

Perception of Music Therapy Among Peer Professionals  
in a Continuing Care Retirement Community

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## **Abstract**

The purpose of this phenomenological study was to explore the perception of music therapy by peer professionals in a continuing care retirement community (CCRC) due to a lack of literature in this area. Research shows that client outcomes could be positively affected if healthy collaboration exists between music therapy and peer professionals (Choi, 1997; Darsie, 2009; Hobson, 2006a; Kim, 2009; Kong & Karahalios, 2016; Lee, Davidson, & McFerran, 2016; McCarthy, Geist, Zojwala, & Schock, 2008). The researcher conducted a study at a CCRC incorporating semi-structured interviews. Potential participants included occupational therapists and assistants, physical therapists and assistants, speech-language pathologists, nurses, and nurse practitioners. Semi-structured interviews took place with two participants. Commonalities between the two participants included: the content of the responses related to work and life experiences; awareness of the presence of the researcher; and a desire to respond to the researcher with helpful information. Conclusions of this study indicate that music therapy perception was positive. Recommendations for continued research include the perception of music therapy among peer professionals with a larger sample size, exploring collaboration among interdisciplinary team participation by music therapists, and a determined process for referrals to music therapy. This research acts as a springboard for more studies to promote a positive future for the occupation of music therapy.

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## Introduction

By 2030, 72 million people in the United States will be 65 years or older (Andrews, 2018; Boissonnault, 2012; Wienclaw, 2013). Because this includes almost one in five Americans, an increase in the number of persons who will need healthcare is anticipated. Continuing care retirement communities (CCRC) started forming in the 1990s and by 2001, nearly 2000 facilities were established in the United States (Andrews, 2018). The need for effective therapies for older adults such as physical therapy, occupational therapy, speech-language pathology, and music therapy are also high due to the growth in numbers of persons over 65 in America (Chan, 2014; Chu et al., 2013; Eells, 2014; Keough, King, & Lemmerman, 2017; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Wienclaw, 2013).

Music therapy is an example of an effective, evidence-based therapy that promotes skills in many domains, including positive coping mechanisms (Aigen, 2014; Keough, King, & Lemmerman, 2017). Researchers have found that music therapy improves patient satisfaction, emotional support, reduces pain, and improves family functioning (Hilliard, 2004; Kong & Karahalios, 2016; Mandel, Davis, & Secic, 2014; Yinger & Standley, 2011) but may sometimes be misperceived, affecting client outcomes and the work environment. This may result in creating a need for music therapists to feel as if they should advocate for their profession (Borczone, 2017; Darsie, 2009; Karras, 2012; Kern & Tague, 2017; Khan, Mohamad, O'Neill, & Moss, 2016; Kim, 2009; Kunimura, 2015; Strauss, van Heerden, & Joubert, 2016; Sung, Chang, & Abbey, 2008; Weller & Baker, 2011).

Music therapy perceptions are formed by peer professionals, clients, and their families (Choi, 1997; Darsie, 2009; Hobson, 2006a; Kim, 2009; Kong & Karahalios, 2016; Lee, Davidson, & McFerran, 2016; McCarthy, Geist, Zojwala, & Schock, 2008). Certain elements

that are essential to positive client outcomes are collaborating, serving on a professional team, and the education required for practicing (Choi, 1997; Darsie, 2009; Hobson, 2006b; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016). Therefore, music therapists should be cognizant of the affect that perception, healthy collaboration, and clearly defined job roles (via interdisciplinary teams) have on client and family outcomes (Choi, 1997; Darsie, 2009).

Various studies have been conducted to provide enlightenment about the perception of music therapy by clients and families (Choi, 1997; Darsie, 2009; Hilliard, 2004; Hobson, 2006a; Kim, 2009; Kong & Karahalios, 2016; Lee, Davidson, & McFerran, 2016; McCarthy, Geist, Zojwala, & Schock, 2008). However, a gap in evidence exists of how music therapy is perceived by peer professions such as physical therapists, occupational therapists, speech-language pathologists, nurses, and nurse practitioners.

### **Research Question**

What is the perception of music therapy by peer professionals such as nurses, nurse practitioners, physical therapists and assistants, occupational therapists and assistants, and speech-language pathologists in a continuing care retirement community?

### **Definitions**

In this study, *music therapy* is defined as a process wherein a credentialed music therapist helps a client to optimize their health by using music experiences (Bruscia, 2014). Music therapy is based on the relationship between client/therapist, client/music, and therapist/music (Ruud, 2010). Choi, Lee, and Lee (2007) define music therapy as the use of the influence of music on a human being ameliorating areas of physiological, psychological, and emotional illness or disease.

A *continuing care retirement community* is a facility that typically houses adults (age 65 and older) beginning with independent living and then stretching into the healthcare areas consisting of assisted living, skilled nursing, memory care, palliative care, and end of life care (Andrews, 2018). *Healthcare* is defined by Merriam-Webster (2018) as “efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals” (para. 1).

*Perception* is defined by Merriam-Webster (2018) as an awareness of elements obtained through the senses or an acute, cognitive awareness of things. It is believed that attitudes, experiences, and beliefs affect perception (Aronson, 1992). *Misperception* is a false or inaccurate perception (Merriam-Webster, 2018).

*Peer professions* discussed herein are physical therapy and physical therapy assistants, occupational therapy and occupational therapy assistants, speech-language pathology, nursing, and nurse practitioner. The latter two manage medical aspects of a person’s well-being (Merriam-Webster, 2018). Physical therapy implements interventions that propel advancement of the body’s physical health (Boissonnault, 2011). Occupational therapy employs self-care activities such as meal preparation and hygiene that foster the ability to complete daily routines with success (AOTA, 2018c). Speech-language pathology encompasses enhancing skills of swallowing and speaking. All of these therapies promote independence and self-reliance (ASHA, 2018b).

### **Limitations**

A considerable limitation in this study is that it took place in one continuing care retirement community in the Southeastern United States, limiting geographical variety. The sample size was small (two participants). Potentially in an interview setting, interviewees may

be biased by the presence of the researcher, and the information is filtered through the views of the interviewee. In addition, not all persons are equally articulate of perceptions and thoughts (Creswell, 2018).

### **Purpose Statement**

Literature and clarity regarding the perception of music therapy by peer professions in healthcare facilities is lacking. In a continuing care retirement community, many professionals work with the same client(s), and healthy collaboration is lacking (Choi, 1997; Darsie, 2009; Hobson, 2006a; Kim, 2009; Kong & Karahalios, 2016; Lee, Davidson, & McFerran, 2016; McCarthy, Geist, Zojwala, & Schock, 2008). Further research is recommended with the intent of ameliorating obstacles to provide positive outcomes for clients and families. The purpose of this study is to determine the perception of music therapy in a continuing care retirement community among these peer professionals: physical therapists/assistants, occupational therapists/assistants, speech-language pathologists, nurses, and nurse practitioners. This will inform music therapists of misperceptions or deficits in the understanding of music therapy, promote better working relationships with peer professionals, and enhance client and family outcomes with peer professionals.

## Literature Review

### Continuing Care Retirement Community

Because 72 million people in the United States will be over 65 in the year 2030, the demand for healthcare and continuing care retirement communities is increasing (Andrews, 2018; Boissonnault, 2012; Wienclaw, 2013). Continuing care retirement communities provide, on one campus, the amount of care needed for older adults beginning with independent living and progressing to assisted living, skilled nursing, memory care, palliative, and end of life care. Long term placements such as this can provide medical services including medication dispersion, nursing care, and effective therapies such as physical, occupational, speech-pathology, and music (Andrews, 2018; Chan, 2014; Chu et al., 2013; Eells, 2014; Keough, King, & Lemmerman, 2017; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Wienclaw, 2013).

Some of the major issues that people over 65 deal with who need health and therapeutic care are dementia (Chu et al., 2013; Eells, 2014; Karras, 2012; Keough, King, & Lemmerman, 2017; Khan, Mohamad, O'Neill, & Moss, 2016; Sung, Chang, & Abbey, 2008), social skills (Keough, King, & Lemmerman, 2017; Kong & Karahalios, 2016; Ruud, 2010; Strauss, van Heerden, & Joubert, 2016), and mental and physical rehabilitation (AMTA, 2015b; APTA, 2018b; Eells, 2014; Karras, 2012; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Weller & Baker, 2011). In addition, depression (Bradt, 2013; Chu et al., 2013; Gallagher, Lagman, Bates, Edsall, Eden, Janaitis, ... & Gallagher, 2017; Keough, King, & Lemmerman, 2017; Ruud, 2010; Strauss, van Heerden, & Joubert, 2016) and anxiety for clients in a CCRC are areas that are ameliorated by therapeutic professions (Cardoso, Salgueiro, Mota, & Príncipe, 2017; Chu et al., 2013; Eells, 2014; Gallagher et al., 2017; Karras, 2012; Keough, King, & Lemmerman, 2017; Liu & Petrini, 2015; Strauss, van Heerden, & Joubert, 2016).

Persons who seek healthcare may contend with mental, physical and rehabilitation needs (AMTA, 2015b; APTA, 2018b; Eells, 2014; Karras, 2012; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Weller & Baker, 2011). These needs require exertion from the client in cognitive, emotional and physical domains. Approximately five million people in the United States are living with dementia and by 2050 that number will double, causing an increased need for care for older adults (Chu et al., 2013). Thus, healthcare dollars are more closely watched, meaning that professionals such as music therapists must define their role in gerontological medicine and long-term care (Keough, King, & Lemmerman, 2017). Whether due to brain injury, a fall, stroke, dementia, or other health reasons, the demand for specialized treatments such as physical therapy, occupational therapy, speech-language pathology, and/or music therapy is high (Bruscia, 2013; Chan, 2014; Chu et al., 2013; Eells, 2014; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Weller & Baker, 2011; Wienclaw, 2013).

