Montclair State University
Montclair State University Digital Commons

Theses, Dissertations and Culminating Projects

2016

Integrating Creative Arts into Music Therapy Practice

Megan E. Novak
Montclair State University

Follow this and additional works at: https://digitalcommons.montclair.edu/etd

Part of the Music Therapy Commons

Recommended Citation
Novak, Megan E., "Integrating Creative Arts into Music Therapy Practice" (2016). Theses, Dissertations and Culminating Projects. 558.
https://digitalcommons.montclair.edu/etd/558

This Thesis is brought to you for free and open access by Montclair State University Digital Commons. It has been accepted for inclusion in Theses, Dissertations and Culminating Projects by an authorized administrator of Montclair State University Digital Commons. For more information, please contact digitalcommons@montclair.edu.
Abstract

The purpose of this study was to gather information regarding the use of creative arts in music therapy practice. The survey used to collect the data was a 10 question multiple choice survey with an option for participants to provide any additional information they found necessary. This survey collected responses from 457 actively working music therapists in the United States. The data collected in this study was analyzed both quantitatively for statistical purposes as well as qualitatively to explore common themes and trends among participants. The results of this study showed the following: 1. The largest group of currently working music therapists (41%) have been working in the field for 0-5 years and most have either a Bachelor’s or Master’s degree in music therapy; 2. Music therapists are employed at a variety of settings and work with a diverse group of clients; 3. A large percent (59%) of music therapists are not being educated in the creative arts, and only 28% had any required creative arts courses as part of their curriculum; 4. This is an inverse relationship to the amount of music therapists that integrate creative arts into their sessions (81%); 5. Music therapists that do integrate creative arts into their sessions are integrating all the different creative arts: poetry, dance/movement, visual arts and drama; 6. The greatest response cited to not utilize other arts was lack of training; 7. Nearly 72% of responders indicated they would be more willing to utilize creative arts in their practice if they would have received training. Other important topics explored in this study were any limitations of this study as well as possible topics for future research.

Keyword: music therapy, creative arts
MONTCLAIR STATE UNIVERSITY

/ Integrating Creative Arts into Music Therapy Practice /

By

Megan E. Novak

A Master’s Thesis submitted to the Faculty of

Montclair State University

In Partial Fulfillment of the Requirements

For the Degree of

Masters of Arts

Fall 2016

College of the Arts
John J. Cali School of Music
Music Therapy Department

Thesis Committee:

Karen D. Goodman
Thesis Sponsor

Dr. Edina Renfro-Michel
Committee Member

Dr. Julian P. Keenan
Committee Member
Integrating Creative Arts into Music Therapy Practice

A SURVEY

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Arts
in Music Therapy

by

Megan E. Novak

Montclair State University
Montclair, NJ

2016
Acknowledgments

First and foremost, this thesis would not have been possible without the constant support, guidance and patience of Prof. Karen Goodman. Thank you for fostering and encouraging my passion not only for music therapy but for the arts. Additionally, I would like to thank my thesis committee members, Dr. Julian Keenan and Dr. Edina Renfro-Michel, for being part of this journey and for your support, and interest in this topic. I would also like to thank my past and present music teachers and professors for instilling in me a love for sharing music with everyone and anyone. I cannot thank Joel, my other half, enough for reminding me to relax and take a deep breath and for keeping me fed. Lastly I would like to thank my parents, for never letting me quit anything, and for sharing the gift of music with me. Without your love, encouragement and support, none of this would have been possible. Thank you for always believing in me even when I didn’t believe in myself.
Table of Contents

Abstract ...................................................................................................... Page 1
Thesis Signature Page ............................................................................ Page 2
Title Page ................................................................................................ Page 3
Acknowledgements ................................................................................ Page 4
List of Tables and Charts ....................................................................... Page 6
Introduction ............................................................................................ Page 7
Literature Review .................................................................................... Page 8
Summary of Literature Review .............................................................. Page 19
Statement of Purpose .............................................................................. Page 19
Method .................................................................................................... Page 20
Results .................................................................................................... Page 23
Discussion ............................................................................................... Page 35
Conclusion .............................................................................................. Page 42
References .............................................................................................. Page 44
Appendixes ............................................................................................. Page 48
List of Figures and Tables

Figure 1.0: Education and Training in Music Therapy ........................................... Page 25
Figure 2.0: Time employed as Music Therapist .............................................. Page 26
Figure 3.0: Music Therapy Employment Location ........................................ Page 27
Figure 4.0: Education in the Creative Arts .................................................. Page 28
Figure 5.0: Required Courses in Creative Arts ............................................. Page 29
Figure 6.0: Outside Training ........................................................................ Page 30
Table 7.0: Use of Creative Arts in Music Therapy Sessions ............................... Page 31
Figure 8.0 Creative arts integrated into music therapy interventions ................ Page 32
Figure 9.0: Reasons to not include creative arts in music therapy ................. Page 33
Figure 10.0: Relationship between training in creative arts and utilization in Music Therapy. Page 35
**Introduction**

The creative arts which include music, dance/movement, art, drama and creative writing/poetry are being integrated into overall treatment plans as part of a holistic approach to medicine and well-being. Therapists within each of these creative modalities are helping not only patients but also families and loved ones deal with a host of medical, emotional and mental difficulties or illnesses. Through the use of creative arts therapy, patients can gain support and comfort, manage their symptoms, get personal insight, cope with pain and express themselves in a creative way (Gallagher, 2013). Music therapy can help patients at the end of life create a legacy that not only helps the patients but the family in the time of bereavement (O'Callaghan, 2013). Art therapy provides patients a way to develop insight and empower them during their time in hospice (Gallagher, 2013). Dance and movement can help those reconnect their mind and their bodies, and drama provides a space where patients can explore and work with the conscious and unconscious and is an excellent forum to integrate other art forms finding the best combination of these modalities not only helps the patients and clients but can help therapists grow in their practice (Levy, 2014). Therefore, it would seem in the best interest of music therapists and their patients to incorporate other creative arts into their practice. Although it is suggested in the forthcoming literature review that music therapists do utilize multiple arts in their music therapy practice, they are not trained to do so, nor are they required by the American Music Therapy Association to acquire these skills (with the exception of movement skills, see Professional competencies, 6.1,6.2) (AMTA, 2013). This study investigated the current practice of multidisciplinary arts incorporated within the practice of music therapy, suggesting a need for further training.
for music therapists in the creative arts. The main purpose of this study is to answer the question “How are music therapists integrating/utilizing other creative arts in their interventions and sessions?” Additionally, information will be obtained about the type of interventions music therapists utilize that incorporate an additional art form. This study will also explore therapists’ reasons, if any, to not incorporate other arts in their sessions. The findings collected from this survey could have implications on the future of education of music therapists depending on the current trends in the field.

