A descriptive study of the educational perceptions, professional identity, and professional practices of dual-trained music therapists as counselors

Emily Sevcik

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ABSTRACT

A DESCRIPTIVE STUDY OF THE EDUCATIONAL PERCEPTIONS, PROFESSIONAL IDENTITY, AND PROFESSIONAL PRACTICES OF DUAL-TRAINED MUSIC THERAPISTS AS COUNSELORS

Emily Sevcik, M.S.Ed.
Department of Counseling, Adult and Higher Education
Northern Illinois University, 2015
Charles Myers, Director

This study aimed to identify the factors that lead music therapists to pursue advanced education emphasizing professional counseling and perceptions towards different advanced degree options. Additionally, the professional practices and identity of dual-trained music therapists as counselors were described. A convenience sample was formed from music therapists who hold board certification and have completed a master’s degree or higher. Music therapists who had completed a master’s degree program that emphasized professional counseling were invited to complete an online survey. Results suggested that dual-trained music therapists retain their professional identity as a music therapist but potentially do not identify with board certification credentials. Verbal processing techniques were implemented more frequently than music therapy techniques within professional practices of dual-trained music therapists. Eligibility for licensures as a professional counselor was the most important factor in specific master’s degree program choice.
A DESCRIPTIVE STUDY OF THE EDUCATIONAL PERCEPTIONS,
PROFESSIONAL IDENTITY, AND PROFESSIONAL
PRACTICES OF DUAL-TRAINED MUSIC
THERAPISTS AS COUNSELORS

BY

EMILY SEVCIK

A THESIS SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE

MASTER OF SCIENCE IN EDUCATION

DEPARTMENT OF COUNSELING, ADULT AND HIGHER EDUCATION

Thesis Director:

Charles E. Myers
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Jason, without your extensive knowledge and experience, the methodology and statistics would not have been as sound, and I would have been lost. I am also grateful for your patience as I learned and your attentiveness to detail.

Dr. Rush, you were the first professor I had the opportunity to learn from in my master’s program, and you set me up for success. Each course I took with you deepened not only my knowledge and understanding of the counseling field but caused me grow personally. You have
always challenged me to consider multiple perspectives and approaches, and for that I am grateful.

Dr. Rheineck, I regret I have not had many opportunities to learn from you throughout my coursework. I am grateful you were able to find time in your hectic schedule to support me through this process.
DEDICATION

For my husband, Michael. Your unceasing support allows me to achieve all my dreams. And for London because mommy loves you!
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CHAPTER I: INTRODUCTION

Unlike other creative art therapies such as dance and art, the field of music therapy does not require a master’s degree to practice. Education as an entry-level music therapist is achieved with an undergraduate degree in music therapy or by the completion of a post-bachelor’s music therapy equivalency program (Certification Board for Music Therapists [CBMT], 2014a). Music therapists have options on how to advance their education beyond entry-level standards, but not all expand their training with a subsequent degree in music therapy (Cohen & Behrens, 2002). Current faculty and leaders in the field hold advanced degrees in area such as music therapy, special education, counseling, music education, and creative arts therapies (Ferrer, 2012).

Background of Problem

As of 2013, 46.2% of music therapists who are members of the American Music Therapy Association (AMTA) practice at the baccalaureate level and 37.2% hold a master’s degree (AMTA, 2013). However, not all music therapists with a master’s degree completed a music therapy graduate degree program. Music therapists have historically pursued advanced education in related fields such as education, psychology, counseling, and social work (Braswell, Maranto, & Decuir, 1979). Wyatt and Furioso (2000) found music therapists who have completed an equivalency program more commonly pursued master’s degrees in music therapy.

The field of professional counseling is increasingly playing a role in the advanced education of music therapists with nearly a quarter of music therapy master’s programs offering “expanded content” that leads to creative arts therapy or professional counseling licensure
(Goodman, 2011, p. 11). However, I found no present research studies that examine why music therapists pursue an advanced degree in counseling or the professional practices of dual-trained music therapists as counselors. This study aimed to identify the factors that lead music therapists to pursue advanced education in professional counseling, perceived benefits and drawbacks to advanced degree options for music therapists, and describe the professional practices and identity as dual-trained music therapists.

**Statement of the Problem**

Currently, there are no existent research studies describing the factors that guide a music therapist’s decision to pursue an advanced degree in professional counseling. Also, the professional identity and practices of dual-trained music therapists as counselors are not represented in the literature. This study is important to the field of music therapy to better understand the addition of professional counseling to the training of music therapists.

**Purpose of the Study**

The purpose of this study was to gather information about the reasons music therapists pursue advanced education in counseling and the clinical practices of dual-trained music therapists as counselors. I hoped to define the factors that lead music therapists to advance their education in a related field rather than deepening knowledge with a master’s degree solely in music therapy.

Additionally, the professional practices of those who are dual-trained would be better understood. My hope was to describe how music therapists integrate their counselor training into their professional practices as a music therapist once they have obtained a master’s degree. The data gathered through this descriptive study informs subsequent research that could potentially look at comparing differences between music therapists with an advanced degree in music
therapy and those with a degree in a related field such as counseling. Cohen and Behrens (2002) highlighted the need for such studies looking at relationships between type of music therapy degree and professional status, and this study lays the groundwork for looking at music therapists with degrees in a related field.

Finally, as the American Music Therapy Association and the field of music therapy as a whole continues to explore whether to move towards master’s level entry to practice (AMTA, 2010), the need to understand the reasons and impacts of advanced education on music therapists’ professional practice and identity is paramount. This study explores a piece of that puzzle and begins to inform how the addition of counselor training fosters growth as a music therapist. Results further help guide music therapists discerning advanced degree attainment.

**Research Questions**

1. What are the perceptions of dual-trained music therapists as counselors about attainment of advanced degrees?

2. What are the professional practices and professional identity of dual-trained music therapists as counselors?

**Definition of Terms**

**Music Therapy**

**Music therapy.** Music therapy is the use of music by trained and credentialed professionals to form a therapeutic relationship and promote growth and wellness in clients throughout the lifespan. Music therapy is a strength-based approach that utilizes recreational, receptive, improvisational, and composition music interventions (Bruscia, 2014). Music therapists are both trained musicians and allied health professionals (AMTA, n.d.a).
**Baccalaureate and entry-level education and training.** The entry-level education for music therapists is at the baccalaureate level by either completion of an undergraduate music therapy degree or the completion any music degree program and a music therapy equivalency post-baccalaureate program. Either means require the completion of 1,200 clinical training hours, which are compiled through practica in academic courses and a clinical internship (AMTA, n.d.a).

**Certification.** The designation of Music Therapist-Board Certified (MT-BC) is regulated through the Certification Board for Music Therapists (CBMT). Candidates are eligible to take the credentialing examination after completion of an approved music therapy program and a clinical internship. Certification is a five-year cycle requiring either completion of 100 continuing music therapy education credits or re-taking and passing the exam (CBMT, 2014a). The MT-BC credential is the only credential current music therapists can earn. However, past designations such as Registered Music Therapist (RMT), Advanced Certified-Music Therapist (ACMT), and Certified-Music Therapist (CMT) required a similar level of education. Music therapists that acquired these designations and are still practicing have elected not to become board certified. These designations are maintained through the National Music Therapy Registry until the year 2020 (AMTA, 2011). The registry will then close leaving only the MT-BC credential.

**Licensure.** Professional recognition of music therapists is not available in all states. As of March 2015, only seven states have passed bills creating either licensure laws or state registries for music therapists. The states are Georgia, Nevada, Arizona, Utah, North Dakota, Wisconsin, and Rhode Island. The continued, decade long collaboration of AMTA and CBMT aims to pass licensure bills in all states (CBMT, 2014b). Most states have a designated task force of music therapists who advocate for recognition of music therapy in their respective state.
Counseling

Counseling. Professional counseling is a strength-based approach to mental health care. Establishment of a therapeutic relationship and verbalization of thoughts and feelings promote balance and wellness for clients across the life-span (ACA, n.d.). Counseling techniques primarily include verbal processing of emotions, thoughts, and experiences, but can include a wide range of creative approaches to elicit client response.

Graduate and entry-level education and training. Counseling is a master’s-level entry profession in the field of mental health. The Council for Accreditation of Counseling and Related Education Programs (CACREP) accredits most programs and is aligned with licensure laws in many states. In general, counselors complete a 60-hour master’s degree program, a semester long, 100-hour practicum, and a 600-hour internship (CACREP, n.d.).

Licensure. Professional counseling licensure laws vary from state to state. Typically, candidates must show proof of required coursework and clinical internship, pass a licensure exam, and maintain continuing education hours. Some states have two-tiered licenses that require a designated amount of hours working under supervision in order to practice independently. Some common licensure designations include Licensed Professional Counselor (LPC), Licensed Clinical Professional Counselor (LCPC), and Licensed Mental Health Counselor (LMHC).

Brief Overview of Study

This study describes the perceptions that lead music therapists to complete a master’s degree in counseling and their professional practices as a dual-trained music therapist as counselors. Participants consisted of board certified music therapists who met qualifications for inclusion. Participants completed an online survey with closed-ended questions and Likert-type scale items. The results of this study lay the groundwork for further research about how
advanced education in related fields leads to the professional growth of music therapists and attainment of advanced competencies.
CHAPTER II: REVIEW OF LITERATURE

The following literature review examines the history of music therapy, the evolution of entry-level education, and advanced education options for music therapists in music therapy and related fields. Additionally, the benefits of advanced degree attainment in music therapy and related fields are explored. Lastly, the professional boundaries between music therapy and counseling are discussed. Relevant literature and subsequent subtopics are presented under each of the three main areas.

Articles were obtained through a search of ERIC and Google Scholar databases using combinations of the following terms: music therapy, baccalaureate education, advanced education, master’s degree, benefits, professional counseling, and professional practices. Once a few relevant articles were located, articles cited within the articles and subsequent articles citing the original article were located. Additionally, resources on the American Music Therapy Association, Certification Board for Music Therapist, and the American Counseling Association websites were referenced.

History of Music Therapy and Training

Some of the first accounts of the therapeutic benefits of music were intertwined into Greek mythology (West, 2000). Later accounts of the use of music as a healing tool were present during Biblical times (Alude & Ekewenu, 2009), where David would play his harp for Saul to rid evils spirits and bring peace (1 Samuel 16:14 – 23, The New American Bible). Throughout
the ages, many other societies around the world have also documented the use of music as a healing means (Aluede & Ekewenu, 2009; Peters, 2000; West, 2000).

Fast forward to the 20th century, WWI brought global changes and spawned the field of music therapy, as it is known today. In the last century, professional organizations, academic programs, entry-level training requirements, and credentialing have evolved to give way to the current field of more than 6,000 board certified music therapists (CBMT, 2014c).

**Professional Organizations**

Organization of professional associations began to emerge after amateur and professional musicians became regulars in the halls of veteran’s hospitals following WWI. Early pioneers of the 1920s and 1930s established professional organizations aimed at not only advocating for the use of music to heal, but to also establish a code of conduct for practicing music therapy and the educational standards to prepare professionals (Davis, Gfellar, Thaut, 2008). However, two early organizations, the National Association for Music in Hospitals founded in 1926 and the National Foundation for Music Therapy founded in 1941, were short lived (Peters, 2000). In 1950, the National Association of Music Therapy (NAMT) set out to establish training standards for academic programs and deepen the research base. NAMT was the first music therapy associations to establish bylaws, which helped the organization prevail for nearly fifty years (Peters, 2000). NAMT established the designation Registered Music Therapist (RMT), and a music therapists who had completed an NAMT approved academic programming and internship could apply to receive the credential (Davis, Gfellar, Thaut, 2008).

In 1971, a second professional organization formed in the New York City area due to differing opinions on educational requirements. The American Association for Music Therapy (AAMT) originally referred to as the Urban Federation for Music Therapists (UFMT), sought
greater flexibility for internship opportunities and saw the need for educational standards to be based on competencies rather than required coursework (Wheeler & Golden, 1987). AAMT created two additional designations for music therapists, Certified-Music Therapist (CMT) and Advanced Certified-Music Therapist (ACMT) (Davis, Gfellar, Thaut, 2008).

In 1983, the Certification Board for Music Therapists (CBMT) was established as the first and only certifying agency for music therapists. The organization existed independently from the two professional associations of the time, NAMT and AAMT, and aimed for “more objectivity and credibility to certification procedures” (Peters, 2000, p. 39). The first exams for the credential Music Therapist-Board Certified (MT-BC) were administered in 1985, and CBMT received full accreditation from the National Commission on Health Certifying Agencies (NCHCA) in 1986 (Davis, Gfellar, Thaut, 2008).

Both NAMT and AAMT co-existed until unification as the American Music Therapy Association (AMTA) in 1998. Since unification, AMTA has continued to be the only national professional organization for the advancement of music therapy practice, educational standards, and research. Educational requirements are set by AMTA, and university programs seek AMTA approval of degree programs. The MT-BC was to become the standard credential for all music therapists, and the existing credentials created by NAMT and AAMT, were issued until unification in 1998. The National Music Therapy Registry (NMTR) was created for music therapists who desired to maintain a music therapist credential other than MT-BC. The registry was set to remain active until 2020 (AMTA, 2011).

**Academic Programs**

In the United States, 1919 brought the first courses in music therapy at Columbia University in New York (Peters, 2000), a few decades before the first academic programs were
founded. The first music therapy program was established in 1944 at the Michigan State and was closely followed by other institutions, including the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College (AMTA, 2014). Since the 1940s music therapy degree programs have been established across the country. As of March 2015, there were 68 undergraduate and 35 graduate AMTA approved music therapy degree program in the United States. At the doctoral level, eight programs exist with a music therapy focus, but tend to be classified under music education.

**Movement Towards Master’s Level Entry**

Considerations such as the need to meet reimbursement standards, the desire for music therapists to act as a central, independent therapist, and the recognition of a rapidly growing knowledge base, led to the AMTA Education and Training Advisory Board (ETAB) to reignite the discussion on moving the field of music therapy towards master’s level entry (AMTA, 2010). Since 2010, town hall meetings have been held at music therapy conferences across the country, and the proposition has music therapists divided on whether the time is right or the action is necessary. The discussion continues as the ETAB and members of AMTA discern what is best for the future of the profession and those it serves.

**Advanced Education of Music Therapists**

Entry-level education and training as a music therapist is at the baccalaureate level or by completion of an equivalency program (AMTA, n.d.a). Current numbers of music therapists who enter the field via the different routes is unknown, but as of 2013, 46% of members of the American Music Therapy Association were practicing at the baccalaureate level and 37.2% at the master’s level (AMTA, 2013). In a descriptive analysis of psychiatric music therapists, Silverman (2007) reported 49.5% of participants entered the field with a bachelor’s degree in
music therapy and 7.6% completed music therapy equivalency. For the rest of the participants, it is assumed they entered the field by completion of an equivalency program, followed by a master’s degree or held an master’s degree and only indicated highest degree attained. With these different routes to entering the field of music therapy also comes alternate means of completing advanced degrees.

**Music Therapy Master’s Degree**

Currently, there are 35 AMTA-approved music therapy master’s programs in the United States (AMTA, n.d.b). Wyatt and Furioso (2000) found baccalaureate-prepared music therapists sought out AMTA-approved master’s programs less often than those who had completed music therapy equivalency. They found that only 23% of participants held a bachelor’s degree in music therapy, 33% completed an equivalency program before returning for a master’s degree, and 44% completed an equivalency program alongside a master’s degree in music therapy. Wyatt and Furioso (2000) questioned, “If the equivalency is completed simultaneously with the master's degree, can the master's degree truly be considered an advanced credential?” (p. 108).

Similarly, Cohen and Behrens (2002) found only 17.4% of participants with a master’s degree in music therapy had an undergraduate degree in music therapy. With the low numbers of baccalaureate-prepared music therapists seeking master’s degrees in music therapy, there is likelihood that either many of them do not return for an advanced degree or that they pursue advanced education outside of music therapy.

**Master’s Degree in Other Fields**

Studies as far back as the 1970s speak of music therapists advancing their education in related fields (Braswell et al., 1979). Now, over 30 years later, Decuir and Vega (2010) found 70% of music therapists who participated in a study about career longevity had either changed or
contemplated changing professions and 23.8% actually obtained a subsequent degree in a different field. Additionally, current music therapy faculty and leaders in the field hold advanced degrees in music therapy, as well as related fields such as creative arts therapies, education, counseling, music education, special education, and counselor education (Ferrer, 2012).

Music therapists who have completed a master’s degree program in counseling, psychology, or social work likely carry state licensure for their respective field of study. Currently, only a handful of states have passed music therapy licensure laws, but all states currently have licensure laws for the three fields aforementioned. Some music therapists have expressed concern about looking towards non-music therapy licensures as a means for insurance reimbursement (Cassity, 2007; Silverman, 2007) and want to preserve “the ability of music therapists to practice within their scope of practice without the need for ‘out of field’ licenses” (Cassity, 2007, p. 92).

