Music Therapy in Schools: The Current Status

Tammy Takaishi

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Abstract

This study, to assess the prevalence and role of music therapy in various school systems across the United States, utilized a demographic survey design. The instrument used in this study was a 10 item self-report electronic survey. A mix of open ended and multiple choice questions were utilized.

Descriptive statistics, percentage analysis, and topic categorizing were used to analyze the data supplied by 166 school-based music therapists from throughout the United States. Results indicated the following: 1. The majority of respondents (78%) provided music therapy in public schools with weekly self-contained groups being the most common type of session. 2. Autism was the most prevalent of disorders/disabilities represented by the music therapist's clients; Intellectual disability was the second most prevalent. 3. Persons aged 7 to 12 years were the most prevalent age group music therapists work with, persons 18 and older the least. 4. Education and qualification of respondents indicated that a majority hold Bachelor's or Master's degrees in music therapy over the equivalency option; furthermore 95% of music therapists are board certified. 5. A majority are employed full time with only 1% (two respondents) providing service as consult only. 7. A majority of music therapists in the schools are employed with the title of Music Therapist, while others have the title of Music Educator, Special Educator and more. Following the data analysis, discussion highlights the need for further analysis and related questions.

Keyword: music therapy, schools, Autism, IEP
MONTCLAIR STATE UNIVERSITY

Music Therapy in Schools: The Current Status

by

Tammy Takaishi, M.Ed.

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MUSIC THERAPY IN SCHOOLS:

THE CURRENT STATUS

A THESIS

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Montclair State University

Montclair, NJ

2015
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Introduction

Integrating music therapy into various school systems, from homeschooling to public systems and beyond, can be beneficial to students with and without disabilities. Music therapy is offered by a board certified music therapist (MT-BC) within school systems on the basis of consulting, as a service delivery specialist, by a music educator, or special educator who holds a dual certificate as a music therapist (Coleman, 1998, Patterson, 2003). The extent to which music therapy is presently offered in schools across the United States appears to range from state to state due to legislative differences acknowledging music therapy as a profession in each state, and financial concerns from school districts. The purpose of this study is to ascertain the current state of affairs regarding the employment of music therapists in school systems across the United States. This study will provide a current understanding of what type of school systems provide music therapy; how music therapy is integrated, i.e. after school program, class offered in regular schedule, pull out sessions; and how music therapists are being utilized, i.e., consultant, part-time, full-time, and integration of music therapy in the Individualized Education Program (IEP) process.

Review of Literature

Demographic Surveys Concerning Music Therapy

The last major survey of music therapy in schools was conducted in 1999 by Smith and Hairston. That survey provided a snapshot of the state of affairs at the time with respect to demographics, employment, and the future of music therapy. The Smith and Hairston (1999) survey was sent to 244 music therapists in which 138 were qualified
respondents. The survey content, adapted from a 1988 survey by McCormick, was divided into three sections and contained "dichotic-choice, multiple-choice, Likert-scale, and short-answer questions." (Smith and Hairston, 1999, pg 280). Thirty states were represented with the most music therapists from Texas, New York, and Michigan. A majority of music therapists at the time were self-employed with 73 respondents indicating they work part, or full time in school systems. The largest population served were persons with autism spectrum disorders (ASD) (Smith and Hairston, 1999, pg. 280-282). More specified surveys of music therapists in school systems followed which focused on methods and treatment; not a full scale demographic survey similar to that of McCormick (1988) or Smith and Hairston (1999).

In 2003 a survey was conducted to obtain music therapy methods for elementary aged children with Attention Deficit-Hyperactivity Disorder (ADHD) and focused on treatments, sources for referrals, and interdisciplinary measures. The study found that the top three utilized methods were music and movement, instrumental improvisation, and musical play (Jackson, 2003). The following year, in 2004, a survey study was published that focused on music therapy assessment for children with developmental disabilities. That study found all music therapists assessed by collecting observable data, and music behavior was the least assessed domain compared to motor function, social/emotional, sensory and other domains listed by the American Music Therapy Association (AMTA). Additionally, 12% of music therapists reported working with special needs students (Chase, 2004). While both those studies are important to clarifying the role of the music
therapist in schools and providing benefit to music therapists, it is equally important to have updated demographic information for the field.

The American Music Therapy Association (AMTA) annually surveys their members regarding the area of employment, salary, and more, across the field in a descriptive statistical report entitled the AMTA Member Survey and Work Force Analysis. The 2014 AMTA Work Force report indicates 14% of the 1,417 respondents work in children's facilities/schools (AMTA, 2014) but does not detail what kind of children's facilities and schools, nor in what capacity aside from full time.

Aside from those surveys, there is limited research providing demographic information, or clarifying the role of music therapy within American school systems. Currently, a majority of research and media attention is focused upon music therapy for children on the autism spectrum, both in schools and as a private service. Resources are scarce about the benefits of a regularly integrated music therapy program in a school setting for all children, less so for those aged 12-18.

**Historical Overview**

After the Second World War music therapy began to expand outside of it's origins but was still not widely known, understood, or recognized as a resource. As early as 1970 music educators and music therapists were concerned about where music therapists could best benefit the field. With a strong focus still on hospital and military care the argument for music therapy in schools was being made, but quietly, and for some, not soon enough with only 600 therapists to serve the nation (Glick, 1970). Currently, there are over 5000 music therapists in the U.S. (AMTA, "FAQ", 2015). Some
pioneers in music therapy for children with disabilities at the time were Paul Nordoff and Clive Robbins. Together they were able to bring to the forefront the benefit of music for children previously deemed "unreachable" through their belief that everyone has an inner "musical child". Their compassion and creativity led to success, and from there, the Nordoff-Robbins Institute was formed and music therapy for children with disabilities slowly blossomed (Robbins, 1983). According to a survey of school-based music therapists (McCormick, 1988), only 3% of music therapists were employed in public school systems with 1% holding other related positions. McCormick's study was limited, with 54 completed surveys qualifying (McCormick, 1988). By 1999, Smith and Hairston study (1999) indicated 41% employed by schools across 30 states, 23 of which required the music therapist to also be certified as an educator to maintain employment (Smith and Hairston, 1999).

**Music Therapy in Schools, Related Literature**

A 2003 article in the *Music Educators Journal* by Patterson explains common misconceptions, issues, and frustrations that music therapists and music educators face which belie the process of attaining music therapy as a related service for students with disabilities. Montgomery and Martinson (2006) outline benefits for students with disabilities involved in music inclusion classrooms, and provide models of how a music educator can start professional conversations to bring music therapy into schools either through self-contained classrooms or full inclusion. Their work clarifies that a music therapist may be only available as a consultant to provide the music educators with resources, as well as interventions to assist the students with disabilities. The article
briefly explains the difference between a music educator's goals for a student with disabilities and a music therapist's goals and provide tips for educators who need assistance who are not able to reach a music therapist. Music therapy was briefly mentioned as one beneficial treatment for persons with Rett Syndrome in a 2011 article by Wanzsek, Jenson, and Houlihan. The treatment was specifically mentioned as helping during an assessment conducted by a school psychologist to increase awareness, vocalization, and eye contact. The article does not expand on the varied benefits of a music therapy program in schools.