**Literature Review**

The following information will outline the benefits as well as provide examples of the combination of the use of music with other art forms in therapy. This literature review will discuss: music therapy and art, music therapy and dance/movement, music therapy and drama and music therapy and creative writing/poetry.

**Music Therapy and Visual Art**

Music and visual arts have many similarities that make them an excellent option for a multi-modal music therapy session. First and most importantly, music and art can both be nonverbal. Additionally, literature has shown that there are some similarities between the seven standard elements in art (line, color, texture, value, space, shape and form) can also be seen in various and related ways in music (Hanna, 2014). For example, the lines in a piece of artwork can be the lines of the melody and accompaniment in music. Another example is color used in art being very similar to timbre in music or the color of the sounds. While these similarities exist, there are some differences, which are mainly the tools or instruments used in the production of art and music. However, most
supplies for basic art production are easily accessible and can be found and incorporated without difficulty (Hanna, 2014). One such example highlights a simple intervention of music listening and drawing. The benefits of this intervention are demonstrated with school-aged children with learning, behavior and other disabilities that affected their performance in school. Music therapists at the Transylvania University in Brasov, Romania developed a music listening experience using the music of Bach and Chopin with children under the age of 7 (Petruta-Maria, 2015). The children were asked to draw a representation of the style of the music and its characteristics. A child depicting the work of Chopin produced a drawing of the sea, which could be related to the music being more free flowing and improvisational-like whereas a child who depicted the work of Bach, which can be heard as having more order, drew a large castle. The author of this study noted that music therapy and art therapy can play a big role in the development of some learning and educational practices as well as helping to develop emotional self-regulation (Petruta-Maria, 2015). The positive results found from utilizing art can be explained because it has been found that creating images, not only for the reasons shown in this study, but because it engages the sensory-motor actions in the brain. Creating art also involves perceptual process. This can be therapeutic by either reinforcing the pathways of the image or helping to change them to produce an external reality. Starting from just a scribble which is a kinesthetic activity that involves the sensory-motor cortices which then can evolve through the help of implicit neural patterns through association cortices. (Lusebrink, 2014). Another example of a music therapy and art intervention can be seen through the music therapy of a woman named Ruth (Sekeles, 1999). Ruth was a 39-year-old divorced woman who began to neglect herself physically
after the death of her only son during his military service. She stopped eating and sleeping and although she was provided with group therapy through the Israeli military, she tried to commit suicide. During her initial music therapy sessions, she would remain silent as the therapist explained how composers have ability to express loss through their music. After two weeks Ruth expressed the desire to listen to Kindertontenlieder by Mahler as well as a song entitled “Now I Understand Why You Sprayed Such Dark Flames” which lyrics describe “The shining beams emanating from the eyes of the dead daughters, the eyes of today that will turn into the stars of tomorrow” (Sekeles, 1999, p.190). After this music Ruth decided to draw a picture to Mahler’s song. Although Ruth did not want to look at the drawing again, the therapist described the child in the drawing as having the expression of horror and sadness even though Ruth had used bright colors. This initial music therapy and art session led to Ruth being able to express herself through musical improvisations (Sekeles, 1999). This receptive music therapy session combined with the client’s desire to incorporate visual art may have been exactly what the client needed to feel more comfortable in exploring music therapy and self-expression.

**Music Therapy and Dance/Movement**

Music and dance can “stimulate and provoke one another”. Musicians can serve as the “sound-companions to dancers, and dance a visual display of the music” (Meglin&Brooks 2013). Movement can serve not only as physical exercise, but can also be a way to express oneself through the body. Music activates the brain in complex ways involving “perceptual, cognitive, motor and emotional components” (Jun & Roh, & Kim, 2012). Additionally, these processes are controlled mainly by bi-lateral brain
functions involving “Temporal, frontal, parietal and limbic regions that are related to arousal, attention, semantic and syntactic processing, memory and emotions” (Jun, Roh & Kim, 2012, p.23). The combination of music and movement in activities used in rehabilitation or physical exercise with patients who have had a stroke have been shown to have a positive effect on patients’ “balance, gait, muscle strength and flexibility in the legs, arms and ankle extensions” (Jun & Roh, Kim, 2012, p.23). Besides the physical benefits, combined music and movement has also been shown to have a positive effect on patients’ overall mood and quality of life (Jeong & Kim, 2007, Jun & Roh, Kim, 2012).

Music movement therapy (MMT) is one such form of a music therapy and movement based intervention. A group of patients who were hospitalized for stroke were selected to participate in MMT in a hospital in Korea. This was in contrast to the control group who received routine care. The physical functions analyzed included: range of motion (ROM) muscle strength, and activities of daily living (ADLs). This study also looked at the effects of MMT on the psychological state of patients. The MMT intervention had three phases: preparatory activities, main activities and finishing activities. The first phase had the patients sitting in their wheel chair doing stretches that included 22 exercises. The music therapist selected quiet meditational music to play in the background as well as songs from the patients’ younger days and included visual slides with the lyrics. For the main activities patients were guided to sing along while doing motions using the healthy side of their bodies, as all were paralyzed on one side. Maracas and tambourines were also used to encourage the patients to play to the music using their healthy arms. The closing activities encouraged patients to verbally share their feelings about the experience as well as any benefits or difficulties they were experiencing. After the eight-week
intervention the researchers noted that hospitalized stroke patients benefited from MMT and that improvements were made in physical functioning in shoulder flexion and elbow joint flexion. Following this MMT intervention, it was also reported that the mood states of these patients were significantly improved. (Jun & Roh, Kim 2012). Not only can music and movement help patients overcome physical limitations, but also music and movement can be a way to express complex emotions and reconnect oneself with their body. This can be seen in the case of Mister J (Gaertner, 1999). Mister J was a 54-year-old man who at age 45 had been diagnosed with Picks disease. He lived in a residence for the elderly and could be seen walking the halls rapidly bumping people as well as shaking their hands. He was causing damage to property and rarely spoke or made eye contact. Many different music therapy approaches were tried and considered, however due to his tendency to get up and walk away with instruments or recording devices he was not able to fully benefit. The music therapist noticed that whenever there was a musical get-together on the floor, Mister J would always dance with the nurses. The therapists noted that he had beautiful rhythm and posture and he became “another person” as he waltzed to the music. On a particular occasion, the music therapist was able to meet Mister J’s wife and after learning more about Mister J’s dancing suggested that he and his wife try dancing together. While he was not able to engage in other musical activities, the music still touched him and brought him into his dancing and moments of harmony (Gaertner, 1999).

**Music Therapy and Drama**

The North American Drama Therapy Association defines drama therapy as “Intentional use of drama and/or theater processes to achieve therapeutic goals”
Integrating Creative Arts into Music Therapy Practice

The combination of music therapy and drama can help patients and clients bring internal feelings outward through engagement in a full body experience. Drama or dramatic intervention consists of make believe play that engage a person's mind, body and voice without putting any intellectual barriers on them. Music therapy complements the dramatic play by stimulating imaginative play and other ways for a person experience their own uniqueness. Goals and objectives that can be explored through the use of combined music therapy and drama include: developing self-expression and self-awareness, increase social awareness, promote problem solving, vent emotions without risk, help fluency of speech and develop imagination and creativity.