**Dual Counseling and Music Therapy Master’s Programs**

Goodman (2011) noted nearly a quarter of music therapy master’s programs offering “expanded content” that leads to creative arts therapy and professional counseling licensures (p. 11); however, no other current research could be found on this topic. The websites for all 35 music therapy master’s programs were reviewed to determine degree and course offerings. Results indicated that five programs (14.71%) led to a dual degree in music therapy and counseling, four (11.76%) offered music therapy degree programs that satisfied mental health counseling licensure laws in their respective state, and five (14.71%) fulfilled the requirements as a Licensed Creative Arts Therapist (LCAT) in the State of New York.
Benefits of Advanced Degree Attainment of Music Therapists

The completion of an advanced degree should bring with it many benefits for music therapists, or else few would pursue it. Research has indicated that a common belief of music therapists is that advanced degrees increase satisfaction and longevity (Ferrer, 2012) and that subsequent degrees earned by music therapists have been shown to be a predictor of longevity in the field (Vega, 2010). Cohen and Behrens (2002) conducted one of the few studies that looked at music therapists with masters degrees and broke down the results by therapists with an equivalency and master’s in music therapy, bachelor’s and master’s degree in music therapy, or those with a bachelor’s degree in music therapy and a master’s degree in a related field. The music therapists with a bachelor’s and master’s degrees in music therapy were found to have more longevity in the field, with an average of 16.22 years working as a music therapist. The mean years working as a music therapist were very similar for those with equivalency and master’s degrees in related fields, with 12.47 years and 12.26 years respectively (Cohen & Behrens, 2002). No statistical difference among the three groups was shown.

In terms of the ability of advanced degrees increasing job satisfaction, research has shown experience to be a more important variable than education level (Chang, 2008; Cohen & Behrens, 2002). Similarly, Swezey (2013) found advanced education did not increase job satisfaction. Cohen and Behrens (2002) uncovered the combination of total years working as music therapist and total jobs had a significant relationship in predicting longevity.

Professional Boundaries Between Music Therapy and Counseling

With review of the broad definitions of music therapy and counseling provided in chapter I, overlaps are evident. Both fields are strength based. Music therapy is the discipline of reaching individualized goals through research-based music interventions and the establishment of music-
centered therapeutic relationship (AMTA, n.d.a), where counseling aims to establish a professional relationship that empowers clients to attain goals (ACA, n.d.). Both professions emphasize the establishment of a relationship, but interventions vary between the two. Music therapists utilize a wide range of receptive and active music-based interventions (Bruscia, 2014), where counseling interventions typically utilize various verbal techniques within their practice (Ivey, Ivey, & Zalaquett, 2010). However, neither music nor verbal interventions are mutually exclusive to either profession.

**Music Techniques in Counseling**

At times, counselors find it appropriate to utilize music to reach therapeutic goals. In counseling, music techniques are most often categorized as expressive techniques and are utilized in “reframing ideas, shifting perspectives, externalizing emotion, and deepening an understanding of an experience or an issue” (Bradley, Whiting, Hendricks, Parr, & Jones, 2008, p. 44). Counseling interventions that incorporate music tend to be more receptive in nature, for example listening to music, song discussion, music and imagery, and relaxation with music (Bradley et al., 2008; Cheek, Bradley, Parr, & Lan, 2003; Hendricks & Bradley, 2005; Sehr, 2011), than active music making. Examples of active music techniques include improvisation, singing, instrument playing, songwriting, and moving to music.

Music techniques are only a part of the professional practices of some counselors, and counselors typically utilize a hierarchy of verbal processing techniques (Ivey, et al., 2010). Counselors tend to disagree or be undecided as to whether the focus should remain on verbal processing when music interventions are used (Sehr 2011) or the music intervention. Further, counselors are divided as to whether they possess the proper training or confidence to use music
interventions and if music interventions fall within their area of profession competence (Sehr, 2011).

**Verbal Processing Techniques in Music Therapy**

Verbal interactions are a natural and familiar mode of communication (Amir, 1999) that a majority of music therapists see as part of their clinical practice (Sehr, 2012). Nolan (2005) posited the need for music therapists to understand and integrate verbal techniques in their practice because verbal interactions help clients make sense of the non-verbal reactions and interaction with music. Even with this call to utilize verbal techniques in conjunction with music therapy techniques, few studies have aimed to define and understand their use by music therapists. Some of the most common verbal techniques used by music therapists have been found to be redirection, reinforcement, validation, questions, and humor (Sehr, 2012; Silverman, 2007). Additionally, the qualitative analysis of Amir (1999) revealed that finding meaning, deepening understanding, and interpretation also guided the use of verbal techniques in music therapy sessions. In the future, verbal processing techniques may have a place in the education and training of music therapists. In 2014, the AMTA Master’s Level Entry (MLE) Subcommittee proposed a model for master’s level entry educational requirements that included verbal therapy and counseling skills as related content area to be included in music therapy master’s degree coursework (J. Jones, personal communication, November 14, 2014).

**Summary**

The organized field of music therapy was born out of the veterans’ hospitals after WWI, and the profession has now grown to several thousand practicing professionals. As the education and training of music therapists continues to evolve, professional organizations and the field as a whole are reviewing considerations of moving towards master’s level to practice. Historically,
degree attainment beyond the bachelor’s level is not always within music therapy degree programs, but the trend would change with the implementation of master’s level entry. Additionally, counselor education is playing an increasing role in music therapy master’s programs, with a quarter of programs offering dual degree programs in music therapy and counseling or emphasis of counseling within coursework.

The fields of counseling and music therapy have many overlaps, which supports the combination of training in music therapy and counseling. Similarities include being strength based, establishment of relationships, and importance of wellness. However, each field has a unique means of communication and connection, but neither is mutually exclusive. Music therapists inevitably utilize basic verbal processing techniques, and the addition of counseling education provides music therapists with advanced training in verbal processing techniques that can be interwoven into music therapy practice to process musical experiences. Some counselors employ creative counseling techniques and include a variety of receptive music experiences, but this training is not necessarily a typical aspect of educational programs. The hypothesized musical relationship and deeper awareness of the effects of music are not always recognized.
CHAPTER III: METHODOLOGY

With no current studies describing dual-trained music therapists as counselors, a descriptive approach was utilized in order to gather basic information about this sub-population of music therapists. Professional music therapists were invited to complete an online survey that was developed to elicit their perceptions about advanced education and professional practices. A variety of descriptive statistics represent the data collected.

Method

A descriptive approach was used to define the perceptions towards advanced education and the professional practices of dual-trained music therapists as counselors. A descriptive approach was the most appropriate for this study because the aim was to examine and describe specific factors about the perceptions and professional practices of dual-trained music therapists as counselors (Fraenkel & Wallen, 2014). The information in this study lays the groundwork for further studies to explore variable relationships about what drives music therapists to study counseling and how training as a counselor influences subsequent practice as a music therapist. Participants completed a one-time, cross-sectional survey consisting of nominal, ordinal, and ratio data (Fraenkel & Wallen, 2014). The online survey consisted of closed ended questions and items rated on a Likert-type scale.

Sample

The sample for this study included music therapists who have either completed an undergraduate degree or equivalency program in music therapy. Further, participants currently
held designation as a Music Therapist-Board Certified (MT-BC) and had completed a master’s degree in professional counseling, a dual degree program in both counseling and music therapy, or a music therapy master’s program that satisfies state licensure laws as a counselor or creative arts therapist.

A list of master’s level board certified music therapists was obtained from the Certification Board for Music Therapists (CBMT). All music therapists with a master’s degree or higher were invited to participate because there was no current database specifically indicating music therapists who have additional counselor education. To ensure only music therapists who meet inclusion criteria completed the survey instrument, two screening question prefaced the survey for potential participants to indicate whether they meet the educational requirements.

**Instrument**

A survey (see Appendix B) was created based on aspects drawn from Wyatt and Furioso’s (2000) study that examined master’s-level music therapists training. Questions were based on the following independent variables: age, music therapy entry-level education type, number of years practicing as a music therapist, level of education, number of years between entry-level education and beginning master’s program, type of master’s degree, credentials/licenses held, state where practicing, top reasons to pursue master's degree, top reasons for specific degree choice, perceived preparation from entry-level education, influence of perceived preparation of entry-level education on master's degree choice, perceived benefits of music therapy master's degree, perceived benefits of a counseling master's degree, perceived benefits of dual master's in music therapy and counseling, professional identity, music therapist identity strengthened by graduate degree, theoretical orientation, annual music therapy conference attendance, annual counseling conference attendance, primary population, primary
setting, music therapy supervision experience, counseling supervision experience, music therapy teaching experience, counseling teaching experience, percentage of time utilizing specific music therapy interventions, and percentage of time utilizing specific verbal techniques. Questions consisted of closed choice and statements rated with a Likert-type scale.

Throughout development of the instrument, criterion validity was found through previously utilized instruments designed to evaluate graduate-level training of music therapists. Before implementation, content validity was established by instrument review of the thesis committee members and an expert panel review by dual-trained music therapists that fit inclusion criteria. Since the questionnaire was administered online, the likelihood of implementation differences was minimal.

The survey for the expert panel review (see Appendix B) was the same as the one used for the main study (see Appendix D) except for minor adjustments based on panelists’ comments. The only additions to the expert panel review version of the survey were Likert-type questions that rated the effectiveness of the different survey sections and opportunities for open-ended feedback.

**Data Collection**

Before the main study survey was distributed, an expert panel reviewed the survey. Panelist were invited to take the survey (see Appendix A) as a participant and additionally responded to Likert-type questions about the effectiveness of each section. Panelists were also provided open-ended feedback questions on each section. The expert panel review results were analyzed before the main survey was distributed and minor changes were made to the survey.

No list of music therapists that fit the exact qualifications was available, so a convenience sample of music therapists was invited by email to complete the survey (see Appendix C). The
survey tool collected all of the categorical and qualitative data on the various independent
variables. Some portions of the instrument created by Wyatt and Furioso (2000) to survey
master’s-level music therapist was adapted for this present study. The survey was administered
through Qualtrics, online survey software available to Northern Illinois University students and
staff. Participants received an IRB-approved recruitment email (see Appendix C) at the onset of
the data collection period. Subsequent reminder emails followed one week before the close of the
data collection period.

Internal Validity

The first threat of internal validity was mortality, which is the loss of subjects during the
study (Fraenkel & Wallen, 2014). To ensure full participation, the survey instrument was
concise, utilized clear language, and could be completed in a reasonable amount of time, roughly
10-15 minutes.

The second threat to internal validity was subject characteristics. Participants had training
in two different fields: counseling and music therapy. Participants may have a more favorable
preference for one field over the other, so efforts were made to develop the survey instrument to
minimize bias towards one field over the other.

The third internal threat to validity was history. The survey was administered online, so
any issues with accessing the survey or reaching participants would affect the number of those
who completely enter data. To ensure the survey remains accessible Qualtrics, a service on a
reliable server, was utilized. The survey was checked regularly during the data collection period
to safeguard against any blackout periods.

Throughout the development of this study, steps were taken to decrease the possibility of
the final threat to internal validity, data collector bias. I began my master’s degree counseling
only after reaching a point of burnout working as a music therapist. Constant awareness of potential biases were identified and remedied. Having a music therapy professor and counseling professor on the thesis committee assisted in continued awareness of bias through the data analysis stage.

**External Validity**

The aim of this study was to define the beliefs toward advanced education of music therapists in counseling and professional practices of dual-trained music therapists. Specific demographic data was collected so findings would hopefully be generalizable to all music therapists who have completed advanced degrees beyond entry-level education in counseling and continue to hold certification as a music therapist. Limitation of the data came in understanding those who have education as a music therapist and counselor, but no longer hold certification as a music therapist, presumably working primarily as a counselor.

**Statistical Analysis**

For all categorical data (e.g., entry-level education. degree type, teaching, and supervision experience), frequency and percentage were computed. For quantitative variable (e.g., age, years practicing as a music therapist, years between entry-level education and master’s degree, reasons pursue a master’s degree, reasons for specific degree choice, perceived preparation of entry-level education, influence of perceived preparation of entry-level education on master’s degree choice), the median, mean, range, and standard deviation was calculated. Side by side analysis of the three different master’s degree types was completed to illustrate descriptive statistics broken down by group.

A variety of visual elements were used to represent findings as well. Frequency distribution tables were created for the following variables: type of master’s degree, entry-level
music therapy education, licenses and credentials, primary professional identity, and supervision and collegiate teaching experience. A histogram represents the frequency of music and verbal techniques within professional practice. Perceived benefits and drawbacks of the three different master’s degree options and the Likert-type scale questions about the decision to pursue a master’s degree are visually represented with histograms.

**Ethics and Human Relations**

This study posed minimal threats of harm to participants. At most, participants may have experienced anxiety about their responses being linked to them. Even though participants were contacted through email, survey responses were not linked to a name in order to maintain anonymity. To gain entry, the Certification Board for Music Therapists was contacted in order to obtain email addresses of current certificates. Lastly, cooperation of the participants was considered in the wording of the email inviting participants to complete the survey. The email consisted of a brief overview of the study and information about what was expected, and how the results would be used. Finally, contact information for the researcher was made available if participants had any questions.

**Time Line**

The thesis committee proposal met the first week of December. Upon approval, application was submitted to the Institutional Review Board (IRB) for review. While waiting for approval, the survey was entered into an online format, and the list of participants’ emails was acquired and ready to be contacted. The expert panel review email was distributed on January 14, 2015, and panelists were given two weeks to reply. Participants were contacted and invited to participate on January 28, 2015, and the survey was live until March 1, 2015. Data analysis and
write up took place throughout the month of March, and defense of the thesis took place on April, 2015.
CHAPTER IV: RESULTS

The results chapter is broken into two sections in order to distinguish between the responses and feedback from the expert panel review of the survey and the main study. The expert panel review section highlights some of the survey responses of the panelists, feedback and rating of the survey tool, and modifications made to the main survey instrument. The results for the main study summarizes the responses of all participants collected with the survey instrument.

Expert Panel Review

Ten expert panelists were invited to complete the survey and rated the effectiveness of each section to collect descriptive data pertaining to the stated objective. There was a response rate of 60% \((n = 6)\) for those invited and participated as an expert panelist reviewer. However, only five completed all sections of the review. All six of the panelists were included in the results of the expert panel review because all provided valuable feedback regardless of completion of all sections.

Screening

The screening questions ensure that only participants who fulfill inclusion criteria move forward to complete the rest of the survey. Two questions were asked: (1) Do you have a master's degree that emphasized training as a professional counselor? And (2) What type of master's degree program did you complete? Expert panelists were informed that those who select the degree program choice "Master's degree in music therapy that DID NOT satisfy state
licensure laws as a LPC/LMHC, creative arts therapist, etc." would be directed towards the end of the survey. All others respondents would continue as normal throughout the entire survey.

All panelists ($n = 6$) completed the screening questions as well as the section review. All six ($n = 6$) answered “Yes” to the question regarding if their master's degree emphasized training as a professional counselor in a music therapy, counseling, or a dual degree program. The breakdown of the master’s degree programs included master’s degree in mental health counseling ($n = 3$), dual degree master’s program in music therapy and counseling ($n = 1$), and other ($n = 2$). The other responses included Master of Arts in Community Counseling ($n = 1$) and MA in Clinical Psychology ($n = 1$).

For the review of the screening questions, panelists were asked, “In your expert opinion, how likely will the above questions ensure music therapists with master's level education and training in counseling are directed to complete the survey?” The panelists were given a 5-point Likert-type scale to rate the likelihood, with one being extremely unlikely and five being extremely likely. Overall, 50% ($n = 3$) of the panelist found the screening questions to be effective. See Table 1 for all frequencies and percentages.

Table 1

<table>
<thead>
<tr>
<th>Expert Panel Review of Screening Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your expert opinion, how likely will the above questions ensure music therapists with master's level education and training in counseling are directed to complete the survey.</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>($1$ (16.7%)</td>
</tr>
</tbody>
</table>

Note: A total of 100% ($n = 6$) of participants responded to this question.
Written feedback included the addition of the statement “that satisfies LPC/LMHC, expressive therapist, etc.” to the dual degree option and the inclusive off all types of degrees that meet criteria for taking the licensure exam, such as licensed clinical social worker (LCSW). Two (33.3%) of the panelists indicated confusion about the wording of the section review question.

**Demographics**

The mean age of panelists was 44 year, ranging from 32 to 63 years old. Only one (16.7%) of the panelists was male, and five (83.3%) were female. In regards to acquisition of entry-level music therapy education and training, panelist equally completed an undergraduate degree in music therapy and a music therapy equivalency program with each at 50% \((n = 3)\). Panelists have a combined number of 98 years of music therapy experience, with an average of 16 years, ranging from 2.5 to 39 years.

All \((n = 6)\) panelists hold master’s degree, and none have pursued a doctoral degree. For the amount of time that lapsed between completing entry-level educational requirements as a music therapist and returning for a graduate degree 33% \((n = 2)\) allowed 1-3 years, 17% \((n = 1)\) 3-5 years, 33% \((n = 2)\) 5-10 years, and 17% \((n = 1)\) 10 or more years. As for credentials, panelists indicated all credentials held.

For the review of the demographic questions, panelists were asked, “In your expert opinion, how effectively do the above questions collect demographic information of participants?” The panelists were given a 5-point Likert-type scale to rate the effectiveness, with one being extremely ineffective and five being extremely effective. Overall, 66.7% \((n = 4)\) of the panelist rated the demographic questions to be at least “effective” or higher. See Table 2 for all frequencies and percentages.
Table 2

**Expert Panel Review of Demographic Questions**

<table>
<thead>
<tr>
<th></th>
<th>Extremely Ineffective</th>
<th>Ineffective</th>
<th>Somewhat Ineffective</th>
<th>Effective</th>
<th>Extremely Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your expert opinion, how effectively do the above questions collect demographic information of participants?</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (33.3%)</td>
<td>3 (50%)</td>
<td>1 (16.7%)</td>
</tr>
</tbody>
</table>

*Note: A total of 100% (n = 6) of participants responded to this question.*

Written feedback included the addition of LCPC for the examples of professional counselor licensure under the credentials question. One participate indicated that neither an equivalency program nor an undergraduate degree in music therapy was not completed, so there was never completion of entry-level music therapist education. This participant completed a dual degree master’s degree program.

**Master’s Degree Decisional Factors**

Further analysis of the expert panelist response to their decisional factors in pursuing a master’s degree will be discussed in the analysis of the main study. For the review of the decisional factors questions, panelists were asked, “In your expert opinion, how effectively do the above questions collect information about decision to pursue a master's degree?” The panelists were given a 5-point Likert-type scale to rate the effectiveness, with one being extremely ineffective and five being extremely effective. Overall, 50% (n = 3) of the panelist rated the decisional factor questions to be at least “effective” or higher. See Table 3 for all frequencies and percentages.
Table 3

*Expert Panel Review of Decisional Factor Questions*

<table>
<thead>
<tr>
<th>In your expert opinion, how effectively do the above questions collect information about decision to pursue a master's degree?</th>
<th>Extremely Ineffective</th>
<th>Ineffective</th>
<th>Somewhat Ineffective</th>
<th>Effective</th>
<th>Extremely Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (0%)</td>
<td>1 (16.7%)</td>
<td>2 (33.3%)</td>
<td>2 (33.3%)</td>
<td>1 (16.7%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: A total of 100% (n = 6) of participants responded to this question.*

Written feedback included the following responses: “my perception of being ‘prepared’ was based on the setting I worked in; I think this is an important factor to consider,” “I would add a section on internships, however maybe that section comes later in the survey,” and “You aren't including enough options!” A music therapy degree prepares you for certain jobs, like Alzheimer's work or work with Developmental Disabilities. It does not prepare me for a private practice in GIM or for a medical music therapy job with oncology patients or for running psych groups. These are the reasons I went forward, as well as wanting to take insurance for my services.”

**Perceived Benefits and Drawbacks**

Further analysis of the expert panelist response to their perceived benefits and drawbacks of different degree types will be discussed in the analysis of the main study. For the review of the perceived benefits and drawbacks questions, panelists were asked, “In your expert opinion, how effectively do the above questions collect participants' perception of different master's degree types?” The panelists were given a 5-point Likert-type scale to rate the effectiveness, with one being extremely ineffective and five being extremely effective.
Table 4

**Expert Panel Review of Master’s Degrees Perceptions Questions**

<table>
<thead>
<tr>
<th>In your expert opinion, how effectively do the above questions collect participants' perception of different master's degree types?</th>
<th>Extremely Ineffective</th>
<th>Ineffective</th>
<th>Somewhat Ineffective</th>
<th>Effective</th>
<th>Extremely Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (16.7%)</td>
<td>3 (50%)</td>
<td>2 (33.3%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note:* A total of 100% (n = 6) of participants responded to this question.

Overall, 88.3% (n = 5) of the panelist rated the master’s degree perception questions to be at least “effective” or higher. See Table 4 for all frequencies and percentages. One participant provided any written feedback that “increased earning potential- list twice in last section.”

**Professional Practices**

Further analysis of the expert panelist response to their professional practices will be discussed in the analysis of the main study. For the review of the professional practices questions, panelists were asked, “In your expert opinion, how effectively do the above questions collect participants' professional practices and identity as a dual-trained music therapist as a counselor?” The panelists were given a 5-point Likert-type scale to rate the effectiveness, with one being extremely ineffective and five being extremely effective.

All expert panelists who responded to this question (n = 5) rated the professional practices questions to be at least “effective” or higher. See Table 5 for all frequencies and percentages. No participants provided written feedback.
Table 5

*Expert Panel Review of Professional Practices Questions*

<table>
<thead>
<tr>
<th></th>
<th>Extremely Ineffective</th>
<th>Ineffective</th>
<th>Somewhat Ineffective</th>
<th>Effective</th>
<th>Extremely Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your expert opinion, how effectively do the above questions collect participants' professional practices and identity as a dual-trained music therapist as a counselor?</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
</tbody>
</table>

*Note:* A total of 83.3% (n = 5) of participants responded to this question.

**Music and Verbal Techniques**

Further analysis of the expert panelist response to the music and verbal technique questions will be discussed in the analysis of the main study. For the review of the music and verbal technique questions, panelists were asked, “In your expert opinion, how effectively do the above questions collect information about participants' use of verbal and music techniques in clinical practice?”

The panelists were given a 5-point Likert-type scale to rate the effectiveness, with one being extremely ineffective and five being extremely effective.

Table 6

*Expert Panel Review of Professional Practices Questions*

<table>
<thead>
<tr>
<th></th>
<th>Extremely Ineffective</th>
<th>Ineffective</th>
<th>Somewhat Ineffective</th>
<th>Effective</th>
<th>Extremely Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your expert opinion, how effectively do the above questions collect information about participants' use of verbal and music techniques in clinical practice?</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
</tbody>
</table>

*Note:* A total of 83.3% (n = 5) of participants responded to this question.
All expert panelists who responded to this question \((n = 5)\) rated the music and verbal technique questions to be at least “effective” or higher. See Table 6 for all frequencies and percentages. No participants provided written feedback.

**Modifications to Main Survey**

In general, modifications to the survey were minimal. In the screening questions, the dual degree option was changed to include examples of licensure; "Dual degree master's program in music therapy and mental health counseling that satisfies licensure laws as LCPC/LMHC, expressive therapist, etc." Additionally, the screening option for counseling was changed to state, "Master’s degree in professional counseling." In the demographics section, the credentials question was modified with the addition of LCPC as an example of the licensure as a professional counselor. Also, the “music therapy equivalency” option was divided into the following two options: “Music therapy equivalency program combined with a master's program” and “Music therapy equivalency program NOT combined with a master's program.” In the degree perception section, duplicated were removed. Lastly, the survey layout was edited in Qualtrics so each page loaded with fewer questions.

**Main Study**

**Survey Response**

For the main study, invitation emails were sent out to a total of 2,407 Board Certified-Music Therapists who currently hold a master’s degree or higher as identified by the Certification Board for Music Therapists. Eighteen (4.14%) of the emails were determined as undeliverable. Of the 2,399 deliverable surveys, 301 (12.55%) participants accessed the survey. The total response rate, when combined with the participants from the expert panel review, was 12.7% \((N = 307)\).
For the first screening question, “Do you have a master's degree that emphasized training as a professional counselor?” Of those who completed the survey, 56.02% (n = 172) indicated “Yes.” The second screening question asked participants to indicate the type of master’s degree completed. The options were “Master’s degree in music therapy that satisfied state licensure laws as a professional counselor (e.g., LCPC/LMHC, creative arts therapist, etc.)” at 19.87% (n = 61), “Master’s degree in professional counseling that satisfied state licensure laws as a professional counselor (e.g., LCPC/LMHC, creative arts therapist, etc.)” at 18.24% (n = 56), “Dual degree master’s program in music therapy and counseling that satisfied state licensure laws as a professional counselor (e.g., LCPC/LMHC, creative arts therapist, etc.)” with 8.47% (n = 26), “Master’s degree in music therapy that DID NOT satisfy state licensure laws as a professional counselor (e.g., LCPC/LMHC, creative arts therapist, etc.)” with 31.27% (n = 96), and “Other” with 22.15% (n = 68). The most common “Other” degree options indicated were social work (n = 12), psychology (n = 9), education/special education (n = 7), communication/speech language pathology (n = 5), and business (n = 4).

Surveys were excluded from further statistical analysis for the following reasons: if respondent answered “NO” to the first screening question and chose either a master’s degree or counseling that satisfied state licensure laws as a professional counselor (e.g., LCPC/LMHC, creative arts therapist, etc.), if the degree option of Master’s degree in music therapy that DID NOT satisfy state licensure laws as a professional counselor (e.g., LCPC/LMHC, creative arts therapist, etc.) was chosen, or if the degree option of “Other” was chosen and did not specify a degree in professional counseling. One panelist was excluded from statistical analysis for the main study because the panelist had a master’s degree in clinical psychology.
A total of 12 other responses were reorganized into the three major degree types. The category of dual degree program was broadened to “Dual Degrees in Music Therapy and Counseling” because five participants indicated an “Other” response that they held two separate degrees in music therapy and counseling that were pursued at different times.

Of the total 307 submitted surveys, 40.01% ($n = 123$) are included in further statistical analysis. See Table 7 for breakdown by degree type. The following analysis presents findings for the entire group of participants as well as delineated by the three different degree types.

Table 7

<table>
<thead>
<tr>
<th>Master’s Degree</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s degree in music therapy that satisfied state licensure laws as a professional counselor</td>
<td>35.8%</td>
<td>44</td>
</tr>
<tr>
<td>Master’s degree in professional counseling that satisfied state licensure laws as a professional counselor</td>
<td>43.9%</td>
<td>54</td>
</tr>
<tr>
<td>Dual master’s degrees in music therapy and counseling that satisfied state licensure laws as a professional counselor</td>
<td>20.3%</td>
<td>25</td>
</tr>
</tbody>
</table>

**Professional Identity**

The mean age of participants was 40.03, ranging from 26-74 with a $SD = 10.89$. The majority of participants, 87.5% ($n = 105$), were female and 11.7% ($n = 14$) were male. One (0.8%) participant chose not to identify and three (2.44%) did not answer the question.

Participants reported practicing as a music therapist for a mean of 12.91 years, ranging from 0.5 to 45 years with a $SD = 9.52$. Participants with a master’s degree in counseling reported practicing as a music therapist for the longest with a mean of 17.38 years, followed by those with dual master’s degrees at 10.24 years, and those with a master’s degree in music therapy practicing a mean of 8.76 years. Participants with an undergraduate degree in music therapy indicated practicing for longer, with a mean of 17 years, compared to participants who completed
a music therapy equivalency program having a mean of 8.54 years of experience. Participants were from 31 different states, with large proportions from New York (15.7%, \( n = 19 \)), Massachusetts (13%, \( n = 15 \)), and Pennsylvania (11.3%, \( n = 12 \)). The remaining percentages are summarized in Table 8.

**Table 8**

*Participant Practice Location by State*

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>15.7%</td>
<td>19</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>13.0%</td>
<td>15</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>11.3%</td>
<td>12</td>
</tr>
<tr>
<td>California</td>
<td>5.2%</td>
<td>6</td>
</tr>
<tr>
<td>Illinois, North Carolina, Ohio (each)</td>
<td>4.3%</td>
<td>5</td>
</tr>
<tr>
<td>New Jersey, Texas (each)</td>
<td>3.5%</td>
<td>4</td>
</tr>
<tr>
<td>Arizona, Georgia, New Mexico, Oregon, Tennessee (each)</td>
<td>2.6%</td>
<td>3</td>
</tr>
<tr>
<td>Colorado, Michigan, Virginia (each)</td>
<td>1.7%</td>
<td>2</td>
</tr>
<tr>
<td>Alabama, Connecticut, Delaware, Indiana, Louisiana, Maine, Maryland, Missouri, Rhode Island, South Carolina, South Dakota, Vermont, Washington, Wisconsin (each)</td>
<td>0.9%</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note.* A total of eight (6.5%) of participants did not indicate their location.

**Current Educational Level**

The current educational level of participants included 91.7% \( (n = 110) \) of participants currently at the master’s level and 8.3% \( (n = 10) \) at the doctoral level. Doctoral degree types included psychology \( (41.67\%, \ n = 5) \), expressive therapist \( (25\%, \ n = 3) \) expressive therapies, and counselor education and supervision, instructional technology, and organization management \( (8.3\%, \ n = 1) \) each. Of the participants practicing at the doctoral level, 70% \( (n = 7) \) completed a master’s degree specifically in counseling, 20% \( (n = 2) \) dual master’s degrees in music therapy and counseling, and 10% \( (n = 1) \) a master’s degree in music therapy that satisfied professional counseling state licensure laws.
MT-BC Entry-Level Education

Participants indicated how they acquired entry-level education as a board certified-music therapist and 54.2% \((n = 64)\) completed an undergraduate degree program in music therapy, 42.4% \((n = 50)\) completed a music therapy equivalency program combined with a music therapy master's program, and 3.4% \((n = 4)\) completed music therapy equivalency program that was not combined with a music therapy master's program. Five (4.1%) of participants did not indicate their type of entry-level education.

Participants who completed a master’s degree in counseling were much more likely than any other degree type to have completed an undergraduate degree in music therapy, with 86.8% \((n = 46)\) of participants indicating as such (see Figure 1). For both music therapy master’s degree and dual degree participants, it was more common for participants to have completed a music therapy equivalency program combined with a master's degree program, with 70% \((n = 28)\) and 68% \((n = 17)\) respectively.
Elapsed Time Between Entry-Level MT-BC Education and Graduate School

Participants were asked to indicate how much time elapsed between completing entry-level educational requirements as a board certified-music therapist and returning for a master’s degree. See Table 9 for frequencies and percentage based on the amount of time. A large portion of participants, 40.4% \((n = 44)\), began a master’s degree program immediately, which is not surprising with the previously reported finding that 42.4% \((n = 50)\) of participants completed a music therapy equivalency program combined with a music therapy master's program. Overall, 80.8% \((n = 88)\) of all participants began a master’s degree program within five years of completing their entry-level education.
Table 9

Participant Elapsed Time Between Entry-Level Music Therapy Training and Graduate School

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately after undergrad or equivalency program</td>
<td>40.4%</td>
<td>44</td>
</tr>
<tr>
<td>1-3 Years</td>
<td>24.8%</td>
<td>27</td>
</tr>
<tr>
<td>3-5 Years</td>
<td>15.6%</td>
<td>17</td>
</tr>
<tr>
<td>5-10 Years</td>
<td>15.6%</td>
<td>17</td>
</tr>
<tr>
<td>10+ Years</td>
<td>3.7%</td>
<td>4</td>
</tr>
</tbody>
</table>

Note. A total of 14 (11.4%) of participants did not report length of elapsed time.

Participants who completed a master’s degree in professional counseling were most likely to have waited longer to pursue a master’s degree, with 25% (n = 13) waiting 5-10 Years, and 7.7% (n = 4) waiting 10 or more years. Participants with a master’s degree in music therapy or dual degrees tended to return for a master’s degree program within the five years, with 94.8% (n = 36) and 89.5% (n = 17) respectively. See Table 10 for all frequencies and percentages of lapsed time by degree type.

Table 10

Frequency and Percentage of Lapsed Time by Master’s Degree Type

<table>
<thead>
<tr>
<th>Time</th>
<th>Music Therapy</th>
<th>Counseling</th>
<th>Dual Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately</td>
<td>25 (65.8%)</td>
<td>8 (15.4%)</td>
<td>11 (57.9%)</td>
</tr>
<tr>
<td>1-3 Years</td>
<td>6 (15.8%)</td>
<td>16 (30.8%)</td>
<td>5 (26.3%)</td>
</tr>
<tr>
<td>3-5 Years</td>
<td>5 (13.2%)</td>
<td>11 (21.2%)</td>
<td>1 (5.3%)</td>
</tr>
<tr>
<td>5-10 Years</td>
<td>2 (5.3%)</td>
<td>13 (25.0%)</td>
<td>2 (10.5%)</td>
</tr>
<tr>
<td>10+ Years</td>
<td>0 (0.0%)</td>
<td>4 (7.7%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Note: n = 109

Credentials

Participants were asked to indicate all credentials they currently held. Of all participants, 82.9% (n = 102) were a board certified music therapist (MT-BC), 49.6% (n = 61) were a licensed professional counselor, 15.4% (n = 19) were a National Certified Counselor (NCC), 13% (n = 16) were a Licensed Creative Arts Therapist (LCAT), 2.4% (n = 3) were a Licensed Marriage
and Family Therapist (LMFT), and 0.8% \((n = 1)\) was a licensed psychologist. Participants with dual master’s degrees were most likely to hold the board certified-music therapist credential. Of the 21 participants who did not indicate they were a board certified music therapist, 52.4% \((n = 11)\) indicated they held licensure as a professional counselor, 19% \((n = 4)\) indicated an "Other" response of licensed social worker, and 14.3% \((n = 3)\) both indicated they held an "Other" credential but did not specify or had previously dropped out of the survey.

Participants with a counseling degree were most likely to hold licensure as a professional counselor, and participants with a master’s degree in music therapy were most likely to be licensed creative arts therapists. All credentials as reported by master’s degree type can be found in Table 11.