Music therapy is one of the services available to students through an Individualized Education Program (I.E.P). It cannot be provided without an assessment and recommendation by a certified music therapist, followed by approval to hire, or sub-contract, a music therapist. Music therapy is considered a related service under the Individuals with Disabilities Education Act (IDEA) special education law, but can be provided as a direct or consult service dependent on the needs of the individual (AMTA, 2006). "Music therapy is warranted when it is required for a student to access their education. It can be difficult to prove a student requires an additional related service when [the] progress reports state they are 'making adequate progress' towards all of their IEP goals and objectives" (Ritter-Cantesanu, 2014, pg. 144).

Providing music therapy on a regular basis in schools with larger at-risk populations can be tricky due to state and federal funding. However, there are options that allow music educators to work with music therapists as consultants, and options for music educators to utilize strategies which music therapists employ. Strategies include
earning music listening privileges, song writing as a form of expression, listening to music to decrease stress, and participating in a music ensemble (Duerkson, & Darrow, 1991).

Resources for music therapists who are already involved in school systems are varied, and include textbooks, songbooks of original compositions by music therapists, collections of activities, and everything in between. A quarter of music therapy books published during the years 1950-2014 within the area of methods was solely dedicated to special education. These music therapy publications were most prominent in the 1980s. (Goodman, 2015, pg. 335). Those publications included the 1977 publication *Creative music therapy: Individualized treatment for the handicapped child* (Nordoff, & Robbins, 1977); Juliette Alvin's *Music Therapy for the autistic child* (1978); *Music therapy in special education: Developing and maintaining social skills necessary for mainstreaming* (Krout, 1986); *Models of Music Therapy Interventions in School Settings* (Wilson, 2002) and the 2006 AMTA Monograph Series publication on music therapy in early education school settings (Goodman, 2011, Appendix B.).

*Music Therapy for the Autistic Child* by Juliette Alvin (1978) is an older, yet foundational resource. Considered the first book to analyze the benefits of music therapy for children with ASD, it provides detailed case studies as well as an entire section about musical and autistic behaviors and different techniques that music therapists utilize. Ms. Alvin's work, and observations made within the case studies offer great examples to learn from for any music therapist working with special needs children.
A standard publication about music therapy in schools is *Models of Music Therapy Interventions in School Settings* edited by Brian Wilson (2002). This book is a collection of articles from music therapists who specifically work in schools across the country. Information on special education laws and IEP are outlined at the beginning along with letters from the AMTA and U.S. Department of Education clarifying music therapy. This book contains two main sections: 'Theoretical Issues', and 'Models of Music therapy Interventions in School/Educational settings'. Within the theoretical issues section are articles that span from advocating for music therapy programs to the assessment process and IEP. Mary Adamek's article on early special education services provides music therapists with a history and overview which helps set up an understanding of how music therapy fits in as part of services available to students. Articles on inclusion and mainstreaming are also included in this section. The second section of the book covers music therapy models for both residential schools and school-based settings. One article is specifically for music therapists working with students with autism, and another specifically for students who are deaf/hard-of-hearing. Many of the articles include assessments, or parts of assessments, to be utilized as a resource or as a starting point for creating something more tailored. There is a glossary and list of resources as well making this a well-rounded resource for any music therapist working in schools.

Music therapist and state certified special educator, Karen D. Goodman wrote a resource specifically for music therapists working with special needs children in group settings. Entitled *Music Therapy Groupwork with Special Needs Children* (2007) this
text provides vignettes, sample session plans, and song lists. It uniquely walks the reader through music therapy work from planning through implementation utilizing real world case studies.

Another resource specifically for working with special needs children is *Music for Special Kids* by Pamela Ott (2011). This book is organized into categories of song types such as "nonsense songs" and "call and response songs". Songs, activities, and games are further categorized by instrument type making it easier for a music therapist or music educator to plan. Also included are detailed instructions for activities, and song games. Resources include sheet music. Resource for music educators can also be helpful for music therapists working in schools.

A recent book by Kern and Humpal (2012) entitled *Early Childhood Music Therapy and Autism Spectrum Disorders: Developing Potential in Young Children and Their Families* was designed for music therapy clinicians and would be a thorough and useful text to any music therapy curriculum. The book is organized into five parts with several professionals contributing chapters in each. The parts are: Introduction and Research, Assessment and Goals, Treatment Approaches, Collaboration and Consultation, and Resources. Included are definitions related to autism spectrum disorder (ASD), reviews and samples of music therapy assessments, details on Applied Behavior Analysis (ABA) and the Developmental, Individual difference, Relationship-based model (DIR®) which are popular treatment approaches, as well as lists of resources for music therapists.

Music educator Dr. John Feierabend has a popular set of music-movement song and activity books. Book and dvd sets are written for specific age groups. Sets include
First Steps in Music: Infants and Toddlers, and First Steps in Music: Preschool and Beyond. Within those sets are specific books which can be obtained separately, and activities and songs can be used as written or adapted to meet the need of the music therapist or music educator. Activities and songs depend on the book selected and range from movement games for body and space awareness, to beginning improv with vocal exploration in specific songs and chants (Feierabend, 2015). A music therapist may choose to use one of the songs from the books as a way to begin songwriting with an individual child. Movement exploration games would be useful for children with impulse control, and turn-taking.

A useful list of music therapy publications from 1950 - 2010 can be found in Music therapy education and training: From theory to practice (Goodman, 2011). It is also helpful for music therapists working in schools to stay current on education topics via the Journal of Research in Music Education.

Credentials Related to Music Therapy in the Schools

Bringing music therapy to students often depends on each state's legislation and each school district's requirements for various credentials. A music educator, special educator, or parent finding a need for a music therapist may look to one who is dual certified as a music educator, or special education instructor for ease in having the music therapist be allowed to work within their district. Despite the music therapy certification, in some states, the state laws requiring educational certification may supersede the music therapy certification. Other issues music therapists face in providing treatment in educational settings are in regard to newer laws, the Common Core Curriculum.
standards, and the No Child Left Behind act. The problems arise in school funding for music therapy, and teachers facing repercussions if a student does not show adequate progress (Ritter-Cantesanu, 2014). In order to bring music therapy to the many students who may benefit from it, it is imperative to know how, and where, music therapy is offered in schools and how the laws realistically affect music therapists and music educators.