Some sample interventions include: having clients act out song lyrics, creating and acting out a story based upon a piece of music and acting out emotions portrayed by the music. Other inventions include dramatic use of instruments. For example, assigning a character to different instruments in a story and acting out skits or situations using instruments as the character's voices. These sample interventions exhibit ways music therapists can incorporate dramatic elements in interventions that they are already employing (Barksdale, 2003). Giving patients a chance to act out scenarios gives them the opportunities to explore situations within a safe space. For those who may be near the end of their life this can be beneficial. Mitzy, a 41-year-old woman was receiving music therapy as her health began to rapidly decline due to an end of remission of her breast cancer (Potvin, 2015). She was mostly bed bound and the music therapist came to her home where Mitzy was surrounded by close family and friends. During her second and final music therapy session, a spontaneous ritual drama was experienced with her and her family. A ritual drama can be explained as the process of a situation or act usually tied to
cultural or religious beliefs. This ritual that was experienced by Mitzy, her family, her friends and the music therapist, is that of dying and the situations that accompany dying. Music and the ritual drama that spontaneously occurred in this session helped not only Mitzy but also her family experience the transitions that occur at the end of life. Mitzy could transition from being an active member of the world to accepting a new “position” as no longer physically being here. Her family got to experience or act out the separation, while still being physically able to touch her and sing to her. Her father recalled and told stories of her birth, and her husband held and sang to her. Her family was able to be with her in the music and while still being with her, experience her life, her death and the process of going on without her. They were able to be with her and still let her go. Music therapy combined with ritual drama during end of life care has the added benefits of adding context to music that is selected as well as well as provide opportunities to make meaning of the music in cultural and spiritual contexts (Potvin, 2015).

Music Therapy and Creative Writing/Poetry

Music and creative writing or poetry have many overlapping themes and parallels, not only in their process but also in the products that can be produced. One of the largest and most immediate connections is the art of song writing. Songs combine both music and the words and the writing can be extremely therapeutic (Day, Baker, Darlington, 2009). During these songwriting experiences, clients may be instructed to analyze lyrics and words and the meanings to them as well as create their own words. Music therapists may suggest using a familiar song and changing certain lyrics to make them more personal for the client. Another overlap can be seen in the use of a structured musical form such as the blues. Poetry also uses pre-structured formats or fill-in the blanks to
encourage insight and as a way to express emotions and one’s self. Another form of creative writing and poetry that have many parallel themes with music is that of symbolic and metaphor based approach to writing. This type of writing involved metaphors and symbolism. This can also be seen in music therapy through musical adaptations of social stories which are commonly used in work with children on the autism spectrum (Gooding, 2008). One such intervention can be seen with Kevin, a boy diagnosed with Asperger’s syndrome who had been receiving music therapy since the age of ten. Like most children with Asperger’s, Kevin had difficulty interacting with others both socially and emotionally, impaired communication, difficulties with speech and language and limited interests or a preoccupation with some interests. He had a particularly strong liking to music as well as the other arts. Due to this interest in the other arts the music therapists decided to incorporate creative arts into the interventions she used with Kevin. This therapist decided to incorporate three different types of song writing composition. Structured song writing, in the form of fill-in-the blank was used to help Kevin develop a more positive self-image. The therapist suggested using the phrase “I believe”, instead of “I can’t”. These “I believe” statements were eventually used in a 12-bar blues. A free form approach was utilized involving letter writing. Kevin was asked to share stories about events that he handled inappropriately, and what he could do to handle the situation better in the future. These letters were turned into song lyrics and served as a way to show his progress throughout his treatment (Gooding, 2008)

Music therapy and poetry can be used in a variety of settings and with diverse client populations. Lorena L was receiving treatment for substance abuse and was receiving music therapy in conjunction with poetry therapy (Kaufman & Goodman,
The themes of her poems consisted of the inner struggle of substance abusers. During the final session it was decided that her poem would be put to music. The music therapist initially contributed a musical line, in a minor key with a rock tempo on the piano that seemed to be in the appropriate key and style for the vocal line of the poem. However, as Lorena L. listened, she suggested musical changes that she believed would be more appropriate for her poem, something more quiet and perhaps more reflective in nature. After changes are made to the musical style including a switch to the guitar, Lorena L is happier and more satisfied with the musical outcome of her poem (Kaufman & Goodman, 2010).

Another example of the benefits of music therapy and creative writing can be seen in the case of Michael. Michael was a forensic patient diagnosed with paranoid schizophrenia who was admitted to a state psychiatric hospital awaiting trial for making terroristic threats. During his time in the forensic unit he received music therapy in both a group setting and individually with a music therapist and her interns. Michael was a self-proclaimed poet and during his sessions he alternated between improvising music for his poems and trying to compose poems to coincide with a certain piece of music. At first the themes of his poem were of violence, terror and mutilation however, as his therapy progressed he was able to write a “love” poem set to a piece of jazz music provided by a music therapy intern. This last poem entitled “Rainbows and Harmonies”, may have been a critical point in assessing or predicting dangerousness. While this was a success in Michael’s mind, when he was not able to recreate it, parts of his earlier writing and musical struggles resurfaced showing a parallel to his internal state. The use of
Michael’s creativity in his treatment was thought to help him reach competency to proceed to trial. (Boone & Bruscia, 1991)

**The Use of Music in other Creative Arts Therapies**

While the emphasis of this literature review is music therapy being the primary therapy and integrating other creative arts therapies, additional studies were examined to provide information about the relevance of music being used as a secondary supportive therapy as part of a combined therapy intervention where another creative art was used as the primary therapy. Dr. Ramaswamy developed a Natya yoga protocol for outpatients with schizophrenia (Ramaswamy, 2014). The protocol that was developed centered on the practice of Natya yoga therapy, which is a combination of music, movement, yoga and psychotherapy. In this protocol rhythmic movements and hand gestures, music and yoga help some patients find a calm meditative state. Yoga therapy has been used in the treatment of patients with psychiatric disorders for a variety of different reasons. The benefits of yoga therapy appear to be on the negative symptoms associated with the disease. These benefits include: having a calming effect, increases awareness of self, one’s surroundings and attention span, improving self-acceptance and adaptability and to provide a sense of security in the world as a whole (Ramaswamy, 2014). Additional studies published by the Institute of Mental Health and Neuro Science in India have shown yoga having a positive effect on stress reduction and emotion regulation (Deepack, 2013). The therapist and staff involved in the study utilizing Natya yoga described their own experiences of meditation and the different phases of the protocol. Most members reported that they would not be comfortable incorporating dance movements; so seated and standing stretching was used as a substitute. In this study it
was found that the patients gravitated more towards the music and the relaxation exercises then the movements. It was noted that patient’s level of comfort with movement ranged from simple stretches, to rhythmic movement, to expressive dance like movements (Ramaswamy, 2014).

