, movement, Walking on Sunshine by Katrina and the Waves, spring musical bingo with optional drumming, songwriting. That's Just the Way it Goes, that's a weather song I wrote. That's on my YouTube channel and Goodbye, Goodbye, See you Again Real Soon, which is an original goodbye song on my YouTube channel as well.

If you're wondering more about the outline and how you can implement them in your music therapy work or other, or even incorporate songs in your work as another professional, I have a Patreon, patreon.com/navigatingadulthoodandidd . And for $5 a month, you can join the navigator community and in the community you've received a [01:04:33] breakdown, both written and video of the monthly music therapy session plan.

There's over 12 plans in there and more coming. I've created the June one already. Which I'm so excited about sharing in our community meeting at the end of the month, probably before this episode comes out and there's just so many fun ideas. And I get ideas from members on what they want in the next plan.

And I've leaned into creating more visuals and lead sheets. So with every intervention, there's at least one lead sheet and or visual that goes along with it for members to take and use in sessions with adults with IDD. And in the community, you also get access to our Facebook group and where you can ask questions, engage with other members.

And we have a monthly zoom call for peer supervision and to go over the monthly music therapy session plan. And these calls are recorded so that if you can't make it, you can watch it later and connect in the Facebook group. So we would love to have you join our community. At the last meeting was a blast, really [01:05:33] discussing some cool things like adapted guitar and the sound beam.

So those sound like discussions you  want to get in on it's $5. And we would love to have you in our community. Other ways to support the podcasts include, continuing to listen, sharing with someone you think would like it, and following and rating the podcast on different platforms. So thanks for tuning in again, I hope you learned so much from this episode and design thinking and our approach with clients and our work and just, I feel like I learned a lot from the conversation and I'll catch you on the next episode.

Hello, this is editing Bonnie, just when you thought the episode was long enough, I remembered I wanted to talk about one more thing. So before I sign off episode 15, if you're listening to this live tomorrow, a pod course on three of my episodes of Navigating Adulthood and IDD go live for purchase on [01:06:33] Music Therapy Podcast Collective. Music Therapy Podcast Collective is a website where you can buy a pod course, which is a bundle of podcast episodes in which you can listen to the episodes. So if you're listening to this podcast, you might've even listened to these episodes already. And what you purchase is a workbook that can get you continuing education credit for music therapy, for music therapists and Music Therapy Podcast Collective they are an approved provider.

So you can get five credits by listening to three episodes that are public and completing this workbook. And there'll be an office hour at the end of June. So that goes live tomorrow. It's launching. I'm so excited. So I created a bundle called Neurodiversity and Disability Culture in our Music Therapy Practice with Adults with IDD.

It features episodes 6, 9,  and 14 of this podcast. All three were music therapists, guests sharing their knowledge and their work and their [01:07:33] experiences. And then I created a workbook around these episodes highlighting the key takeaways. And providing resources for self study to dive deeper into the study of neurodiversity and disability culture.

And I'm so excited to provide this resource. I really think it's the heart of the show. So if that sounds interesting to you and you're looking for some continuing education credits, keep an eye out for the launch tomorrow. And like I said, I'll have an office hour at the end of June. So if you purchase it before then, you can catch me live in an office hour.

And we can talk about the episodes and talk about neurodiversity and disability culture in our own practice. So thanks for listening to editing Bonnie. This is the real ending of the podcast and I will catch you in the next episode. This podcast is by Rhythmic Roots Music Services, LLC, with content and music by Bonnie Houpt transcriptions are made by my favorite little sister, Emma Houpt.

Thanks for listening. [01:08:33]