The AMTA is actively pushing for state licensure, encouraging and guiding members on advocacy. State recognition benefits the profession by protecting and educating the public, and clarifying the music therapy role as an allied health care service.

"Considered the highest level of occupation regulation....The primary purpose of a license is to protect the public by outlining the specific education, clinical training, and continuing education requirements needed to practice competently as a music therapist. This is a mandatory form of recognition making it illegal for an individual to practice music therapy unless he or she holds a music therapy license." (Moore, 2015, pg. 81).

Currently, music therapy is recognized at the state level with licensure in Georgia, Nevada, North Dakota, Utah, and as a creative arts therapy license in New York. Utah is the most recent state to join the growing list of states who advocated for music therapy to be recognized at the state level with a bill being signed into law in 2014 (AMTA, "State Advocacy", 2015). In 2013 Arizona enacted a bill making it illegal to practice music therapy without a state license, and a bachelors degree or higher in music therapy, resulting in a fine of $500 and a month in jail if found guilty. The bill passed the house and is headed for the senate. Opponents of the bill cited more licenses as being
problematic and redundant since music therapists are board certified (Driggs, 2013). Arizona, and several other states, are continuing to advocate for music therapy licensure. Using Georgia as an example, where the educational certification was dropped after the adoption of the music therapy license; the hope is other states would adopt a music therapy license which would provide state recognition and validation of the field, and the credentials.

**Statement of Purpose**

This thesis germinated from several questions. The primary question is: What is the current role of music therapists within various school systems in the United States? Related to the primary question are additional questions: To what degree is music therapy being integrated into school systems? How many music therapists are employed in schools across the United States? Are additional credentials necessary for working in schools? What disorders and disabilities are represented and how can music therapy programs be expanded to help all students?

This study investigated the role of music therapists in school systems within the United States with a detailed look at music therapy programs, and the integrated role of a music therapist and music therapist/music educator possibly employed within the school systems. Demographics included regional location, years of experience, additional fields of study, credentials, type of school system one is employed in, disorders and disabilities represented among population, types and quantity of music therapy sessions provided, and the role of music therapy on the IEP.
Method

Design

This study was a demographic survey design. The survey was a 10 item self-report electronic instrument designed to gather greater information on the role of the music therapist in educational systems, and the music therapy program in various educational systems. The survey consisted of both open ended questions with option to write in, and multiple answer questions. The content of the questions included the following:

1. What education program and/or field of study did you complete?
2. Which title do you currently hold?
3. Which of the following categories best describes your current employment status?
4. To date, how many years have you worked as a professional music therapist?
5. With which types of school systems are you currently employed? Mark all that apply.
6. What is your job title, job description, and in which state(s) are you employed?
7. How is music therapy offered in your school system(s), and how often? Mark all that apply.
8. What age groups do you work with and what disabilities and disorders are represented?
9. Do your music therapy services appear on the IEP?
10. In your state, is an education certification required for employment within the school systems?

A complete copy of the survey can be found in Appendix B.
Recruitment

1. Email was sent to the American Music Therapy Association, (AMTA) regarding the Registry membership (music therapists who are Registered Music Therapist, (RMT), or Certified Music Therapist, (CMT)), and to the Certification Board for Music Therapists, (CBMT) regarding the Music Therapist-Board Certified, (MT-BC) membership in order to filter email listings of eligible music therapists working in the schools. The resultant email list was composed of 84 members of the Registry, and 590 members of the CBMT.

2. All eligible participants were emailed a consent form and survey links with option to opt out.

3. The consent form and survey link were posted in private Facebook and email groups.

4. Participants self-selected based on eligibility and interest.

5. An electronic consent form was prepared by the researcher and emailed along with the link to the online survey to potential participants from the AMTA and CBMT (Appendix A). Participants self-selected to be involved with this study based on interest and eligibility.

A fully completed survey was not a requirement to be considered as participants may freely skip any question, and may terminate their involvement at any time without fear of professional or personal repercussions.
Respondents

The AMTA Registry, the CBMT, and social media were utilized for this study. A total of 674 music therapists met the criteria to participate, and were emailed an invitation to participate in the survey. Links for the survey were also posted via social media. The total number of respondents from the CBMT were 145, from the registry AMTA, 6, and from social media 16. Participants self-selected based on eligibility and interest in being a part of the study. This study examined the role of music therapists in various school systems across the United States, participant's eligibility was described as follows:

1. Currently employed as a part-time or full-time employee, or consultant within any educational setting.

2. Providing treatment of music therapy to students regardless of job title.

3. Participants must be currently qualified as an Music Therapist-Board Certified, (MT-BC), or Registered Music Therapist, (RMT), or Certified Music Therapist, (CMT), and a member of the CBMT or Music Therapy Registry.

Materials

Materials utilized for this study included an electronic survey designed and sent via Survey Monkey, Montclair State University webmail, Google Drive, Apple Pages, and Facebook.

Procedure

Data Collection

Data was anonymously collected through an electronic survey via survey website surveymonkey.com. Data was organized and stored in password protected documents.
Data Analysis

Descriptive statistics were used to analyze data. Furthermore, all data was analyzed by percentages based on the number of responses to each question. Data was categorized according to thematic topics such as IEP, additional degrees, job titles. Graphs and charts were created to clarify data from each question with an additional chart created to categorize data regarding disabilities and disorders represented, as well as a chart created to compare geographic location with need educational certificate. Data, including charts and graphs, are presented from most general of information gathered to most specific. Tables are organized numerically in each category. For example, all of the charts and graphs relating to the education of respondents are numbered 2.1-2.3.

Ethical Considerations

Ethical considerations for this study included a consent form and explanation of risk, if any, to all potential participants. Participants were allowed to skip any question, and may opt out from the study at anytime. All data was received anonymously, and kept in password protected files.

Results

Respondents

There were a total of 167 respondents during the two-week survey span. A total of 151 out of 674 respondents from the AMTA Registry and CBMT mailing lists were received for a response rate of 22%. An additional 16 responses were received from social media making the total response rate for the survey at nearly 25%. There were 157 respondents who answered all ten questions. Ten of the 167 were labeled partially
complete in which participants chose not to answer at least one question. One questionnaire was deemed not suitable for the study as the respondent was still in internship.

Geographic Location of Respondents

A total of 28 states were represented from the participants that chose to identify their geographic location. The states with the most identified respondents were: Texas, New York, and Michigan which exactly concurs with Smith and Hairston's 1999 findings. Table 1 shows identified state detail and credentials for working in schools. According to respondents, 9 of the 28 identified states required music therapists to have an educational certification in order to be employed. Several participants, regardless of state identifier, indicated the requirement of needing an education certificate in selected districts, or that is was not required, but preferred. Table 4.5 also indicates education certification details.