Music therapists and other creative arts therapists may at times work in collaboration. For example, the case study of Stella a 12-year-old girl. A dance therapist and a music therapist worked in conjunction to provide separate interventions with a 12-year-old girl Stella, who was diagnosed with global developmental delays (Treefoot, Travaglia, 2010). She had difficulties with body coordination and fine motor skills, understanding social situations and received extra assistance in school for academic work. While Stella was receiving music therapy, it was requested by Stella’s mother that dance lessons which were provided by a dance/movement therapist also be included in Stella’s treatment to improve her physical coordination. While these two therapies occurred independently of each other, the therapists worked in conjunction to establish goals and met throughout Stella's treatment to discuss progress and overlaps that they were seeing in her therapy. During her dance/movement therapy, the therapist used prerecorded music and hello and goodbye songs to help facilitate the dance and movement. Due to this collaboration, both therapists were able to see benefits of each therapy carry over in to the other. During music therapy, Stella was able to be more aware of her body and being “ready” or “not ready”. During dance/movement therapy, Stella was able to be more creative in her physical movements, most likely due to the improvisations that were done in the music therapy sessions. Stella’s mother noted that
the collaboration of these two therapies had a great effect on her daughter and her overall creativity and self were bettered because of it (Treefoot, Travaglia 2010).

**Expressive Arts Therapies**

While many music therapists are finding creative and beneficial ways to incorporate creative arts into their work, the AMTA does not require music therapists to demonstrate proficiency in any of the arts except for movement. This is in contrast to an expressive arts therapy curriculum. For example, Lesly University offers a Masters, certificate and Doctoral program which educates students to multiple art modalities. The faculty and courses are designed to prepare students and professionals to use an integrated arts approach. However, this program is not designed to be a replacement for any one creative arts therapy and is designed to meet the requires for a mental health counselor licensure in Massachusetts ("Expressive Therapies Programs") Music therapists who are already incorporating creative arts into their work and are looking to expend their education in the creative arts may find a program like this beneficial.

**Summary of Literature Review**

The above literature and case study examples explore the many interventions and possible benefits of combination creative arts therapies. By integrating other arts into music therapy practice and interventions, clients and patients are given more opportunities and possibilities to express themselves in the best way for them. By providing numerous creative outlets, therapists themselves open the door to new learning opportunities. What can be concluded is that there are endless options for providing the
best care and therapy for patients and clients in music therapy, where the music can spark the desire to be more creative and try other approaches.

Statement of Purpose

The primary question explored in this study is: Are music therapists integrating/utilizing other creative arts in their interventions and sessions? The secondary questions include: 1) What kind of interventions are music therapists employing when incorporating another creative art? 2) What are the reasons music therapists have for incorporating or not incorporating other creative arts? 3) What kind of training/education did the music therapists receive that impact their decision to use or not use other creative arts?

While the term “creative arts” can be used to describe a large group of modalities for expression, for the purpose of this study creative arts will be used to describe the following: visual arts, dance/movement, drama and poetry/creative writing.

Method

Design

This study was a demographic survey design. The survey was 10 questions which participants answered on their own time electronically. This survey was designed to gather information about the current trends in music therapy practice focusing on the use of creative arts in music therapy interventions. The survey consisted of multiple choice questions with an option to write in additional information or comments. The content of the questions included the following:
1. What degree in Music Therapy do you currently hold?

2. How many years have you been practicing Music Therapy?

3. Where are you currently employed as a Music Therapist?

4. Did you receive any training in your education in the other creative arts?

5. Were there any required courses in other creative arts?

6. Did you personally seek out any courses in the creative arts outside your university training?

7. Do you incorporate other creative arts in your Music Therapy sessions and how often?

8. What creative arts do you incorporate in your sessions?

9. What are your reasons for not incorporating creative arts in your practice?

10. Would training in creative arts effect your decision to utilize them in your music therapy practice?

A complete survey can be found in Appendix C

**IRB**

This survey, study and data collection was approved by the IRB of Montclair State University.

**Participant Selection**
1. Due to the nature of the study and the desire to find out about current practices in music therapy, only currently active working music therapists were able to participate in this study. An email was sent to the Certification Board for Music Therapists to obtain emails of all currently registered MT-BCs. This list comprises of 6,354 emails.

2. All 6,354 members were emailed to access interest level and eligibility to participate. The only requirement to participate in this study was to be a currently working music therapist. Therefore, some additional screening was completed when necessary after initial responses regarding eligibility in participation when received. Further screening determined 457 participants were deemed eligible to participate either before beginning the survey or during the study.

3. Eligible participants were sent information about the survey, link to the survey and the online consent form.

4. Participants engaged in the study based upon their eligibility and interest level.

5. The link to the survey included an online consent form which participants acknowledged and agreed to before proceeding with the survey (Appendix B).

Participants did not have to respond to all of the question to have their answers documented. Participants were also able to exit and leave the survey at any time.

**Materials**

The materials utilized in this study included: Gmail, Survey Monkey and Apple Pages.

**Procedure**
Data Collection

Data was collected anonymously using an online survey generator and data collection website surveymonkey.com. Additionally, survey monkey generates charts of the data collected. Data was stored in protected folders and documents.

Analysis of Data

Data was analyzed both quantitatively and qualitatively due to the nature of the questions. Multiple-choice questions were analyzed for their numerical percentages with graphs and/or charts to show differences in responses. A visual representation was used to show the percentages of different responses. The content of the open-ended questions was analyzed through content analysis to explore any reoccurring themes or common answers from participants.

Ethical Considerations

A consent form was sent to all potential participants outlining the survey and its purpose. It was explained that participants may answer as little or as many of the questions as they like as well as to the degree of their personal comfort level. All responses were collected anonymously and kept in files that were password protected.

Results

Respondents

During the 12-week period the survey was open, 462 responses were collected. All 462 responses were collected from the CBMT mailing list. This is a response rate of 7% from all possible participants from the CBMT emailing list. However, for the purpose
of this study only 457 responses were analyzed as five participants indicated that they were not currently working as a music therapist therefore making them ineligible for participation in this study.

Participants Education and Training in Music Therapy

All 457 participants answered the question in regards to their current degree or training they have in music therapy. Nearly half of the participants, (219) hold a Bachelor’s degree in music therapy. The next largest portion of participants at 191 is those holding a Masters in music therapy. The smaller percentages of responses were from 23 participants that have a certification in music therapy and 11 that have a doctorate. 13 responders selected the choice “other” and their responses included the following:

Bachelors in Music Therapy & a counseling Master’s degree with Music Therapy emphasis,

Bachelor's in Music Therapy, Board Certification, Masters in Varying Exceptionalities,

Board Certified in Music Therapy; BA & MA in Music Education; LCAT & CTRS (Recreation Therapist); Certified Teacher of Music, Science, Psychology and Theory of Knowledge

Ph.D.