### **Music Therapy**

Researchers have found that evidence-based therapies have positive outcomes and are successful with a plethora of populations with various needs (AMTA, 2015b; Bruscia, 2013; Choi, Lee, & Lim, 2008; Kern & Tague, 2017; Ruud, 2010; Silverman, 2008; Treleaven, 2010). Music therapy is an example of an evidence-based therapy that promotes social skills, motor skills, emotional expression, communication skills, orientation to reality, and positive coping mechanisms (Aigen, 2014; Keough, King, & Lemmerman, 2017). Music therapy reaches into realms of spiritual, emotional, physical, psychological and cognitive functioning (AMTA, 2015b; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Kong & Karahalios, 2016).

Since the inception of the profession of music therapy in 1944, music therapy has been difficult to define (Aigen, 2014). Elements such as sound, timbre, tempo, and dynamics make

music complicated, yet it remains an effective means to conquer non-musical goals. Before NAMT (National Association for Music Therapy) was formed in 1950, most music therapists served in hospitals as part-time employees and lacked professional status (Kern & Tague, 2017). According to Bruscia (2013) music therapy has dramatically progressed in the past two decades involving many approaches with various populations. The aim of music therapy is to meet the needs of clients in the most effective way possible, and music therapists have a genuine interest in helping persons empower themselves (Aigen, 2005; AMTA, 2014; Borczon, 2017).

Music therapy pioneers recognized the need for formal training to establish a more recognized profession in music therapy (Kern & Tague, 2017). A music therapist can practice with a bachelor's degree which includes education from an accredited school, clinical placements with at least three different populations, and a six month internship (AMTA, 2015). AMTA (American Music Therapy Association) is the organization that provides support, education, and information to American music therapists (AMTA, 2015a). It is recommended that music therapists attend conferences, collaborate with peer professionals, have professional music therapy supervision, and participate in continuing education for support, continued growth, and increased self-awareness (AMTA, 2015a; Clements-Cortes, 2013; Darsie, 2009; Hesser, 2001; Hobson, 2006b). After passing the designated examination and coursework to identify music therapists who have demonstrated the knowledge, skills, and abilities necessary to practice music therapy, board certification is awarded by the Certification Board for Music Therapists (CBMT) (CBMT, 2011a; Kern & Tague, 2017; Moore, 2015).

The Certification Board for Music Therapists (2011b) addresses the protection of the title of music therapists and the desire to uphold the integrity for those practicing by encouraging

music therapists to become board certified and requires continuing education. State recognition via licensure or registry could increase awareness of music therapy availability and make it more accessible. In addition, it may protect clients and their families from being harmed by a practicing music therapist who may not be board certified. CBMT (2011b) states that

official state recognition is the first step towards successful inclusion within health and education regulations, which allows improved access to employment opportunities and increased access to reimbursement and state funding streams, such as private insurance, Medicaid waivers and special education. (para. 1)

Music therapy licensure is offered in nine out of 50 states (AMTA, 2018). In 2016, reimbursements for music therapy services by a third party or government was at 31%, up 1% from the previous year (AMTA, 2017). These statistics are collected from AMTA members. Further research and advocacy are recommended to make licensure more readily available for music therapists (Sevcik, Jones, & Myers, 2017).

Music therapists are expected to demonstrate professional competencies such as practicing in an ethical manner and have cultural awareness (AMTA, 2015c; Dyga & Stupak, 2015; Treleaven, 2010). For example, clients with dementia from different cultures may have a certain type of preferred music, and if not used, unknown music may cause increased agitation (Gerdner, 2015). Music therapists, as professionals, have an obligation to society and to each other to service clients to the best of their ability (Kenny, 1998).

The role of a music therapist is to complete referrals, determine acceptance, assess, devise treatment plans, document, and terminate services if applicable (AMTA, 2015b). Music therapists may or may not be part of an interdisciplinary team. Ledger, Edwards & Morley (2013) found that music therapy is a relatively new healthcare discipline and that most music

therapists have to explain and advocate the effectiveness of their occupation. Many cases ensue where a music therapist is hired as temporary, part-time or contractual employee, and the therapist does not serve on a multidisciplinary team because of limited hours and therefore is not included in the treatment planning. This may lead to some music therapists experiencing isolation, role ambiguity, and competition with other professionals in the area of care (Edwards, 2005; Ledger, Edwards, & Morley, 2013; Loewy, 2001; Miles, 2007; O'Neill, & Pavlicevic, 2003). If needed, seeking supervision from music therapists as well as other professionals such as psychologists, psychiatrists, social workers, creative art therapists, physical therapists, occupational therapists, speech-language pathologists, physicians, and nurses may be necessary to maintain a professional role (AMTA, 2015b).

In many ways, music therapy can be involved in the lives of clients and their families. Persons with dementia can experience improved cognitive function (Chu et al., 2013; Gallagher et al., 2017). Musical creations using body, voice, and instruments spurs creativity, improves respiratory and speech functioning, and enhances communication and self-expression (Baker & Stretton-Smith, 2018; Hanson-Abromeit & Colwell, 2008). Singing and playing pre-composed music is effective with aphasia. Composing vocal and/or instrumental music encourages self-expression which raises self-esteem and promotes emotional expression. In addition, music therapy provides emotional support, encourages movement and relaxation, and enhances memory skills (Cardoso, Salgueiro, Mota, & Príncipe, 2017; Gallagher, Lagman, Bates, Edsall, Eden, Janaitis, ... & Gallagher, 2017; Liu & Petrini, 2015; Medcalf, 2017).

## **Peer Professions**

Many music therapists interact with numerous peer professions on a daily basis (Choi, 1997; Darsie, 2009; Hobson, 2006a). Some of those professions include speech-language pathology, occupational therapy, nursing personnel, and physical therapy.

**Physical therapy.** A physical therapist is an “autonomous practitioner of choice for patients with neuro-musculoskeletal conditions (NMSCs), across a spectrum of well-being from prevention and health promotion to examination and intervention for individuals with functional limitations and disability” (Boissonnault, 2011, p. 1). Physical therapists receive a graduate degree from an accredited program and then take the national licensure examination in order to practice. According to the APTA (American Physical Therapy Association) (2018c), requirements have been updated for any physical therapist who enters training after 2017 to earn a Doctor of Physical Therapy (DPT) degree. A physical therapy assistant (PTA) obtains an associate degree and performs similar duties while working under the supervision of a licensed physical therapist and measures change in the patient (APTA, 2018d). Physical therapists and physical therapy assistants must be licensed in all 50 states (APTA, 2018a; APTA, 2018b) and physical therapy treatment was defined as part of the Social Security Act of 1967 and receives reimbursement in all 50 states (Register & Simpson, 2018). Physical therapy provides for persons having activity limitations based on conditions of the musculoskeletal, neuromuscular, cardiovascular, and/or pulmonary systems and their performance. Physical therapists are a vital part of preventative, risk-reduction and rehabilitative care, whose focus is on function rather than disease (APTA, 2018b; APTA, 2018c).

**Occupational therapy.** Occupational therapy (OT) helps persons recover from illness or injury improving function and developing skills to be successful in their environments,

promoting independence and self-care (AOTA, 2018c). Some examples are meal preparation, paying bills, utilizing communication devices, and activities of daily living (ADL) such as brushing teeth and bathing. Occupational therapists must have a master's degree to practice, and occupational therapy assistants (OTA) an associate degree. Licensure is required in all 50 states (AOTA, 2018a; AOTA, 2018b; AOTA, 2018c).

**Speech-language pathology.** Speech-language pathology (SLP) requires a graduate degree, certification examination (ASHA, 2018a), and practice is licensed in all 50 states (ASHA, 2018b). Speech-language pathology addresses the areas of communication and swallowing, optimizing skills to improve a client's quality of life. Communication may include speaking and fluency, language, cognition, voice, resonance, and hearing. Swallowing includes all aspects of swallowing and related feeding behaviors (ASHA, 2018b).

**Nursing.** According to Merriam-Webster (2018), one definition of *nurse* is a “licensed health-care professional who practices independently or is supervised by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health” (para. 3). Education varies from the different levels that may be achieved such as registered nurse or licensed practical nurse (ANA, n.d.). Licensures vary from state to state.

A *nurse practitioner* is a “registered nurse who is qualified through advanced training to assume some of the duties and responsibilities formerly assumed only by a physician” (Merriam-Webster, 2018, para. 1). The nurse practitioner profession developed due to the inability of people to find quality primary healthcare, especially those from poor or rural areas, with chronic illnesses, or without healthcare insurance (Sullivan-Marx, 2010).

## **Occupational Requirements**

The above-mentioned occupations have competencies listed in their scope of practice to meet ethical and multicultural standards, and are evidence-based practices (AMTA, 2015b; ANA, n.d.; AOTA, 2018c; APTA, 2018b; ASHA, 2018b; “Gratitude”, 2012). Each offers a certification examination. Physical therapy is headed towards requiring a clinical doctorate and occupational and speech-language pathology require entry level into the work force at master’s level or higher (APTA, 2018a). In addition, these occupations are employed under clinical/therapy departments, typically have a supervisor in the same occupation, and are required to be certified (AOTA, 2018c; APTA, 2018b; ASHA, 2018b; “Gratitude”, 2012).

Music therapists may have non music therapy supervisors and/or practice without board certification in some job placements (AMTA, 2015a). Choi (1997) found that “most music therapists” stated that board certification did not help their job recognition or salary (p. 289). The entry level of education is currently a bachelor’s degree, and music therapists are often employed within activities/life enrichment department. In these departments, an individualized music therapy assessment may not typically be implemented. Since therapeutic professionals work on similar goals, collaboration is needed for professionals to effectively serve a client (Borczon, 2017; Bukowska, 2014; Moore, 2015; Register, 2002).