<table>
<thead>
<tr>
<th>State</th>
<th>Participants</th>
<th>State Requires Ed Cert*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Arizona</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>California</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Colorado</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Connecticut</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Delaware</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Florida</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>Georgia</td>
<td>4</td>
<td>No, was required before the state adopted the license.</td>
</tr>
<tr>
<td>Illinois</td>
<td>6</td>
<td>Yes, granted with certain amount of education.</td>
</tr>
<tr>
<td>Indiana</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Kansas</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Maryland</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>State</td>
<td>Participants</td>
<td>State Requires Ed Cert*</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Michigan</td>
<td>11</td>
<td>No. Depends on the districts.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>6</td>
<td>No</td>
</tr>
<tr>
<td>Missouri</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Nebraska</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>New Jersey</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>New York</td>
<td>17</td>
<td>No. Depends on the district.</td>
</tr>
<tr>
<td>North Carolina</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>Ohio</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>1</td>
<td>Not sure</td>
</tr>
<tr>
<td>Texas</td>
<td>24</td>
<td>No</td>
</tr>
<tr>
<td>Vermont</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Virginia</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>2</td>
<td>Not sure</td>
</tr>
<tr>
<td>No state identifier</td>
<td>49</td>
<td>N/A</td>
</tr>
<tr>
<td>Other: Japan</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Note  
The data regarding educational certification requirements is not definitive with respect to state rules and regulations. For example, in New Jersey, music therapists are asked to provide a teaching certificate when working in schools unless hired under a different job title.

Education and Training of Respondents

Many music therapists hold music education degrees as well as music therapy degrees in order to enable them to apply and work in school systems. This study found that 40% of respondents hold music education degrees. Refer to Figure 2.3: Fields of Study for more detail. Educational breakdown of the participants indicated an equal number, 65, had attained bachelors, and 65 had attained masters. Twenty-one participants obtained a master's equivalency and 11 participants hold the bachelor's equivalency. The definition of bachelor's and master's equivalency for this study is the same that is defined,
and recognized by the AMTA. Table 2.1 lays out the data comparing respondents, while Figure 2.2 is a pie chart for visual representation of the same data.

Table 2.1: Degree Analysis of Respondents

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's</td>
<td>39.16%</td>
</tr>
<tr>
<td>Bachelor's-MT equivalency</td>
<td>6.63%</td>
</tr>
<tr>
<td>Master's</td>
<td>39.16%</td>
</tr>
<tr>
<td>Master's-MT equivalency</td>
<td>12.65%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>2.41%</td>
</tr>
<tr>
<td>Total</td>
<td>166</td>
</tr>
</tbody>
</table>

Figure 2.2: Degree Analysis Pie Chart

Data gathered shows that nearly half of the additional degrees were in music education. Special Education and Early Childhood Education were a close second with 26% of respondents who identified additional degrees/fields of study. Other degrees and field of study include foreign language, social sciences, and business administration. By contrast, the 2014 AMTA Member Survey and Work Analysis gathered that 47% of their respondents hold bachelor's and 42% hold master's, but did not delineate fields of study.
outside of music therapy and education (AMTA, 2014). Figure 2.3 provides an in depth analysis of fields of study across the respondent pool.

Figure 2.3: Fields of Study

- Music Education: 13%
- Music Performance/Theater: 40%
- Counseling/Psychology/Creative Arts Therapy: 26%
- Special Education/Early Childhood Education: 3%
- Music Composition/Theory: 5%
- Other: 13%

Professional Designations

Professional designations of the respondents included MT-BC, RMT, and CMT. Of these respondents, 158 respondents have the MT-BC; no respondents in this survey hold an ACMT (Table 3). While this study had a small sample size of respondents with RMT or CMT, there are still many active professionals in the field with these designations. The most recent AMTA work force survey identified over 100 professionals with the RMT, and CMT designations respectively (AMTA, 2014.)

Table 3. Professional Designations of Respondents

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Certified Music Therapist (MT-BC)</td>
<td>95.76%</td>
</tr>
<tr>
<td>Registered Music Therapist (RMT)</td>
<td>3.03%</td>
</tr>
<tr>
<td>Certified Music Therapist (CMT)</td>
<td>1.21%</td>
</tr>
<tr>
<td>Advanced Certified Music Therapist (ACMT)</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
Employment Overview

Full-time positions of respondents constituted 70% (115 respondents), while respondents with consult only positions were just above one percent. Job titles of music therapists within school systems vary, however, the most common were music therapist (124 respondents) and music educator (11 respondents). The number of music therapists who indicated a requirement of an educational certification for employment was 28% (43 respondents) while nearly 14% (21 respondents) reported they were unsure of the requirement. Table 1 shows educational certification requirements by reported state.

A total of 151 respondents detailed the specific academic sites where they were employed. Respondents were allowed to select as many responses as appropriate, thus the actual number of answers may be more than 151. A majority of music therapists are employed in public schools systems with private and alternative schools rounding out the top three primary educational employment sites. The disparity between the number of music therapists in public schools versus the other types of school systems may be a matter of finance, and school system's preference for those with educational certifications. Funding for music therapy services is provided from a variety of sources including IDEA/Special Ed, Government funding, and third party funding (AMTA, 2014). Questions regarding funding were not included in this study. Questions regarding educational certification requirements were asked, and are detailed by state in Table 1: State Details. A full breakdown of employment and charts of school systems are in figures 4.1-5.3.
Employment Details of the Respondents

The majority of respondents (115) hold full-time positions, while just under half of the respondents (47) hold part-time, and two are employed on a consult only basis. Figure 4.2 details the answers from respondents about the requirement of needing any type of educational certification in order to work as a music therapist in schools. A majority of respondents (87) said it is not a requirement. Some of those who responded with "no" mentioned that it is not required but preferred. A detailed chart comparing the requirement state-by-state is on page 21.

Figure 4.1: Employment Breakdown of Respondents

Figure 4.2: Educational Certification Requirement
The following graph details the numbers years a music therapist has been in the profession. The largest two categories are music therapists who have been in the profession for over 21 years, followed by those who have been in the profession for less than 5 years. The category with smallest amount of response was for those who have been in the profession for 16-20 years. This study did not investigate attrition in the field, though it is interesting to note the difference between the largest and smallest categorical responses.

Figure 4.3: Years in Profession

Employment Credentials of the Respondents

In addition to the professional credentials music therapists earn, some study further and have additional designations. In this study, the most common additional designation was Licensed Creative Arts Therapist (LCAT) with 5 responses. The Neurologic Music Therapist (NMT) designation only had one response, however, this may be attributed to the fact that most persons who have completed the NMT training work in hospitals, rehabilitation centers, and private practice.