Master of Science in Early Childhood Special Education

Equivalency

A Bachelor’s degree and board certification

All but completion of thesis for Master’s degree

Bachelors, currently pursuing masters

Will finish masters in August 2016

Bachelor's in Music Therapy, Masters in Social Work
For the purpose of this study it is being assumed that regardless of what degree responders obtained that as practicing music therapist they have all been board certified by the Certification Board of Music Therapists.

**Time Employed as Music Therapist**

All 457 participants responded to the question related to the duration of time they have been employed as a music therapist. The highest percentage of the responders came from those that have been employed as a Music Therapist for 0-5 years at 41.58%. The second largest group of respondents at 25.16% have been working in the field for 15 or more years. Following this group were those who have been working in the field for 6-10 years with 21.23%. The smallest group of respondents with 12.04 % indicated they have been working in the field for 11-15 years. A complete breakdown of answers and percentages can be seen below in figure 2.0.
Figure 2.0: Time employed as Music Therapist

**Q2 How many years have you been in the field of music therapy?**

![Bar chart showing responses]

<table>
<thead>
<tr>
<th>Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>41.58%</td>
</tr>
<tr>
<td>6-10</td>
<td>21.23%</td>
</tr>
<tr>
<td>11-15</td>
<td>12.04%</td>
</tr>
<tr>
<td>15+</td>
<td>25.16%</td>
</tr>
</tbody>
</table>

**Environment of Music Therapy Employment**

Of the 457 participants, 456 respondents answered the question about their place of employment as a music therapist. It is not known why one participant elected not to answer this question, it is also possible that it was skipped in error. The survey provided the following settings as possible answers: hospital, rehabilitation facility, educational institution, hospice, psychiatric facility, penal system, private practice, senior care facility and other. A complete breakdown of percentages can be seen in figure 3.0. The response with the highest percentage was that of “other” at 24.12%. These other employment locations include: freelance, counselor, adult day treatment center, community music school, community based therapist, more than one location, nonprofit clinic, safe house, behavioral health, long term care, skilled nursing, forensic psychiatric hospital, pediatric skilled nursing facility, intermediate care facility, Medicaid waiver service provider,
Integrating Creative Arts into Music Therapy Practice

memory care, ICF-ID, developmental center, church, substance abuse facility, pediatric outpatient clinic, agency consultant, university affiliated community clinic, private therapeutic day school, adult group home, enrichment center, domestic violence care facility, creative arts therapy center, intergenerational day care, cancer care, VA medical facility, insurance company early intervention university, TBI Facility, etc.

Duplicate answers in the “other” category was not documented as it was not crucial to the data to find out how many music therapists work in each setting, but just to see the diversity of employment locations.

Table 3.0: Music Therapy Employment Location

Q3 Where are you currently employed as a music therapist?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>16.45%</td>
</tr>
<tr>
<td>Rehabilitation Facility</td>
<td>1.75%</td>
</tr>
<tr>
<td>Educational Institution</td>
<td>11.40%</td>
</tr>
<tr>
<td>Hospice</td>
<td>5.48%</td>
</tr>
<tr>
<td>Psychiatric Facility</td>
<td>11.18%</td>
</tr>
<tr>
<td>Penal System</td>
<td>0.88%</td>
</tr>
<tr>
<td>Private Practice</td>
<td>21.27%</td>
</tr>
<tr>
<td>Senior Care Facility</td>
<td>7.46%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>24.12%</td>
</tr>
</tbody>
</table>

Education in Creative Arts
Question four asked participants to indicate whether or not they received any training in the creative arts through their university. This training could be through required or optional courses in curriculum. The number of participants that responded to this question was 453. The largest percent (59.6 %) of participants reported that they did not receive any training in creative arts as part of their education. This is in contrast to the 40.4% who did receive some training in the creative arts. The researcher found that this data is significant \( \chi^2(1) = 16.17, p < .01 \). Figure 4.0 below shows the exact numeric breakdown of responses.

Figure 4.0 Education in Creative Arts

**Q4 Did you receive any training in your education in the other creative arts?**

Answered: 453  Skipped: 4

Required Courses in Creative Arts

Question five asked respondents to indicate whether their university music therapy curriculum required courses in creative arts. Only four respondents elected not to answer this question. The highest percent (71.74 %) of the responses indicated that
there were no required courses in the creative arts as part of the music therapy curriculum while only 28.26\% stated that there were some kind of required creative arts course. This is seen as a significant difference ($x^2 (1) = 85.7, p < .01$). Figure 5.0 below shows the significant difference between these responses.

Figure 5.0 Required courses in creative arts

**Outside Training**

Question 6 asked respondents to indicate whether they had sought out any training in creative arts outside of their university required curriculum. The number participants that answered this question was 455. While nearly 65\% indicated that they decided not to seek any outside training, only 35 \% did go out of their university curriculum for training or additional training. A significant difference was found ($x^2 (1) = 38.88, p < .01$). This means that there were more “no” answers then “yes” indicating a lack in seeking outside
Integrating Creative Arts into Music Therapy Practice

training. However, this data does not distinguish those who did have required courses in their university curriculum from those who did not. Examples of training courses range from: courses in dance, art and drama courses offered at their university, other creative arts therapy courses, GIM training, Mandala, courses for CEUs, trainings at conferences etc. Figure 6.0 shows the significant difference in responses.

Figure 6.0 Outside Training

**Q6 Did you seek out any training or courses in creative arts outside your university curriculum?**

Answered: 455 Skipped: 2

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.38%</td>
<td>64.62%</td>
</tr>
</tbody>
</table>

Utilization of Creative Arts in Music Therapy Sessions

Question 7 asked participants to indicate whether or not they incorporated creative arts into their music therapy sessions. Only three participants did not submit responses to this question. The responses were overwhelmingly (81.94 %) in favor of yes, music therapists were incorporating creative arts into their sessions. Only 18.06 % said no they did not. This is a significant difference ($\chi^2 (1) = 185.24, p<.01$). This indicates that overwhelmingly music therapists are indeed incorporating creative arts into their
sessions. While the range of how often these interventions were happening from daily, to once in a while, the amount of positive responses indicates many music therapists incorporate creative arts into their sessions on a somewhat regular basis. Figure 7.0 below shows the significant difference in these two responses.