## **Collaboration**

Collaboration is the “process of working jointly with others in an intellectual endeavor to bring about change, and it implies shared responsibility” (Register, 2002, p. 305). Collaboration provides an opportunity to share skills and knowledge between professionals and enhance respect for individual roles (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011; Bukowska, 2014; Register, 2002). It is important that professionals remain within their

boundaries of competency based on training, education, and experience while collaborating (ACA, 2014; AMTA, 2015b).

Register (2002) found that 47.2% of music therapists collaborate with occupational therapists, 44.6% with speech-language pathologists and 40.3% with physical therapists. According to Register (2002), professionalism and rapport among collaborating therapists allows all parties to celebrate success, which strengthens teamwork. Collaboration is also helpful for positive client outcomes in the domains of education, motor skills, or psychosocial development, promoting advocacy for professionals working together (Combs, 2002; Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016; Wienclaw 2013).

Collaboration creates continuity and positive results for clients in many cases (Register, 2002). Professionalism, understanding, communication, and maturity are needed for successful collaboration to work. Music therapy addresses such a wide variety of domains that a multitude of opportunities exist to collaborate with other disciplines to enhance positive therapeutic outcomes for clients and their families (Register, 2002).

### **Perception of Music Therapy**

Perception is defined by Merriam-Webster (2018) as an “awareness of the elements of environment through physical sensation” (para. 3) and “quick, acute, and intuitive cognition” (para. 4). Perception is complicated and different for every person based on experience and expectations (Merikle, Smilek, & Eastwood, 2001). After more than a century of research studies investigating perception, it is certain that perception may occur in two ways: with or without awareness of perceiving (Merikle, Smilek, & Eastwood, 2001). Aronson (1992) states that attitudes and beliefs are difficult to change and are pertinent to perception.

Keough, King, and Lemmerman (2017) found that most music therapists working with older adults are employed in life enrichment areas such as recreation therapy and activity therapy. Most music therapists in this position are primarily seeing clients in large groups, leading sing-alongs, implementing choir/bell choirs, and music listening with digital music. In addition, documentation is focused on what is required by the facility, state, and federal agencies. This contributes to little emphasis being placed on individualized assessments or goal-directed music therapy and could lead to confusion about what a music therapist is to do (Keough, King, & Lemmerman, 2017). Perception will be explored not only in a CCRC, but in other settings where music therapists are working.

**Client and Family Perceptions.** Yinger and Standley (2011) reported that per the Press Ganey Inpatient Survey (PGIS), patients who received music therapy services had a higher overall patient satisfaction score compared to patients who did not receive music therapy services while in the hospital. Administrators like to see reports of high patient satisfaction (Ropp, Caldwell, Dixon, Maureen, & Vogt, 2006).

Kong and Karahalios (2016) discovered a negative perception from parents who believed that music therapy was too expensive. The cost could be alleviated if music therapy was offered by schools, which are “often unfamiliar with music therapy or skeptical of its effectiveness” (p. 1876). The results of this study showed 57 of 58 parents recommended music therapy services, while requesting it be publicly recognized, economical, and more easily accessed for those living in rural areas with no music therapist to provide services. The researchers also found that parents surveyed inaccurately classified Samonas Sound Therapy, an auditory intervention program, used by occupational therapists, as music therapy. It does not qualify as music therapy because the element of being implemented by a music therapist is missing, meaning no client-music

therapist relationships exist. Numerous researchers have examined music therapy from a patient health perspective, but no report has analyzed the perceptions of healthcare professionals on this intervention and their recommendations on further development of music therapy services (Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016).

**Peers' Perception.** Choi (1997) found a huge gap in research regarding peer professional attitudes towards music therapy. Choi demonstrated that professionals who observed music therapy sessions valued the service and developed more respect for it. Psychiatrists' had a poor perception of music therapy; lower than the other professions surveyed. Psychiatrists viewed music therapy as a "less than essential therapeutic intervention" (p. 277). The profession with the highest mean score for positive comments about music therapy was nursing. Most staff members reported that they were not aware of music therapy research. Choi reflects upon an indication that other professionals' educational requirements and experience levels "do not allow music therapists to work at the same level as other professionals since only a bachelor's degree is warranted" (p 289). Thus, music therapists are not as widely accepted in clinical medical fields by professional peers despite the evidence-based benefits of music therapy (Choi, 1997).

Silverman (2008) found a gap also, and discovered that "despite the importance of educating others about music therapy, researchers have only conducted and published minimal studies examining the perceptions of music therapy in a professional setting" (p. 74). Silverman (2008) observed that a 20-minute in-service educating oncology nurses was effective in creating a positive perception of music therapy. Future research suggestions could include demonstrating music therapy sessions live instead of using a PowerPoint and recorded music.

Bouhairie, Kemper, Martin, and Woods (2006) compared attitudes toward music therapy of a pediatric outpatient hematology clinic (PEDS ONC) and a neonatal intensive care unit

(NICU). Results showed a significant perception associated with prior musical training, experience, and occupation. Staff in both the NICU and PEDS ONC held favorable attitudes toward music therapy, which demonstrated no barriers to providing music therapy to patients (Bouhairie, Kemper, Martin, & Woods, 2006).

Jose, Verma, and Arora (2012) found that 62.2% of pediatricians in Michigan never received any education or information regarding the use of music therapy. The majority of those surveyed reported awareness that music therapy can be part of the pediatric health care team. However, only one fourth reported currently offering music therapy in their practice or institution. An overwhelming majority of 89% reported never having made a referral for music therapy services, confirming the idea that music therapy is not being used to its potential in the pediatric setting (Jose, Verma, & Arora, 2012).

In Darsie's (2009) study, child life specialists and creative arts therapists stated that music therapists "entertain the children and their families when they are not involved in medical procedures" and nursing staff stated that music therapy could "provide distraction for children during painful procedures" (p. 51). Darsie showed that occupations working with music therapists had differing opinions about the role of the music therapy. Boissonnault (2011) revealed that geriatrics is a stage of life where an approach of collaboration among professionals is beneficial. Khan, Mohamad Onn Yap, O'Neill, and Moss (2016) discovered that professionals who observed a music therapy session gained a deeper understanding of the inner workings. One staff participant commented:

music therapy is a very individualized, professional training ...to support people deeply who are compromised by language or memory issues through things like traumatic brain injury, stroke....aesthetic support but also rhythmic and sensory stimulation through

activities and music fitted to the person. Music therapy has a diagnostic as well as a therapeutic element to it. (Khan, Mohamad Onn Yap, O'Neill, & Moss, 2016, p. 3)

It is evident in a study by Kim (2009) that music therapy may be misinterpreted as a music listening activity (in this study that may have been attributed to cultural issues). Kim advocates for more research so that music therapy can be better understood and recognized by the medical community. The perception of music therapy was that “many medical professionals maintain a stubborn attitude against recognizing music therapy as a legitimate therapeutic approach” (p. 122). Many people have not heard and some of those who have heard about music therapy hold widespread misconceptions about it including: the client must be musically inclined, and music therapists are not real therapists and cannot handle “serious issues” (Kong & Karahalios, 2016, p. 1870). Kim (2009) advises that music therapists realize there is a perception concern and “assert the identity of music therapy as a legitimate health care service” (p. 122). Kim also suggests that Korean music therapists become knowledgeable about this perception and advocate for accuracy.

Hobson's (2006a) study of neurogenic communication disorders (NCD) looks at the interaction between a SLP and music therapist. In a case such as NCD, the SLP and music therapist's role is not clearly defined. It is stated that SLPs “may harbor concerns regarding whether music therapists are professionally prepared to address the treatment of this clientele” (p. 58). The SLP may be hesitant to work with a music therapist due to a communication breakdown or concern for their client's needs being met properly, demonstrating the importance of knowing what other therapists are working on with a common client (Hobson, 2006a). McCarthy, Geist, Zojwala, and Schock (2008) explored ways to expand interactions between music therapists and SLPs for success by suggesting that more research be conducted to help

SLPs learn what music therapy involves. This may promote change of attitudes of SLPs toward music therapy as SLP's felt music therapy was purely recreational.

Aphasia is a speech disorder that is often addressed in speech-language pathology and in music therapy (AMTA, 2015b; ASHA, 2018b). An article posted by Speech Pathology Graduate Programs (2018) compared the abilities of a SLP and a music therapist. The outcome of the article was that only SLPs are qualified to assess speech and language disorders in children and adults, including those with aphasia, and that "SLPs may collaborate with music therapists, but still retain authority in co-treatment as the patient's primary therapist" (para. 11). It is stated that many SLP undergraduate and graduate programs offer music therapy courses, either as part of the curriculum or as electives, and that ASHA often offers continuing education seminars and courses in music therapy, along with providers offering CEU credits (Speech Pathology Graduate Programs, 2018). Respecting and understanding professional work roles and scope of practice is pivotal to provide the most effective client and family outcomes. The disconnect between disciplines can lead to role ambiguity.

Music therapists sometimes are mistaken as entertainers simply because music can be fun, make you laugh, and smile (Fulton, 2010). If a music therapist is highly skilled at gaining rapport quickly with a client, they may appear to be *entertaining*. Music therapy differs from entertainment in that the person implementing has at minimum a bachelor's level education, and has completed a minimum of 1200 hours of clinical training. Music therapy uses research-based music interventions to address individualized client goals within a therapeutic relationship. Assessment, treatment planning, and documentation are a part of music therapy with a focus on promoting healing and well-being (Darsie, 2009; Fulton, 2010).