Positions, and job titles for music therapists span a range from administrative positions to related therapy occupations and beyond. Out of 152 responses, 124
respondents have the job title of Music Therapist, 11 are Music Educators, and 8 are Special Educators. Eighteen respondents indicated additional professional designations with 14 qualifying responses. Qualifying responses included other music therapy, psychology, and educational designations. Music therapy designations were not counted twice in the analysis. One respondent holds a national speech and language pathology certification as indicated by the abbreviation of CCC-SLP. One is a licensed marriage and family therapist (LMFT) and another identified being a board certified teacher in early childhood and music (NBCT).

<table>
<thead>
<tr>
<th>Job Titles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Therapist</td>
<td>124</td>
</tr>
<tr>
<td>Music Educator</td>
<td>11</td>
</tr>
<tr>
<td>Special Educator</td>
<td>8</td>
</tr>
<tr>
<td>Director/Coordinator/Administrator</td>
<td>3</td>
</tr>
<tr>
<td>Specialist</td>
<td>2</td>
</tr>
<tr>
<td>Consultant</td>
<td>1</td>
</tr>
<tr>
<td>Counselor</td>
<td>1</td>
</tr>
<tr>
<td>Creative Arts Therapist</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>1</td>
</tr>
<tr>
<td>Speech and Language Pathologist</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 4.5: Additional Designations

<table>
<thead>
<tr>
<th>Designation</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCC-SLP</td>
<td>1</td>
</tr>
<tr>
<td>CRC</td>
<td>1</td>
</tr>
<tr>
<td>DIR®</td>
<td>1</td>
</tr>
<tr>
<td>LCAT</td>
<td>5</td>
</tr>
<tr>
<td>LMFT</td>
<td>1</td>
</tr>
<tr>
<td>LPC</td>
<td>1</td>
</tr>
<tr>
<td>NBCT</td>
<td>1</td>
</tr>
<tr>
<td>NMT</td>
<td>1</td>
</tr>
</tbody>
</table>

Types of Schools Employing Music Therapists.

A total of 151 responses were received regarding types of school systems employed. Participants were allowed to mark all answers that applied; therefore the number of responses may be greater than the number of persons who responded. A majority of music therapists are employed in public school systems (119 respondents, 78%). Private schools were the second most common category followed by alternative schools. The remaining categories: boarding, charter, educational/medical center, homeschool, and parochial all received fewer than 10 responses each respectively.

Figure 5.1: Types of Schools Employing Music Therapists

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative School</td>
<td>9.93%</td>
</tr>
<tr>
<td>Boarding School</td>
<td>8.66%</td>
</tr>
<tr>
<td>Charter School</td>
<td>2.65%</td>
</tr>
<tr>
<td>Educational/medical center</td>
<td>3.37%</td>
</tr>
<tr>
<td>Homeschool</td>
<td>1.32%</td>
</tr>
<tr>
<td>Parochial</td>
<td>1.99%</td>
</tr>
<tr>
<td>Private</td>
<td>17.22%</td>
</tr>
<tr>
<td>Public</td>
<td>78.81%</td>
</tr>
</tbody>
</table>

Total Respondents: 151
IEP

Within those different school systems, music therapists create goals and objectives for students with various disabilities and disorders. Depending on the state and district, even as specific as which school, will determine how and if music therapy appears on the IEP. The tables below detail the answers from respondents regarding the employment sites, and the role of IEP at their employment sites. Two respondents indicated their schools used to have music therapy on the IEP, but currently do not. The number of responses for the categories of 'Yes' and 'No' were nearly equal. All other categories received less than 10 responses each. One of the responses for the category of 'Not Applicable' was deemed such by the respondent since his/her site is a special education school where music therapy is provided, but not noted on the IEP.
Table 6: IEP Services

<table>
<thead>
<tr>
<th>IEP Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (including as Related service)</td>
<td>79</td>
</tr>
<tr>
<td>No</td>
<td>65</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>4</td>
</tr>
</tbody>
</table>

**Clientele served by respondents**

Ages of clients ranged from three years, to over 18. A majority of music therapists responded they work most with children aged 7-12 years. Working with children ages 3-6 and 13-16 were nearly tied with 119 and 116 respondents answering respectively. Over 50% of all respondents selected every age group in which they provide services.

Table 7: Ages of Clients

- 77.78% of clients are 3 to 6 years old
- 84.97% of clients are 7 to 12 years old
- 75.82% of clients are 13 to 18 years old
- 54.90% of clients are 18 and older

This study asked music therapists to list any, and all, disorders and disabilities represented among clients. 147 music therapists responded to the open ended question. All disorders and disabilities were categorized according to the 13 categories of disability as identified by IDEA and Special Education Law. A fourteenth category was added for respondents who marked "all". The most represented category for music therapy services
was Autism with 114 responses. The second most represented category is Intellectual Disability (ID) with 85 responses. Within the ID category Down's Syndrome was the most common disorder music therapists encounter within their clientele. Deaf-blindness was not individually listed by respondents, thus having zero, however, is to be considered included in the category "all". Fourteen music therapists selected they work with all. A more detailed breakdown of disorders and disabilities are listed in the right hand column with the exception of categories "all", "autism", "deaf-blindness", and "visual impairment/blindness" as those categories were inclusive.

Table 8: Disabilities and Disorders Represented Among Clients*

<table>
<thead>
<tr>
<th>Disabilities Represented</th>
<th>Total</th>
<th>Disabilities Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>114</td>
<td>--</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>85</td>
<td>Down's Syndrome, 40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fetal Alcohol Syndrome, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fragile X, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ID, 35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ID-NOS, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Microcephaly, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rett, 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trisomy 13, 1</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>65</td>
<td>Anxiety, 3</td>
</tr>
<tr>
<td>(EBD)</td>
<td></td>
<td>Behavior Disorder, 24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bipolar, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depression, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emotional Disorders, 27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Illness, 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mood Disorder, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Substance Abuse, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trauma, 1</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>62</td>
<td>Cognitive Delays and Impairments, 22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developmental Delays, 34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ECDD, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smith-Megenis, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PDD, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PDD-NOS, 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trisomy 18, 1</td>
</tr>
</tbody>
</table>
Disabilities Represented | Total | Disabilities Breakdown
---|---|---
Other Health Impairments | 51 | ADD, 6
| | ADHD, 11
| | Angelman Syndrome, 3
| | Asthma, 1
| | Epilepsy, 3
| | Genetic Disorders, 2
| | GM3, 1
| | Health impairments (other), 7
| | Landau Kleine, 1
| | Lennox-gastaut Syndrome, 1
| | OCD, 2
| | Sensory Disorders, 4
| | Seizure Disorders, 4
| | Swyer Syndrome, 1
| | Williams Syndrome, 4
Orthopedic Impaired | 45 | Cerebral Palsy, 25
| | Multiple Sclerosis, 1
| | Orthopedic and physical impairments, 17
| | Spina Bifida, 1
| | Yoder Dystonia, 1
Multiple Disabilities | 34 | Medically Fragile, 3
| | Multiple Disabilities, 31
Specific Learning Disability | 27 | Dyslexia, 4
| | Dysgraphia, 1
| | Exceptional Children, 1
| | Processing Disorder, 1
| | Learning Disorder/disability, 20
Speech or Language Impairment | 18 | Apraxia, 1
| | Speech & Language impairment/disorder, 17
Visual Impairment and Blindness | 16 | --
All | 14 | --
Deafness or Hearing Impaired | 14 | Deaf/Hearing Impaired, 13
| | Waardenburg Syndrome, 1
Traumatic Brain Injury | 10 | Hydrocephalus, 1
| | TBI, 9
Deaf-Blindness | 0 | --