Figure 7.0 Use of Creative Arts in Music Therapy Sessions

**Q7 Do you incorporate other creative arts into your music therapy sessions?**

Answered: 454  Skipped: 3

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>81.94%</td>
</tr>
<tr>
<td>No</td>
<td>18.06%</td>
</tr>
</tbody>
</table>

Specific Creative Arts used in Music Therapy Practice

Only 387 participants answered Question 8 about which of the creative arts they used in their music therapy practice. Responders were allowed to select as many of the choices as they felt were appropriate for them. The highest percentage of responses indicated that music therapists are incorporating the visual arts the most followed by, dance/movement, poetry/creative writing and with the least responses drama. However, responders commented that they utilized every kind of intervention on the spectrum
Integrating Creative Arts into Music Therapy Practice

including: fill in the blank poetry, collage, musical stories, mandalas, free dancing, shadow puppets, play dough, etc. From these responses it appears that the music therapists that decide to include an additional art form in their practice, cover a diverse selection of creative possibilities. Figure 8.0 below shows a numeric breakdown of the genre of creative arts used in music therapy sessions.

Figure 8.0 Creative arts integrated into music therapy interventions

![Bar Chart showing the percentage of therapists using different creative arts in their interventions.]

**Q8 What creative art do you integrate into your interventions?**

- Visual Art: 78.04%
- Dance/Movement: 72.09%
- Poetry/Creative Writing: 48.32%
- Drama: 24.03%

**Reasons additional creative arts were not utilized**

A small portion of responders, 150, answered the question related to their reasons or justification for not incorporating additional creative arts into their sessions. The number of participants is smaller partially due to the fact that some participants of this study do incorporate creative arts and skipped this question. The largest percent (48 %) of responders indicated that they do not incorporate other creative arts into their music
therapy sessions due to not feeling comfortable or component because of lack of training. Additionally, 45% indicated that the use of an additional creative art was not appropriate for the population they served. A smaller percent (26%) of responders cited a lack of resources and 8% noted that their place of employment set the guidelines for their sessions. In addition, 45% indicated other reasons or expanded on one of the reasons above for not incorporating creative arts into their practice. It should be noted that some of the responses in the “other” category was those from responders indicating and confirming their use of creative arts in their music therapy practice. The reasons to not use creative arts follow similar themes including the following: Inconvenient, there are creative art therapists on staff, music therapy is sufficient, lack of expertise, not considered, etc. Figure 9.0 shows an exact breakdown of responses.

Figure 9.0 Reasons to not include creative arts in music therapy
The final question of this study asked participants to indicate whether or not they would utilize creative arts in their practice if they had received training in them as part of their music therapy education. A large number of participants (435) answered this question. Overwhelmingly, 71% indicated that yes they would be more likely to incorporate creative arts had they received training in them. Many also commented that training or additional training would help them incorporate creative arts more often even if they were already doing so. Only 5% indicated that training or courses would not affect their decision to incorporate creative arts and 23% said they were unsure. These differences are significant ($\chi^2 (2) =310.02$, $p<.01$). This indicates that increased training in the creative arts would have a positive impact on music therapists who want to incorporate them into their sessions. Many comments that were included in the survey suggested that as a music therapist the responders felt other creative arts were outside of their scope of practice. Some respondents indicated that they really only felt comfortable utilizing music. One respondent added the thought that if there were a need for an additional creative arts specialist, this would be a separate hire. An interesting comment suggested that creative arts courses could be added to graduate curriculum but that undergraduates already have a lot of material to focus on in the specific realm of music therapy. However, most comments indicated that either the music therapist already was incorporating creative arts in their field and that additional training would be beneficial in the way of more ideas, and added comfort, or that they think additional creative arts can help their clients be creative and expressive. Figure 10.0 Below shows the numeric breakdown of responses.

Figure 10.0 Relationship between training in creative arts and utilization in music therapy
Q10 If courses in creative arts were required curriculum for music therapy students, would you be more likely to utilize them in your practice?

Answered: 435 Skipped: 22

Discussion

The three main goals of this study were 1) To gather information about the integration of creative arts into music therapy practice; 2) To find out whether music therapy students are being trained in the creative arts; and 3) The potential impact of training, exposure, and reasoning behind the music therapist’s decision to incorporate or exclude additional creative arts in their practice. While there has been research done on the benefits and potential interventions that combine creative arts and music therapy, this study specifically focused on these questions.

To focus on current trends in the field, responses were collected strictly from participants who indicated they were actively employed as music therapists. This resulted in 457 responses being analyzed for this survey. Questions one and two focused on the demographics of the participants and found that a significant number (41%) of currently practicing music therapists are relatively new to the field, around 0-5 years. Additionally, these music therapists are taking the extra classes to obtain a Bachelor’s or Master’s
degree. This data is important for statistical purposes as well as to provide the study with the demographic information of its participants.

Question three asked respondents to indicate their place of employment. This was important for this study for a number of reasons. First, the responses of this study indicate that music therapists are employed in extremely diverse settings. Many of these settings are typical for music therapy, hospital, assisted living, psychiatric, etc. However, this study showed the range of settings that music therapists are employed are vast and is an example of how music therapy is continuing to spread into all types of healthcare, assisted living, schools and private practice settings. Responses from this survey included but are not limited to: rehabilitation, adult care homes, churches, cancer centers, substance abuse treatment facilities, domestic abuse treatment centers, pediatric treatments, etc. This variety in settings suggests that music therapists are seeing a diverse set of patients, residents and clients. Music therapists then must design and implement interventions to help these clients achieve their unique goals. While this is not new information to the world of music therapy, it is important to note for this study how large and diverse the population is that is served by music therapists.

Question four asked participants to indicate the amount, if any, of training they received in other creative arts through their university. After analyzing the data from this study, it can be assumed that many music therapy curriculums do not contain required courses in the creative arts. This is reflected in the data as a significant number of responders (59.6%) to this question indicated they did not receive any training in the other creative arts. Questions five and six took this one step further and asked responders to indicate if they had any required courses at their university in the creative arts. Again,
overwhelmingly the answer was no (71%). This is not to say that music therapy students are not exposed to creative arts in other courses, but to say that they did not have any course work exclusively in other creative arts. Additionally, only a small percentage (35%) of participants indicated that they received some kind of training or exposure to other creative arts by their own desire outside of their university required training (i.e. classes, conferences, etc.). This data in particular was important to this study, as it revealed a potential lack of training in music therapy curriculum. As this data proved to be statistically significant, it could indicate a current trend that music therapy educators do not include creative arts in their curriculums. Although a significant number of respondents indicated that they did not have any required courses in creative arts as part of their curriculum in music therapy, the AMTA Professional Competencies indicate in section A. Music Foundations Part 6: Movement Skills, that music therapists should be able to: “6.1- Direct structured and improvisatory movement experiences as well as, 6.2- Move in a structured and/or improvisatory manner for expressive purposes” (AMTA, 2013). This researcher found this to be particularly interesting as we as music therapists are expected to be able to demonstrate these skills, however many professionals may not have received any training in movement/dance. Additionally, The American Music Therapy Association provides an “approved curriculum” on their website. The curriculum for a Bachelor’s degree or Equivalency in music therapy does not require one course in any of the creative arts. A full list of the standards for Bachelor’s Degree can be found in Appendix D (AMTA, 2016).