Ruud (2010) states that nurses, doctors, musicians, and other professionals sometimes take on a musical role with a client to help meet the client's needs. No one "owns music" and a music therapist can improve professional role identity by highlighting the value of the relationship between therapist and client (p. 8). It can sometimes be difficult for professionals to grasp what music therapists do.

Choi (1997) examined music therapists' perception of themselves in the workplace. Choi found that most music therapists' felt respected as a person, but that their occupation may not be. One explanation for this result is that "music therapy invades other professional areas and so threatens their (other peers) area of treatment" (p. 289). One example was social workers and psychologists believed certain goals to be in "their" area, such as cognition, leisure, social, communication, and self-management skills (p. 286). Another example is that nursing had negative attitudes towards music therapists working in cognitive areas with clients such as problem solving, reality orientation, insight, and addressing relationship issues. More research is suggested for music therapists to identify their working areas and scope of practice more clearly and to realize that a few great music therapists will not change poor perceptions. Poor perception needs to be changed by the profession as a whole. Music therapists are labeled as a professional minority, increasing feelings of being misunderstood and isolated (Clements-Cortes, 2013; Kunimura, 2015).

**Administration Perception.** Keough, King and Lemmerman (2017) found in their study that peer perception is important. They state, "administrators must better understand music therapy, in terms of both efficacy and how music therapy can be provided throughout the continuum of eldercare" (p. 187). Another important factor that could be applied to this topic is that local circumstances must be taken into consideration. Every state, facility, and set of

workers create a different environment and bring a different knowledge base to the table. This determines what implementation and strategies may be needed (Sung, Chang, & Abbey, 2008).

### **Summary**

As the population of older adults increases, so does the need for healthcare and effective therapies. Music therapy has been shown to be effective with older adults, especially those suffering from dementia, and social and communicative deficits. Mostly positive feedback has been found in studies from clients and families receiving music therapy services. Factors such as collaboration, education, and experience may affect peer perception of music therapy. It is still unclear what perceptions peer professionals have regarding music therapy.

## **Methods**

### **Design**

The design for this study was a qualitative, in-person interview. Interview questions (see Appendix A) were pre-chosen and open-ended to allow participants to express themselves.

Seidman (2006) stated that interviewing is not a process to seek answers, but a personal, in-depth way to take an “interest in understanding the lived experience of other people and the meaning they make of that experience” (p. 9).

### **Participants**

Potential participants for this study were professionals that work at a CCRC in the Southeastern part of the United States of America: physical therapists/assistants, occupational therapists/assistants, speech-language pathologists, nurses and nurse practitioners. These professionals were chosen because they are healthcare providers that have exposure to music therapy in the facility working with the same clients. In addition, some may address similar goals as music therapy, such as increased social, communicative, and motor improvement.

### **Procedure**

First, obtaining permission from the facility and department heads of therapy and nursing to conduct the study and interview their employees was paramount. Per the Institutional Review Board’s (IRB) request, each potential participant was contacted by letter, distributed by their supervisor, to maintain a neutral recruitment approach (see Appendix B). In the letter, the potential participant was asked to participate and if they agreed, then asked to sign consent forms and set up an interview. To maintain integrity, professionalism, and to prevent bias, there was no interaction regarding this research between researcher and potential participants before recruitment, during the recruitment period, or within the research time frame. The Department of

Nursing (DON) supervisor and therapy manager were notified of research approval and issued a recruitment letter to all professionals meeting research criteria.

The interviews took place in a private setting, and were administered one person at a time during a designated work break off the clock. The list of interview questions was strictly adhered to, only inserting “could you tell me more about that”, or “describe that more” if needed to gain clarification or details. The researcher expressed appreciation for the person’s time and contribution once the interview was completed. An informational handout published by AMTA (2019) defining and describing music therapy was given to each participant after the interview.

### **Instruments**

The instrument used for this study was a list of interview questions. In addition, an audio recording application was used to record each interview for later transcription. The researcher had a clipboard and pen to make important notes in the case of audio malfunction. Two chairs were present, and a *do not disturb* sign was placed on the door before interview began, to prevent disruption. A computer was used after interviews to transcribe recordings for data collection.

### **Process and Data Analysis**

Semi-structured in-person interviews are the most widely used interviewing format for qualitative research and have been shown to provide a wealth of information (DiCicco-Bloom & Crabtree, 2006) relating to the social world and the concepts, behaviors, and perceptions within. Audio recording and note-taking occurred during interviewing, and later, transcription of the dialogue (Anderson, 2010). Note-taking is advantageous in case of audio failure, but also to allow time for pause in which the interviewee may reflect upon the question and speak more deeply about the topic (Lincoln & Guba, 2013).

Advantages of interviewing include collection of historical information and control over questioning. In addition, collection by audio is conducive for unobstructed data collection (Creswell, 2018). Semi-structured interviewing is best used when one opportunity to interview someone exists, provides a clear set of instructions for interviewers, and can provide reliable, comparable qualitative data. Interviewing allows the researcher to develop a keen understanding of the study topic. In addition, the inclusion of open-ended questions provides an opportunity for identifying new ways of understanding the topic (Cohen & Crabtree, 2006). By using open-ended questions, the researcher can find out perceptions, experiences, knowledge, opinions, and feelings of the interviewee (Creswell, 2018; Wheeler & Murphy, 2016).

### **Ethical Considerations**

This qualitative study was approved by the Institutional Review Board (IRB) at Saint Mary-of-the-Woods College in Saint Mary-of-the-Woods, Indiana, and all revisions suggested by the IRB were completed. In addition, research was approved by the CCRC wherein the study took place. Each participant was made aware of, provided a copy of, and signed consent forms (see Appendix C) stating that they may withdraw from the study anytime during the research process if they chose to and that no personal information would be released.

The audio recording and interview transcriptions are protected by staying in a locked drawer to which only the researcher has access. The recordings, consent forms, and interview transcriptions will be destroyed four years after the data collection is complete. Participants were made aware that the results of this study are for research purposes for a thesis required for a graduate level degree. Furthermore, the study may be published for educational purposes and no personal information will be released. If there was a need for a translator, one would have been obtained.

## Results

The purpose of this study was to determine the perception of music therapy in a continuing care retirement community among these peer professionals: physical therapists/assistants, occupational therapists/assistants, speech-language pathologists, nurses, and nurse practitioners.

### Analysis

The results are presented through data analysis of participant responses through qualitative research involving the collection and analysis that is not easily reduced to numbers (Anderson, 2010). By focusing on the content of the narratives, this data reflects the perception of music therapy at a CCRC and the concepts and experiences that stood out during the interview (Silverman, 2019). The interviews were transcribed by the researcher, analyzed for commonalities, differences, and the presentation of thematic material for qualitative data to be sorted into categories (Anderson, 2010). *Transcription* is the transferring of what was spoken in the interview to a document for data analysis (Mero-Jaffe, 2011).

The interviews were held separately, ranged from seven to 16 minutes, and focused on six main themes: (a) knowledge of music therapy, (b) referral to music therapy, (c) collaboration with music therapists and interdisciplinary teams, (d) education/training of a music therapist, (e) the department that a music therapist is employed in, and (f) perception of music therapy. Identifying, mapping, and naming the themes was accomplished by reading through transcripts several times and identifying important comments (Anderson, 2010; Silverman, 2019).

### Participation

A total of 38 research recruitment letters were distributed, resulting in two participants. Thirteen research recruitment letters were distributed to occupational therapists/assistants,

physical therapists/assistants, and speech-language pathologists. A total of 25 research recruitment letters were dispersed to nursing personnel including two nurse practitioners and 23 nurses. There were no participants from nursing. The two participants in the study were males from the therapy department, yielding a 5.26% participation rate. Participants are referred to as Participant A and Participant B.

## **Responses**

The interview questions were used as guides to find out the perception of music therapy and information about components that may have an effect on perception. At the time of the study, participants acknowledged that there was one music therapist at the CCRC with whom they do not work directly, collaborate, or serve with on an interdisciplinary team.

### **Knowledge of music therapy.**

Both participants expressed that clients need music therapy to provide a more positive atmosphere, to lift the clients' spirit, to encourage participation and relaxation, and the importance of using client preferred music. Participant B further commented about music therapy practices, describing neurologic music therapy and referencing Oliver Sacks' work as intriguing. Having worked in a large neurological-rehabilitation hospital with a music therapist and a client with global aphasia, using melodic intonation therapy, Participant B witnessed some of music therapy's capability to improve human functioning. Examples of effective music therapy were in communication, improved affect, and the provision for a place to express emotions, whereas other therapeutic interventions failed. Participant B stated there should be "knowledge of the purpose for music therapy, resources and procedures in place, and hopefully the staff would understand and appreciate the client's quality of life by interacting and responding in an effective manner."

**Referral to music therapy.**

Participant A had not referred a client to music therapy, but in the future, would let the client know “what the music therapist brings to the table, a wide range of activities,” and leave it up to the client to contact the music therapist. Participant A believes that referrals should be made in consideration to the “cognition level and the type (of music) that they like.” Participant B admitted he did not know what the process was for music therapy referrals. He expressed that “SLP referral is based on a disorder or problem area and I that know that in music therapy you have that same model,” but also mentioned that music therapy may be “an elective thing that they desire as well.” Participant B believes that there should be a screening process to capture who would benefit the most (from music therapy) because “so many people have no clue, and when they see it (music therapy), all they see is somebody playing an instrument and the music, and it appears that somebody is just singing and there’s really a lot more to it than that.”