*Note: Data from 147 respondents

Session Frequency and Types of Sessions

A total of 141 respondents indicated types of music therapy sessions conducted such as group, or individual, with 96 respondents clarifying session duration and frequency. Respondents could mark all that applied; thus the actual number of responses may be greater than amount of respondents. Session length and frequency varied from once weekly to daily during a school week (five sessions). Some respondents indicated
sessions were "as needed" which could range from annually, to monthly, or more frequent. The most common types of sessions were group sessions, with 83% (118 respondents). Within group sessions specifically, the most common response was a once weekly group session for 30 minutes in duration. Individual sessions were the second most common with 56% (80 respondents). Frequency and duration of individual sessions were typically 30 - 60 minutes weekly, with one respondent noting 90 minute weekly individual sessions. More specific information on individual sessions was difficult to obtain as most respondents noted sessions are on an "as needed" basis, or chose not to elaborate. Inclusion sessions were indicated by respondents to mean all students of a class (typically developing, and special needs students) received music therapy. In this study, inclusion sessions were the third most prevalent type of sessions that school-based music therapists provide. Figures 9.1-9.3 detail session types, frequency and duration.

Table 9.1: Types of Sessions Provided

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT is offered as part of inclusion program</td>
<td>33.33%</td>
</tr>
<tr>
<td>Music therapy is offered in self-contained group sessions</td>
<td>83.69%</td>
</tr>
<tr>
<td>Music therapy is offered in individual pull-out sessions</td>
<td>56.74%</td>
</tr>
<tr>
<td>Music therapy is offered in after school sessions</td>
<td>2.84%</td>
</tr>
<tr>
<td>Music therapy is offered on a consult basis</td>
<td>29.08%</td>
</tr>
<tr>
<td>At-home visit or in the hospital</td>
<td>17.02%</td>
</tr>
<tr>
<td><strong>Total Respondents: 141</strong></td>
<td></td>
</tr>
</tbody>
</table>
Once weekly music therapy sessions were most common with 58 total responses, and 30 minute sessions being most common duration. The daily sessions were more frequent than four times a week, but less frequent than all the other weekly categories. Sessions occurring "as needed" were typically 30 minutes in duration with varied frequency of multiple times a week, to as few as once yearly. Longer duration sessions were least common with 90 minute individual sessions being most rare. Table 9.3 details the frequency of sessions. Future studies would benefit from questions regarding clarity for frequency and duration of each type of session, and average group size.

Table 9.3: Frequency of Music Therapy Sessions

<table>
<thead>
<tr>
<th>Session Length</th>
<th>Weekly</th>
<th>Twice Weekly</th>
<th>Three Weekly</th>
<th>Four Weekly</th>
<th>Five Weekly (Daily)</th>
<th>As Needed</th>
<th>No amount indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>56</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>12</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>45 minutes</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>60 minutes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>90 minutes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total of 118</td>
<td>58</td>
<td>16</td>
<td>8</td>
<td>5</td>
<td>12</td>
<td>17</td>
<td>2</td>
</tr>
</tbody>
</table>
Discussion

The purpose of this study was to obtain updated information regarding music therapy, and music therapists, in school systems across the United States. It has been 16 years since the last major demographic survey on music therapy in schools. The Smith and Hairston (1999) survey investigated and analyzed responses from 138 music therapists. This current study analyzed responses from a total of 166 music therapists, an increase of 28 respondents. This study sought to answer the overriding question: What is the primary role of music therapists within school systems in the United States? Related secondary questions included the following: To what degree has music therapy been integrated into school systems? How many music therapists are employed in schools across the United States? Are additional credentials necessary for working in schools? What disorders and disabilities are represented and how can music therapy programs be expanded to help all students? This discussion suggestion answers and information from the survey related to these questions.

What is the primary role of music therapists within school systems in the United States? This study found that music therapists provide services considered as related service, direct service, and consult service in a variety of school systems, but a majority are employed in public schools. The primary role for music therapists appears to be providing music therapy in the form of self-contained group sessions (118 responses), individual pull-out sessions (80 responses), and inclusion sessions (47 responses). Additional responsibilities include assessing, and evaluating students for music therapy. School-based music therapists are usually part of a team of specialists. Based on the
data, the primary role of the music therapist in the schools appears to be to provide services in the public schools as 78% of respondents work in public schools. Some music therapists primary roles may be to provide music therapy services in more than one type of school system through part time positions, and consulting. For example, in this study, 28% of respondents indicated they held part time positions, and respondents were allowed to mark more than one place of employment.

In regards to the school-based music therapist's role with the IEP, the findings of this study indicate it is not part of the primary role. Half of the total respondents (84) indicated music therapy services appeared on the IEP, with 8 of those 84 respondents indicating services appeared as a related service, and 5 indicating services appeared "sometimes". The number of respondents indicating that their services did not appear on the IEP was 65. Most respondents did not elaborate on why the services did not appear on IEPs. Those that chose to elaborate on why their services were not listed on the IEPs indicated they provided service to all special education students, or worked in a special needs school, or that groups were not on the IEP, but individual sessions were listed. Some respondents indicated services had been on the IEP in the last, but were no longer. The inconsistency of music therapy on listed on the IEP such as direct, related, consult, or listed in the minutes only, is disconcerting. Officially, music therapy is considered a related service under special education law and providing service as direct, or consult is dependent upon the needs of the student. Is it not for the benefit of the student that services be listed officially and the music therapist attend meetings when needed? It
would seem the standards of listing music therapy on the IEP differ between school
districts dependent on protocol.