Table 11

<table>
<thead>
<tr>
<th>Credential</th>
<th>Music Therapy</th>
<th>Counseling</th>
<th>Dual Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Certified-Music Therapist (MT-BC)</td>
<td>37 (84.1%)</td>
<td>41 (75.9%)</td>
<td>24 (96.0%)</td>
</tr>
<tr>
<td>Licensed Professional Counselor (LPCC, LCPC, LPC)</td>
<td>12 (27.3%)</td>
<td>32 (59.3%)</td>
<td>17 (68.0%)</td>
</tr>
<tr>
<td>National Certified Counselor (NCC)</td>
<td>0 (0.0%)</td>
<td>12 (22.2%)</td>
<td>7 (28.0%)</td>
</tr>
<tr>
<td>Licensed Marriage and Family Therapist (LMFT)</td>
<td>0 (0.0%)</td>
<td>3 (5.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Licensed Creative Arts Therapist (LCAT)</td>
<td>16 (36.4%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Licensed Psychologist</td>
<td>0 (0.0%)</td>
<td>1 (1.9%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Note: Participants were able to indicate more than one credential.

Population Served

Participants were asked to indicate all populations they primarily serve. The most common primary population that participates reported was mental health disorders at 60.2% \((n = 74)\). All frequencies and percentages of different populations served can be found in Table 12. Contributions to the “Other” response category for populations served included autism, early
intervention, business organization and development, oncology, physical abuse, substance abuse medically fragile, trauma, wellness, spirituality, marital/family, bereavement/grief counseling, and forensics.

Table 12

Participant Population Served

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health disorders</td>
<td>60.2%</td>
<td>74</td>
</tr>
<tr>
<td>Developmental and intellectual disabilities</td>
<td>37.4%</td>
<td>46</td>
</tr>
<tr>
<td>School Aged</td>
<td>34.1%</td>
<td>42</td>
</tr>
<tr>
<td>Behavioral disorders</td>
<td>30.1%</td>
<td>37</td>
</tr>
<tr>
<td>Elderly/older adult</td>
<td>24.4%</td>
<td>30</td>
</tr>
<tr>
<td>Terminally ill/palliative care</td>
<td>23.6%</td>
<td>29</td>
</tr>
<tr>
<td>Other</td>
<td>17.9%</td>
<td>22</td>
</tr>
<tr>
<td>Medical/surgical</td>
<td>16.3%</td>
<td>20</td>
</tr>
<tr>
<td>Early childhood</td>
<td>15.4%</td>
<td>19</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>11.4%</td>
<td>14</td>
</tr>
<tr>
<td>College students</td>
<td>10.6%</td>
<td>13</td>
</tr>
<tr>
<td>Neurological/rehabilitation</td>
<td>9.8%</td>
<td>12</td>
</tr>
</tbody>
</table>

Note. Participants were able to indicate more than one population.

When compared with the other two master’s degree types, participants with a master’s degree in counseling were most likely to work with behavioral disorders with 62% (n = 23) of total responses, mental health disorders with 51.4% (n = 38), college students with 46.2% (n = 6), developmental and intellectual disabilities with 45.7% (n = 21), and school aged with 40.5% (n = 17) of the responses. Participants with master’s degree in music therapy were most likely to work with physical disabilities with 64.3% (n = 9) of the total responses, medical/surgical patients with 60% (n = 12), terminally ill/palliative care with 58.6% (n = 17), early childhood with 47.4% (n = 9), elderly/older adults with 43.3% (n = 13), and neurological rehabilitation with 41.7% (n = 5) of the responses.
Setting Served

Participants were asked to indicate all settings in which they service their primary population(s). The most common setting was 30.1% \((n = 37)\) reporting they work in a private practice (see Table 13). Contributions to the “Other” response category for setting served included day/residential program, Department of Veterans Affairs, home visits, juvenile detention center, methadone clinic, outpatient clinic/facility, nonprofit agency, pediatric skilled nursing, residential settings, retreat company, and state prison.

Table 13

<table>
<thead>
<tr>
<th>Participant Setting Served</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice</td>
<td>30.1%</td>
<td>37</td>
</tr>
<tr>
<td>Mental Health Setting</td>
<td>26%</td>
<td>32</td>
</tr>
<tr>
<td>Medical</td>
<td>19.5%</td>
<td>24</td>
</tr>
<tr>
<td>Community Based Setting</td>
<td>17.9%</td>
<td>22</td>
</tr>
<tr>
<td>School/Pre-school</td>
<td>17.1%</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>14.6%</td>
<td>8</td>
</tr>
<tr>
<td>Hospice</td>
<td>9.8%</td>
<td>12</td>
</tr>
<tr>
<td>Geriatric</td>
<td>9.8%</td>
<td>12</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>8.1%</td>
<td>10</td>
</tr>
<tr>
<td>College/University</td>
<td>4.1%</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note.* Participants were able to indicate more than one population.

When compared with the other two master’s degree types, participants with a master’s degree music therapy were most likely to work in a hospice with 58.3% \((n = 7)\) of all responses, medical with 54.2% \((n = 13)\), school/pre-school with 42.9% \((n = 9)\), and geriatric with 50% \((n = 6)\) of total responses. Participants with a master’s degree in counseling were most likely to work in private practice with 56.8% \((n = 21)\) of total responses, mental health setting with 56.3% \((n = 16)\), and community based with 40.9% \((n = 9)\) of total responses. Dual degree participants were most likely to work in a college/university with 60% \((n = 3)\) of total responses. Both participants
with a degree in music therapy and counseling were equally likely to work in the rehabilitation setting with each having 50% \((n = 5)\) of total responses.

**Theoretical Orientation**

Participants indicated their theoretical orientation as psychodynamic at 11.1% \((n = 13)\), behavioral at 8.5% \((n = 10)\), cognitive at 12% \((n = 14)\), humanistic/existential at 36.8% \((n = 43)\), transpersonal at 6% \((n = 7)\), holistic at 9.4% \((n = 11)\), and other at 16.2% \((n = 19)\). Other responses included biopsychosocial, cognitive-behavioral, client/person centered, developmental, eclectic, experiential, Gestalt, Jungian, and mindfulness. A breakdown of theoretical orientation by master’s degree type can be found in Table 14.

Table 14

**Participant Theoretical Orientation by Degree Type**

<table>
<thead>
<tr>
<th>Theoretical Orientation</th>
<th>Master’s Degree Type</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Music Therapy</td>
<td>Counseling</td>
<td>Dual Degrees</td>
<td></td>
</tr>
<tr>
<td>Humanistic/existential</td>
<td>20 (50.0%)</td>
<td>12 (22.6%)</td>
<td>11 (45.8%)</td>
<td></td>
</tr>
<tr>
<td>Holistic</td>
<td>4 (10.0%)</td>
<td>4 (7.5%)</td>
<td>6 (25%)</td>
<td></td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>4 (10.0%)</td>
<td>7 (13.2%)</td>
<td>2 (8.3%)</td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>5 (12.5%)</td>
<td>4 (7.5%)</td>
<td>1 (4.2%)</td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>3 (7.5%)</td>
<td>10 (18.9%)</td>
<td>1 (4.2%)</td>
<td></td>
</tr>
<tr>
<td>Transpersonal</td>
<td>0 (0.0%)</td>
<td>4 (7.5%)</td>
<td>3 (12.5%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Above frequencies and percentages exclude the option “Other.”*

**Conference Attendance**

Participants were asked to indicate their annual attendance at music therapy and professional counseling conferences at the either the state, regional, or national level. For music therapy conferences, 42.7% \((n = 50)\) of the participants indicated they attend music therapy conferences annually. For counseling conferences, 24.8% \((n = 29)\) of the participants indicated they attend counseling conferences annually.
Participants with a master’s degree in music therapy or dual degrees were more likely to attend music therapy conferences annually when compared to participants with a master’s degree in counseling. Participants from all degree types attend counseling conferences annually at similar rates. See Table 15 for all frequencies and percentages for annual conference attendance by degree type.

Table 15

**Participants Annual Conference Attendance by Master’s Degree Type**

<table>
<thead>
<tr>
<th>Master’s Degree Type</th>
<th>Conference Type</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Music Therapy Conference</td>
<td>Counseling Conference</td>
<td></td>
</tr>
<tr>
<td>Music Therapy</td>
<td>22 (55%)</td>
<td>8 (20%)</td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>15 (28.3%)</td>
<td>15 (28.3%)</td>
<td></td>
</tr>
<tr>
<td>Dual Degrees</td>
<td>13 (54.2%)</td>
<td>6 (25%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: n = 107*

**Primary Professional Identity**

Participants were asked to specify how they identified professionally, and three of the four identities were rated similarly. The highest rated was “Counselor who also has training as a music therapist” with 25.6% (n = 30) of participants, followed by “Music Therapist” and “Music therapist who also has training as a counselor” with 24.8% (n = 29). For “Professional Counselor,” 8.5% (n = 10) of participants indicated it as their primary professional identity and 16.2% (n = 19) identified as “Other.”

Contributions to the “Other” response category included the following: administrator, Assistant professor /music therapist, business owner, clinical supervisor, counselor and music therapist, elementary school counselor, “I always specify that I am both, I am both equally,” life enrichment director, music therapist and activities director, nurse, “psychiatric nurse practitioner, but prior to completing that I identified as a counselor who was also a music therapist”,
“psychologist who also has training as MT-BC,” psychology resident, “secondary special education teacher with a small private practice as a music therapist who also has training as a counselor (once LCAT is complete, I will identify more equally as music therapist/counselor),” social worker, “social worker who also has training as a music therapist,” special education teacher, and “Undecided...may be transitioning.”

Participants with a master’s degree in music therapy were most likely to identify as a music therapist with 52.5% ($n = 21$). Eighteen (34%) of participants with a master’s degree in counseling identified as a “counselor who also has training as a music therapist.” Participants with dual master’s degrees were least likely to identify as a singular identify (e.g. music therapist or counselor). Eight (33.3%) identified as “Music therapist who also has training as a counselor” and 25% ($n = 6$) as a “counselor who also has training as a music therapist.” All frequencies and percentages by degree type can be found in Table 16.

Table 16

<table>
<thead>
<tr>
<th>Professional Identity</th>
<th>Master’s Degree Type</th>
<th>Dual Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Music Therapy</td>
<td>Counseling</td>
</tr>
<tr>
<td>Music Therapist</td>
<td>21 (52.5%)</td>
<td>6 (11.3%)</td>
</tr>
<tr>
<td>Professional Counselor</td>
<td>2 (5%)</td>
<td>9 (17%)</td>
</tr>
<tr>
<td>Music therapist who also has training as a counselor</td>
<td>11 (27.5%)</td>
<td>10 (18.9%)</td>
</tr>
<tr>
<td>Counselor who also has training as a music therapist</td>
<td>6 (15%)</td>
<td>18 (34%)</td>
</tr>
</tbody>
</table>

Note: Above frequencies and percentages exclude the option “Other.”

Participants were asked to rate their level of agreement for the following statement: “My identity as a music therapist was strengthened because of my graduate education.” The majority of participants either agreed or strongly agreed with the statement at 35.3% ($n = 41$) and 33.6%
respectfully. A total of 15.5% \( (n = 18) \) neither agreed nor disagreed, 12.1% \( (n = 14) \) disagreed, and 3.4% \( (n = 4) \) strongly disagreed.

Participants with a master’s degree in music therapy were most likely to agree or strongly agree with this statement with 90% \( (n = 36) \) at least agreeing with the statement. Eighteen \( (78.2\%) \) of dual degree participants agreed or strongly agreed, and 49.1% \( (n = 26) \) of participants with a master’s degree in counseling agreed or strongly agreed.

**Collegiate Teaching Experience**

Participants were asked to indicate all music therapy and/or counseling collegiate teaching experience. In music therapy, 21.1% \( (n = 26) \) have taught undergraduate music therapy courses, 13.8% \( (n = 17) \) have taught master’s-level music therapy courses, and no participants have taught doctoral-level music therapy courses. In counseling, 10.6% \( (n = 13) \) have taught master’s-level counseling courses and 2.4% \( (n = 3) \) have taught doctoral-level counseling courses. Other responses \( (n = 5) \) included undergraduate health education, applied voice, master’s-level expressive art therapy courses, master’s-level music courses, and undergraduate expressive therapy and creative arts therapy courses.

Participants who held dual master’s degrees in music therapy and counseling were more likely to have experience teaching undergraduate music therapy courses with 40% \( (n = 10) \) having experience. Participants with a master’s degree in music therapy and counseling reported similar levels of experience teaching undergraduate music therapy courses at 13.63% \( (n = 6) \) and 18.52% \( (n = 10) \), respectively. For master’s-level music therapy courses, 22.73% \( (n = 10) \) of music therapy participants, 16% \( (n = 4) \) of dual degree holders, and 5.56% \( (n = 3) \) of counseling participants had experience. No participants had experience teaching doctoral-level music therapy courses.
For master’s-level counseling courses, 12.96% \((n = 7)\) of counseling, 16% \((n = 4)\) of dual degree, and 4.55% \((n = 2)\) of music therapy participants reported having experience. At the doctoral level for counseling courses, 3.7% \((n = 2)\) of counseling and 2.23% \((n = 1)\) of music therapy had experience. No dual degree participants reported experience at this level.

**Clinical Supervision Experience**

Participants were asked to indicate all music therapy and/or counseling supervision experience. In music therapy, 40.7% \((n = 50)\) have supervised music therapy practicum students, 37.4% \((n = 46)\) have supervised music therapy interns, and 22.8% \((n = 28)\) have supervised board certified music therapists. In counseling, 16.3% \((n = 20)\) have supervised master’s-level counseling practicum students, 23.6% \((n = 29)\) have supervised master’s level counseling interns, and 12.2% \((n = 15)\) have supervised licensed professional counselors. Other responses \((n = 11)\) included supervising social work interns, art therapy practicum students, bachelor level social work practicum students, qualified mental health professionals, LCAT limited permit holders, nurses, post-doctoral psychology students, professional working towards full licensure as MFT, LSW, and LPC.

Participants with dual master’s degree in music therapy and professional counseling were more likely at 48% \((n = 12)\) to supervise music therapy practicum students than participants with a degree in music therapy or counseling with 40.9% \((n = 18)\) and 27.04% \((n = 20)\) respectively. In regards to supervising music therapy interns and board certified music therapists, holders of all degree types supervised at similar rates. For music therapy interns, 36.36% \((n = 16)\) of music therapy master’s degree holders had experience supervising, 38.89% \((n = 21)\) of professional counseling degree holders, and 36% \((n = 9)\) of dual degree participants. For board certified music therapists, 25% \((n = 11)\) of music therapy master’s degree holders had experience supervising,
22.22% \( (n = 12) \) of professional counseling degree holders, and 20% \( (n = 5) \) of dual degree participants.

Experience supervising master’s-level counseling practicum students was more typical of participants with a dual degree or counseling at 24% \( (n = 6) \) and 20.37% \( (n = 11) \), respectively. For participants with a music therapy master’s degree, 6.82% \( (n = 3) \) had supervision experience of practicum students. For experience supervising master’s-level counseling interns, 32% \( (n = 8) \) of dual degree, 31.82% \( (n = 14) \) of counseling, and 15.9% \( (n = 7) \) of music therapy participants had experience. For experience supervising licensed professional counselors, 20% \( (n = 5) \) of dual degree, 11.11% \( (n = 6) \) of counseling, and 9.1% \( (n = 4) \) of music therapy participants had experience.

**Master’s Degree Decisional Factors**

**Master’s Degree**

The three most important factors in participants’ decision to pursue a master’s degree were advanced clinical training and education with 64.3% \( (n = 74) \) of participants indicating the statement as extremely important, personal growth with 63.5% \( (n = 73) \) of participants, and anticipated professional advancement with 43% \( (n = 29) \) of participants. The two least important factors were eligibility for undergraduate teaching in music therapy with 57.5% \( (n = 65) \) of participants indicating it was not important at all and experiencing burnout at 57.1% \( (n = 64) \). Participants were divided along the entire continuum on the importance of learning research methods on their decision to pursue a master’s degree See Table 17 for percentages and frequencies of all factors.

A total of 21.95% \( (n = 27) \) included an additional reason for pursuing a master’s degree. Responses included career change \( (n = 7) \), gain respect of other professionals \( (n = 1) \), master’s
Table 17

*Participants’ Importance of Factors in Decision to Pursue a Master’s Degree*

<table>
<thead>
<tr>
<th>Perception</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>I desired advanced clinical training and education.</td>
<td>2 (1.7%)</td>
<td>1 (0.9%)</td>
<td>4 (3.5%)</td>
<td>34 (29.6%)</td>
<td>74 (64.3%)</td>
</tr>
<tr>
<td>I anticipated professional advancement.</td>
<td>3 (2.6%)</td>
<td>2 (1.8%)</td>
<td>18 (15.8%)</td>
<td>42 (36.8%)</td>
<td>49 (43%)</td>
</tr>
<tr>
<td>I sought eligibility for undergraduate teaching in music therapy.</td>
<td>65 (57.5%)</td>
<td>19 (16.8%)</td>
<td>18 (15.9%)</td>
<td>5 (4.4%)</td>
<td>6 (5.3%)</td>
</tr>
<tr>
<td>I had interest in learning research methods.</td>
<td>25 (22.1%)</td>
<td>32 (28.3%)</td>
<td>26 (23.0%)</td>
<td>15 (13.3%)</td>
<td>15 (13.3%)</td>
</tr>
<tr>
<td>I desired personal growth.</td>
<td>3 (2.6%)</td>
<td>1 (0.9%)</td>
<td>6 (5.2%)</td>
<td>32 (27.8%)</td>
<td>73 (63.5%)</td>
</tr>
<tr>
<td>I was experiencing burnout.</td>
<td>64 (57.1%)</td>
<td>19 (17.0%)</td>
<td>15 (13.4%)</td>
<td>9 (8.0%)</td>
<td>5 (4.5%)</td>
</tr>
</tbody>
</table>

*Note: The response rate ranged from n = 112 to n = 115*
degree required to practice in state ($n = 3$), expand counseling skills ($n = 4$), did not feel competent ($n = 2$), and better job prospects ($n = 4$).

In regards to difference by degree type, participants with dual degrees rated advanced clinical training and education with 75% ($n = 18$) of participants indicating “Extremely important,” personal growth with 75% ($n = 18$), and eligibility to teach undergraduate music therapy courses with 13% ($n = 3$). The following factors rated almost equally by participants in all degree types: professional advancement, learning research methods, and experience burnout.

**Specific Degree Program**

The two most important factors in participants’ decision to their specific master's degree program were eligibility for licensure as a professional counselor with 56% ($n = 65$) of participants indicated the extremely important and able to expand knowledge of verbal processing techniques with 52.2% ($n = 59$). The two factors rated least important were online/distance-learning program with 87.7% ($n = 93$) of participants indicated not at all important and able to complete an equivalency program concurrently with a master's degree with 58.6 ($n = 65$). See Table 18 for percentages and frequencies of all factors.

The important factors can also be described by examining each degree type individually. The factors most important to participants with a master’s degree in music therapy were “I could expand my knowledge of advanced music therapy techniques” and “I would be eligible for licensure as a creative arts therapist.” The factors most important for participants with master’s degree in counseling were “I could expand my knowledge of verbal processing techniques” and “I would be eligible for licensure as a professional counselor.” For participants with dual master’s degrees, the most important factors were “I could expand my knowledge of verbal
Table 18

*Participants’ Importance of Factors in Decision to Pursue Specific Master’s Degree Program*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Level of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all important</td>
</tr>
<tr>
<td>I could complete an equivalency program concurrently with a master's degree.</td>
<td>65 (58.6%)</td>
</tr>
<tr>
<td>I could expand my knowledge of research methods.</td>
<td>22 (19.5%)</td>
</tr>
<tr>
<td>I could expand my knowledge of verbal processing techniques.</td>
<td>3 (2.7%)</td>
</tr>
<tr>
<td>I could expand my knowledge of advanced music therapy techniques.</td>
<td>21 (18.6%)</td>
</tr>
<tr>
<td>I would receive training as both a music therapist and professional counselor.</td>
<td>23 (20.7%)</td>
</tr>
<tr>
<td>I would be eligible for licensure as a professional counselor.</td>
<td>11 (9.5%)</td>
</tr>
<tr>
<td>I would be eligible for licensure as a creative arts therapist.</td>
<td>46 (41.8%)</td>
</tr>
<tr>
<td>The location was close to home.</td>
<td>36 (32.1%)</td>
</tr>
<tr>
<td>The degree was an online/distance-learning program.</td>
<td>93 (87.7%)</td>
</tr>
</tbody>
</table>

*Note:* The response rate ranged from $n = 106$ to $n = 116$
processing techniques,” “I could expand my knowledge of advanced music therapy techniques,” and “I would be eligible for licensure as a professional counselor.” Frequency and percentages of participants who indicated the different factors to be “Very Important” or “Extremely Important” can be found in Table 19.

Table 19

*Importance of Factors for Decision of Specific Degree Program by Degree Type*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Master’s Degree Type</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Music Therapy</td>
<td>Counseling</td>
<td>Dual Degrees</td>
<td></td>
</tr>
<tr>
<td>I could complete an equivalency program concurrently</td>
<td>19 (49.8%)</td>
<td>3 (5.9%)</td>
<td>13 (59.1%)</td>
<td></td>
</tr>
<tr>
<td>with a master's degree.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I could expand my knowledge of research methods.</td>
<td>15 (49.6%)</td>
<td>9 (17.3%)</td>
<td>10 (43.7%)</td>
<td></td>
</tr>
<tr>
<td>I could expand my knowledge of verbal processing</td>
<td>30 (79%)</td>
<td>43 (89.6%)</td>
<td>22 (95.6%)</td>
<td></td>
</tr>
<tr>
<td>techniques.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I could expand my knowledge of advanced music</td>
<td>34 (89.5%)</td>
<td>11 (21.2%)</td>
<td>20 (86.9%)</td>
<td></td>
</tr>
<tr>
<td>therapy techniques.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would receive training as both a music therapist and</td>
<td>28 (71.8%)</td>
<td>18 (36.8%)</td>
<td>21 (91.3%)</td>
<td></td>
</tr>
<tr>
<td>professional counselor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would be eligible for licensure as a professional</td>
<td>24 (61.6%)</td>
<td>48 (88.9%)</td>
<td>19 (82.6%)</td>
<td></td>
</tr>
<tr>
<td>counselor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would be eligible for licensure as a creative arts</td>
<td>30 (76.9%)</td>
<td>5 (10.2%)</td>
<td>9 (40.9%)</td>
<td></td>
</tr>
<tr>
<td>therapist.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The location was close to home.</td>
<td>14 (36.8%)</td>
<td>26 (50%)</td>
<td>7 (51.8%)</td>
<td></td>
</tr>
<tr>
<td>The degree was an online/distance-learning program.</td>
<td>2 (5.6%)</td>
<td>6 (12.5%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Frequency and percentage of participants who indicated “Very Important” or “Extremely Important.”*

**Entry-level Perceived Level of Preparation**

Participants were asked to rate their level of agreement with the following statement on a 5-point Likert-type scale: “My undergraduate education or equivalency program in music therapy adequately prepared me for a job in the field of music therapy. “ For all participants, 26.3% (*n* = 30) indicated they “Strongly Agree,” 40.4% (*n* = 46) “Agree,” 20.2% (*n* = 23) “Neither agree nor disagree,” 11.4% (*n* = 13) “Disagree,” and 1.8% (*n* = 2) “Strongly Disagree.”
Participants with a master’s degree in counseling were most likely to find their entry-level music therapy education as adequately preparing them to enter the field with 74.1% (n = 40) either agreeing or strongly agreeing. See Table 20 for all frequencies and percentages by master’s degree type.

Table 20

Participants’ Perceived Level of Preparation From Entry-Level Education

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s Degree in Music Therapy</td>
<td>0 (0%)</td>
<td>7 (18.9%)</td>
<td>6 (16.2%)</td>
<td>11 (29.7%)</td>
<td>13 (35.1%)</td>
</tr>
<tr>
<td>Master’s Degree in Counseling</td>
<td>0 (0%)</td>
<td>3 (5.6%)</td>
<td>11 (20.4%)</td>
<td>25 (46.3%)</td>
<td>15 (27.8%)</td>
</tr>
<tr>
<td>Dual Degrees</td>
<td>2 (8.7%)</td>
<td>3 (13%)</td>
<td>6 (26.1%)</td>
<td>10 (43.5%)</td>
<td>2 (8.7%)</td>
</tr>
</tbody>
</table>

Note: A total of 92.3% (n = 114) of participants responded to this question.

Participants were also asked to rate their level of agreement with the following statement on a 5-point Likert-type scale: “My decision to pursue a master’s degree was influenced by my perceived level of preparation from my undergraduate education or equivalency program in music therapy to enter the field of music therapy.” For all participants, 14.2% (n = 16) indicated they “Strongly Agree,” 23% (n = 26) “Agree,” 30.1% (n = 34) “Neither agree nor disagree,” 16.2% (n = 19) “Disagree,” and 15.9% (n = 18) “Strongly Disagree.”

Participants with a master’s degree in counseling were least likely to have their level perceived preparation influence their decision to pursue a master’s degree with 29.7% (n = 16) either agreeing or strongly agreeing with the statement. Participants with a master’s degree in music therapy or dual master’s degrees rated the statement similarly with 44.4% (n = 16) of music therapy participants and 43.5% (n = 10) of dual degree participants either agreeing or
strongly agreeing with the statement. See Table 21 for all frequencies and percentages by degree type.

Table 21

Participants’ Influence of Perceived Level of Preparation on Master’s Degree Decision by Degree Type

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Level of Agreement</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s Degree in Music Therapy</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>5 (13.9%)</td>
<td>3 (8.3%)</td>
<td>12 (33.3%)</td>
<td>9 (25%)</td>
<td>7 (19.4%)</td>
</tr>
<tr>
<td>Master’s Degree in Counseling</td>
<td>6 (11.1%)</td>
<td>15 (27.8%)</td>
<td>17 (31.5%)</td>
<td>11 (20.4%)</td>
</tr>
<tr>
<td>Dual Degrees</td>
<td>7 (30.4%)</td>
<td>1 (4.3%)</td>
<td>5 (21.7%)</td>
<td>6 (26.1%)</td>
</tr>
</tbody>
</table>

Note: A total of 91.9% (n = 113) of participants responded to this question.

Benefits and Drawbacks of Degree Types

Participants were asked to rate their level agreement of perceived benefits and drawbacks for three different master’s degree options for music therapists regardless of the master’s degree program they personally completed. The degree options included were master’s degree in music therapy, master’s degree in counseling, and dual master’s degrees in music therapy and counseling. Each statement was rated on a 5-point Likert-type scale.

Master’s Degree in Music Therapy

Participants were given five perceived benefits of a master’s degree in music therapy, and the three benefits rated the highest were “Expanded knowledge of music therapy theory” with 91.9% (n = 102) of the participants rating their level of agreement as “Agree” or higher, “expanded knowledge of advanced music therapy techniques” with 86.5% (n = 96) of participants, and “professional identity as a music therapist is nurtured” with 86.4% (n = 96).
Table 22

Participants’ Perceptions of The Benefits of a Master’s Degree in Music Therapy

<table>
<thead>
<tr>
<th>Perceived Benefit</th>
<th>Level of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Expanded knowledge of music therapy theory</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Expanded knowledge of advanced music therapy techniques</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Qualification to teach undergraduate courses in music therapy</td>
<td>3 (2.7%)</td>
</tr>
<tr>
<td>Increased earning potential</td>
<td>6 (5.4%)</td>
</tr>
<tr>
<td>Professional identity as a music therapist is nurtured</td>
<td>1 (0.9%)</td>
</tr>
</tbody>
</table>

Note: n = 111

Table 23

Participants’ Perceptions of The Drawbacks of a Master’s Degree in Music Therapy

<table>
<thead>
<tr>
<th>Perceived Drawback</th>
<th>Level of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Limited options for professional advancement within current position</td>
<td>3 (2.7%)</td>
</tr>
<tr>
<td>Continued difficulty seeking reimbursement from insurance for music therapy services</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Not eligible for licensure as a professional counselor or related profession</td>
<td>7 (6.4%)</td>
</tr>
<tr>
<td>Prospect of practicing as lead therapists is limited</td>
<td>8 (7.3%)</td>
</tr>
<tr>
<td>Do not expand knowledge outside music therapy realm</td>
<td>9 (8.2%)</td>
</tr>
</tbody>
</table>

Note: n = 110
percentages for all perceived benefits can be found in Table 22. Other responses indicated by participants included supervision and research skills.

Participants were given five perceived drawbacks of a master’s degree in music therapy. Overall, participants rated their level of agreement lower for the perceived drawbacks of a master’s degree in music therapy than the perceived benefits. The two perceived drawbacks that participants agreed with most were “continued difficulty seeking reimbursement from insurance for music therapy services” with 70.2% (n = 78) of the participants rating their level of agreement as “Agree” or higher and “not eligible for licensure as a professional counselor or related profession” with 66.3% (n = 73). Frequencies and percentages for all perceived drawbacks can be found in Table 23.

Overall, participants with master’s degree in counseling rated their level of agreement for all perceived drawbacks of a master’s degree in music therapy much higher than participants with a master’s degree in music therapy or dual master’s degrees participants. See Table 24 with frequencies and percentages of participants who either indicated they “Agree” or “Strongly Agree” with each drawback of master’s degree in music therapy by degree type.

**Master’s Degree in Counseling**

Participants were given five perceived benefits of a master’s degree in counseling. The two perceived benefits with the highest level of agreement were “eligibility for licensure as a professional counselor” and “expanded opportunities to work within mental health services” each with 96.3% (n = 104) of the participants rating their level of agreement as “Agree” or higher. Frequencies and percentages for all perceived benefits can be found in Table 25. Other responses included “Hard to answer because working with different populations require different skills. Sometimes helped by MT, sometimes not.”
Table 24

Agreement with Perceived Drawbacks of Master’s Degree in Music Therapy by Degree Type

<table>
<thead>
<tr>
<th>Perceived Drawback</th>
<th>Music Therapy</th>
<th>Counseling</th>
<th>Dual Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited options for professional advancement within current position</td>
<td>16 (43.2%)</td>
<td>40 (78.4%)</td>
<td>9 (40.9%)</td>
</tr>
<tr>
<td>Continued difficulty seeking reimbursement from insurance for music therapy services</td>
<td>20 (54%)</td>
<td>44 (84.6%)</td>
<td>14 (63.7%)</td>
</tr>
<tr>
<td>Not eligible for licensure as a professional counselor or related profession</td>
<td>18 (48.6%)</td>
<td>44 (86.3%)</td>
<td>11 (50%)</td>
</tr>
<tr>
<td>Prospect of practicing as lead therapists is limited</td>
<td>14 (37.8%)</td>
<td>33 (64.9%)</td>
<td>11 (50%)</td>
</tr>
<tr>
<td>Do not expand knowledge outside music therapy realm</td>
<td>11 (29.7%)</td>
<td>34 (66.7%)</td>
<td>10 (43.7%)</td>
</tr>
</tbody>
</table>

*Note: Frequency and percentage of participants who indicated they “Agree” or “Strongly Agree.”*

Participants were given six perceived drawbacks of a master’s degree in professional counseling. The top perceived drawbacks were “limited growth in knowledge of advanced music therapy techniques” with 69.2% (n = 74) of the participants rating their level of agreement as “Agree” or higher and “limited growth in knowledge of music therapy theory” with 68.3% (n = 73) of the participants. Frequencies and percentages for all perceived benefits can be found in Table 26.
### Table 25

**Participants’ Perceptions of The Benefits of a Master’s Degree in Counseling**

<table>
<thead>
<tr>
<th>Perception</th>
<th>Level of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Eligibility for licensure as a professional counselor</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Expanded opportunities to work within mental health services</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Practice as lead therapist</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Services as a professional counselor are reimbursable by insurance</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Increased earning potential</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

*Note: n = 108*

### Table 26

**Participants’ Perceptions of The Drawbacks of a Master’s Degree in Counseling**

<table>
<thead>
<tr>
<th>Perception</th>
<th>Level of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Limited growth in knowledge of advanced music therapy techniques</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Limited growth in knowledge of music therapy theory</td>
<td>2 (1.9%)</td>
</tr>
<tr>
<td>Do not qualify to teach undergraduate music therapy courses</td>
<td>6 (5.6%)</td>
</tr>
<tr>
<td>Professional identity as a music therapist is not fostered</td>
<td>10 (9.3%)</td>
</tr>
<tr>
<td>Internship required</td>
<td>21 (19.8%)</td>
</tr>
<tr>
<td>Longer course of study than typical music therapy master’s program</td>
<td>23 (21.5%)</td>
</tr>
</tbody>
</table>

*Note: n = 107 for all except “Internship required” had n = 106*
Dual-Master’s Degrees in Music Therapy and Counseling

Participants were given ten perceived benefits of dual master’s degree in music therapy and counseling. The top four perceived benefits were “Expanded opportunities to work within mental health services” with 97.2% (n = 102) of the participants rating their level of agreement as “Agree” or higher, “eligibility for licensure as a professional counselor” with 96.2% (n = 101), “services as a professional counselor are reimbursable by insurance” and “expanded knowledge of advanced music therapy techniques” with 86.8% (n = 92), and “practice as lead therapist” with 86.6% (n = 90). Frequencies and percentages for all perceived benefits can be found in Table 27. Other responses included “Ability to offer higher quality services and utilize strengths of music therapy in counseling practice.”

Participants were give three perceived drawbacks to dual master’s degrees in music therapy and counseling. Participants were more likely to disagree than to agree with any of the perceived drawbacks listed. The perceived drawback with the highest level of disagreement was “internship required” with 62.2% (n = 66) of the participants rating their level of agreement as either “Disagree” or “Strongly Disagree.” Followed by “longer course of study than typical music therapy master’s program” with 50.9% (n = 54) and “unclear professional identity” with 47.3% (n = 50). Frequencies and percentages for all perceived drawbacks can be found in Table 28. Other responses included “All programs are on campus . . . so not able to work at the same time.” and “not fully competent in either field of study/training.”
## Table 27

*Participants’ Perceptions of the Benefits of Dual Master’s Degrees in Music Therapy and Counseling*

<table>
<thead>
<tr>
<th>Perception</th>
<th>Level of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Eligibility for licensure as a professional counselor</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Expanded opportunities to work within mental health services</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Practice as lead therapist</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Services as a professional counselor are reimbursable by insurance</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Increased earning potential</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Expanded knowledge of music therapy theory</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Expanded knowledge of advanced music therapy techniques</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Qualification to teach undergraduate courses in music therapy</td>
<td>5 (4.8%)</td>
</tr>
<tr>
<td>Increased earning potential</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Professional identity as a music therapist is nurtured</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

*Note:* The number of participants who responded ranged from \( n = 104 \) to \( n = 106 \).
Table 28

Participants’ Perceptions of the Drawbacks of Dual Master’s Degrees in Music Therapy and Counseling

<table>
<thead>
<tr>
<th>Perception</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strong Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unclear professional identity</td>
<td>18 (17.0%)</td>
<td>32 (30.2%)</td>
<td>20 (18.9%)</td>
<td>28 (26.4%)</td>
<td>8 (7.5%)</td>
</tr>
<tr>
<td>Longer course of study than typical music therapy master’s program</td>
<td>19 (17.9%)</td>
<td>35 (33.0%)</td>
<td>19 (17.9%)</td>
<td>27 (25.5%)</td>
<td>6 (5.7%)</td>
</tr>
<tr>
<td>Internship required</td>
<td>28 (26.4%)</td>
<td>38 (35.8%)</td>
<td>20 (18.9%)</td>
<td>16 (15.1%)</td>
<td>4 (3.8%)</td>
</tr>
</tbody>
</table>

Note: n = 106

Table 29

Frequency and Percentage of Participants’ Use of Music Therapy Techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>Song Discussion</td>
<td>2(1.9%)</td>
</tr>
<tr>
<td>Improvisation</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Songwriting</td>
<td>8 (7.7%)</td>
</tr>
<tr>
<td>Listening to Music</td>
<td>3 (2.9%)</td>
</tr>
<tr>
<td>Music &amp; Imagery</td>
<td>14 (13.5%)</td>
</tr>
<tr>
<td>Singing</td>
<td>7 (6.7%)</td>
</tr>
<tr>
<td>Playing Instruments</td>
<td>6 (5.8%)</td>
</tr>
<tr>
<td>Moving to Music</td>
<td>14 (13.5%)</td>
</tr>
</tbody>
</table>

Note: A total of 85.6% (n = 104) of all participants responded.
Professional Practices

Music Therapy Techniques

Participants were given eight common music therapy techniques and asked to indicate the frequency at which they utilize the techniques within their professional practices. A short definition was provided with each technique (see Appendix B), and each was rated on a 7-point Likert-type scale, with scale descriptors ranging from “Never- 0% of the time” to “Always - 100% of the time.” Frequencies and percentages for each technique can be found in Table 29. To determine how many participants indicated they utilized each technique a majority of the time, frequencies and percentages were calculated for all participants who rated the technique as “Sometime, at least 50% of the time” or higher. For singing, 71.2% (n = 74) of participants said they utilize the technique at least 50% of the time or more, for playing instruments 67.3% (n = 70), for song discussion 62.5% (n = 65), for improvisation 60.6% (n = 63), for listening to music 59.6% (n = 62), for songwriting 48.1% (n = 50), for music and imagery 44.2% (n = 46), and for moving to music 43.3% (n = 45).

Participants with a master’s degree in music therapy were most likely to use the following three music therapy techniques at least 50% or more of the time: singing with 91.7% (n = 33), playing instruments with 86.1% (n = 31), and improvisation with 83.1% (n = 30). For participants with a master’s degree in counseling the most common techniques were listening to music with 57.1% (n = 28), and song discussion and singing 55.1% (n = 27). For dual degree holders, 78.9% (n = 15) use playing instruments 50% or more the time, 73.7% (n = 14) use singing, and 57.9% (n = 11) use song discussion, improvisation, music and imagery, and moving to music. The rest of the findings by degree type can be found in Table 30.
Table 30

Music Therapy Technique Use Fifty Percent of Time or More by Degree Type

<table>
<thead>
<tr>
<th>Technique</th>
<th>Music Therapy</th>
<th>Counseling</th>
<th>Dual Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Song Discussion</td>
<td>27 (75.0%)</td>
<td>27 (55.1%)</td>
<td>11 (57.9%)</td>
</tr>
<tr>
<td>Improvisation</td>
<td>30 (83.3%)</td>
<td>22 (44.9%)</td>
<td>11 (57.9%)</td>
</tr>
<tr>
<td>Songwriting</td>
<td>20 (55.6%)</td>
<td>20 (40.8%)</td>
<td>10 (52.6%)</td>
</tr>
<tr>
<td>Listening to Music</td>
<td>24 (66.7%)</td>
<td>28 (57.1%)</td>
<td>10 (52.6%)</td>
</tr>
<tr>
<td>Music &amp; Imagery</td>
<td>14 (38.9%)</td>
<td>21 (42.9%)</td>
<td>11 (57.9%)</td>
</tr>
<tr>
<td>Singing</td>
<td>33 (91.7%)</td>
<td>27 (55.1%)</td>
<td>14 (73.7%)</td>
</tr>
<tr>
<td>Playing Instruments</td>
<td>31 (86.1%)</td>
<td>24 (49.0%)</td>
<td>15 (78.9%)</td>
</tr>
<tr>
<td>Moving to Music</td>
<td>20 (55.6%)</td>
<td>14 (28.6%)</td>
<td>11 (57.9%)</td>
</tr>
</tbody>
</table>

Note: A total of 85.6% (n = 104) of all participants responded.

Verbal Processing Techniques

Participants were given thirteen common verbal processing techniques and asked to indicate the frequency at which they utilize the techniques within their professional practices. A short definition was provided with each technique, and each was rated on a 7-point Likert-type scale, with scale descriptors ranging from “Never” to “Always.”

Frequencies and percentages for all verbal techniques can be found in Table 31.

To determine how many participants indicated they utilized each technique a majority of the time, frequencies and percentages were calculated for participants who rated the technique as “Sometime, at least 50% of the time” or higher. For questions 78.9% (n = 97) said they utilize the technique at least 50% of the time or more, for reflection of meaning 76.4% (n = 94), for reflection of feeling 75.6% (n = 93), for paraphrasing and summarization 74% (n = 91), for interpretation 72.4% (n = 89), for feedback 67.5% (n = 83), for encouragers 63.4% (n = 78), for psychoeducation 60.2% (n = 74), for confrontation 54.5% (n = 67), for logical consequences 52% (n = 64), for role playing 34.3% (n = 35), and for self-disclosure 32.5% (n = 40).
Table 31

*Frequency and Percentage of Participants’ Use of Verbal Techniques*

<table>
<thead>
<tr>
<th>Technique</th>
<th>Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>Questions</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Feedback</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Paraphrasing</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Summarization</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Reflection of Meaning</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Reflection of Feeling</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Interpretation and Reframe</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Confrontation</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Self-disclosure</td>
<td>3 (2.9%)</td>
</tr>
<tr>
<td>Role Playing</td>
<td>15 (14.7%)</td>
</tr>
<tr>
<td>Encouragers</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Logical Consequences</td>
<td>2 (2.0%)</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>1 (1.0%)</td>
</tr>
</tbody>
</table>

*Note: A total of 81.3% (n = 100) of all participants responded*
Participants with a master’s degree in music therapy were most likely to use the following three verbal techniques at least 50% or more of the time: questions with 93.9% \((n = 31)\), reflection of meaning and feeling with 91.2% \((n = 31)\), and paraphrasing with 88.2% \((n = 30)\). For participants with a master’s degree in counseling the most common techniques were questions with 100% \((n = 48)\), reflection of meaning with 95.9% \((n = 47)\), and both summarization and reflection of feeling with 93.9% \((n = 46)\). For dual degree holders, 94.7% \((n = 18)\) use questions 50% or more the time, 89.5% \((n = 17)\) use paraphrasing, and 84.2% \((n = 16)\) use summarization, reflection of meaning and feeling, interpretation. The rest of the findings by degree type can be found in Table 32.

**Table 32**

*Verbal Technique Use Fifty Percent of Time or More by Degree Type*

<table>
<thead>
<tr>
<th>Technique</th>
<th>Music Therapy</th>
<th>Counseling</th>
<th>Dual Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>31 (93.9%)</td>
<td>48 (100%)</td>
<td>18 (94.7%)</td>
</tr>
<tr>
<td>Feedback</td>
<td>26 (76.5%)</td>
<td>43 (87.8%)</td>
<td>14 (73.7%)</td>
</tr>
<tr>
<td>Paraphrasing</td>
<td>30 (88.2%)</td>
<td>44 (89.8%)</td>
<td>17 (89.5%)</td>
</tr>
<tr>
<td>Summarization</td>
<td>29 (85.3%)</td>
<td>46 (93.9%)</td>
<td>16 (84.2%)</td>
</tr>
<tr>
<td>Reflection of Meaning</td>
<td>31 (91.2%)</td>
<td>47 (95.9%)</td>
<td>16 (84.2%)</td>
</tr>
<tr>
<td>Reflection of Feeling</td>
<td>31 (91.2%)</td>
<td>46 (93.9%)</td>
<td>16 (84.2%)</td>
</tr>
<tr>
<td>Interpretation and reframe</td>
<td>29 (85.3%)</td>
<td>44 (89.9%)</td>
<td>16 (84.2%)</td>
</tr>
<tr>
<td>Confrontation</td>
<td>20 (58.8%)</td>
<td>34 (69.4%)</td>
<td>13 (68.4%)</td>
</tr>
<tr>
<td>Self-disclosure</td>
<td>14 (41.2%)</td>
<td>21 (43.9%)</td>
<td>5 (26.3%)</td>
</tr>
<tr>
<td>Role playing</td>
<td>11 (30.4%)</td>
<td>20 (40.8%)</td>
<td>4 (21.1%)</td>
</tr>
<tr>
<td>Encouragers</td>
<td>26 (76.5%)</td>
<td>39 (79.6%)</td>
<td>13 (68.4%)</td>
</tr>
<tr>
<td>Logical Consequences</td>
<td>17 (50.0%)</td>
<td>34 (69.4%)</td>
<td>13 (68.4%)</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>20 (58.8%)</td>
<td>40 (81.6%)</td>
<td>14 (73.7%)</td>
</tr>
</tbody>
</table>

*Note: A total of 81.3% \((n = 100)\) of all participants responded*
CHAPTER V: CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

The purpose of this study was to describe the reasons music therapists pursue advanced education in counseling, the perceptions of different master’s degree options for music therapists, and the clinical practices of dual-trained music therapists as counselors. Board certified music therapists with a master’s degree or higher that emphasized professional counseling were invited to complete an online survey. The results presented in the previous chapter begin to fill the gap in the research literature about music therapists dually trained as professional counselors and will hopefully serve as a basis for further research. The following chapter outlines the conclusions based on the results presented and the implications for the music therapy profession. Limitations of the study and recommendations for future research will also be discussed.

Conclusions

Professional Identity

The conceptualization of professional identity by Healey and Hays (2011) guided the organization of the results on the different aspects that contribute to dual-trained music therapists as counselors overall professional identity. The following summary of results and conclusions on professional identity will be presented moving from the exterior of Healy and Hays’ visual representation of professional identity (see Image 1) and moving inward. Not all aspects depicted in Healy and Hays’ conceptualization were included in this study.

Based on the results, the gender of music therapists who are dual-trained is in line with the general population of music therapists. The percentage of participants in this study that
identified as female (87.5%) was almost identical to the percentage of music therapists that identified as female (87.6%) in the American Music Therapy Association (AMTA, 2013) annual workforce analysis.

![Diagram of Professional Identity]

Figure 2. Healey and Hays (2011) Conceptualization of Professional Identity.

As for entry-level education as a music therapist, those who are dual-trained are almost equally as likely to have completed an undergraduate degree or an equivalency program. However, participants with a master’s degree in counseling were most likely to have completed a music therapy undergraduate degree, and participants with either a master’s degree in music therapy or dual degrees were most likely to have completed a music therapy equivalency program combined with a master's degree program. The differences found between master’s
degree types are similar to the previously discussed findings of Wyatt and Furioso (2000), where the authors found baccalaureate-prepared music therapists sought music therapy master’s degree less often than those who had completed music therapy equivalency programs.

The finding that participants with a master’s degree in counseling reported practicing as a music therapists for the longest amount of time challenges Cohen and Behrens (2002) results that music therapists with the combination of a bachelor’s and master’s degrees in music therapy had more longevity in the field than music therapists who completed both an equivalency program and master’s degree in music therapy or master’s degrees in related fields. In this study, participants who completed a master’s degree in music therapy that qualified for state licensure as a professional counselor reported practicing less than half the time as participants with a master’s degree in counseling. It is important to note that this study did not compare the longevity in the field by music therapy entry-level education like Cohen and Behrens (2002) and that further research needs to be done that compares the longevity of music therapists by entry-level education and master’s degree type.

Dual-trained music therapists are more likely to pursue a master’s degree within five years of completing entry-level music therapy education. However, participants with a master’s degree in counseling tended to wait the longest. On a similar note, participants with a master’s degree in counseling were most likely to find their entry-level music therapy education as adequately preparing them to enter the field. Increased level of satisfaction with entry-level education may have led to more time in the field before returning to school and the decision to pursue a master’s degree in a related field. When comparing the responses of all participants regarding their level of preparation to the results found by Wyatt and Furioso (2000) on the same statement, little difference existed.
The most common population served by dual-trained music therapists was persons with mental health disorders. This finding is not surprising seeing as which the field of professional counseling is based within the mental health realm. As for common employment settings for dual-trained music therapists, private practice was the most frequently reported. It was also not surprising that dual-trained music therapist most often identify their theoretical orientation as humanistic/existential. The work of humanistic theorists such as Carl Rogers has had a major impact on the professional counseling field and has continued to play a large role in the academic training and professional practices of professional counselors (Palmo, Weikel, & Borsos, 2011).

Those who are dual-trained in music therapy and counseling are more likely to have collegiate teaching experience in music therapy over counseling, and similarly more likely to have experience supervising music therapy students and professionals than counseling ones. The engagement activity of attending state, regional, or national conferences was more likely to be done so in the music therapy realm than counseling. Music therapists who hold a master’s degree in professional counseling are least likely to attend music therapy conferences than those who have a master’s degree in music therapy or dual master’s degrees.

The results of how dual-trained music therapists professionally self-identify as either a music therapist or professional counselor are encouraging to the field of music therapy. Overall, dual-trained music therapists reported retaining their professional identity as a music therapist even after receiving advanced education that focused on professional counseling. However, the self-reported professional identity may come into question with the unexpected finding that not all participants indicated they currently held credentialing as a board certified music therapist (MT-BC).
The email list used to invite potential participants was acquired from the Certification Board for Music Therapists (CBMT) and was supposed to have only current MT-BC’s holding a master’s degree or higher. This discrepancy could be explained by the list not being up to date and including music therapists who chose not to recertify (H. Burket, personal communication March 29, 2015). Another potential reason was participants dropped out of the survey before reaching the credentialing question.

However, when taking a closer look at participants who did not indicate they were a MT-BC, results potentially point to professional identity. It is possible that some dual-trained music therapists hold both licensure as a professional counselor and are board certified, but only disclose their licensure as a professional counselor. Additionally, just as Ghetti (2011) found with dual-certified music therapists/child life specialists, dual train music therapists as counselors may also have issues related to “establishing, challenging, and modifying professional identity” (pg. 317) when trying to integrate both facets of their education, training and experience.

**Comparison of Verbal Versus Music Therapy Technique Use**

When looking at the frequencies and percentages of participants who use specific music therapy and counseling techniques 50% of the time or more, it becomes evident that participants reported utilizing verbal processing techniques more frequently than music therapy techniques in their professional practices. The top five verbal processing techniques received higher participant rating than the most frequently indicate music therapy techniques. In total 78.9% \((n = 97)\) reported using questioning a majority of the time, reflection of meaning with 76.4% \((n = 94)\), reflection of feeling with 75.6% \((n = 93)\), paraphrasing and summarization with 74% \((n = 91)\) each, and interpretation with 72.4% \((n = 89)\). Where singing, the top rated music therapy
technique, had only 71.2% \((n = 74)\) of participants indicate they used the technique a majority of the time.

The finding that verbal techniques are more commonly integrated into the professional practices of dual-trained music therapists over music therapy techniques is supported by the work of Sehr (2012) who found that majority of music therapists see verbal techniques as a part of their clinical practice. Additionally, the results support how Nolan (2005) outlined the need for music therapists to understand and integrate verbal techniques into their practice.

As for music therapy techniques, it was interesting to find that music therapists with a master’s degree in music therapy were most likely to implement active music therapy techniques, where those with a master’s degree in counseling tended to use more receptive techniques. These findings support the previously discussed research that counselors who incorporate music into their professional practices tend to use more receptive interventions (Bradley et al., 2008; Cheek, et al., 2003; Hendricks & Bradley, 2005; Sehr, 2011). However, participants with a master’s degree in counseling in this study are not typical counselors and have training in the use of both active and receptive music therapy techniques, so it would be expected that they would be more comfortable implementing active music techniques than colleagues who do not have extensive music training.

As previously stated, some of the most common verbal techniques used by music therapists have been found to be redirection, reinforcement, validation, questions, and humor (Sehr, 2012; Silverman, 2007). In this study, the top four verbal processing techniques were questions, reflection of meaning, paraphrasing, and summarization. It remains to be known whether the aforementioned studies provided short definitions for the different techniques as this
study included on the survey. The reason for adding definitions was to ensure all participants were speaking the same language.

**Master’s Degree Decisions**

In previous research that examined music therapists’ primary reasons for pursuing a master’s degree (Wyatt & Furioso, 2000), there was no delineation between factors leading to the pursuit of a master’s degree and factors guiding the choice of a specific program attended. In this study, the three most important factors for participants in pursuing a master’s degree were the desire for advanced clinical training and education, personal growth, and anticipated professional advancement. The two most important factors in participants’ decision to their specific master’s degree program were eligibility for licensure as a professional counselor and ability to expand knowledge of verbal processing techniques. The two least important factors were an online/distance-learning program and ability to complete an equivalency program concurrently with a master's degree.

These findings both support and contradict the primary reasons found by Wyatt and Furioso (2000) when looking at music therapists who pursue a master’s degree in music therapy. First, the number one choice found by Wyatt and Furioso (2000) was the ability to complete an equivalency program concurrently with a master's degree, but participants in this study reported this being one of the least important factors. In both studies, the desire for advanced clinical training and education and anticipated professional advancement were both in the top three reasons to pursue a master’s degree.

Eligibility for licensure as a professional counselor had the highest level of agreement regarding its importance in choosing a specific master’s degree program. For a master’s degree in music therapy, the two perceived drawbacks with the highest level of agreement were
continued difficulty seeking reimbursement for insurance for music therapy services” and “not eligible for licensure as a professional counselor.” Cassity (2007) and Silverman (2007) highlighted the concern of some music therapists about looking towards non-music therapy licensures as a means for insurance reimbursement.

The current push for state-level recognition of the music therapy profession reinforces the desire to preserve “the ability of music therapists to practice within their scope of practice without the need for ‘out of field’ licenses” (Cassity, 2007, p. 92). This study highlights one trend of music therapists looking to a related field for professional gains. The results are important because they inform the field of music therapy about the reasoning behind pursuit of such degrees and the impact on professional practices.

**Perceptions of Different Master’s Degrees**

Highly rated perceptions of the benefits and drawbacks of the three different degree types were intuitive. Expanding knowledge of advanced music therapy techniques and theory is difficult while completing a counseling master’s degree program. As for a master’s degree in music therapy, eligibility as professional counselor is not a natural outcome, and additional coursework is typically needed. Participants rated the perceived benefits of dual master’s degrees in music therapy and counseling more favorably than the two degrees separately. This finding suggests that dual-trained music therapists as counselors equally desire master’s-level education in both counseling and music therapy.

**Delimitation**

A delimitation of this study is that not all degree types that provide training in verbal processing (e.g., social work and psychology) were invited to participate or included in the statistical analysis. Verbal processing skills are not mutually exclusive to the field of professional
counseling. However, training in mental health fields outside of counseling vary to the degree at which verbal techniques are integrated in the coursework and training.

Another delimitation is the selection of a quantitative descriptive study methodology. The purpose of quantitative descriptive studies is to understand the broad characteristics and does not allow for inferential analysis and finding statistically difference between variables (Fraenkel & Wallen, 2014). The participant responses for this study were presented descriptively both as a whole and by degree type. An alternative methodology would have allowed for more comparisons of the different groups.

**Limitations**

The number of dual-trained music therapists as counselors who participated in this study could have been higher if such a database existed. Because there was no way to reach out to potential participants who qualified for the inclusion criteria, numerous music therapists who did not qualify had to be contacted as well. Participants were invited by email only. Potentially, the email provided was not accessed during the collection period or is no longer in use.

Beyond the two initial screening questions, participants were not required to answer all question on the survey in order to move forward or submit. As participants moved through the survey, some questions went unanswered. Participant dropout could also explain lower response rate in the latter half of the survey.

**Future Research**

It is important for the field of music therapy to better understand how different types of master’s degrees increase the likelihood of retention as a music therapist. Inferential studies looking at the longevity of music therapists with master’s degrees in related fields versus those
with master’s degrees in music therapy should be conducted. Results of such studies would inform what type of advanced knowledge music therapists need for a long and prosperous career.

Future research should also examine if the perceived level of preparation from entry-level music therapy education plays a role in the decision of when to obtain a master’s degree. In this study, music therapists with a master’s degree in counseling wanted the longest to return for a master’s degree. It is also important to understand if pursuing a master’s degree solely in a related field is related to perceived level of preparation.

Results of this study highlight the need for better understanding how music therapists see “out of field licensees” as a necessary means of expanding job opportunities and increasing the likelihood of insurance reimbursement. As the field of music therapy continues to make gains in state-level recognition with more licensure and registry bills being passed, it will be important for research on whether music therapy licensure fulfills the needs that music therapists find in licenses from other fields. A descriptive study on music therapists’ perceptions of licensure is needed.

In terms of training and use of verbal techniques by music therapist in their professional practices, more research is needed. It was surprising to find that participants reported implementing verbal techniques more frequently than music therapy techniques in their practices. Research should examine if music therapists are seeking more training on the implementation of verbal techniques or the integration of music therapy and verbal techniques in professional practice.

The professional identity of dual-trained music therapist as counselor should be research further. This study showed some contrary findings between how dual-trained music therapists self-reported their professional identity and the potential that dual-trained music therapists
disclose licensure as a professional counselor rather than certification as a music therapist. A future quantitative research study could examine how the professional identity of dual-trained music therapists as counselors evolves during a master’s program and throughout the career.

**Summary**

The overall goal of this thesis was to understand the educational decisions and professional lives of dual-trained music therapists as counselors. A descriptive approach allowed for the collection of a wide range of information that suggested dual-trained music therapists may struggle with the integration of two profession identities and utilize verbal processing techniques more frequently than music therapy ones. Future research needs to address the professional identity formation and struggle that dual-trained music therapists may experience. Also, the use and integration of verbal processing techniques by all music therapists warrants future study to better understand the training needs that some music therapists seek with a master’s degree in professional counseling.
REFERENCES


APPENDIX A

EXPERT PANEL REVIEW RECRUITMENT EMAIL
APPENDIX A

Expert Panel Review Recruitment Email

A Descriptive Study of the Educational Decisions and Professional Practices of Dual-Trained Music Therapists as Counselors

Name and Department of Investigators:
Emily Sevcik, MT-BC
M.S.Ed, Mental Health Counseling Student
Northern Illinois University

Charlie Myers, Ph.D., LCPC, NCC, NCSC, ACS, RPT-S
Associate Professor of Counseling
Northern Illinois University

January 14th, 2015

Dear Music Therapy Colleague,

You are being contacted for potential participation as an expert panel reviewer because you are currently a Board Certified-Music Therapist (MT-BC) and have a master’s degree or higher in professional counseling, a dual degree program in both counseling and music therapy, or a music therapy master’s program that satisfies the respective state requirements of licensure in creative arts therapy or mental health counseling. Participation in this study as an expert panel reviewer is completely voluntary. By completing the survey your consent is implied. It is estimated that completion of the online survey will take roughly 20-25 minutes and consists of multiple-choice and short answer questions. There will be opportunities for further comments, if you decide to share.

You are invited to participate in a survey about the education beliefs and professional practices of dual-trained music therapists as counselors. This study is being completed in partial fulfillment of a master’s degree in mental health counseling through Northern Illinois University. The purpose of this study is to gather information about the reasons music therapists pursue advanced education in counseling and to describe the professional practices of dual-trained music therapists as counselors.

You will benefit from completing the survey by potentially gaining new insights into your decision process to attain a master’s degree with a counseling focus and professional practices as a dual-trained music therapist as a counselor. There are no foreseeable risks. Your completion of the survey as an expert reviewer will help ensure validity of the survey tool. The field of music
therapy will benefit from your participation by the establishment of data about music therapists with advanced education in counseling. Currently, there are no existent research studies defining the beliefs that guide a music therapist’s decision to pursue an advanced degree in professional counseling. Also, the number and professional practices of dual-trained music therapists as counselors is unknown.

Responses to the survey will be kept confidential with no identifying information attached to your responses. If no major changes are made to the survey instrument, your responses will be used in the final statistical analysis. Your expert panel review responses will be used to assess the validity of the survey instrument. Once all completed responses are downloaded from the Qualtrics website, the raw data will not be distributed or shared with unnecessary professionals and will be stored on a password-protected computer. Final results of both the expert panel review and the main study will be written up in a master’s thesis and potentially presented at future conference poster sessions.

We request that responses be completed by **Friday, January 23rd, 2015.**

If you have any questions about the study, please contact Emily Sevcik at esevcik@niu.edu or Charlie Myers at cemyers@niu.edu. This study has been reviewed and approved by the IRB of Northern Illinois University. Thank you for your time and consideration.

Sincerely,
Emily Sevcik, MT-BC, M.S.Ed. Candidate-Counseling

Charlie Myers, Ph.D.,LCPC, RPT-S
APPENDIX B

EXPERT PANEL REVIEW SURVEY
Expert Panel Review Survey

Screening Questions to Ensure Participants Meet Inclusion Criteria

1. Do you have a master's degree that emphasized training as a professional counselor?
   a. Yes
   b. No
2. What type of master's degree program did you complete?
   a. Master’s degree in music therapy that satisfied state licensure laws as LPC/LMHC, creative arts therapist, etc.
   b. Master’s degree in mental health counseling
   c. Dual-degree master’s program in music therapy and counseling
   d. Master’s degree in music therapy that DID NOT satisfy state licensure laws as a LPC/LMHC, creative arts therapist, etc.
   e. Other
3. In your expert opinion, how likely will the above questions ensure music therapists with master's level education and training in counseling are directed to complete the survey?
   1- Extremely Unlikely
   2- Unlikely
   3- Neutral
   4- Likely
   5- Extremely Likely
4. Please use the following box to discuss any feedback on any changes or clarifications that need to be made to the screening questions.

Demographics

1. What is your current age?
2. Gender:
   a. Male
   b. Female
   c. Prefer not to identify
   d. Other
3. How did you acquire your entry-level education as a music therapist?
   a. Undergraduate degree in music therapy
   b. Music therapy equivalency program
4. How many years total have you practiced as a music therapist?
5. What is current level of education?
   a. Master's Degree
   b. Doctoral Degree
6. Type of Doctoral Degree:
7. How much time elapsed between completing entry-level educational requirements as a music therapist and returning for a graduate degree?
   a. I completed my master's program immediately after my undergraduate/equivalency program.
   b. I completed an equivalency program alongside a master’s degree.
   c. 1-3 Years
   d. 3-5 Years
   e. 5-10 Years
   f. 10+ Years
8. Which of the following licensees or credentials have you earned? (Select all that apply)
   a. Licensed Professional Counselor (e.g., LPC, LMHC)
   b. Licensed Marriage and Family Therapist (e.g., LMFT)
   c. Board Certified-Music Therapist (MT-BC)
   d. Licensed Psychologist
   e. National Certified Counselor (NCC)
   f. Creative Arts Therapist (e.g., LCAT)
   g. Other (Please Specify)
9. In which state do you primarily work?
10. In your expert opinion, how effectively do the above questions collect demographic information of participants?
    1- Extremely Ineffectively
    2- Ineffectively
    3- Somewhat Effectively
    4- Effectively
    5- Extremely Effectively
11. Please use the following box to discuss any feedback on any changes or clarifications that need to be made to the screening questions.

**Master’s Degree Decisional Factors**

12. Please rate the importance of the following statements on your decision to pursue a master’s degree.
    1 – Not at all important
    2 – Slightly important
    3 – Moderately important
    4 – Very important
    5 – Extremely important
   a. I desired advanced clinical training and education.
   b. I anticipated professional advancement.
   c. I sought eligibility for undergraduate teaching in music therapy.
   d. I had interest in learning research methods.
   e. I desire personal growth.
   f. I was experiencing burnout.
13. Please rate the importance of the following statement on your decision to pursue your specific degree program.

   1 – Not at all important
   2 – Slightly important
   3 – Moderately important
   4 – Very important
   5 – Extremely important

   a. I could complete an equivalency program concurrently with a master's degree
   b. I could expand my knowledge of research methods.
   c. I could expand my knowledge of verbal processing techniques.
   d. I could expand my knowledge of advanced music therapy techniques.
   e. I would receive training as both a music therapist and professional counselor.
   f. I would be eligible for licensure as a professional counselor.
   g. I would be eligible for licensure as a creative arts therapist.
   h. The location was close to home.
   i. The degree was an online/distance learning program.

14. Please rate your level of agreement on the following statements.

   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree

   a. My undergraduate education or equivalency program in music therapy adequately prepared me for a job in the field of music therapy.
   b. My decision to pursue a master’s degree was influenced by my perceived level of preparation from my undergraduate education or equivalency program in music therapy to enter the field of music therapy.

15. In your expert opinion, how effectively do the above questions collect information about decision to pursue a master's degree?

   1- Extremely Ineffectively
   2- Ineffectively
   3- Somewhat Effectively
   4- Effectively
   5- Extremely Effectively

16. Please use the following box to discuss any feedback on any changes or clarifications that need to be made to the screening questions.
Perceived Benefits and Drawbacks

17. Please rate your level of agreement on the following perceived benefits of a master’s degree in music therapy.
   
   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree

   a. Expanded knowledge of music therapy theory
   b. Expanded knowledge of advanced music therapy techniques
   c. Qualification to teach undergraduate courses in music therapy
   d. Increased earning potential
   e. Professional identity as a music therapist is nurtured
   f. Other

18. Please rate your level of agreement on the perceived drawbacks of a master’s degree in music therapy.

   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree

   a. Limited options for professional advancement within current position
   b. Continued difficulty seeking reimbursement from insurance for music therapy services
   c. Not eligible for licensure as a professional counselor or related profession
   d. Prospect of practicing as lead therapists is limited
   e. Do not expand knowledge outside music therapy realm
   f. Other

19. Please rate your level of agreement on the perceived benefits of a master’s degree in counseling.

   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree

   a. Eligibility for licensure as a professional counselor
   b. Expanded opportunities to work within mental health services
   c. Practice as lead therapist
   d. Services as a professional counselor are reimbursable by insurance
   e. Increased earning potential
   f. Other
20. Please rate your level of agreement on the perceived drawbacks of a master’s degree in counseling?
   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree
   a. Limited growth in knowledge of advanced music therapy techniques
   b. Limited growth in knowledge of music therapy theory
   c. Do not qualify to teach undergraduate music therapy courses
   d. Professional identity as a music therapist is not fostered
   e. Internship required
   f. Longer course of study than typical music therapy master’s program
   g. Other

21. Please rate your level of agreement on the perceived benefits of dual master’s degree in music therapy and counseling?
   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree
   a. Eligibility for licensure as a professional counselor
   b. Expanded opportunities to work within mental health services
   c. Practice as lead therapist
   d. Services as a professional counselor are reimbursable by insurance
   e. Increased earning potential
   f. Expanded knowledge of music therapy theory
   g. Expanded knowledge of advanced music therapy techniques
   h. Qualification to teach undergraduate courses in music therapy
   i. Increased earning potential
   j. Professional identity as a music therapist is nurtured
   k. Other

22. Please rate your level of agreement on the perceived drawbacks of dual master’s degree in music therapy and counseling?
   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree
   a. Unclear professional identity
   b. Longer course of study than typical music therapy master’s program
   c. Internship required
   d. Other
23. In your expert opinion, how effectively do the above questions collect participants' perception of different master's degree types?
   1- Extremely Ineffectively
   2- Ineffectively
   3- Somewhat Effectively
   4- Effectively
   5- Extremely Effectively

24. Please use the following box to discuss any feedback on any changes or clarifications that need to be made to the screening questions.

**Professional Identity and Practices**

25. What is your primary professional identity?
   a. Music therapist
   b. Professional counselor
   c. Music therapist who also has training as a counselor
   d. Counselor who also has training as a music therapist
   e. Other

26. Please rate your level of agreement on the following statement.
   1 – Strongly Disagree
   2 – Disagree
   3 – Neither Agree nor Disagree
   4 – Agree
   5 – Strongly Agree
   a. My identity as a music therapist was strengthened because of my graduate education.

27. Which of the following theoretical orientations do you ascribe to most in your practice?
   a. Psychodynamic
   b. Behavioral
   c. Cognitive
   d. Humanistic/existential
   e. Transpersonal
   f. Holistic
   g. Other

28. Do you annually attend music therapy conferences at the state, regional, or national level
   a. Yes
   b. No

29. Do you annually attend professional counseling conferences at the state, regional, or national level.
   a. Yes
   b. No
30. What is the primary population(s) you work with? [Select all that apply].
   a. Mental Health Disorders
   b. Developmental and Intellectual Disabilities
   c. School-aged
   d. Elderly/ Older Adults
   e. Medical/Surgical Patients
   f. Physical Disabilities
   g. Terminally Ill/ Palliative Care
   h. Neurological Rehabilitation
   i. College Students
   j. Early Childhood
   k. Behavioral Disorders
   l. Other

31. What is the primary setting you service the above population(s)? [Select all that apply.]
   a. School/ Pre-school
   b. Medical
   c. Hospice
   d. Private Practice
   e. Mental Health
   f. College/ University
   g. Geriatric (e.g., Nursing Home/ Assisted Living)
   h. Rehabilitation
   i. Community Based
   j. Other

32. Which of the following describe the supervision experience you have? (Check all that apply)
   a. Supervising Music Therapy Practicum Students
   b. Supervising Music Therapy Interns
   c. Supervising Board Certified-Music Therapists
   d. Supervising Master’s-level Counseling Practicum Students
   e. Supervising Master’s-level Counseling Interns
   f. Supervising Licensed Professional Counselors
   g. I do not have supervision experience.
   h. Other

33. Which of the following describe the collegiate teaching experience you have? (Check all that apply)
   a. Undergraduate Music Therapy Courses
   b. Master’s-level Music Therapy Courses
   c. Doctoral-level Music Therapy Courses
   d. Master’s-level Counseling Courses
   e. Doctoral-level Counseling Courses
   f. I do not have collegiate teaching experience.
   g. Other
34. In your expert opinion, how effectively do the above questions collect participants’ professional practices and identity as a dual-trained music therapist as a counselor?
   1- Extremely Ineffectively
   2- Ineffectively
   3- Somewhat Effectively
   4- Effectively
   5- Extremely Effectively

35. Please use the following box to discuss any feedback on any changes or clarifications that need to be made to the screening questions.

36. Please rate how often you utilize the following music techniques in your professional practice.
   1 – Never
   2 – Rarely, less than 10% of the time
   3 – Occasionally, in about 30% of the time
   4 – Sometimes, in about 50% of the time
   5 – Frequently, in about 70% of the time
   6 – Usually, in about 90% of the time
   7 – Always, 100% of the time

   a. Song discussion (A song that serves as a springboard for discussion of therapeutically relevant issues)
   b. Improvisation (Creation of music in the present moment)
   c. Song Writing (Creation of original lyrics, melody, or both)
   d. Listening to Music (Receptive listening to live or recorded music)
   e. Music and Imagery (Music listening to evoke and support visualization or inner experiences)
   f. Singing (Vocal music expression)
   g. Playing Instruments (Instrument play to support therapeutic goals)
   h. Moving to Music (Gross or Fine motor movement influenced by music stimulus)
37. Please rate how often you utilize the following verbal techniques in your professional practice:

1 – Never
2 – Rarely, less than 10% of the time
3 – Occasionally, in about 30% of the time
4 – Sometimes, in about 50% of the time
5 – Frequently, in about 70% of the time
6 – Usually, in about 90% of the time
7 – Always, 100% of the time

a. Questions (Opened/closed)
b. Feedback (Provide beliefs on how clients are thinking, feeling or behaving)
c. Paraphrasing (Shortened phrases that clarify)
d. Summarization (Summarize comments and integrate thoughts, emotions, and behaviors)
e. Reflection of meaning (Identify meaning, values, vision, or goals and feedback for clarification)
f. Reflection of feeling (Identify key emotions and feedback to clarify affective experience)
g. Interpretation/Reframe (Provide new meaning, perspective, or frame of reference)
h. Confrontation (Supportively challenge client)
i. Self-disclosure (Sharing personal life experiences, here-and-now observations and feelings, or opinions of the future)
j. Role Playing (Enactment)
k. Encouragers (Repeating key words or short statements)
l. Logical Consequences (Explore specific alternatives and the logical positive and negative concrete consequences)
m. Psychoeducation (Share specific information)

38. In your expert opinion, how effectively do the above questions collect information about participants’ use of verbal and music techniques in clinical practice?

1 - Extremely Ineffectively
2 - Ineffectively
3 - Somewhat Effectively
4 - Effectively
5 - Extremely Effectively

39. Please use the following box to discuss any feedback on any changes or clarifications that need to be made to the screening questions.
APPENDIX C

MAIN STUDY RECRUITMENT E-MAIL
Appendix C

Main Study Recruitment E-mail

A Descriptive Study of the Educational Decisions and Professional Practices of Dual-Trained Music Therapists as Counselors

Name and Department of Investigators:
Emily Sevcik, MT-BC
M.S.Ed, Mental Health Counseling Student
Northern Illinois University

Charlie Myers, Ph.D., LCPC, NCC, NCSC, ACS, RPT-S
Associate Professor of Counseling
Northern Illinois University

January 28, 2015

Dear Music Therapy Colleague,

You are invited to participate in a survey about the education beliefs and professional practices of dual-trained music therapists as counselors. This study is being completed in partial fulfillment of a master’s degree in mental health counseling through Northern Illinois University. The purpose of this study is to gather information about the reasons music therapists pursue advanced education in counseling and to describe the professional practices of dual-trained music therapists as counselors.

You are being contacted for potential participation because you are currently a Board Certified Music Therapist (MT-BC) and have a master’s degree or higher. Email addresses were obtained through the Certification Board for Music Therapists (CBMT) according to their privacy regulations. Additional criteria for participation includes the completion of an advanced degree in professional counseling, a dual degree program in both counseling and music therapy, or a music therapy master’s program that satisfies the respective state requirements of licensure in creative arts therapy or mental health counseling.

Participation in this study is completely voluntary. By completing the survey your consent is implied. It is estimated that completion of the online survey will take roughly 10-15 minutes and consists of multiple choice and short answer. There will be opportunities for further comments, if you decide to share.

You will benefit from completing the survey by potentially gaining new insights into you decision process to attain a master’s degree with a counseling focus and professional practices as
a dual-trained music therapist as a counselor. There are no foreseeable risks. The field of music therapy will benefit from your participation by the establishment of data about music therapists with advanced education in counseling. Currently, there are no existent research studies defining the beliefs that guide a music therapist’s decision to pursue an advanced degree in professional counseling. Also, the number and professional practices of dual-trained music therapists as counselors is unknown.

Responses to the survey will be kept confidential with no identifying information attached to your responses. Once completed responses are downloaded from the Qualtrics website, the raw data will not be distributed or shared with unnecessary professionals and will be stored on a password protected computer. Final results of the study will be written up in a master’s thesis and potentially presented at future conference poster sessions.

We request that responses be completed by **March 1st 2015**. Throughout the data collection window, two additional reminder emails will be sent out to all potential participants, even if you have already participated in the study. If you have already completed the survey, please ignore subsequent emails.

If you have any questions about the study, please contact Emily Sevcik at esevcik@niu.edu or Charlie Myers at cemyers@niu.edu. This study has been reviewed and approved by the IRB of Northern Illinois University. Thank you for your time and consideration.

Sincerely,

Emily Sevcik, MT-BC, M.S.Ed. Candidate- Counseling
Charlie Myers, Ph.D., LCPC, NCC, NCSC, ACS, RPT-S
APPENDIX D

MAIN STUDY SURVEY
Appendix D

Main Study Survey

Do you have a master's degree that emphasized training as a professional counselor?
- Yes
- No

What type of master's degree program did you complete?
- Master’s degree in music therapy that satisfied state licensure laws as a professional counselor (e.g. LCPC/LMHC, creative arts therapist, etc.)
- Master’s degree in professional counseling that satisfied state licensure laws as a professional counselor (e.g. LCPC/LMHC, creative arts therapist, etc.)
- Dual-degree master’s program in music therapy and counseling that satisfied state licensure laws as a professional counselor (e.g. LCPC/LMHC, creative arts therapist, etc.)
- Master’s degree in music therapy that DID NOT satisfy state licensure laws as a professional counselor (e.g. LCPC/LMHC, creative arts therapist, etc.)
- Other ____________________

What is your current age?

Gender
- Male
- Female
- Prefer not to identify
- Other ____________________

How did you acquire your entry-level education to become a board certified music therapist?
- Undergraduate degree in music therapy
- Music therapy equivalency program combined with a master's program
- Music therapy equivalency program NOT combined with a master's program

How many years have you been practicing as a music therapist?

What is current level of education?
- Master's Degree
- Doctoral Degree

If you have a doctoral degree, what type of doctoral program did you complete?
How much time elapsed between completing entry-level educational requirements as a board certified music therapist and returning for a graduate degree?

- I completed my master's program immediately after my undergraduate/equivalency program.
- 1-3 Years
- 3-5 Years
- 5-10 Years
- 10+ Years

Which of the following credentials have you earned? (Select all that apply)

- Licensed Professional Counselor (e.g., LCPC, LMHC)
- Licensed Marriage and Family Therapist (e.g., LMFT)
- Board Certified Music Therapist (MT-BC)
- Licensed Psychologist
- National Certified Counselor (NCC)
- Creative Arts Therapist (e.g., LCAT)
- Other (Please Specify) ____________________

In which state do you primarily work?

What is your primary professional identity?

- Music Therapist
- Professional Counselor
- Music therapist who also has training as a counselor
- Counselor who also has training as a music therapist
- Other ____________________

My identity as a music therapist was strengthened because of my graduate education.

- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree
Which of the following theoretical orientations do you ascribe to most in your practice?

- Psychodynamic
- Behavioral
- Cognitive
- Humanistic/existential
- Transpersonal
- Holistic
- Other ____________________

Do you annually attend music therapy conferences at the state, regional, or national level?

- Yes
- No

Do you annually attend professional counseling conferences at the state, regional, or national level?

- Yes
- No

What is the primary population(s) you work with? [Select all that apply.]

- Mental Health Disorders
- Developmental and Intellectual Disabilities
- School-aged
- Elderly/Older Adults
- Medical/Surgical Patients
- Physical Disabilities
- Terminally Ill/Palliative Care
- Neurological Rehabilitation
- College Students
- Early Childhood
- Behavioral Disorders
- Other ____________________
What is the primary setting you service the above population(s)? [Select all that apply.]
- School/Pre-school
- Medical
- Hospice
- Private Practice
- Mental Health
- College/University
- Geriatric (e.g. Nursing Home/Assisted Living)
- Rehabilitation
- Community Based
- Other ____________________

Which of the following describe the supervision experience you have? (Check all that apply)
- Supervising Music Therapy Practicum Students
- Supervising Music Therapy Interns
- Supervising Board-Certified Music Therapists
- Supervising Master's-level Counseling Practicum Students
- Supervising Master's-level Counseling Interns
- Supervising Licensed Professional Counselors
- Other ____________________

Which of the following describe the collegiate teaching experience you have? (Check all that apply)
- Undergraduate Music Therapy Courses
- Master's-level Music Therapy Courses
- Doctoral-level Music Therapy Courses
- Master's-level Counseling Courses
- Doctoral-level Counseling Courses
- Other ____________________
Please rate the importance of the following statements on your decision to pursue a master’s degree.

1- Not at all important
2- Slightly important
3- Moderately important
4- Very important
5- Extremely important

- I desired advanced clinical training and education.
- I anticipated professional advancement.
- I sought eligibility for undergraduate teaching in music therapy.
- I had interest in learning research methods.
- I desire personal growth.
- I was experiencing burnout.
- Other

Please rate the importance of the following statement on your decision to pursue your specific master's degree program.

1- Not at all important
2- Slightly important
3- Moderately important
4- Very important
5- Extremely important

- I could complete an equivalency program concurrently with a master's degree
- I could expand my knowledge of research methods.
- I could expand my knowledge of verbal processing techniques.
- I could expand my knowledge of advanced music therapy techniques.
- I would receive training as both a music therapist and professional counselor.
- I would be eligible for licensure as a professional counselor.
- I would be eligible for licensure as a creative arts therapist.
- The location was close to home.
- The degree was an online/distance learning program.
- Other
Please rate your level of agreement on the following statements.

1- Strongly Disagree
2- Disagree
3- Neither Agree nor Disagree
4- Agree
5- Strongly Agree

- My undergraduate education or equivalency program in music therapy adequately prepared me for a job in the field of music therapy.
- My decision to pursue a master’s degree was influenced by my perceived level of preparation from my undergraduate education or equivalency program in music therapy to enter the field of music therapy.

In the following section, you are asked to rate the perceived benefits and drawbacks of three different master's degree options for music therapists. No matter what your educational decision was, you are asked to consider all the following three options: master's degree in music therapy, master's degree in counseling, and a dual master's degree in music therapy and counseling.

Please rate your level of agreement on the following perceived benefits of a master’s degree in music therapy.

1- Strongly Disagree
2- Disagree
3- Neither Agree nor Disagree
4- Agree
5- Strongly Agree

- Expanded knowledge of music therapy theory
- Expanded knowledge of advanced music therapy techniques
- Qualification to teach undergraduate courses in music therapy
- Increased earning potential
- Professional identity as a music therapist is nurtured
- Other
Please rate your level of agreement on the perceived drawbacks of a master’s degree in music therapy.

1- Strongly Disagree  
2- Disagree  
3- Neither Agree nor Disagree  
4- Agree  
5- Strongly Agree

- Limited options for professional advancement within current position  
- Continued difficulty seeking reimbursement from insurance for music therapy services  
- Not eligible for licensure as a professional counselor or related profession  
- Prospect of practicing as lead therapists is limited  
- Do not expand knowledge outside music therapy realm  
- Other

Please rate your level of agreement on the perceived benefits of a master’s degree in counseling.

1- Strongly Disagree  
2- Disagree  
3- Neither Agree nor Disagree  
4- Agree  
5- Strongly Agree

- Eligibility for licensure as a professional counselor  
- Expanded opportunities to work within mental health services  
- Practice as lead therapist  
- Services as a professional counselor are reimbursable by insurance  
- Increased earning potential  
- Other
Please rate your level of agreement on the perceived drawbacks of a master’s degree in counseling?

1- Strongly Disagree
2- Disagree
3- Neither Agree nor Disagree
4- Agree
5- Strongly Agree

- Limited growth in knowledge of advanced music therapy techniques
- Limited growth in knowledge of music therapy theory
- Do not qualify to teach undergraduate music therapy courses
- Professional identity as a music therapist is not fostered
- Internship required
- Longer course of study than typical music therapy master’s program
- Other

Please rate your level of agreement on the perceived benefits of dual master’s degree in music therapy and counseling?

1- Strongly Disagree
2- Disagree
3- Neither Agree nor Disagree
4- Agree
5- Strongly Agree

- Eligibility for licensure as a professional counselor
- Expanded opportunities to work within mental health services
- Practice as lead therapist
- Services as a professional counselor are reimbursable by insurance
- Increased earning potential
- Expanded knowledge of music therapy theory
- Expanded knowledge of advanced music therapy techniques
- Qualification to teach undergraduate courses in music therapy
- Increased earning potential
- Professional identity as a music therapist is nurtured
- Other
Please rate your level of agreement on the perceived drawbacks of dual master’s degree in music therapy and counseling?

1- Strongly Disagree
2- Disagree
3- Neither Agree nor Disagree
4- Agree
5- Strongly Agree

- Unclear professional identity
- Longer course of study than typical music therapy master’s program
- Internship required
- Other

Please rate how often you utilize the following music techniques in your professional practice.

1- Never
2- Rarely, less than 10% of the time
3- Occasionally, in about 30% of the time
4- Sometimes, in about 50% of the time
5- Frequently, in about 70% of the time
6- Usually, in about 90% of the time
7- Always, 100% of the time

- Song discussion (A song that serves as a springboard for discussion of therapeutically relevant issues)
- Improvisation (Creation of music in the present moment)
- Song Writing (Creation of original lyrics, melody, or both)
- Listening to Music (Receptive listening to live or recorded music)
- Music and Imagery (Music listening to evoke and support visualization or inner experiences)
- Singing (Vocal music expression)
- Playing Instruments (Instrument play to support therapeutic goals)
- Moving to Music (Gross or Fine motor movement influenced by music stimulus)
Please rate how often you utilize the following verbal techniques in your professional practice:

1- Never
2- Rarely, less than 10% of the time
3- Occasionally, in about 30% of the time
4- Sometimes, in about 50% of the time
5- Frequently, in about 70% of the time
6- Usually, in about 90% of the time
7- Always, 100% of the time

- Questions (Opened/closed)
- Feedback (Provide beliefs on how clients are thinking, feeling or behaving)
- Paraphrasing (Shortened phrases that clarify)
- Summarization (Summarize comments and integrate thoughts, emotions, and behaviors)
- Reflection of meaning (Identify meaning, values, vision, or goals and feedback for clarification)
- Reflection of feeling (Identify key emotions and feedback to clarify affective experience)
- Interpretation/Reframe (Provide new meaning, perspective, or frame of reference)
- Confrontation (Supportively challenge client)
- Self-disclosure (Sharing personal life experiences, here-and-now observations and feelings, or opinions of the future)
- Role Playing (Enactment)
- Encouragers (Repeating key words or short statements)
- Logical Consequences (Explore specific alternatives and the logical positive and negative concrete consequences)
- Psychoeducation (Share specific information)