Question seven of this study asked the key question of whether or not music therapists are utilizing creative arts in their sessions with or without training in creative
Integrating Creative Arts into Music Therapy Practice

arts. The responses collected in this study show that overwhelmingly (81.9%) music therapists are in fact incorporating arts into their sessions. This piece of information is particular interesting to this researcher as it points to an inverse relationship between training and practice. Although most of these music therapists may not have been trained or educated in the use of creative arts this does not deter them from incorporating them into their practice. This information is important because it could be questioned whether or not music therapists are practicing areas outside of their scope of practice due to lack of training. The implications this information could have on the future of music therapy education is significant. Depending on the future growth of this trend in music therapy, it could lead to some advisors and music therapy department heads considering adding creative arts courses into their curriculum. The literature review in this study has already shown the potential and wide range of benefits from utilizing creative arts in music therapy practice. The overwhelming use of creative arts by music therapists suggest that music therapists are aware, or have discovered for themselves the potential benefits of creative arts for their clients.

This study revealed in question eight that music therapists are not only utilizing a large range of activities including instrument play, improvisation, singing, vocalizing, song writing, passive music listening and other related interventions but additionally this study found that music therapists are incorporating a wide spectrum of creative arts interventions into their practice from simple drawing while listing to music and moving along to the music, puppet shows, theater games, skits, collages, poetry writing, song writing, fill in the blank writing exercises, scarf dancing and many more interventions. Just like the arts themselves, the responses from this survey showed that the interventions
and possibilities for using creative arts are limitless depending on the discretion of the therapist.

The last and quite possibly most significant questions of this study revealed that there are a number of different reasons music therapists have to not incorporate creative arts into their sessions. Some of these reasons include: not within scope of practice, only feel comfortable using music, so many possible interventions with just music, other creative arts therapists on staff, not appropriate for population, etc. The responses from this survey indicated the main reason music therapists are not incorporating creative arts into their practice is lack of training therefore the therapists do not feel comfortable. The AMTA guidelines do not require music therapists to be proficient in any creative arts skills besides movement. Nearly 50% of responders indicated that this was their reason. However, it should be noted that a significant number of responders did indicate that they do utilize creative arts in their practice, regardless of their lack of training or education. This piece of information quite possibly reveals a lack of training and education for music therapy students. Additionally, when responders were asked if they had received training in creative arts would they be more likely to incorporate them nearly 72% indicated yes. Music therapists themselves are pointing out a shortcoming in their education, and it could be affecting the quantity and quality of different interventions and services they can provide their clients.

The overall theme of this study was to explore the relationship between music therapist’s decision to incorporate creative arts into their practice and their education and training. The data found an inverse relationship between these two. While the data showed that a large portion of music therapists utilize creative arts in their practice, the
same cannot be said about their education and training. Most of the therapists incorporating arts into their sessions did not receive university required training in the arts. After all of the research that has shown the potential benefits of multi-creative arts music therapy, student music therapists are not being trained. Not surprisingly, significant data from this study indicated that music therapists would be more likely to incorporate creative arts into their practice if they had received training or education in the creative arts. This brings up the important question on why not all universities have caught on to this current trend in the field of music therapy.

**Limitations of Study**

After analyzing the data collected in this study, some limitations were discovered. First, while this survey asked music therapists if they integrated creative arts into their practice, in a broad sense, it did not provide any concrete examples of possible interventions that utilized creative arts. It is possible that respondents were not completely sure whether or not they were actually utilizing creative arts as described by the survey. Additionally, this survey required that participants be actively working music therapists. This requirement was intended to facilitate responses indicative of current trends in the field, however, this left out several possible response groups. This study may have benefited from responses collected from music therapy educators, retired music therapists and music therapists working under a different designation. These two factors may have been an issue related to a low response rate, an additional limitation to this study. Furthermore, this was a fairly short survey and participants have not been contacted for any follow up at this time.
Future Research

An important goal of this study was to shed light on a common practice in music therapy. This study has proven that a significant portion of music therapists are incorporating creative arts in their sessions with little to no training from their university. Due to the fact that this is not required training as dictated by the AMTA, music therapy students and professionals may have to seek out related courses and information to educate themselves. Future research in the matter of incorporating creative arts into music therapy practice could focus on university curriculum and what kind of courses would best meet the needs for music therapists and their current practices. For example, how in depth do the courses need to be, what creative art should be highlighted, how to incorporate creative arts in sessions and how to write goals and objectives utilizing creative arts. Additional studies could be done at universities that have creative arts courses as part of their curriculum to gage if these music therapists are more prepared, and comfortable using the creative arts into their sessions. Through investigation of university curriculum, it could benefit music therapy students to explore when it may be the most beneficial for them to receive training in additional courses. Is it appropriate for undergraduate music therapy students to have courses in creative arts when they are already expected to grasp and apply the concepts of music therapy alone? Are creative arts courses more appropriate at the graduate or Doctoral level after students have been practicing music therapy or graduated with a different degree? These questions could lead to a change in music therapy curriculum that would obviously benefit students as they pursue a career in music therapy.
Another issue that could be explored in future studies is whether or not it is ethical for music therapists to incorporate the arts if they are not trained in them. Is this a contraindication for some patients? How would music therapists handle a situation where they are unable to interpret or foster patients’ needs in a creative arts intervention? Future research as discovered by the limitations of this study would be to explore the types of specific not general interventions being used by music therapists that do indeed incorporate creative arts. Where is the line between creative arts and the casual use of another art form? Another possible avenue for research would be to include international respondents. Due to the fact that music therapy is a worldwide therapeutic profession, it would be interesting to see if creative arts in music therapy practice is more widespread in other nations. Based on the findings from this study, it can be assumed that significant research is still needed in the area of a music therapy/creative arts based therapeutic approach.

Conclusion

Due to the extensive list of benefits and possible interventions music therapists could use that incorporate other creative arts in their music therapy practice, one goal of this study was to explore these possibilities and see if this was a current trend in music therapy. Not only was this confirmed, but this study was able to shed a light on the different arts that are used in a wide array of settings with a large variety of populations. While these findings help expand not only research and literature but additionally the education of future music therapists. This study showed that while many music therapists are serving their clients in infinite ways, not only though music but through the use of an additional art. While music therapists are not required to receive training in the other
Integrating Creative Arts into Music Therapy Practice

creative arts, there are many other options and avenues music therapists can take to be exposed or educated in the other creative arts. There are conferences, classes, and experiences music therapy students and professionals can elect to participate in to expose and educate themselves to other creative arts. While it is not clear from this study why creative arts have not been universally integrated into music therapy curriculums, it was the purpose of this study and the goal of this researcher that by exposing how widespread this practice is universities may consider educating music therapists in other creative arts. Music therapy and the other creative arts have many links and connections that lend themselves to a natural integration. It is the hope of this study that these special and unique benefits of integrating creative arts into music therapy practice have been revealed and in the future more and more music therapists learn about these benefits and integrate creative arts as they move forward in their careers.
References