Further investigation would be needed to clarify with music therapists the specific
reasoning as to why their services are not listed. However, by having a clearer
understanding of music therapists involvement with the IEP team, the field could
advocate for why their services are deemed necessary, and useful, as opposed to being
considered a "controversial practice" by some (Stephenson, 2010). Further work
regarding the primary role of music therapists should include questions to clarify IEP
protocol, and job responsibilities that may lay outside of the "typical" responsibilities of
assessing, evaluating, and leading music therapy sessions.

To what degree has music therapy been integrated into school systems?

The degree of integration of music therapy depends on why the music therapist is
being hired by the school district, and in what capacity, even in terms of the job title.
Integration of music therapy into public school systems is most common. However, this
study had respondents indicating music therapy services were offered in every type of
school, though the numbers were quite low compared to the amount of music therapists
in public and private schools. This study found that public schools employ the most
music therapists with 78% of respondents followed by private schools with 17% and
alternative schools with 9%. The 2014 AMTA Work Force report indicates 14% of the
1,417 respondents work in children's facilities/schools but does not specify further
(AMTA, 2014). There is a disparity between the number of music therapists in public
schools versus other school systems. Funding is not the only realistic reason for the
disparity. Boarding schools, which represented less than 1% in this survey, would arguably have the resources to afford a music therapist. Yet would it be necessary? That would depend on the needs of the school, and the role the music therapist would take. The disparity between public schools and other school systems also comes down to logistics. More young persons are enrolled in public schools. There are more public schools than private and alternative, and schools try to keep students in district. U.S. education laws requires a Free Appropriate Public Education (FAPE) for all students and within that lies the Least Restrictive Environment (LRE). The LRE is dependent upon the child with special needs, many children with special needs are able to be successful in public schools. However, if the child is better suited in another type of educational setting, then the costs must be covered (U.S.DOE, 2010).

This study concluded that music therapists stay in the profession long term based on the number of music therapists responding to question 4 of the survey (To date, how many years have you worked as a professional music therapist?) and most prevalent categories selected. The length of working in the profession were "less than 5 years" and "21 years or more." Additionally, a majority of music therapists (124 respondents) of this study had the job title of music therapist. Job titles vary from music therapist to specialist, to administrator. The next common job titles were music educator with 11 responses, and special educator with 8. The most recent AMTA Work Force study concluded the most common job title was music therapist, followed by faculty, then director/administrator/supervisor. The job title of creative arts therapist was more common than music educator or special educator (AMTA, 2014). It is important to call
attention to job titles because music therapy positions are sometimes considered as special educator, specialist, or consult, and may cause confusion in the work place as to what music therapists do. Sometimes the different job titles are more of a formality that allows a music therapist to get into schools and then provide music therapy services despite not having the official title. The duties of a music therapist may not differ from that of a music therapist hired as a special educator for example, but the salary may differ. Music therapists whose job titles are music educator have a higher average salary than music therapists with the job title of music therapist, and those with the job title of special educator (AMTA, 2014). One reason that it may be important for states to advocate for licensure is that it could lead to more standardized pay, and validation for the field. Perhaps state licensure would help music therapists be recognized as such and not have to be called "specialists" or need to have education certificates. It seems demeaning to the field to not be recognized or allowed to be hired as music therapists in certain capacities. Regardless of the job title, it is important for any employer to recognize that music therapists hold degrees, and certifications/designations which lawfully protect the music therapists as well as the clients by verifying the professional capability. Future research on the primary role of the music therapist should include questions regarding professional supervision, link between job title and salary, link between different job title and responsibilities, and collaboration with the music educator and other therapy professions.

The presence of music therapy in schools has increased over the years, but this question cannot be fully answered without more details of the programs and outcomes. This study has raised as many questions as it has answered. Future research should detail
methods utilized, specifics on group population and client goals, collaboration with other professionals, and the outcomes of the programs would provide a clearer picture of the impact and role of music therapists in schools.

_How many music therapists are employed in schools across the United States?_

The AMTA indicates 14% of surveyed members work in children's facilities/schools (AMTA, 2014). The geographic scope of this survey was similar to the Smith and Hairston (1999). This current study had respondents from 28 states with the most from Texas, New York, and Michigan which concurs with the Smith and Hairston findings for states with most representation. None of the questions of this survey were required, therefore the actual number of states represented in this study may be higher. New York and Texas are two of the states with top membership in the AMTA (AMTA, 2014). It is interesting to note both states have nearly equal average salaries. New Jersey holds the highest average salary across the U.S. but in this survey only three respondents identified working in that state. Questions regarding salary, and budget were not asked. Seventy percent (115 respondents) of music therapists work full-time in schools, 28% (43 respondents) work part-time, with only two respondents indicating consult only positions. In this study, and the Smith and Hairston, 1999 study, the lack of consultant positions, and greater amount of part-time, and full-time positions in schools could point to the increase in advocacy for music therapy, and understanding by the public of the field as a whole. Or perhaps music therapists are beginning positions as consultants which grow into more permanent positions. This study did not identify if consultants worked directly with, or were also, music educators. Future studies may benefit from more detailed
questions on finances and job responsibilities in addition to what is asked by the annual AMTA survey. Additionally, more information regarding the diverse role of music therapists as consultants should be explored particularly in terms of consultants working with music educators, or serving as a dual role of music educator and music therapist in their positions. A limitation of this current study is that only two respondents currently consult for schools, and little information was obtained.

Are additional credentials necessary for working in schools? Nearly 40% of respondents from the Smith and Hairston survey indicated a need for an educational certification for employment with 50% of respondents already holding one (Smith and Hairston, 1999). Among the 28 states knowingly represented in this survey, only three of the five states with music therapy or creative arts therapy license were represented (Georgia, North Carolina, and New York). Those three states do not require an educational certification for employment within school systems. Forty-three respondents indicated a need for an educational certification, while 21 respondents did not know. In the case of Georgia, the state educator certification was dropped upon implementation of the state music therapy license. Some respondents of this survey noted there were no requirements of an education certificate, but the certificate has been preferred by the schools. As the profession continues to advocate for music therapy in schools it is important to know what is required state by state. The field is making advances with more states obtaining music therapy state licensure.

In this survey, a larger number of music therapists working in schools (86 respondents) have a Masters or Masters equivalency compared to those with a Bachelors
or Bachelors equivalency (76 respondents). This could be because many positions now ask for applicants to be "bachelor required, masters preferred." Additionally, the field is steadily growing with many people changing careers, or going back to school to continue their music therapy education. Board Certified Music Therapist designation made up 95% of the respondent pool. No respondents held the Advanced Certified Music Therapist designation.