**Collaboration with music therapist(s) and interdisciplinary teams.**

Participant A had not collaborated with a music therapist. Participant B had collaborated once with a music therapist. Participant B served on an interdisciplinary team with a music therapist at a large rehabilitation hospital where the team discussed clients’ needs. Participant B reminisces “I have not had a music therapist with me in 20 years, so it (collaboration) has been minimal.” He found that “only in the larger, more philanthropically supported rehabilitation facilities like (names the facility he worked in), where they have that service in, like a neuro rehabilitation setting, so, I don’t have a lot of experience with that.” In addition, Participant B saw music therapy in a previous work setting with clients who had dementia and the positive effect it could have if used in an efficacious manner. He feels it is important for staff to be aware that leaving clients sitting with headphones on is not a good idea; they need to be monitored.

Participant B's opinion was that music therapy with clients who have dementia is "fascinating." He reflected "they're almost listless and just sort of there, and not really interacting in any sort of meaningful way, who wakes up for a moment through listening to music and songs that they liked." It brings people to a "momentary, higher level of functioning through the music and how, what, the networks are activated, that are not activated otherwise. That I would love to do."

When asked how one might envision working with a music therapist in the CCRC, Participant A responded, "within a group activity to lift the patient's spirits and encourage them to participate." Participant B responded with information about music therapy with persons who have dementia, but did not expand upon how he would collaborate. Participant B's experience was at a rehabilitation facility working with OT, PT, sometimes psychology, and music therapy, conferring about client care, discharge planning, and problem solving for better client functioning.

### **Education and clinical experience of a music therapist.**

When asked what the education and clinical experience of a music therapist might be, Participant A was unsure and expressed "I think the training could vary, depending on how long you've been doing this, and I'd say education and training are based more on life experiences." Participant A believed that a music therapist should have a four year degree to practice.

Participant B was also unsure and stated that "in this day and age to have a legitimate foothold in the therapy world of some sort it always seems like the entry level is a masters; OT and PT are heading towards a clinical doctorate." Participant B added, "speech therapy is slowly moving that way, but we were slow to adopt the masters, which happened, so I would say masters level would be the most beneficial for the profession of music therapists." From an insurance and reimbursement standpoint, he shared, "if you're sitting side by side with PT or OT, it would be

helpful to have something (degree-wise) comparable.” Participant B stated a belief that a music therapist would complete clinical rotations, a cumulative exam, internships with supervision, evaluations, and a thesis.

### **The department in which a music therapist is employed.**

According to Participant A, the most beneficial place for music therapy to be housed in is the therapy department (with OT, SLP, and PT). Unfortunately, he points out, it is not covered by Medicare or other medical benefits like speech-language, physical, and occupation therapies are. He then chose *activities* as employment housing for music therapy because of that reason. Participant B believed that a music therapist should be housed in the therapy department because “that’s the way it’s always been; I don’t know, because you have the title *therapist*?” (This statement was followed by participant’s laughter). After pondering this thought out loud, Participant B decided that the best place would be in the psychology department if one existed, but it does not in this CCRC.

### **Perception of music therapy.**

Participant A identified music therapy as a medium that “encourages clients to participate, brings a positive atmosphere to the facility, and is uplifting to the clients, if you find the particular type (of music) that they like.” Participant A expressed further, “like in some of the seniors, you know, you play the old gospels and they’re familiar with that, and it’s more relaxing and everything for them.” When speaking of the person who served the position before me (she was not a music therapist, but called herself a “music specialist”), Participant A’s thoughts are “y’all bring so much to the table and then the research shows that music plays such a vital part in this type of setting, atmosphere, and so....yeah.” Participant B explained that when he left the large rehabilitation hospital and at his next job there was no

music therapy, he thought “where’s music therapy? It was great! Why is it not there?” When remembering a client who had severe impairment from global aphasia and had played guitar prior to a stroke, Participant B acknowledged “they (the client) really came to life around music and were much more expressive, found ways to facilitate communication with music, and we (SLP and music therapist) collaborated on the use of melodic intonation therapy with this client.” The client’s affect improved from flat to bright, and “it was a lot of fun.” Participant B adds, “with the music intervention, the client was able to start communicating some of their basic needs.” Participant B believes finding out the preferred music of a client who is no longer able to express their preferences “takes a lot of time and digging to get that information from families, and then the trial and error of getting resources, whether it’s headphones, iPods, and that sort of thing.” Participant B expressed that education and training help a therapist identify what each client needs. In addition, “music therapy is more fun than speech therapy and clients are more apt to choose to participate in music therapy if offered the option over speech.” Participant B was “pro-music therapy and glad to see it is still around and thriving.”

## **Discussion**

The purpose of this study was to determine the perception of music therapy in a continuing care retirement community among these peer professionals: nurses, nurse practitioners, physical therapists and assistants, occupational therapists and assistants, and speech-language pathologists. The study was guided by one primary research question: what is the perception of music therapy by peer professionals such as nurses, nurse practitioners, physical therapists and assistants, occupational therapists and assistants, and speech-language pathologists in a continuing care retirement community? This information was sought to better understand the overall process of the formation of perception of music therapy by peers, and to further explore areas where professional growth could occur. Nine interview questions were used to gain insight into the perception of music therapy through experience, backgrounds, observations, and opinions of research participants. Throughout the research process, the ethics and protocols expected by the IRB and center of research were upheld by the researcher.

## **Findings**

The overall perception of music therapy in this study was positive. No negative statements were made about music therapy. Both participants believed in the power of music, especially preferred music, and were thankful that music therapy was in the healthcare setting where they work. The collaboration that Participant B had with a former music therapist increased his knowledge about clinical music therapy applications with clients who experienced aphasia and dementia. Participant B's perceptions were found to develop through his observations, collaboration, and interactions with the prior music therapist that he worked with. Past experiences, with or without a music therapist on staff, and the education of the peer professional seemed to affect the depth of answers. Participant A had never collaborated with a

music therapist. Participant A's knowledge of music therapy was that it is uplifting to a client, encourages participation, and is a positive therapy to have at the healthcare facility. Participant B, in 20 plus years of clinical work, has collaborated with one music therapist. Whether the peer professional has studied music therapy, collaborated with a music therapist, observed a music therapist at work, or heard of what a music therapist does, affected the outcome of interview questions.

Participants differed in their opinions of what the educational level should be for a music therapist to effectively practice. Both participants felt that a four year degree would be minimum for a music therapist to enter clinical work. However, Participant B's ideas were that a masters would be most beneficial, to be viewed as equals by clients and their families, when compared to OT, PT and SLP. Participants agreed that because of the lack of reimbursement by insurance programs, it is not feasible for a music therapist to be employed in the therapy department. Participant B felt a music therapist would be best housed in a psychology department if one existed; but it does not. Participant A thought the therapy department would be best, but since Medicare and other programs are not providing coverage for a "recreational therapy", *activities* is best suited. Neither participant was sure of required clinical work. Participant B mentioned writing a thesis, doing internships, clinical work, and having supervision as areas of potential clinical experience for music therapists.

Both participants felt that music therapy brings a positive experience to clients and families in the CCRC. Even though they were both unsure of how to properly refer clients and families to music therapy, they affirmed that they would provide a referral if the client seemed to be a candidate for services. It was concerning that both participants had no idea how to make a

referral to music therapy. This is an area that could be improved with collaboration and advocacy for music therapy services and procedures.

The participants noted the importance of using preferred music with clients. In addition, the participants expressed their personal relationship with music, without prodding or guidance by interview questions, stating that it brings them enjoyment and makes them feel relaxed. Participants believe in the healing power of music. It is music that sets music therapy apart from other professions, so that acknowledgement was significant.

Darsie (2009) expresses that “collaboration among creative arts therapists, psychologists, child life specialists, and social workers on interdisciplinary treatment teams appears to promote improved patient care” (p. 48). It is up to music therapists to maintain development, to maintain continuing education, to continue seeking music therapy supervision, to consistently uphold ethical mandates, and to uphold cultural appropriateness (AMTA, 2015a; Clements-Cortes, 2013; Darsie, 2009; Hesser, 2001; Hobson, 2006b). A fact sheet about music therapy from AMTA (2019) was provided to participants and hopefully they will share the information with other peers, encouraging greater knowledge by peer professionals about music therapy, increasing awareness of referrals, healthy collaboration needs, and more respect for the occupation.

### **Limitations**

Noted limitations in this qualitative study are the geographical location, the sample size, potential interviewer bias, and that interviewees were not equally articulate of perceptions and thoughts (Creswell, 2018). The researcher was the interviewer, music therapist, and sole individual involved in the analysis of data. The researcher believes that peer professionals should understand the value of music therapy and that healthy collaboration

would be an effective approach for clients to have better outcomes. Therefore, a bias does exist. The researcher was conscientious about this bias and worked hard to keep biases out of the inflection of voice, said few words (other than posing questions), and was careful with nonverbal body language during the interview. In addition, the researcher did not speak of the research process to any peers unless they requested to participate. During analysis of the data, the interviews were transcribed so that exact words could be reflected upon.

The sample size and small geographical area were additional limitations. There were 38 available professionals in the specified occupations and participation was low, limiting the significance of the study from the information obtained. In addition, both participants were of the same gender (male).

The last limitation was that each interviewee had individualized experiences, perceptions, thoughts, and varied abilities to articulate those things. Therefore, the quality of each interview was not equal. However, this study can be used to promote learning and understanding of the perception of music therapy and to prompt further study of this issue.

### **Clinical Implications**

Clinical implications include the need for educating peer professionals about music therapy referral process, promoting collaboration among peer professionals, and developing healthy working relationships to better educate one another about the most effective approach to use with clients and their families. An easy referral process is for peer professionals to let the music therapist in a CCRC know when a client may be a candidate for services. The music therapist would conduct an assessment with the client to determine what services would be effective. Developing positive working relationships with peer professionals, and encouraging

healthy collaboration takes time. Team meetings, in-services, co-presenting at conferences, and providing educational materials may enhance the process.

### **Recommendations**

Recommendations for continued and future research include studies examining the perception of music therapy among peer professionals and how they can be included on an interdisciplinary team. In-services on music therapy could promote and educate peers about healthy collaboration, music therapy effectiveness, and referral processes. Another way to promote healthy collaboration would be for music therapists to be included in interdisciplinary and/or administrative team meetings. Research about the lack of participation in music therapy studies is recommended. Research regarding the department where music therapy is housed and how that may affect perception and client and family outcomes is recommended. Lastly, a recommendation that this study be replicated with a larger sample size, potentially with peer professionals across the United States.

Since little descriptive data exists about the perception of music therapy and how it informs and affects clinical trends, practice, training needs, client outcomes, advocacy, and the sustainability of the profession, it is also recommended that the American Music Therapy Association and Certification Board for Music Therapists encourage their members to be advocates (Sung, Chang, & Abbey, 2008). Advocacy to educate peers may create a more positive perception of music therapy applications (Sung, Chang, & Abbey, 2008).

### **Personal Response**

The recruitment process was discouraging. An opportunity for the researcher to reach out personally to some candidates may have resulted in more participation. However, the ethics of why this process was implemented to prevent anyone from feeling pressured or obligated is

understood. The researcher was thrilled with the efficacy of the interviews completed. They were succinct, organized, and in a place where disruptions were prevented. The interviews produced some insightful information and have already promoted future conversations to advocate for music therapy. The researcher was encouraged to hear about peers' positive perceptions regarding music therapy at this facility, and what they feel is client-effective. The researcher believes that how a person is treated at work affects the quality of work produced. Therefore, respect and education about music therapy is a step in the right direction. The researcher is thankful for the two willing participants in this study who said they encouraged their peers to participate. The researcher interprets that as a positive interview experience for them to make that statement. This was a great learning opportunity and experience.

### **Conclusion**

Clients in long-term care need to have the best and most appropriate services possible. It seems logical that if all professionals worked as a team and knew about the other therapy services, it would benefit the clients. This researcher hopes this study will be a springboard for future research that will help improve perceptions of music therapy and will ultimately benefit clients. Through this study, insights into factors that influence the development of perception of music therapy became evident. The experience of perception is an intricate and individual process. Key factors of music therapy referral processes, healthy collaboration, and education about what music therapy is (and is not) were identified as areas of need as a result of analyzing the qualitative information from interviews. This information may be helpful for music therapists as the themes in this study transfer to work in many settings with different populations. As the perception of music therapy represents an important element in positive client and family

outcomes, music therapy clinicians can use emerging areas of improvement in clinical practice to guide their interactions to present the profession in a positive way.

## References

- Aigen, K. (2005). Philosophical inquiry. In B. Wheeler (Ed.), *Music therapy research: Second edition* (pp.526-539). Gilsum, NH: Barcelona.
- Aigen, K. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge, Taylor, & Francis Group.
- American Counseling Association (ACA). (2014). *ACA Code of Ethics*. Alexandria, VA: Author.
- American Music Therapy Association (AMTA). (2014). *A career in music therapy* (Brochure). Silver Spring, MD: American Music Therapy Association.
- American Music Therapy Association (AMTA). (2015a). *Professional requirements for music therapists*. Retrieved from <https://www.musictherapy.org/about/requirements/>
- American Music Therapy Association (AMTA). (2015b). *The American music therapy association standards of clinical practice*. Retrieved from [https://www.musictherapy.org/about/standards/#GENERAL\\_STANDARD](https://www.musictherapy.org/about/standards/#GENERAL_STANDARD)
- American Music Therapy Association (AMTA). (2015c). *The Code of Ethics*. Retrieved from <https://www.musictherapy.org/about/ethics/>
- American Music Therapy Association (AMTA). (2017). *2017 AMTA Member survey and workforce analysis*. Retrieved from <https://www.musictherapy.org/assets/1/7/17WorkforceAnalysis.pdf>
- American Music Therapy Association (AMTA). (2018). *State advocacy*. Retrieved from <https://www.musictherapy.org/policy/stateadvocacy/>
- American Music Therapy Association (AMTA). (2019). *Definitions and quotes about music therapy*. Retrieved from <https://www.musictherapy.org/about/quotes/>

- American Occupational Therapist Association (AOTA), Incorporated. (2018a). *Issues in Licensure*. Retrieved from <https://www.aota.org/Advocacy-Policy/State-Policy/Licensure.aspx>
- American Occupational Therapist Association (AOTA), Incorporated. (2018b). *Occupational therapy assistants*. Retrieved from <https://www.aota.org/Practice/OT-Assistants.aspx>
- American Occupational Therapist Association (AOTA), Incorporated. (2018c). *Rehabilitation, disability and participation*. Retrieved from <https://www.aota.org/Practice/Researchers/practice-guidelines.aspx>
- American Physical Therapy Association (APTA). (2018a). *Licensure*. Retrieved from <http://www.apta.org/Licensure/>
- American Physical Therapy Association (APTA). (2018b). *The physical therapist scope of practice*. Retrieved from <http://www.apta.org/ScopeOfPractice/>
- American Physical Therapy Association (APTA). (2018c). *Who are physical therapists?* Retrieved from <http://www.apta.org/AboutPTs/>
- American Physical Therapy Association (APTA). (2018d). *Who are physical therapy assistants?* Retrieved from <http://www.apta.org/AboutPTAs/>
- American Speech-Language Hearing Association (ASHA). (2018a). *ASHA State by state*. Retrieved from <https://www.asha.org/advocacy/state/>
- American Speech-Language Hearing Association (ASHA). (2018b). *Scope of practice*. Retrieved from <https://www.asha.org/policy/SP2016-00343/>
- American Nurses Association (ANA) Enterprise. (n.d.). *Scope of practice*. Retrieved from <https://www.nursingworld.org/faqs/>

- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education*, 74(8), 1-7.
- Andrews, J. (2018). The next path for CCRCs: Continuing care retirement communities' form will continue to evolve. *McKnight's Long-Term Care News*, 17. Retrieved from <http://ezproxy.smwc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=127587708&site=eds-live>
- Aronson, E. (1992). *The social animal* (6<sup>th</sup> ed.). New York, NY: W. H. Freeman & Company.
- Baker, F., & Stretton-Smith, P. (2018). Group therapeutic songwriting and dementia: Exploring the perspectives of participants through interpretative phenomenological analysis, *Music Therapy Perspectives*, 36(1), 50–66. Retrieved from <https://doi.org/10.1093/mtp/mix016>
- Boissonnault, W. G. (2011). *Primary care for the physical therapist: Examination and triage*. St. Louis, Mo: Saunders.
- Borczon, R. M. (2017). *Music therapy: A fieldwork primer* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Bouhairie, A., Kemper, K., Martin, K., & Woods, C. (2006). Staff attitudes and expectations about music therapy: Pediatric oncology versus neonatal intensive care unit. *Journal of the Society for Integrative Oncology*, 4(2), 71-74.
- Bradt, J. (2013), *Guidelines for music therapy practice in pediatric care*. Gilsum, NH: Barcelona Publishers.
- Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I. V., & Tomkowiak, J. (2011). Interprofessional collaboration: Three best practice models of interprofessional education. *Medical Education Online*, 16. doi.org/10.3402/meo.v16i0.6035

- Bruscia, K. E. (2013). An evolving perspective. In J. Bradt (Ed.), *Guidelines for music therapy practice in pediatric care* (xv-xix). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (2014). *Discography of guided imagery and music (GIM) programs*. University Park, IL: Barcelona Publishers.
- Bukowska, A. (2014). Music therapy in movement rehabilitation: The collaboration between music therapists and physiotherapists. In J. Fachner, P. Kern & G. Tucek (Eds.), *Proceedings of the 14<sup>th</sup> WFMT World Congress of Music Therapy*. Vienna, Austria.
- Cardoso, L., Salgueiro, D., Mota, L., & Príncipe, F. (2017). Music therapy as an autonomous intervention of nurses for pain control in ICU: Integrative review. *Millennium*, 2(4), 89-97.
- Certification Board for Music Therapists (CBMT). (2011a). Retrieved from <http://www.cbmt.org/about-certification/>
- Certification Board for Music Therapists (CBMT). (2011b). Retrieved from <https://www.cbmt.org/advocacy/state-recognition/>
- Chan, G. (2014). Cross-cultural music therapy in community aged-care: A case vignette of a CALD elderly woman. *Australian Journal of Music Therapy*, 92. Retrieved from <http://ezproxy.smwc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsihc&AN=edsihc.472946206891363&site=eds-live>
- Choi, A., Lee, M., & Lee, J. (2007). Group music intervention reduces aggression and improves self-esteem in children with highly aggressive behavior: A pilot controlled trial. *Evidence Based Complementary Alternative Medicine*, 7(2), 213-7. doi: 10.1093/ecam/nem182. Epub 2008 Jul 17. eCam, pp. 1-5.

- Choi, A., Lee, M., & Lim, H. (2008). Effects of group music intervention on depression, anxiety, and relationships in psychiatric patients: A pilot study. *Journal of Alternative & Complementary Medicine, 14*(5), 567-570. doi:10.1089/acm.2008.0006
- Choi, B. (1997). Professional and patient attitudes about the relevance of music therapy as a treatment modality in NAMT approved psychiatric hospitals. *Journal of Music Therapy, 34*(4), 277-292.
- Chu, H., Chyn-Yng, Y., Lin, Y., Keng-Liang, O., Tso-Ying, L., O'Brien, A.P., & Kuei-Ru, C. (2013). The impact of group music therapy on depression and cognition in elderly persons with dementia. *Biological Research in Nursing, 16*, 209–217.
- Clements-Cortes, A. (2013). Burnout in music therapists: Work, individual, and social factors. *Music Therapy Perspectives, 31*(2), 166-174.
- Cohen, D., & Crabtree B. (2006). *Qualitative research guidelines project*. Robert Wood Johnson Foundation. Retrieved from <http://www.qualres.org/HomeSemi-3629.html>
- Combs, C. (2002) Experience in collaboration McDenver at McDonald's. *Journal of Physical Education, Recreation & Dance, 73*(4), 33-35. doi: 10.1080/07303084.2002.10607788
- Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed approaches* (5th ed.). Thousand Oaks, CA: Sage.
- Darsie, E. (2009). Interdisciplinary team members' perceptions of the role of music therapy in a pediatric outpatient clinic, *Music Therapy Perspectives, 27*(1), 48-54.  
doi.org/10.1093/mtp/27.1.48
- DiCicco-Bloom, B. & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*, 314-321. doi:[10.1111/j.1365-2929.2006.02418.x](https://doi.org/10.1111/j.1365-2929.2006.02418.x)
- Dyga, K., & Stupak, R. (2015). Meditation and psychosis: Trigger or cure?

- Archives of Psychiatry and Psychotherapy*, 3, 48–58.
- Edwards, J. (2005). A reflection on the music therapist's role in developing a program in a children's hospital. *Music Therapy Perspectives*, 23(1), 36-44.
- Eells, K. (2014). The use of music and singing to help manage anxiety in older adults. *Mental Health Practice*, 17(5), 10-17.
- Fulton, Kat. (2010). Mythbuster countdown #3: Music therapists are entertainers [Blog post]. Retrieved from <https://katfulton.com/mythbuster-countdown-3-music-therapists-are-entertainers-%E2%99%AB/>
- Gallagher, L., Lagman, R., Bates, D., Edsall, M., Eden, P., Janaitis, J., ... Gallagher, L. M. (2017). Perceptions of family members of palliative medicine and hospice patients who experienced music therapy. *Supportive Care in Cancer*, 25(6), 1769–1778. Retrieved from <https://doi-org.ezproxy.smwc.edu/10.1007/s00520-017-3578-y>
- Gerdner, L. A. (2015). Ethnicity is an inherent criterion for assessment of individualized music for persons with Alzheimer's disease. *Clinical Gerontologist*, 38(2), 179–186. Retrieved from <https://doi-org.ezproxy.smwc.edu/10.1080/07317115.2014.988900>
- Gratitude for a complex profession: The importance of theory-based research in music therapy. (2012). *Journal of Music Therapy*, 49(1), 2–6.
- Handayani, K., Johan, A., & Ropyanto, C. (2018). The influence of Sundanese zither (kacapi) music therapy on anxiety levels in pre-cardiac catheterization patients. *Belitung Nursing Journal*, 4(2), 256-262.
- Hanson-Abromeit, D. & Colwell, C. (2008). (Eds.). *Medical Music Therapy for Adults in Hospital Settings*. Silver Spring, MD: American Music Therapy Association.

- Healthcare. (2018). In *Merriam-Webster online*. Retrieved from <https://www.merriam-webster.com/dictionary/health%20care>
- Hesser, B. (2001). The transformative power of music in our lives. *Music Therapy Perspectives, 19*(1), 53-59.
- Hilliard, R. E. (2004). Hospice administrators' knowledge of music therapy: A comparative analysis of surveys. *Music Therapy Perspectives, 24*(2), 87-93.
- Hobson, M. R. (2006a). The collaboration of music therapy and speech-language pathology in the treatment of neurogenic communication disorders: Part I – Diagnosis, therapist roles, and rationale for music. *Music Therapy Perspectives, 24*(2), 58-65.
- Hobson, M. R. (2006b). The collaboration of music therapy and speech-language pathology in the treatment of neurogenic communication disorders: Part II – Collaborative strategies and scope of practice. *Music Therapy Perspectives, 24*(2), 66-72.
- Jose, J., Verma, M., & Arora, S. (2012). An experimental study to assess the effectiveness of music therapy on the post-operative pain perception of patients following cardiac surgery in a selected hospital of New Delhi. *International Journal of Nursing Education, 4*(2), 198-202.
- Karras, B. (2012). *You bring out the music in me: Music in nursing homes*. Hoboken: Routledge.
- Kenny, C. (1998). Embracing complexity: The creation of a comprehensive research culture in music therapy. *Journal of Music Therapy, 35*(3):201-217.
- Keough, L., King, B., & Lemmerman, T. (2017). Assessment-based small-group music therapy programming for individuals with dementia and Alzheimer's disease: A multi-year clinical project. *Music Therapy Perspectives, 35*(2), 182–189.  
[doi.org/10.1093/mtp/miw021](https://doi.org/10.1093/mtp/miw021)

- Kern, P., & Tague, D. (2017). Music therapy practice status and trends worldwide: An international survey study. *Journal of Music Therapy, 54*(3), 255–286.
- Khan, W., Mohamad Onn Yap, I., O’Neill, D. & Moss, H. (2016). Perceptions of music therapy for older people among healthcare professionals. *Medical Humanities, 42*, 52-56.
- Kim, S. J. (2009). Historical investigation regarding the perception of music therapy among Korean medical professionals as seen in medical journal articles. *Music Therapy Perspectives, 27*(2), 122–129. [doi.org/10.1093/mtp/27.2.122](https://doi.org/10.1093/mtp/27.2.122)
- Kong, H. & Karahalios, K. (2016). Parental perceptions, experiences, and desires of music therapy. *AMIA Annual Symposium Proceedings*. pp. 1870-1879. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333202/>
- Kunimura, A. (2015). *Resilience over burnout: A self-care guide for music therapists working with clients who have experienced trauma* (Master’s thesis). Retrieved from <http://139.102.64.34:8080/xmlui/handle/123456789/16>
- Ledger, A., Edwards, J., & Morley, M. (2013). A change management perspective on the introduction of music therapy to interprofessional teams. *Journal of Health Organization and Management, 27*(6), 714-732.
- Lee, J., Davidson, J., & McFerran, K. (2016). Registered music therapists’ motivations and perceptions of the impact of their practices on the well-being of clients and themselves. *Australian Journal of Music Therapy, 27*, 27–43. Retrieved from <http://ezproxy.smwc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=121858142&site=eds-live>
- Lincoln, Y. S., & Guba, E. G. (2013). *The constructivist credo*. Walnut Creek, CA: Routledge. Retrieved from

<http://ezproxy.smwc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=506658&site=eds-live>

- Liu, Y., & Petrini, M. A. (2015). Effects of music therapy on pain, anxiety, and vital signs in patients after thoracic surgery. *Complementary Therapies in Medicine, 23*(5), 714–718.
- Loewy, J.V. (2001). Building bridges in team centered care. *The Australian Journal of Music Therapy, 12*, 3-12.
- Mandel, S. E., Davis, B. A., & Secic, M. (2014). Effects of music therapy on patient satisfaction and health-related quality of life of hospital inpatients. *Hospital Topics, 92*(2), 28.  
doi:10.1080/00185868.2014.906830
- McCarthy, J., Geist, K., Zojwala, R., & Schock, M. Z. (2008). A survey of music therapists' work with speech-language pathologists and experiences with augmentative and alternative communication. *Journal of Music Therapy, 45*(4), 405-426.
- Medcalf, B. (2017). Exploring the music therapist's use of mindfulness informed techniques in practice. *Australian Journal of Music Therapy, 28*, 47-66.
- Merikle, P., Smilek, D., & Eastwood, J. (2001). Perception without awareness: Perspectives from cognitive psychology, *Cognition, 79*(1–2), 115-134. doi.org/10.1016/S0010-0277(00)00126-8.
- Mero-Jaffe, I. (2011). 'Is that what I said?' Interview transcript approval by participants: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods, 10*(3), 231-247. Retrieved from  
<https://journals.sagepub.com/doi/pdf/10.1177/160940691101000304>

- Miles, L. (2007). A life of music therapy: Working together and in isolation. *Voices: A World Forum for Music Therapy*. Retrieved from [www.voices.no/mainissues/mi40007000248.php](http://www.voices.no/mainissues/mi40007000248.php)
- Misperception. (2018). In *Merriam-Webster online*. Retrieved from <https://www.merriam-webster.com/dictionary/misperception>
- Moore, K.S. (2015). Music therapy advocacy for professional recognition: A historical perspective and future directions. *Music Therapy Perspectives*, 33(1), 76-85.
- Nurse. (2018). In *Merriam-Webster online*. Retrieved from <https://www.merriam-webster.com/dictionary/nurse>
- Nurse practitioner. (2018). In *Merriam-Webster online*. Retrieved from <https://www.merriam-webster.com/dictionary/nurse%20practitioner>
- O'Neill, N. & Pavlicevic, M. (2003). What am I doing here? Exploring a role for music therapy with children undergoing bone marrow transplantation at Great Ormond Street Hospital, London. *British Journal of Music Therapy*, 17(1), 8-16.
- Perception. (2018). In *Merriam-Webster online*. Retrieved from <https://www.merriam-webster.com/dictionary/perception>
- Register, D. (2002). Collaboration and consultation: A survey of board certified music therapists. *Journal of Music Therapy*, 39(4), 305-321.
- Register, D. & Simpson, J. (2018). *MLE and State Recognition Talking Points*. AMTA. Retrieved from [https://www.musictherapy.org/assets/1/7/MLE\\_and\\_State\\_Recognition\\_Talking\\_Points\\_6-21-18.pdf](https://www.musictherapy.org/assets/1/7/MLE_and_State_Recognition_Talking_Points_6-21-18.pdf)

- Ropp, C., Caldwell, J., Dixon, A., Maureen, A., & Vogt, W. (2006). Special education administrators' perceptions of music therapy in special education programs. *Music Therapy Perspectives*, 24(2), 87-93.
- Ruud, E. (2010). *Music therapy: A perspective from the humanities*. Gilsum, N.H.: Barcelona Publishers.
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. (3rd ed.). New York: Teachers College Press.
- Sevcik, E., Jones, J., & Myers, C. (2017). A descriptive analysis of the educational perceptions, professional identity, and professional practices of dual-trained music therapists as counselors. *Journal of Music Therapy*, 54(3), 300-335.
- Silverman, M. (2019). Music therapy and therapeutic alliance in adult mental health: A qualitative investigation. *Journal of Music Therapy*, 56(1), 90-116.
- Silverman, M. (2008). Psychiatric patients' perception of music therapy and other psychoeducational programming. *Journal of Music Therapy*, 43(2), 111-122.
- Speech Pathology Graduate Programs. (2018). *The power of music: How music therapy is helping aphasia patients regain the ability to speak*. Retrieved from <https://www.speechpathologygraduateprograms.org/2018/02/the-power-of-music-how-music-therapy-is-helping-aphasia-patients-regain-the-ability-to-speak/>
- Strauss, M., van Heerden, S. M., & Joubert, G. (2016). Occupational therapy and the use of music tempo in the treatment of the mental health care user with psychosis. *South African Journal of Occupational Therapy*, 46(1), 21-26. doi:10.17159/2310-3833/2016/v46n1a6
- Sullivan-Marx, E. (2010). *Nurse practitioners: The evolution and future of advanced practice*. (5<sup>th</sup> Ed.) New York: Springer Publishing Company.

- Sung, H., Chang, A., Abbey, J. (2008). An implementation programme to improve nursing home staff's knowledge of and adherence to an individualized music protocol. *Journal of Clinical Nursing*, 17(19), 2573-2579. doi: 10.1111/j.1365-2702.2007.02010.x
- Treleaven, D. (2010). Meditation, trauma and contemplative dissociation, *Somatics* 16(2), 20-22.
- Weller, C., & Baker, F. (2011). The role of music therapy in physical rehabilitation: A systematic literature review. *Nordic Journal of Music Therapy*, 20(1), 43-61.  
doi:10.1080/08098131.2010.485785
- Wheeler, B. L., & Murphy, K. (Ed.) (2016). *Music therapy research* (3rd ed.). Gilsum, NH: Barcelona Publishers.
- Wienclaw, R. A. (2013). Caring for the elderly in America. *Research Starters: Sociology* (Online Edition).
- Yinger, O. S., & Standley, J. M. (2011). The Effects of Medical Music Therapy on Patient Satisfaction: As Measured by the Press Ganey Inpatient Survey. *Music Therapy Perspectives*, 2, 149. Retrieved from <http://ezproxy.smwc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsbl&AN=RN315831713&site=eds-live>

## Appendix A

### Interview Questions

1. To the best of your knowledge, how many music therapists work in your healthcare facility?
2. What role does a music therapist play (if any) in your daily work experience?
3. Please describe the location and outcomes of any time(s) you have you worked collaboratively with a common client and a music therapist.
4. In what ways do you envision working jointly with a music therapist in this facility?
5. Please describe times you have you worked with a music therapist on an interdisciplinary team. Where? What was that experience like?
6. In what ways (if any) do you believe music therapy could be an effective approach used with clients and their families in this facility?
7. Describe how you would refer clients to music therapy in this facility.
8. What department do you believe a music therapist would most effectively be housed in for employment? Describe, please.
9. How much training, clinical experience, and education do you believe a music therapist may have to practice?

## Appendix B

### Invite to Participate in Thesis Research

3-1-2019

(Participant Name),

I am currently in my fifth semester of graduate studies obtaining a master's degree in music therapy and will be conducting a very short (10-25 minute) interview at the CCRC where we currently work. This short interview must be conducted off the clock or on a designated, approved break. I will be happy to come before or after your shift, on your break, or meet at another time at your convenience within the designated research period of four weeks. The title of my study is: Perception of Music Therapy Among Peer Professionals in a Continuing Care Retirement Community (CCRC). This information will be used for thesis educative purposes only. Ethical practice, anonymity and confidentiality of the facility and participants will be upheld.

Your contribution of time and information will help further the research for music therapy. I would greatly appreciate your consideration of participating. Please contact me by **March 21, 2019** so we may discuss what time is convenient for you.

Thanks!

Lucretia Collins

[Alice.collins@smwc.edu](mailto:Alice.collins@smwc.edu)

864-844-1747 (text, call, or voicemail)

## Appendix C

### CONSENT TO PARTICIPATE IN RESEARCH

**STUDY TITLE:** Perception of Music Therapy Among Peer Professionals in a Continuing Care Retirement Community (CCRC)

You are being asked to participate in a research study conducted by Lucretia Collins, master's student at Saint Mary-of-the-Wood College, Indiana (and Tracy Richardson, Ph.D., MT-BC, faculty sponsor) from the Department of Music Therapy. This research is being conducted as part of this student's thesis requirement. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand before deciding whether or not to participate. You have been asked to participate because you are a nurse, nurse practitioner, occupational therapist or occupational therapy assistant, physical therapist or physical therapy assistant, or speech-language pathologist in a CCRC wherein this student works.

#### PURPOSE OF STUDY

The purpose of this study is to determine the perception of music therapy in a CCRC among these peer professions: physical therapy and assistants, occupational therapy and assistants, speech-language pathology, nursing, and nurse practitioner. This will inform music therapists of any misperceptions or deficits in the understanding of music therapy and promote better working relationships and client outcomes with peer professions.

#### PROCEDURES

If you volunteer to participate you will be asked to do the following things:

- Complete an interview with the researcher
- Be accessible for any follow-up questions
- Provide honest answers

This study is expected to last for four weeks. You will be involved in an interview that should take 10-25 minutes to complete. If needed for clarification, a short 5-10 minute follow-up interview may be requested.

#### POTENTIAL RISKS OR DISCOMFORTS

The study involves no more than minimal risk. The procedure involves minimal risk for the participants and the interviews will be coded with numbers to maintain confidentiality. The benefit of participation will be contributing to music therapy research. Only the researcher will have access to the completed interviews and the forms will be maintained for a period of three years after publication of the results. The results of this study may be presented in the thesis for this study. Data collected will be included in this thesis without participants' identifiers. You may feel uncomfortable answering questions that you are unsure of. The researcher/presenter will attempt to structure the interview so that participants are interviewed in a non-defensive and safe environment. If uncomfortable feelings persist during or after the interview, the researcher will assist you in locating a helping professional in your geographic area.

### **POTENTIAL BENEFITS**

There are no anticipated benefits to participating in this study.

### **CONFIDENTIALITY**

Due to the nature of this study, there is no promise of anonymity; the researcher will have access to data that can be associated with particular participants. However, any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by coding interviews with numbers (instead of names) and keeping the consent forms (containing names and email addresses) and tests in separate locked cabinets. Only the researcher will have access to the data. All data and consent forms will be kept in locked cabinets in the researcher's locked office for a period of four years after the data collection is complete. After four years, the data and consent forms will be destroyed. No individual data will be released. Overall results from the study will be used for completing this researcher's thesis and for publication and educational presentations.

### **PARTICIPATION AND WITHDRAWAL**

You may choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. A participant's refusal to give consent initially or withdraw from the study after its beginning will not affect employment at the CCRC. You may also refuse to answer questions you do not want to answer.

### **ALTERNATIVES TO PARTICIPATION**

You may choose to attend the interview without participating in this study. Participation in the research study is voluntary.

### **RIGHTS OF RESEARCH PARTICIPANTS**

If you have questions or concerns about this study, please contact the researcher, the researcher's supervisor, or the chair of the Human Subjects Institutional Review Board (IRB). You will be given an opportunity to discuss any questions about your rights as a research participant with a member of the IRB. The IRB is an independent committee composed of members of the College community, as well as lay members of the community not connected with Saint Mary-of-the-Woods College. The IRB has reviewed this study and has determined that it is exempt from IRB oversight. This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on \_\_\_\_\_.

## CONTACT INFORMATION

### **Researcher**

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### **Chair, IRB**

Dr. Lamprini Pantazi  
 Chair, Human Subjects Institutional Review Board  
 Saint Mary-of-the-Woods College  
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## SIGNATURE

My signature below indicates that I am 18 years of age or older, I have been informed about this study, understand the procedures and any questions I had have been answered to my satisfaction. I consent to participate and have received a copy of this consent form.

---

Printed Name of Participant

Date

---

 Signature of Participant

---

 Date

---

 Email address of Participant

---

 Physical address if no email

**Saint Mary-of-the-Woods College  
Media Consent Form**

Study Title : Perception of Music Therapy Among Peer Professionals in a Continuing Care Retirement Community (CCRC)

**CONSENT TO AUDIOTAPE**

Thank you for your participation in this research project. As part of this project, you may be audiotaped. Please indicate below the use of the media you are willing to consent by placing your initials in the blank in front of the item. There will be no negative consequences for refusing to be audiotaped. The results of this study may be presented in the thesis for this study. A participant's refusal to give consent initially or withdraw from the study after its beginning will not affect employment at the CCRC. Data collected will be included in this thesis without participants' identifiers. The researcher agrees to only use the materials in ways to which you agree. If you give full approval, your name could accompany any viewing or hearing of the materials.

\_\_\_\_\_ I give full approval for my name to appear at any time the material (audiotape) is played. Please sign below.

\_\_\_\_\_ I give approval for my voice to be heard any time the audiotape is heard, but please do not use my name. Please sign below.

\_\_\_\_\_ I *do not* want to be audiotaped and I want all of the information I disclose to be presented to others anonymously. Please sign below.

I have read the above and give my consent for the use of the photograph/videotape/audiotape as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

Signature \_\_\_\_\_  
Date \_\_\_\_\_