Expressive Therapies Programs. (n.d.). Retrieved December 26, 2016, from
http://www.lesley.edu/expressive-therapies/

Gaertner, M. (2016). The sound of music in the dimming, anguished world of
Alzheimer’s disease. In T. Wigram & J. De Backer (Eds.), Clinical applications of

Gallagher, L. (2013). Creative arts therapies for palliative medicine. Progress In
Palliative Care, 21(2), 63-64. http://dx.doi.org/10.1179/0969926013z.00000000073

Gooding, L. (2008). Finding your inner voice through song: Reaching adolescents with
techniques common to poetry therapy and music therapy. Journal Of Poetry
Therapy, 21(4), 219-229. http://dx.doi.org/10.1080/08893670802529209

http://dx.doi.org/10.1007/s10643-013-0610-9

Jeong, S., & Kim, M. (2007). Effects of a theory-driven music and movement program
for stroke survivors in a community setting. Applied Nursing Research, 20(3), 125-
131. http://dx.doi.org/10.1016/j.apnr.2007.04.005

and psychological states of stroke patients. Journal of Clinical Nursing, 22(1-2), 22-

Kaufman, D. L. & Goodman, K.D. Cracking up and back again: Transformation through
Integrating Creative Arts into Music Therapy Practice


Integrating Creative Arts into Music Therapy Practice


Dear Fellow Music Therapists,

I am writing to let you know about an opportunity to participate in a research study about Integrating Creative Arts into Music Therapy Practice. This study is being conducted by Megan Novak from the Music Therapy Department at Montclair State University. This study will involve a survey to gather information about the practice of incorporating an additional creative art into music therapy interventions.

It will take about 20 minutes of your time.

If you are a currently employed and working music therapist you may be eligible to participate.

If you have any questions, please contact Megan Novak at novakm2@montclair.edu.

Thank you for considering participation in this study. This study has been approved by the Montclair State University Institutional Review Board.

Sincerely,

Megan Novak, Masters Student

Department of Music Therapy, Montclair State University
Appendix B

Dear Fellow Music Therapists,

You are invited to participate in a study Integrating Creative Arts into Music Therapy Practice. This study will look into the use of incorporating an additional creative art in music therapy practice. I hope to learn how music therapists are choosing to incorporate other creative arts into their sessions. I also hope to learn about music therapist’s backgrounds in the other creative arts and how this affects their decision regarding their use of creative arts. You were selected to participate in this study because you are an actively working music therapist and therefore can report on current trends in the field.

If you decide to participate, please complete the following set of questions. The survey is designed to gather information about the therapeutic use of other creative arts in music therapy practice. As well as information about you as a music therapist. It will take about 20 minutes of your time. You will be asked to answer questions about your educational background, current work and the types of interventions you use in your sessions. You may not directly benefit from this research. However, we hope this research will result in further exploration of the potential benefits of integrating music therapy and the creative arts, as well as expanding the education of music therapists to include courses in the other creative arts.

Data will be collected using the Internet. There are no guarantees on the security of data sent on the Internet. Confidentiality will be kept to the degree permitted by the technology used.

Your decision whether or not to participate will not affect your relationships with the American Music Therapy Association or Certification Board of Music Therapists.

If you decide to participate, you are free to stop at any time. You may skip questions you do not want to answer.
Please feel free to ask questions regarding this study. You may contact myself at novakm2@montclair.edu or (678) 923-2809. If you have additional questions you may also contact Karen Goodman, my faculty sponsor, at (973) 655-5268 or goodmank@mail.montclair.edu

Any questions about your rights may be directed to Dr. Katrina Bulkley, Chair of the Institutional Review Board at Montclair State University at reviewboard@mail.montclair.edu or 973-655-5189.

Thank you for your time.
Sincerely,
Megan Novak
Music Therapy Department Cali School of Music

By clicking the next button below, I confirm that I have read this form and will participate in the project described. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am 18 years of age.

To decline participation in this study please click the exit button of your browser to leave this page.
[Please feel free to print a copy of this consent.]
The study has been approved by the Montclair State University Institutional Review Board as study # FY-15-16-90 on March 22nd 2016.
1. What degree in music therapy do you currently hold?

Certification
Bachelor’s Degree
Master’s Degree
Doctorate
Other (please specify)

2. How many years have you been in the field of music therapy?

0-5 years
6-10 years
11-15 years
15+

3. Where are you currently employed as a music therapist?

Hospital
Rehabilitation Facility
Educational Institution
Hospice
Psychiatric Facility
Penal System
Private Practice
Senior Care Facility
Other (please specify)

4. Did you receive any training in your education in the other creative arts?
Integrating Creative Arts into Music Therapy Practice

Yes

No

5. Were there any required courses in creative arts in your education?

Yes

No

6. Did you seek out any training or courses in creative arts outside your university curriculum?

Yes

No

If Yes, What kind of training or courses?

7. Do you incorporate other creative arts into your music therapy sessions?

Yes

No

If Yes, How often?

8. What creative art do you integrate into your interventions?

Visual Art

Dance/Movement

Poetry/Creative Writing

Drama

Please provide specifics on your interventions

9. If you do not incorporate other creative arts into your practice, what are your reasons for that decision?

Not comfortable due to lack of training

Not appropriate for population
Setting provides specific guidelines for interventions

Lack of resources

Other (please specify)

10. If courses in creative arts were required curriculum for music therapy students, would you be more likely to utilize them in your practice?

Yes

No

Not Sure

Please Explain
STANDARDS FOR BACHELOR’S DEGREES

Academic Component

1) The bachelor’s degree in music therapy (and equivalency programs) shall be
designed to impart entry-level competencies in three main areas: musical foundations,
clinical foundations, and music therapy foundations and principles, as specified in the
AMTA Professional Competencies.

2) In compliance with NASM Standards, the bachelor’s degree in music therapy
shall be divided into areas of study as follows (based on 120 semester hours or its
equivalent). Please note that the courses listed below each area of study are only
suggested titles of possible courses or course topics.

Musical Foundations (45%)
- Music Theory
- Composition and Arranging
- Music History and Literature
- Applied Music Major
- Ensembles
- Conducting
- Functional Piano, Guitar, and Voice

Clinical Foundations (15%)
- Exceptionality and Psychopathology
- Normal Human Development
- Principles of Therapy
Integrating Creative Arts into Music Therapy Practice

• The Therapeutic Relationship

Music Therapy (15%)

• Foundations and Principles
• Assessment and Evaluation
• Methods and Techniques
• Pre-Internship and Internship Courses
• Psychology of Music
• Music Therapy Research
• Influence of Music on Behavior
• Music Therapy with Various Populations

General Education (20-25%)

• English, Math, Social Sciences, Arts,
• Humanities, Physical Sciences, etc.
• Electives (5%)