Additional credentials for those working in schools included Licensed Creative Arts Therapist (LCAT) which is a requirement in New York, and DIR® which stands for Developmental, Individual difference, Relationship based model in working with children with autism spectrum disorders and developmental disabilities and disorders. The DIR® training complements training undertaken by music therapists and the work that is done. Only one respondent held the designation of Neurologic Music Therapy (NMT). NMT is becoming increasingly popular and useful for the field, but not required by school-based music therapists, possibly due to it being more frequently needed in hospitals, and rehabilitation centers. The benefits of music therapists holding additional designations can provide them with more job opportunities, and allow them to see more clients. Some additional designations noted by respondents included a Speech and Language pathologist and certified Counselors. Related designations are not as commonplace for music therapists working in schools as it is not necessary, however, how might the field benefit and advance from music therapists with interdisciplinary studies? Overall, music therapists working in schools have additional degrees of music education and special education, but few have additional designations as those are not a requirement by school
districts, with the exception of New York which requires the LCAT for a majority of music therapy work. The reason New York requires the LCAT is for protection of the public, the creative arts fields as a whole. Persons holding an LCAT must meet, and uphold, certain criteria (such as training in child abuse recognition and reporting) in addition to their designated education requirements for their field (New York State Education Department, 2015).

What disorders and disabilities are represented and how can music therapy programs be expanded to help all students?

This study found that music therapists typically work with children under 18, and more often with children between the ages of 3 and 12 years. This study found that music therapists most often work with persons with autism spectrum disorder (ASD). The finding concurs with Smith and Hairston's 1999 study for the most prevalent disorder or disability. The second most prevalent category in this study was Intellectual Disorders (I.D.) with Down's Syndrome being the most common disorder of that category. The next most prevalent categories were Emotional/behavior disturbance (EBD) and Developmental Delay (DD) which were nearly equal with 65 responses and 62 responses, followed by Other Health Impairments (OHI) which consisted of 51 responses. There were 14 responses for the category of "all disorders and disabilities" represented. A wide variety of disorders and disabilities from asthma, to traumatic brain injury, to attention deficit-hyperactivity disorder, and rare genetic disorders were represented by the music therapy clients. The wide variety only reinforces the depth and breadth of the field and how music therapy is beneficial for helping so many. It is useful to have data of the types
of disorders and disabilities represented for many reasons. For example, music therapy students can know which disorders and disabilities to expect to see across their client population, and which ones are more prevalent. With that information, the music therapy students can hone their skills, and become familiar with various assessments, materials, and methods.

This information can be useful to advocate for establishing, maintaining, or expanding a position within a school system. Concrete data regarding populations served, and goals and objectives met can help provide music therapists with reasons for maintaining, expanding, or establishing a program. This study did not ask questions regarding methods utilized for each population, common goals; or regarding music therapy for typically developing children, however, that may be useful for future study.

**Conclusion**

It is the hope that this study will be complementary to current method studies, the annual AMTA work force study, and future demographic studies. The results of this study indicate music therapists work should expand further both in and outside of traditional public school education. There is need for continued advocacy for state music therapy licensure, and clarity regarding music therapy on the IEP. While this study was able to provide an updated overview with a survey sample of \( n = 166 \), it is imperative for future research to reach a larger sample in order to delve deeper into the role of music therapists in various school systems. Recommendations for future work include more frequent demographic surveys with questions devoted to: session frequency and duration, budget for music therapy in schools, IEP protocol in schools, removing educational
certification requirements in favor of state music therapy licenses, collaborative role of music therapist and music educator, and supervision and benefits for music therapists to promote wellness.
References


Wilson, B.L. (Eds.) (2002). *Models of music therapy interventions in school settings*. Silver Spring, MD: AMTA.
Appendix A

Consent for Online Surveys

Dear Music Therapist,

You are invited to participate in a study of "Music Therapy in Schools: The Current Status." I hope to learn what types of school systems music therapy is being offered, in what capacity, what music therapist's roles are in music therapy. You were selected to participate in this study because you are a professional member of the AMTA, or CBMT, holding the designation of RMT, CMT, ACMT, or MT-BC, and are currently working in a school system within the United States.

If you decide to participate, please complete the following set of questions. The survey is designed to ascertain the current role of music therapists in schools, and how music therapy is utilized. It will take about 10-15 minutes to complete the survey. You will be asked to answer questions about what population you work with, the type music therapy program in your school system, your job description, and basic demographic questions. You may not directly benefit from this research. However, we hope this research will result in a clearer understanding within the music therapy and music education communities of the current scope, and benefit of music therapy in schools, along with any deficits that need to be addressed.

Any discomfort or inconvenience to you may include: there is no apparent risk. 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. We strongly advise that you do not use an employer’s electronic device, laptop or phone to respond to this survey.

Your decision whether or not to participate will not affect your relationships with Montclair State University.

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 me, or Karen D. Goodman if you have additional questions at 281-898-8661 and Takaishitl@mail.montclair.edu and 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,

Tammy Takaishi, M. Ed.
Music Therapy Dept.
John J. Cali School of Music
Montclair State University

By clicking the link 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.
Appendix B

Survey for Music Therapy In Schools: The Current Status

by Tammy Takaishi M.Ed.

Graduate music therapy student at Montclair State University

1. What education program and/or field of study did you complete?
   - Bachelors
   - Bachelors MT equivalency
   - Masters
   - Masters MT equivalency
   - Doctorate

   What field of study are your degrees in?

2. Which title do you currently hold?
   - Board Certified Music Therapist (MT-BC)
   - Registered Music Therapist (RMT)
   - Certified Music Therapist (CMT)
   - Advanced Certified Music Therapist (ACMT)
   - Other (please specify)

3. Which of the following categories best describes your current employment status?
   - Employed, working full-time
   - Employed, working part-time
   - Employed, consult only
4. To date, how many years have you worked as a professional music therapist?
Less than 5
6 to 10
11-15
16-20
21 or more

5. With which type of school system are you currently employed? (Mark all that apply)
   - Alternative school
   - Boarding school
   - Charter school
   - Educational/Medical center
   - Homeschool
   - Parochial School
   - Private School
   - Public School
   - Other (please specify)

6. What is your job title, job description, and in which state(s) are you employed?

7. How is music therapy offered in your school system(s), and how often? Mark all that apply.
   - Music Therapy is offered as part of an inclusion program.
   - Music Therapy is offered in self-contained group sessions.
   - Music Therapy is offered in individual pull-out sessions.
   - Music Therapy is offered in after school sessions.
   - Music Therapy is offered on a consult basis.
   - At-home visit or in a hospital.

How often is music therapy offered?

8. What age groups do you work with and what disabilities and disorders are represented?
3 to 6 years
7 to 12 years
13 to 18 years
18 and older

What disorders and disabilities are represented within the client population?

9. Do your music therapy services appear on the IEP?

10. In your state, is an education certification required for employment within the school system(s)?

   Yes
   No
   Not sure

Additional Comments: