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PERCEPTIONS OF GUITAR USE AND TRAINING IN MUSIC THERAPY:  
A SURVEY OF CLINICIANS

by

Joshua Robert Keller

A thesis submitted to the Graduate College  
in partial fulfillment of the requirements  
for the degree of Master of Music  
School of Music  
Western Michigan University  
June 2015

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# PERCEPTIONS OF GUITAR USE AND TRAINING IN MUSIC THERAPY: A SURVEY OF CLINICIANS

Joshua Robert Keller, M.M.

Western Michigan University, 2015

The purpose of this study was to examine music therapists' perceptions of guitar use and training in clinical practice. Three major research questions dealt with guitar use, guitar training, and clinicians' confidence using the guitar in clinical practice. A quasi-random sample of 1000 board-certified music therapists were invited to complete an online questionnaire with 27 questions in the areas of guitar use, guitar training and experience, and the importance of 28 specific skills. One hundred fifty music therapists ( $n = 150$ ) responded.

Major findings include: (1) clinicians appear to use the guitar frequently and, on average, see guitar skills as more important than piano and percussion skills; (2) respondents tended to feel better prepared when they had more than one semester of guitar training and many expressed a desire for more guitar training, specifically in the areas of stylistic playing and improvisation; (3) respondents who were trained in guitar by music therapy faculty felt their training was more clinically relevant than those trained by non-music therapy faculty; (4) music therapists are generally confident in their guitar skills and the factors that predict high confidence levels need to be further explored and; (5) a majority of music therapists enter their academic programs with little or no guitar experience and this appears to be especially true for females. Discussion includes the relationship of these results to previous research, implications for training and practice, and recommendations for further research.

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Joshua R. Keller

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## CHAPTER I

### INTRODUCTION

#### *Problem Statement*

The guitar is the instrument most frequently used in clinical practice by music therapists and there is evidence to suggest that many find guitar skills more important than piano (Kennedy, 2001; Braswell, Decuir, & Maranto, 1980; Jenkins, 2013). Many aspects of the guitar make it ideal for clinical practice (Castelino, 2008; Oden, 2014; Krout, 2007a). Guitar skills are taught in all music therapy training programs. The amount and type of this training varies but usually consists of one or two semesters of class guitar (Kennedy, 2001; Logan, 2013). There is preliminary evidence that clinicians feel underprepared in this area and that students frequently enter internship below the competency level expected by supervisors (Keller, 2012; Jenkins, 2013; Logan, 2013). The reasons for this are not clear and it may be due to too little time spent on guitar training, the skills covered in that training, or other factors. The literature contains surveys of academic and internship directors as well as articles by guitarists detailing guitar skills essential for clinical practice, yet little is known about which skills clinicians find the most important (Kennedy, 2001; Logan, 2013; Keller, 2012). Also unknown is how confident music therapists feel in their use of the guitar and what factors may be associated with higher levels of confidence. Given that the importance of the guitar is well documented in the literature it would be useful to know more about clinicians'

perceptions of the instrument including the skills they feel are important, their confidence using the instrument, and opinions about the training they received.

### *Rationale for Research*

The guitar is one of four areas in which music therapists must demonstrate functional music skills along with voice, piano and percussion (American Music Therapy Association, 2013). There is evidence to suggest that music therapists find guitar skills more important than piano skills in clinical practice (Kennedy, 2001; Jenkins, 2013). A survey of university program directors revealed that this group considers the study of guitar skills more important than piano to clinical success (Kennedy, 2001). More recently, internship directors rated guitar skills as more essential than piano or percussion skills for new interns to possess (Jenkins, 2013). In the past, music therapists have also reported that the guitar is the instrument they use most frequently in clinical practice, although it is unclear whether this is currently the case (Braswell, Maranto, & Decuir, 1979).

The guitar's affordability, portability, dynamic range, versatility, size, and familiarity are all possible reasons that the guitar is viewed as more important than piano or percussion (Kennedy, 2001; Castelino, 2008; Oden, 2014). Many music therapists do not have access to a piano in their facility or have to travel between clients' rooms or different facilities, making the guitar the most convenient choice for accompaniment due to its portability. The guitar's size also means a therapist can move around during a session and allows it to be used without creating a physical barrier between client and therapist (Ricciarelli, 2003). Its wide dynamic range allows the therapist to play at an

extremely soft dynamic level when bedside or at a level loud enough to accompany a large group. In addition to the physical and musical properties that make the guitar important in music therapy, most clients are familiar with the instrument and many have, or would like to have, experience playing it (Krout, 2007a). It is clear that music therapists believe that guitar skills are very important for clinical practice and that many properties of the instrument make it an ideal instrument for many different settings.

Despite widespread agreement about the importance of functional guitar skills, there is evidence that music therapists feel underprepared in this area. In a pilot version of the proposed study, many of the respondents (students and therapists) indicated that guitar was not sufficiently emphasized in their training compared to piano (Keller, 2012). A majority of respondents to that study also reported that their guitar training did not adequately prepare them for clinical practice. Several surveys of internship supervisors suggest that students often enter their internship lacking some of the skills the supervisors expect of new interns (Jenkins, 2013; Logan, 2013). Some of this may be explained by the amount of time devoted to guitar training in university programs. Kennedy (2001) surveyed academic directors and found that more than two thirds of respondents offered only one semester of guitar training. A more recent study suggests that more programs (60%) are offering two semesters and 25% are offering only one semester (Logan, 2013).

A search of the literature revealed published studies of both academic directors and internship supervisors on this topic but, outside of the previously mentioned pilot, no study of clinicians' perceptions of guitar training and use was found. Specifically, no reliable data were found that would indicate clinicians' opinions about the positive and

negative aspects of their training and how well they feel it prepared them for clinical practice. Given the consensus on the importance of guitar skills, the need is clear for research examining their perceptions of guitar training including what aspects they find valuable and what improvements could be made.

Equally important to the amount of time spent studying the guitar is the question of curriculum and which skills are deemed important. Although guitar has long been an important part of music therapy training and a lack of available training materials was noted decades ago (Caluda, 1985), the first comprehensive guitar text for music therapists and educators was published in 2010 (Meyer, De Villers, & Ebnet, 2010) with an additional book published more recently (Oden, 2014). But even with well-designed curricula, it is unlikely that any training program would be able to teach every skill that could be useful in clinical practice, especially given the number of other important skills that need to be covered. For this reason it is important to know which skills are the most essential so they can be prioritized. The existing literature reveals a general consensus between academic directors, internship supervisors and guitar experts on this question. Skills such as playing basic open chords, simple strumming and fingerpicking patterns, tuning, and singing while playing have consistently been rated as important in b surveys and expert articles (Kennedy, 2001, 2003; Logan, 2013; Krout, 2003) . In several large studies of clinical practice from the 1970's and 1980's clinicians rated certain guitar skills as highly important but these surveys included only a few guitar skills among dozens of other clinical and academic skills (Braswell, Decuir, & Maranto, 1980; Petrie, 1989; Taylor, 1987). There has yet to be a large survey of clinicians focused specifically on

guitar skills. Since academic directors and internship supervisors are currently or have been clinicians in the past it is likely that clinicians will agree with their assessment of which skills are important. However, a study of clinicians would confirm these findings as well as shed more light on how the guitar is used by a majority of music therapists.

Evidence suggests not only that the basic skills are important, but that possessing more advanced guitar skills may enhance clinical outcomes. Groene (2001) found that clients with dementia showed greater attentional and responsive behaviors when the guitar accompaniment used was complex versus simple. Advanced skills, beyond the basics learned in one or two semesters, can open up clinical avenues that are inaccessible to those who do not possess these skills. For example, Soshensky (2005) describes using the guitar within the Nordoff-Robbins model which is highly improvisational and typically piano-based. Using the guitar allowed him to incorporate genres and musical vocabulary that would not be easily performed with the piano and which directly influenced the clinical outcomes of the case. It would also be useful to identify the skills that are more likely to be perceived as important by clinicians who are also highly skilled guitarists. Although advanced musical skills do not always translate to enhanced clinical outcomes, applying them appropriately can expand the range of possible outcomes. Knowing which skills the more advanced guitarists in the field find important could inform decisions about guitar training and curriculum.

### *Research Questions*

The research questions were grouped into three areas with sub-questions:

1. How is the guitar currently being used in clinical practice?

- (a) What skills do clinicians feel are important to their clinical practice and how does this compare with previous surveys of academic directors and internship supervisors?
  - (b) How frequently do music therapists use the guitar compared to other accompaniment instruments?
  - (c) What are the reasons music therapists choose to use the guitar as their primary accompaniment instrument instead of the piano?
  - (d) Is there a difference in how much the guitar is used from setting to setting?
  - (e) Are there certain skills that are much more likely to be ranked as “important” or “very important” by therapists who self-identify as advanced guitarists?
2. What guitar training have music therapists received and how satisfied with it are they?
- (a) What level of proficiency and types of experiences with guitar do students have prior to entering music therapy training?
  - (b) How many semesters of class guitar have music therapists received during their training and do they feel this was too much, not enough, or about right?
  - (c) What were the qualifications of the instructors teaching guitar classes?
  - (d) Which important skills, if any, do music therapists feel were not covered sufficiently in their guitar courses?
  - (e) Do clinicians feel their guitar training prepared them for clinical practice?  
What were the most helpful aspects of training and areas they feel could be improved?

- (f) Is there a difference in the level of satisfaction based on how much training was received or the qualifications of the guitar instructor?
- 3. How confident do music therapists feel using the guitar in clinical practice?
  - (a) What level of confidence do music therapists have using the guitar in clinical practice?
  - (b) What skills, if any, do music therapists feel would be clinically useful yet do not feel confident enough to use regularly?
  - (c) Which factors (professional experience, semesters of training, proficiency upon entry, instructor qualifications) are predictors of a music therapist's level of confidence using the guitar?

#### *Definition of Terms*

Importance. The term “importance” has been applied to clinical skills and competencies in much of the literature on which this study is based, yet there seems to be no single definition of the term (Kennedy, 2001; Logan, 2013). One aspect of the importance a skill holds in clinical practice is frequency of use, but this alone does not account for how important a skill is. A clinician may prefer a certain technique because he or she is comfortable with it yet feel that a different technique could easily be used to achieve the same outcomes. One way to find the importance of something is to take it away. For the purposes of this study, the importance of a skill will be measured by considering clinical practice without that skill. Asking the question “how important is this skill?” is essentially the same as asking the question “without this skill, how difficult would it be for me to use the guitar effectively to achieve desired clinical outcomes?”

Guitar skills. Many of the guitar skills used in this study are well defined and there exists one or two commonly accepted terms referring to these specific skills. However, some terms are not as well codified. Wherever possible in the survey, attempts were made to use several alternate terms and give brief examples of each skill without becoming cumbersome. Skills that were found to be confusing in a pilot version of the survey were revised or removed.

### *Summary*

Despite widespread agreement that the guitar is important to clinical practice, there is some evidence that there is a need to improve training in this area. Additionally, little is known about the ways that clinicians are using the guitar in clinical practice, which skills they find important, and their opinions about their training. More research is needed in this area to inform curriculum decisions and better understand the use of guitar in music therapy. This study seeks to expand the knowledge in these areas by surveying clinicians directly. The methodology of the study was based on previous surveys of academic and internship supervisors (Kennedy, 2001; Logan, 2013). Soshensky (2005) states that “expanding the conception of guitar in clinical practice beyond habitual and limiting rhythmic strumming or finger picking approaches is not really a matter of all music therapists cultivating expert technical skills. Rather, it is a matter of modifying the dominant perception of the instrument” (p. 117). It is hoped that the knowledge gained in this study will aid in the continued improvement of guitar training and expand the conception of how the guitar can be used in the healing work of music therapists.

## CHAPTER II

### REVIEW OF LITERATURE

#### *The Importance of the Guitar*

The guitar has previously been reported as the instrument most frequently used in clinical practice by a majority of music therapists (Braswell, Maranto, & Decuir, 1979). In its professional competencies the American Music Therapy Association (AMTA) requires that music therapists are able to tune the guitar, lead and accompany using the guitar, play basic chord progressions with varied accompaniment patterns, sing while playing with a pleasing sound, and have a repertoire of folk and popular songs (American Music Therapy Association, 2013). Additionally, the competencies specify that music therapists should be able to sight-read simple compositions and song accompaniments, harmonize and transpose simple compositions, develop original melodies, accompaniments and pieces, and improvise. The competencies say that these skills should be demonstrated on voice, piano, guitar, and percussion, but there is evidence that educators, and internship directors view the ability to perform these skills on the guitar as more essential than piano and percussion (Kennedy, 2001; Jenkins, 2013). There is little data in the literature regarding whether clinicians share this view.

In their extensive study on the clinical practice in music therapy, Braswell, Maranto, & Decuir (1979) found that 31% of music therapists reported that they used the guitar most commonly compared with 29% who used the piano most commonly and 13%

who used the autoharp. There is reason to believe that use of the guitar has increased in the decades since the study due to increased popularity of the guitar in popular music styles and an expansion of the profession to include more mobile music therapists for whom the piano is not practical (Kennedy, 2001; Oden, 2014).

In addition to, and perhaps because of, their frequent use of the guitar, it appears that music therapists view functional guitar skills among the most important for clinical practice. Several large-scale surveys of music therapists from the 1980's consistently place guitar-related skills near the top in terms of importance for clinical practice. In a survey of music therapists regarding the importance of various entry level skills, two guitar skills received the highest average ratings and several others were ranked highly (Braswell, Decuir, & Maranto, 1980). These findings were supported by two later survey studies on competencies and intended learning outcomes for music therapy students. Although very few guitar related items were included in these surveys, those that were tended to be rated as highly important (Taylor, 1987; Petrie, 1989).

Studies of university program directors and internship supervisors confirm the findings that guitar skills are considered important. In a survey of 48 academic directors, Kennedy (2001) asked respondents to “rate the study of guitar as compared to the study of piano in relation to clinical success” (p. 131). The mean response was 3.73 on a five point Likert scale where 1 = not as important and 5 = more important, indicating that this group found guitar skills somewhat more important than piano. When internship supervisors ( $n = 92$ ) were surveyed on the functional musical skills they found most essential for interns to possess, guitar ranked just below voice and significantly above

both piano and percussion (Jenkins, 2013). In addition the author reports smaller variability in the ratings for guitar and voice than for piano and percussion, likely indicating that there is more agreement about the importance of guitar skills than piano or percussion. While piano, guitar and percussion are all very important to clinical practice, there appears to be some consensus that guitar skills are considered somewhat more important, or at least more useful across a variety of settings.

### *Reasons for Popularity*

The reasons for the guitar's popularity and importance as a clinical instrument are well documented in the literature. Perhaps the most appealing property of the guitar for music therapists is its small size and portability (Kennedy, 2001; Soshensky, 2005). Not only is the guitar ideal for moving from site to site, but use of a strap allows a therapist to move around within a session (Kennedy, 2003). The guitarist is free to move about and is able to use proximity as a therapeutic tool whereas a pianist must stay seated at the piano (Castelino, 2008). Soshensky (2005) describes how this freedom aided him in building rapport with a young boy with Pervasive Developmental Disorder: "the benefit of movement may have enhanced [the client's] overall feelings of trust and mutuality. I was able to face him directly and, at times, be very close to him, encouraging spontaneous eye contact and a sense of intimacy" (p. 117). A guitarist may create a close, intimate space by positioning very close to a client as needed. The therapist has the freedom to assess needs in the moment and move about as needs arise (Ricciarelli, 2003). The guitar's size and portability is both a practical and therapeutic advantage and one of the reasons it is a popular choice among music therapists.

The guitar's wide dynamic range is another feature that lends itself to clinical use. A therapist needs to possess only basic technical skills to play nearly silently when the need arises yet it can be loud enough to be used in group settings with the aid of a guitar pick, and optionally, an amplifier (Ricciarelli, 2003; Castelino, 2008). Because the guitar is an acoustic instrument it has a sound presence that is typically not possible using a keyboard synthesizer. Some note that the tactile stimulation that can be achieved by touching an acoustic instrument or placing it against the body can be used therapeutically with certain clients (Oden, 2014). The guitar responds to playing technique so that not only does the volume increase or decrease with dynamics, but character of the sound changes as well. This allows the therapist to use not only volume, but also timbre as a therapeutic tool (Soshensky, 2005). Various features of the instrument itself including its size, timbre, volume, and versatility make using the guitar a choice not only of convenience but also of clinical relevance.

Many popular genres of music can be played authentically on the guitar which allows the therapist to faithfully recreate many client-preferred styles (Castelino, 2008; Oden, 2014). Analysis of just a few articles about the use of guitar in music therapy demonstrates the range of styles that therapists use the guitar to play in sessions including country-rock, funk, Spanish music, heavy metal, waltz, (Soshensky, 2005), classic rock, reggae (Romanowski, 2003), blues, rock and roll, and oldies (Ricciarelli, 2003). Many of the popular genres from the 1950s onward have relied heavily on the guitar as the primary accompaniment instrument. In addition, much of the big band repertoire and other songs popular from the 1920s to the 1940s can be played well on the guitar with the

use of swing style chords and rhythmic patterns. In addition to its ubiquity in American popular music the guitar is nearly universal across cultures. Some version of the guitar or a similar stringed instrument exists in many cultures of the world. In clinical cases where a cultural divide exists, the guitar itself – and especially using the guitar to play the music from a patient's culture – may provide a bridge and a basis for the therapeutic relationship to form (Castelino, 2008). For clients of almost any age or culture, it is likely that a music therapist could use the guitar to play a client-preferred genre of music.

In addition to its cultural universality, the guitar is both iconic and extremely common in American culture. Rock stars are idolized partly for their ability to play the guitar, yet at the same time many people have seen, held, or even played a guitar. As Ricciarelli (2003) puts it, the guitar is “casual”. This combination of idolization and familiarity puts the guitar in a unique position to motivate some clients and comfort others (Krout, 2007a; Romanowski, 2003). An extensive review of the literature by Krout (2007a) found 64 sources between 1966 and 2005 which involve the guitar as a source of motivation, attraction or preference for clients in music therapy. Examples of this type of use span populations (children, adolescents, adults, and geriatrics) and treatment needs (academic, developmental, medical, mental health, and physical needs). Different populations were attracted to the guitar for different reasons. Adolescents and adults tend to identify the guitar with the popular music scene whereas younger children may be comforted by it and are often attracted to it because of its familiar nature. Older adults may find the sound of the guitar comforting and nostalgic. While the elements of attraction and motivation are certainly not exclusive to the guitar, the previously cited

literature makes it clear that the guitar can be used in this way for many in a variety of cases.

Because of this appeal to many different clients, music therapists often have their clients play the guitar as a way to achieve clinical goals. Braswell, Maranto, & Decuir found in 1979 that the guitar was played second most often by clients after percussion instruments. Music therapists may find themselves treating a patient who has some level of previous guitar experience in which case the guitar is a natural choice to facilitate rapport building and promote client investment in the therapeutic process (Primadei, 2004). Oden (2014) gives a comprehensive overview of how client guitar playing can be used to achieve clinical goals. He includes specific information on methods of instruction, adaptive methods and devices, technical considerations, and shares anecdotes of how the techniques have been used with specific clients. Playing the guitar may help the client to achieve physical goals such as increasing hand strength or developing fine motor control (Castelino, 2008; Krout, 2007b; Oden, 2014). Open tunings may be used so that the client may experience success with a minimum of frustration (Castelino, 2008; Oden, 2014). Regular chord fingerings may also be simplified and then built upon using a successive approximation approach or an adaptive device can be used (Krout, 2007b; Oden, 2014). In his review of literature, Krout (2007a) cites examples of the guitar being used in goal areas such as attention, following directions, tolerating frustration, increasing self-esteem, expression of emotions, increasing social interaction, and more. Use of the guitar by clients is well documented and described in the literature but it is unclear

whether clinicians feel prepared to use the guitar in these ways or if they feel it is important.

### *Guitar Training and Attitudes Toward It*

There appears to be widespread agreement in the music therapy community that guitar skills are very important to clinical practice. Yet, there is preliminary evidence that music therapists are not satisfied with how well their guitar training prepared them for clinical practice. A pilot version of the proposed study asked several questions of music therapists and students regarding their attitudes toward their training. When asked how well they felt their guitar training prepared them for clinical practice the mean response was 2.6 where 1 = very poorly and 5 = extremely well (Keller, 2012). This finding is supported by two recent surveys which indicated that students entering internship are often lacking some of the necessary guitar skills. Logan (2013) reports that a frequent sentiment expressed by internship supervisors is that they would like interns with more guitar skills. When supervisors were asked to rate the functional music skills of the average new intern, guitar skills averaged 2.7 out of 5 where '3' indicates the student meets the expected competency level for entering internship (Jenkins, 2013). These studies seem to indicate that there is room for improvement of guitar training, but the literature is lacking a large study of clinicians regarding their attitudes toward their guitar training.

In 2001, Kennedy found that just over two-thirds of programs surveyed offered only one semester of class guitar. However, he did observe a move toward offering more guitar instruction, either as specific guitar courses or in the context of other music therapy

classes where guitar skills are integrated with other leadership and therapy skills. The trend of offering more guitar instruction appears to have continued since Kennedy's study. A more recent follow up to that study found that 60% of the programs surveyed now offer two semesters (Logan, 2013). Both authors note that academic directors would like more time to teach guitar, but finding the space in the curriculum is difficult considering all of the other requirements.

In the pilot version of this study, music therapists and students generally reported feeling that guitar training was underemphasized compared to the piano (Keller, 2012). Only one third of respondents felt it was "about right" whereas 67% indicated some level of feeling it was underemphasized. Those who had two semesters of guitar indicated that they felt better prepared than those with one semester. However, none of those who had two semesters of guitar training reported feeling "very well prepared" and the mean rating on a five point Likert scale (where 5 = very well prepared) was only 3.0. The survey included an opportunity for respondents to expand upon their answers in narrative form. While not conclusive, many expressed feeling that one semester was not enough to teach the skills necessary for clinical practice. Those who had two semesters of training spoke positively of the experience although one respondent highlighted the complexity of the situation, acknowledging a need for more training but questioning how it could fit into the schedule. These results are based on an extremely small sample size ( $n = 15$ ) so no conclusions can be drawn but they point to the need for a larger study on the subject.

Another area of interest regarding guitar instruction is the qualifications of the instructors. Kennedy (2001) indicated that many university directors felt that it was

important that these classes be taught by a music therapist so that basic guitar skills could be taught in the context of how they might be used in practice. Not all universities use music therapists to teach their guitar classes but the qualifications of guitar instructors is not known at this time. Logan (2013) reported at a conference session that this is an area in need of more research and one goal of his study was to determine the qualifications of guitar instructors at university training programs.

Until recently there has been very little published or commercially available material that can be used for training music therapists in functional guitar skills (Caluda, 1985; Meyer, De Villers, & Ebnet, 2010; Oden, 2014). This absence was noted by Caluda (1985) who said that, despite the availability of a wide variety of instructional books, his search revealed no text specifically designed for music therapists or music educators. Only recently have two texts been published to be used in music therapy training. Meyer, De Villers, and Ebnet (2010) published *Guitar Skills for Music Therapists and Music Educators* which covers areas such as guitar parts and maintenance, basic open chords, strumming techniques, fingerpicking techniques, bass strumming and bass runs, barre chords, power chords, and other techniques. The lead author is a music therapist and professional guitarist who regularly teaches workshops on guitar at national and regional music therapy conventions. He was frustrated with the lack of material for group guitar classes that focused on skills for music therapy and music education and wrote this book “because there was nothing else out there” (P. Meyer, personal communication, April 14, 2012).

Another book has since been published that covers not only basic guitar skills but also specifically how those skills can be applied in the clinical setting (Oden, 2014). The first part of the book examines the history of the guitar and the various styles of music it plays, its use in clinical music therapy, and basic skills. The author then discusses the use of the guitar both by therapist and by client. In the second part he offers insight on how the therapist can accompany songs and improvisations, as well as other techniques that are clinically useful. Additionally, several chapters are devoted to techniques to assist clients playing the guitar including teaching techniques, assisted playing techniques, alternate tunings and adaptive devices. The book contains extensive resources as well as many anecdotes about how he has used the various techniques he presents.

The other instructional material in the music therapy literature is mostly in the form of articles and books on more narrow topics. Several books cover the use of adaptive guitar techniques for teaching students or clients with special needs (Krout 2007b, 2011). Other books offer a repertoire of guitar-friendly songs for music therapy, instruction on contemporary guitar styles and a series of chord progression loops in various styles that can be used as accompaniment to improvisations or as the basis for songwriting interventions (Scheldt & McClain, 2000; Krout, 1996a; 2009). Beyond these books Krout also wrote a regular column in *Music Therapy Perspectives* for several years in the 1990's entitled "Contemporary Guitar Applications". The content of the column generally covered more advanced skills such as minor pentatonic scales and blues (1995), major pentatonic scales (1996b), the use of Latin clave rhythms and percussive techniques (1997), reggae (1999a), and alternate tunings (1999b). Since that time it

appears that the availability of instructional material on guitar skills for music therapists is improving with two comprehensive books published in the last five years to be added to several more narrowly focused books and articles.

### *Importance of Specific Skills*

In order to build a curriculum that adequately prepares music therapists to meet the professional competencies of AMTA as well as the demands of clinical practice it is important to know which guitar skills should be deemed the most important. The literature on this subject falls into three categories: (1) broad studies in which clinicians were surveyed on the relative importance of many clinical skills including a few guitar skills, (2) guitar-focused survey studies of academic and internship directors, and (3) articles written by expert guitar players in the field detailing the guitar skills they deem important for music therapists. A general consensus is found among all three types of articles.

Large-scale surveys of music therapists from the 1970's and 1980's have found that many guitar-related skills are rated as important. Braswell, Decuir, & Maranto (1980) surveyed music therapists asking them to rate the importance of 131 entry level skills including 64 musical skills. Two guitar skills (tuning and playing common strum patterns) received the highest average importance ratings of any musical skills (8.61 and 8.35, respectively on a 9-point scale). Several other skills were highly ranked including improvising (7.44) and transposing (7.84) simple accompaniments by ear, and playing major and minor triads and seventh chords in commonly used keys (7.22). Playing scales on the guitar (5.08) and transposing simple melodies (6.79) were seen as less important.

Taylor's (1987) study on entry level competencies included only three guitar specific skills but confirmed that music therapists considered using common strumming patterns, playing basic chords, and transposing and improvising on the guitar important. It also confirmed that playing major and minor scales on the guitar were deemed relatively unimportant. No other examples were found in the literature in which clinicians were surveyed about the importance or use of the guitar or guitar skills.

Several researchers have examined the requisite skills for effective guitar songleading and how these skills are being taught at the university level. Furman (1987) developed a behavior checklist for guitar songleading and found that giving this to students helped to increase their performance ratings. Gregory and Belgrave (2009) narrowed this checklist into four basic behaviors: eye contact with the audience instead of at hands, a ringing sound quality, correct chord forms and a steady rhythmic pattern in the right hand. They compared ratings on these four measures to an overall effectiveness rating given by another observer and found that they were highly correlated. This suggests that these four behaviors are requisite behaviors for (and may be predictive of) effective songleading on the guitar. Silverman (2011) developed the Guitar Songleading Performance Scale (GSPS) which consists of 5 group interaction skills and 10 guitar techniques and musical skills. The scale is meant to provide useful feedback to students learning guitar and songleading skills while being quick and easy for instructors to use. The scale groups guitar skills into several areas including fretting, number of chords played, chord changes, frequency and correctness, rhythmic accompaniment and

complexity, guitar and voice dynamics and balance, and tuning. These skills are in line with other research studies citing the importance of various guitar skills.

While there is a lack of knowledge about clinicians' feelings about guitar skills, there appears to be some consensus among academic directors, internship supervisors, and guitar experts regarding which skills are most important for entry-level music therapists to possess. Kennedy (2001) created a three tiered hierarchy of guitar skills based on a survey of training program directors. Skills were grouped according to the number of directors who reported that their programs require proficiency in the skill. The first tier (required by at least 78% of respondents) includes singing with strumming accompaniment, playing bass note/strum patterns, transposing songs with chord symbols at sight, and learning more than 12 chords. The second tier was comprised of singing with finger picking accompaniment, playing barre chords, sight-reading melodies, and playing major scales. Finally, fewer than 35% of respondents required minor scales, improvisation, or learning fewer than 12 chords for guitar proficiency. A more recent survey found agreement between academic directors and internship supervisors regarding the relative importance of skills and largely agreed with Kennedy's study (Logan, 2013). The top ten most important skills in this study included all of Kennedy's top tier, with the addition of singing with fingerpicking accompaniment, playing without looking at hands, tuning, and use of a capo.

In addition to surveys there are several articles in which authors recommend a list of skills based on their own expertise and clinical experience. Kennedy (2003) expands upon the hierarchy he set forth in his earlier study (2001) and suggests the following

additional techniques as important: tuning, learning chords, strumming techniques, finger picking techniques, bass runs, barre chords, use of the capo, and transposition.

Interestingly, all of these skills, with the exception of barre chords, were found to be important in Logan's (2013) survey. Krout (2003) lists many of the same basic skills and adds others that many would consider more advanced, including the use of pentatonic scales, the use of different styles of guitar (classical, acoustic, electric), familiarity with progressions and stylistic uses of chords, percussive strumming techniques, use of non-chord tones, and chord and melodic embellishments. It appears that, for the most part, there is consensus among internship supervisors, academic directors, and guitar experts on which guitar skills are most important for entry-level music therapists to possess. What is not known is whether clinicians generally agree with these skills and whether they feel adequately prepared to use those skills in clinical practice.

The potential use of guitar in music therapy goes beyond the basic skills often taught in beginning guitar courses. Often advanced techniques are useful and even necessary to help maintain the interest and engagement of a client, authentically reproduce a client-preferred style of music, or improvise in a variety of settings and styles. Krout (1996a, 2003) discusses the importance of using advanced skills to help maintain interest in the music. Oden (2014) points out the importance of being familiar with and able to play different styles of music in order to create a connection with and engage clients. Primadei (2004) discusses the need to be musically flexible to engage in clinical improvisation with the guitar. This need is highlighted by Soshensky (2005) in his work using the guitar within the Nordoff-Robbins model of music therapy. His

knowledge of various musical styles and ability to access them was fundamental to his clinical success in the case he discusses. Experimental evidence also bears out the benefits of advanced guitar skills. Groene (2001) found that older adults with dementia showed greater attentive and responsive behaviors when the guitar accompaniment used in a session was more complex versus simple. The simple accompaniment was very basic and included three or, if necessary, four chords, along with a simple, non-syncopated strumming pattern. The complex accompaniment incorporated more rhythmic syncopation, percussive techniques, more advanced strumming patterns, melodic playing, and a richer harmonic palette including more secondary dominant chords, chord extensions, diminished chords and suspensions.

### *Summary*

The literature indicates that the guitar is considered important in the practice of music therapy for many reasons but that music therapists may not feel well prepared by their guitar training. Since no large survey of clinicians specifically focused on the guitar was found, very little is known about how frequently clinicians use the guitar, why they may prefer the guitar, what skills they feel are important, and how they feel about their guitar training. Additionally, it is unknown what factors influence how confident music therapists feel in this area of their practice. The purpose of the current study is to increase knowledge in these areas by answering the following research questions:

1. How is the guitar currently being used in clinical practice?

- (a) What skills do clinicians feel are important to their clinical practice and how does this compare with previous surveys of academic directors and internship supervisors?
  - (b) How frequently do music therapists use the guitar compared to other accompaniment instruments?
  - (c) What are the reasons music therapists choose to use the guitar as their primary accompaniment instrument instead of the piano?
  - (d) Is there a difference in how much the guitar is used from setting to setting?
  - (e) Are there certain skills that are much more likely to be ranked as “important” or “very important” by therapists who self-identify as advanced guitarists?
2. What guitar training have music therapists received and how satisfied with it are they?
- (a) What level of proficiency and types of experiences with guitar do students have prior to entering music therapy training?
  - (b) How many semesters of class guitar have music therapists received during their training and do they feel this was too much, not enough, or about right?
  - (c) What were the qualifications of the instructors teaching guitar classes?
  - (d) Which important skills, if any, do music therapists feel were not covered sufficiently in their guitar courses?
  - (e) Do clinicians feel their guitar training prepared them for clinical practice?  
What were the most helpful aspects of training and areas they feel could be improved?

- (f) Is there a difference in the level of satisfaction based on how much training was received or the qualifications of the guitar instructor?
- 3. How confident do music therapists feel using the guitar in clinical practice?
  - (a) What level of confidence do music therapists have using the guitar in clinical practice?
  - (b) What skills, if any, do music therapists feel would be clinically useful yet do not feel confident enough to use regularly?
  - (c) Which factors (professional experience, semesters of training, proficiency upon entry, instructor qualifications) are predictors of a music therapist's level of confidence using the guitar?

One hundred fifty clinicians were surveyed using an original questionnaire. The resulting descriptive data is reported and relationships between several variables including confidence, amount of training, and other factors are explored. Conclusions and recommendations are discussed based on these results. It is hoped that this will provide information for discussion about the continued improvement of guitar training for music therapists so that the instrument can be used more effectively in clinical practice.

## CHAPTER III

### METHOD

#### *Participants*

This study aimed to collect data on clinicians' perceptions of guitar use and training in music therapy. Requirements for participation included having a current MT-BC credential, at least one year of professional experience, active practice of music therapy within the past year, and no participation in the pilot version of the study.

According to the Certification Board for Music Therapists (CBMT, 2015), over 6000 music therapists currently hold the MT-BC credential. The recommended sample size for a population of this size would be 361 (Patten, 2000). A similar study in the field received a response rate of approximately 15% (Scheffel, & Matney, 2014) meaning that to receive 361 responses for the current study, over 2400 invitations would have needed to be sent. This was determined to be too large for the scope and time constraints of the current study and so a smaller number of potential recruits (1000) was chosen.

The researcher purchased a list of 1000 email addresses for music therapists with a current MT-BC credential who were certified in 2013 or before. A random list was requested, but the researcher did not specify the randomization procedures to be used. Inquiry after the survey was completed revealed that a list filtered by date of certification (excluding 2014 and 2015) was "exported from [the CBMT] database in a random order" and the first 1000 email addresses in the resulting list were sent to the researcher (H.

Burket, personal communication, April 23, 2015). Since the method of randomization within the database is not known, the sample should be considered quasi-random.

After the Human Subjects Institutional Review Board at Western Michigan University approved the research protocol (see Appendix C), an email was sent to the list of email addresses with an invitation to participate in the survey (see Appendix B). Recipients had two weeks to respond and a reminder was sent out after one week. Information about the study and about consent were included both in the email invitation and the first page of the survey website.

A total of 1000 email invitations were sent. Two were not delivered successfully and a total of 31 recipients chose to opt out of receiving emails from SurveyMonkey. An additional three recipients emailed the researcher to indicate that they did not meet one or more of the requirements to participate. This brought the total number of successful invitations to 964. A total of 150 people completed the survey for a response rate of 15.6%.

### *Survey Instrument*

A new survey instrument was developed based on previous research including a survey of academic directors by Kennedy (2001) and a similar survey of academic directors and internship supervisors by Logan (2013). Both of these studies gathered data on the number of semesters of guitar training offered at universities as well as other aspects of guitar training. These surveys and others also contained questions on the perceived importance of guitar skills (Braswell, Maranto, & Decuir, 1979; Jenkins, 2013). In addition, certain questions on the frequency of guitar use were based on earlier

research by Braswell, Decuir, & Maranto (1980). The list of guitar skills used in the survey were based on the work of Kennedy (2001, 2003), Krout (2003), and Logan (2013), as well as feedback on a pilot version of this study (Keller, 2012).

The survey included 27 questions in four sections:

1. *Demographics*. The demographics section included six questions which gathered data on gender, years of professional experience, education level, year that training was completed, clinical setting, and age groups served.
2. *Guitar experience and use*. This section included six questions regarding the therapist's use of guitar in clinical practice as well as experience with the guitar prior to entering music therapy training.
3. *Guitar training*. This section focused on the amount and type of training received by music therapists as well as their perceptions of how well it prepared them for clinical practice. Two open-ended questions provided opportunities for longer answers.
4. *Importance of specific guitar skills*. The final section of the survey asked the respondent to rate the importance of 28 guitar skills on a 5-point Likert scale where 1 = “not important at all” and 5 = “very important.” A final question asked participants to identify skills they feel would be useful but are not confident enough to use.

### *Guitar Skills*

Developing a list of guitar skills for use in this survey began with compiling a list of skills used in previous surveys. One challenge was a lack of codified names for various

skills used by most guitarists. Guitarists often know the same skill by different names if it is given a name at all. For example, many strumming and finger-picking patterns are commonly used but have no name. Because of this and in order to compare the results of the proposed study with previous research, terms from previous studies were used wherever possible (Kennedy, 2001; Logan, 2013; Braswell, Maranto, & Decuir, 1979). Additions to this preliminary list were compiled from other articles and books on the use of guitar in music therapy (Kennedy, 2003; Krout 2003; Meyer, De Villers, & Ebnet, 2010; Oden, 2014). Revisions were made based on the author's professional and academic experience, input from others, and suggestions from participants in the pilot version of this study. A few terms that caused confusion were revised and, in order to keep the length of the survey manageable, some skills were combined and others were deleted. The final list was comprised of 28 skills in the areas of chords, strumming and finger-picking, scales and melodic playing, and miscellaneous skills. The list was reviewed by the researcher's advisor as well as other music therapists for content validity before the survey was distributed.

#### *Data Collection*

The survey was designed and hosted using SurveyMonkey.com. Privacy concerns were minimal because no identifiable information was collected. Responses were stored in a password protected spreadsheet on the researcher's computer and on the SurveyMonkey.com site.

### *Analysis of Data*

Much of the data collected in this study was descriptive and is presented in table, chart and summary form. Several research questions required the use of statistical tests to determine if the differences observed between groups were statistically significant.

Responses from open-ended portions of the survey were analyzed and coded for themes.

Several research questions required inferential statistical tests to determine if differences between groups and correlations were statistically significant. Non-parametric tests were used because the data being analyzed were Likert scale data at the ordinal level. To test for differences in how advanced guitarists rated certain skills compared to other respondents, a series of Mann-Whitney U tests were used. This test was also used to analyze differences in entering proficiency levels between genders. Kruskal-Wallis tests were used to test for differences between multiple groups, such as testing the difference in satisfaction with training between groups based on number of semesters as well as instructor. In cases where this test detected a significant difference, a Mann-Whitney U test was used for post-hoc analysis to determine where the difference occurred. Finally, a series of Kendall's Tau tests were run to detect correlations between several factors and the outcome measure of confidence. Kendall's Tau was chosen because of the non-parametric data and the test's ability to handle tied ranks.

## CHAPTER IV

### RESULTS

#### *Demographics*

A total of 150 surveys were completed making the response rate 15.0%. One hundred twenty-eight (85.3%) of the respondents were female and 22 were male (14.7%). Participants reported their years of professional experiences as “1-5 years” (38.7%,  $n = 58$ ), “6-10 years” (21.3%,  $n = 32$ ), “11-15 years” (18.7%,  $n = 28$ ), “16-20 years” (9.3%,  $n = 14$ ), “21-25 years” (4.7%,  $n = 7$ ), “26-30 years” (2.7%,  $n = 4$ ), and “more than 30 years” (4.7%,  $n = 7$ ). The education level of respondents included bachelor's degree ( $n = 61$ , 40.7%), master's degree ( $n = 87$ , 58%) and doctoral degree ( $n = 2$ , 1.8%). The settings and age groups served by participants are shown in Table 1.

**Table 1**

#### *Settings and Age Groups Served by Survey Respondents*

Setting Served			Age Group Served		
Response	<i>n</i>	%	Response	<i>n</i>	%
Hospital/medical setting (incl. pediatrics)	29	19.3	Pre-natal	4	2.7
School/children's facility	32	21.3	Infants	17	11.3
Geriatric facility	31	20.7	Children	79	52.7
Mental health setting	34	22.7	Pre-teens	55	36.7
Hospice/palliative care/bereavement	22	14.7	Teens	65	43.3
Self-employed/private practice	43	28.7	Young Adults	59	39.3
Rehabilitation center	8	5.3	Adults	85	56.7
Other	18	12.0	Seniors	83	55.3

*Note.* Percentages add up to more than 100% because participants could select more than one setting and age group. Other settings include: community based centers, in-home, group homes, performing arts centers, autism clinic, domestic violence agency.

### *Guitar Experience and Use*

Participants were asked to rate on a 7-point scale their level of guitar proficiency at the time they entered music therapy training (1 = “Not proficient at all” and 7 = “Extremely proficient”). The overall median rating was '2' indicating very little proficiency. A large gender difference was observed in these ratings so a Mann-Whitney U Test was performed which revealed a difference between male proficiency ratings ( $Mdn = 6$ ) and female ratings ( $Mdn = 2$ ),  $U = 310$ ,  $z = -5.46$ ,  $p < 0.01$ ,  $r = -0.46$ . Participants also indicated the different types of guitar experience they had prior to music therapy training (see Table 2).

**Table 2**

#### *Types of Guitar Experience Prior to Entering Music Therapy Training*

Type of Experience	Females (n = 128)		Males (n = 22)		Total (N = 150)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No prior experiences	56	43.8	0	0.0	56	37.3
Taught self	32	25.0	13	59.1	45	30.0
Learned from a friend/family member	24	18.8	7	31.8	31	20.7
Group guitar lessons, classes, workshops	16	12.5	4	18.2	20	13.3
A few private lessons (less than a year)	16	12.5	0	0.0	16	10.7
Many private lessons (a year or more)	14	10.9	8	36.4	22	14.7
Played casually with others	20	15.6	16	72.7	36	24.0
Performed as an amateur or student	15	11.7	11	50.0	26	17.3
Performed professionally	6	4.7	11	50.0	17	11.3
Used guitar in a classroom	13	10.2	5	22.7	18	12.0
Taught guitar lessons or classes	8	6.3	11	50.0	19	12.7
Other	4	3.1	2	9.1	6	4.0

A difference was again observed between genders. On average, males reported having 3.9 of the experiences listed, whereas females reported 1.3 of the experiences. Nearly half (43.8%) of females reported having no experience on guitar prior to their music therapy training. In contrast, 50% of males reported teaching and performing professionally compared to less than 7% of females.

Participants were asked how often they use the guitar as their primary instrument in therapy sessions. Forty-nine percent reported using the guitar "more than 90% of the time", 18.1% use the guitar "80-90% of the time", and 8.1% use it "70-80% of the time." Another 16.1% of responses were between 20% and 70% and 8.7% reported using the guitar "less than 20% of the time." The next question followed up by asking the features of the guitar that are most useful in clinical practice, choosing up to three from a list. "Portability between sites or rooms" (89.3%) and "ability to move around during a session" (80.0%) were the top choices with "the guitar is musically flexible" (46.0%) ranking third. See Table 3 for all responses.

Research question 3d asked if there was a difference in how much the guitar is used from setting to setting. For this analysis, participants who selected more than one setting were put together in a separate "multiple settings" group and not included in the individual settings. The setting that reported the most guitar use was hospice and the two settings with the least guitar use were mental health and rehabilitation settings. However, because of the small size of several groups, these results are not statistically significant and should be considered very preliminary.

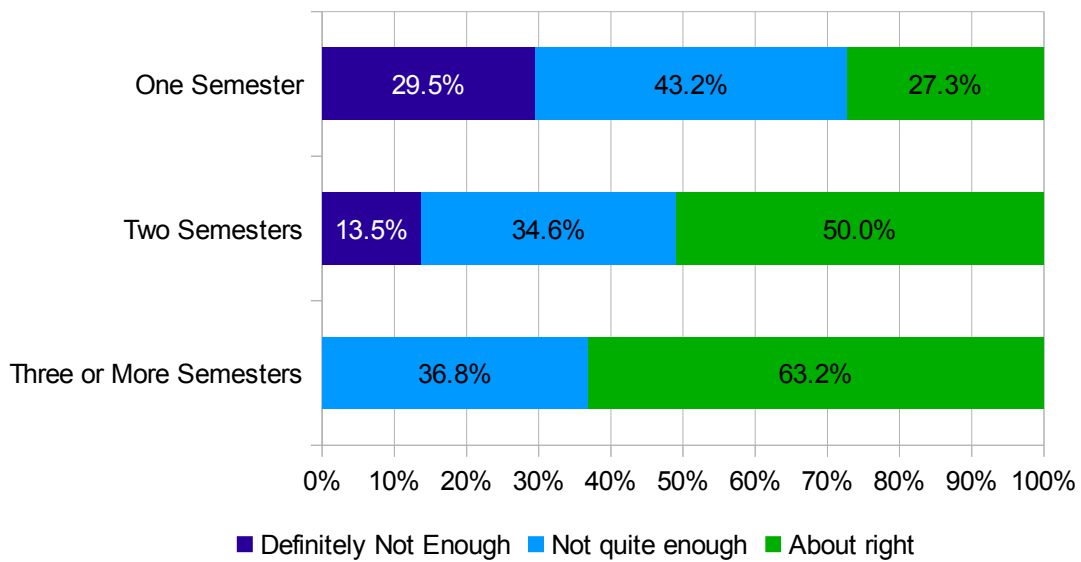
**Table 3***Most Useful Features of Guitar in Clinical Practice*

Feature	<i>n</i>	%
Portability between sites or rooms	134	89.3
Ability to move around during a session	120	80.0
The guitar is musically flexible	69	46.0
Easier to play than the piano	30	20.0
Clients prefer or request the guitar	28	18.7
No access to a piano at my facility	21	14.0
Other*	20	13.3
The guitar is inexpensive	11	7.3
Do not use guitar frequently/find features useful	4	2.7

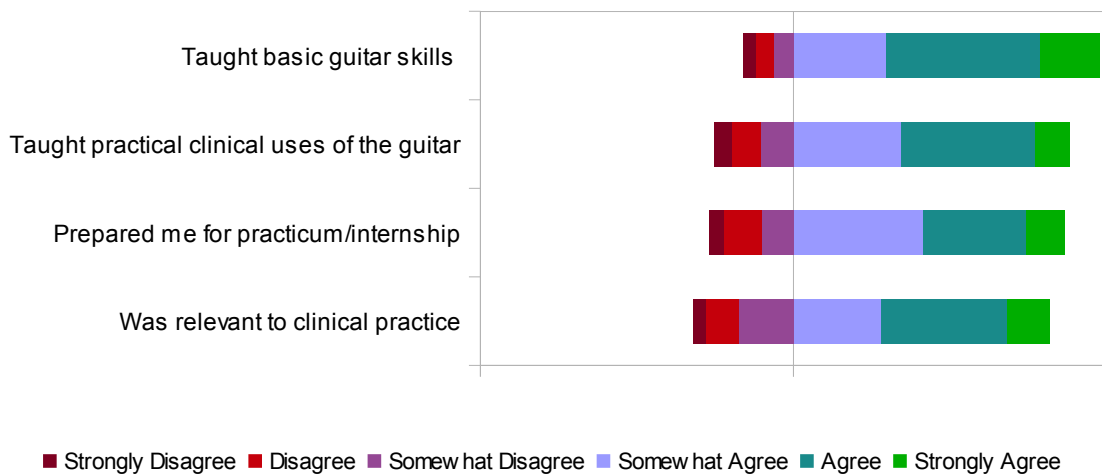
*Note.* \* Other responses included: the timbre of the guitar, ability to feel the vibrations, easy for clients to play, ability to face/connect with clients, and therapist's competence on guitar allowing concentration on client.

Survey question 11 asked what other instruments are used as much as or more than the guitar. “I don't use any other instrument as much as the guitar” (37.8%) received the highest response followed by “percussion” (33.8%), “piano/keyboard” (29.1%), “no accompaniment/a capella” (18.2%), and “ukulele” (9.5%). Other responses (14.9%) included voice, harp, iPad/virtual instruments, autoharp, banjo, Orff instruments, handbells, guitalele, and flute.

To determine how important clinicians see the guitar compared to other instruments, respondents rated the importance of their guitar skills compared to the other functional music skills of piano, percussion and voice. These were rated on a 5-point scale where guitar skills could be rated as “1 - much less important,” “2 - somewhat less important,” “3 - about the same importance,” “4 – somewhat more important,” or “5 - much more important,” than the other instruments. Guitar skills were seen as somewhat

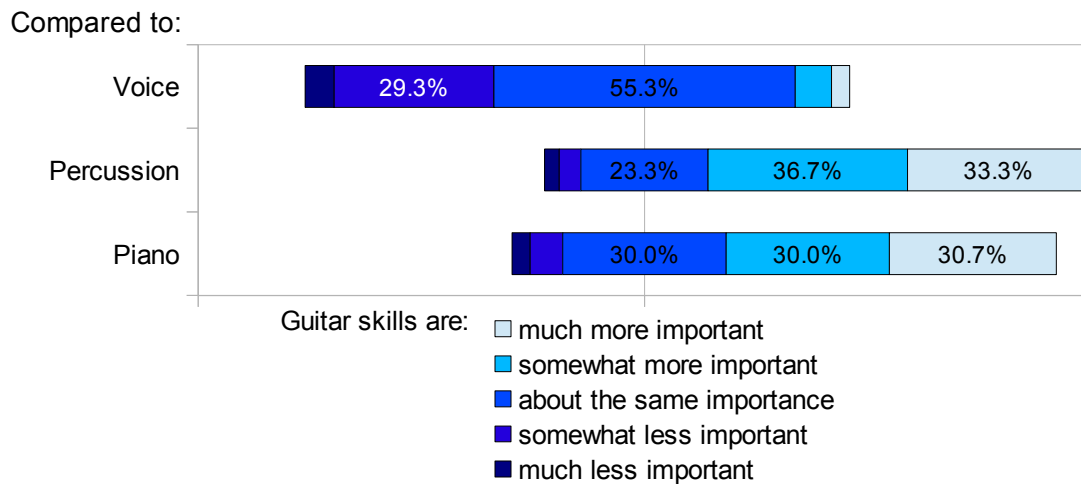


*Figure 1:* Perception of time spent on guitar training compared to piano by number of semesters of guitar training. *Note:* In these three groups, no responses of “a little too much” or “definitely too much” were reported, so they are not displayed in this figure.



*Figure 2:* Level of agreement or disagreement with statements regarding guitar training. Agreement is shown to the right, disagreement to the left.

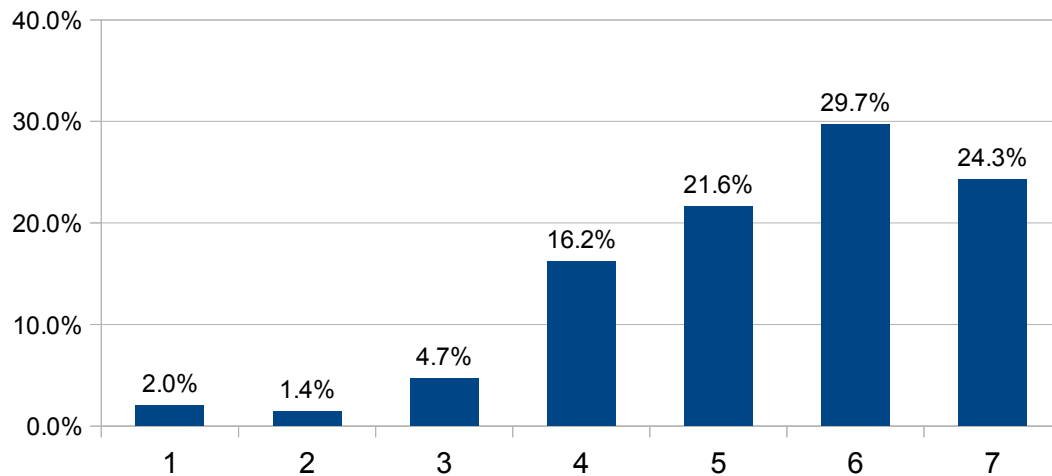
more important than piano ( $m = 3.79$ ,  $Mdn = 4$ ) and percussion ( $m = 3.94$ ,  $Mdn = 4$ ) and about the same importance as voice ( $m = 2.73$ ,  $Mdn = 3$ ). Figure 3 displays the results from this question.



*Figure 3:* Importance ratings of guitar skills compared to other functional music skills in clinical practice. *Note:* Bars that are further to the right indicate greater importance of guitar. To the left indicates greater importance of other instrument. Middle line is the neutral point.

Finally in this section of the survey, respondents rated their current level of confidence using the guitar in clinical practice on a 7-point scale from “1- not confident at all” to “4 – moderately confident” to “7 - extremely confident.” The mean response was 5.4 with 75% of respondents rating their confidence '5' or above. Figure 4 displays the percentage of respondents that rated their confidence at each level.

Research question 3c focused on which factors were most correlated with confidence in using the guitar in clinical practice. Confidence ratings were tested for correlation with five other factors: gender, years of professional experience, guitar



*Figure 4: Self-rated confidence using guitar in clinical practice. 1 = Not confident at all; 4 = Moderately confident; 7 = Extremely confident.*

proficiency upon entering music therapy training, number of semesters of guitar training, and the qualifications of their guitar instructor. Using Kendall's Tau two statistically significant relationships were detected between confidence and gender,  $\tau = .267, p < .01$ , as well as between confidence and proficiency at entry,  $\tau = .302, p < .01$ . None of the other relationships were statistically significant (Field, 2009).

### *Guitar Training*

The third section of the survey focused on guitar training and clinicians' perceptions of this training. First, participants were asked how many semesters of guitar training they had received during their music therapy training. The majority of respondents had taken either one (29.5%,  $n = 44$ ) or two (34.9%,  $n = 52$ ) semesters with an additional 19 respondents (12.8%) taking three or more semesters of guitar. The remainder either took no guitar classes for various reasons (17.4%,  $n = 26$ ) or indicated

“other” (5.4%,  $n = 8$ ) which included responses such as taking guitar outside of the university, taking private lessons, or other class structures not listed in the choices.

Time spent on guitar compared to the piano was rated on a 5-point scale where '1' indicates “definitely not enough” time spent on guitar, '3' indicates the time spent was “about right”, and '5' indicates the time spent on guitar was “definitely too much”. A total of two respondents ( $n = 2$ ) reported feeling that the time spent on guitar was too much compared to the piano. The largest group felt the time spent was “about right” (41.5%,  $n = 61$ ), with another 34.7% ( $n = 51$ ) responding that the time spent was “not quite enough,” and 22.5% ( $n = 33$ ) that it was “definitely not enough.”

A Kruskal-Wallis test revealed that ratings were significantly affected by the number of semesters of guitar training a respondent had taken,  $H(2) = 10.18, p < 0.05$ . Mann-Whitney U tests were used for post-hoc analysis and a Bonferroni correction was applied so all effects are reported at a 0.0167 level of significance. No difference in ratings was detected between the two semester and three or more groups ( $U = 401, r = -0.13$ ). However, a significant difference was observed between the one semester group and both the two semester group ( $U = 805.5, r = -0.24$ ), and three or more semester group ( $U = 222.5, r = -0.37$ ). This indicates that those who have received two or more semesters of guitar training are more likely to feel it is enough compared to those who received only one semester (see Figure 1).

Respondents were asked to indicate their level of agreement to a series of statements about their guitar training. These were rated on a 6-point scale from “1 - Strongly Disagree” to “6 - Strongly Agree” with no neutral option. The statements and

responses are shown in Figure 2. The guitar courses were primarily taught by music therapy faculty (35.8%,  $n = 53$ ) and other faculty (34.5%,  $n = 51$ ). Music therapy graduate students (6.1%,  $n = 9$ ) and other graduate students (10.1%,  $n = 15$ ) taught the rest of the course with an additional 13.5% ( $n = 20$ ) indicating they had other instructors, did not take guitar courses, or did not know or remember who taught the course.

Responses to these statements were analyzed with a Kruskal-Wallis test with the guitar instructor as the grouping variable. A significant difference was observed for the statement “was relevant to clinical practice” based on the reported guitar instructor,  $H(3) = 10.23$ ,  $p < 0.05$ . Tests on “prepared me for practicum/internship” ( $H(3) = 3.39$ ), “taught practical clinical uses of the guitar” ( $H(3) = 5.38$ ), and “taught basic guitar skills” ( $H(3) = .392$ ) revealed no significant difference based upon the professor. A follow-up Mann-Whitney test showed a significant difference between the group taught by music therapy faculty versus the group taught by other faculty members,  $U = 757$ ,  $r = -0.32$ ,  $p < 0.01$ . No other comparisons resulted in a significant difference.

**Table 4**

*Statements on Guitar Training: Mean Agreement Ratings by Instructor*

	MT Faculty ( $n=53$ )	MT Grad Student ( $n=9$ )	Other Faculty ( $n=51$ )	Other Grad Student ( $n=15$ )
Taught basic guitar skills	4.63	4.56	4.66	4.47
Taught clinical uses of guitar	4.52	3.67	4.04	4.20
Was relevant to clinical practice	4.63*	4.00	3.80*	4.07
Prepared me for internship/practicum	4.42	4.00	3.98	3.73

*Note:* \* Significant difference between groups,  $p < 0.01$ .

**Table 5**

*Average Importance Ratings, Number of Respondents Not Confident With Skill, and Number of Responses Saying the Skill Should Have Been Covered More*

Skill	Importance		Not Confident		More Training	
	<i>m</i>	<i>Mdn</i>	<i>n</i>	%	<i>n</i>	%
First Tier ( > 50% ratings of '5')						
Tuning	4.93	5	n/a	n/a	25	16.8
Singing While Playing	4.93	5	n/a	n/a	n/a	n/a
Basic Open Chords	4.91	5	n/a	n/a	n/a	n/a
Basic Strum Patterns	4.83	5	n/a	n/a	n/a	n/a
Play Without Looking	4.82	5	n/a	n/a	n/a	n/a
Different Positions (Stand/Sit)	4.55	5	n/a	n/a	n/a	n/a
Playing in a Variety of Styles	4.53	5	50	35.0	90	60.4
Maintenance	4.45	5	n/a	n/a	33	22.1
Basic Finger Picking	4.36	5	n/a	n/a	n/a	n/a
Second Tier ( > 50% ratings of '4' or higher)						
Improvising Accompaniments	4.22	4	31	21.7	78	52.3
Capo for Transposition	4.00	4	12	8.4	28	18.8
Bass Note Strum	3.99	4	24	16.8	27	18.1
Adaptive Techniques	3.94	4	26	18.2	48	32.2
Barre Chords	3.60	4	46	32.2	45	30.2
Third Tier (mixed ratings)						
Percussive Strumming	3.52	3	n/a	n/a	n/a	n/a
Alternate/Open Tunings	3.49	3	43	30.1	56	37.6
Improvising Melodies	3.46	3	n/a	n/a	n/a	n/a
Playing Melodies at Sight	3.40	3	29	20.3	20	13.4
Playing Melodies from Memory	3.36	3	51	35.7	37	24.8
Penatonic/Blues Scales	3.28	3	36	25.2	17	11.4
Other Chord Forms	3.25	3	57	39.9	47	31.5
Advanced Finger Picking	3.22	3	51	35.7	48	32.2
Tablature	3.16	3	37	25.9	28	18.8
Flat Pick	3.12	3	12	8.4	15	10.1
Major and Minor Scales	3.09	3	n/a	n/a	15	10.1

Table 5–Continued

Skill	Importance		Not Confident		More Training	
	<i>m</i>	<i>Mdn</i>	<i>n</i>	%	<i>n</i>	%
Fourth Tier (More '1' and '2' ratings than '4' and '5')						
Different Types of Guitars	2.93	3	n/a	n/a	n/a	n/a
Power Chords	2.84	3	48	33.6	33	22.1
Finger Picks	1.86	2	n/a	n/a	n/a	n/a
Playing From a Leadsheet	n/a	n/a	n/a	n/a	24	16.1

*Note:* Respondents could choose more than one option, so percentages total greater than 100%. 'N/A' indicates this skill was not listed in the corresponding section of the survey. Other responses included: adapting to needs of client, tuning, different strumming patterns, transposing without a capo, progressions using barre forms, all of the above, fretboard theory, playing melodies, and guitar “story telling” using alternative sounds. Other responses included: solo/lead techniques, jazz chords, improvisation, and sight reading.

Question 19 asked participants to select up to five guitar skills they feel are useful and should have been covered more in their guitar training. Two skills – “playing in a variety of styles” and “improvising accompaniments in common keys and styles” – each received greater than 50% response. An additional five skills – “alternate tunings,” use of adaptive techniques,” “advanced finger-picking,” “other' chord forms,” and “barre chords” – each received between 30% and 40%. The remainder of responses can be seen in Table 5.

Two questions provided opportunities for open-ended responses regarding which aspects of training were helpful and what changes could be made. Question 20 asked which aspects of training were most useful and received 45 responses, five of which indicated that this question did not apply. Question 21 asked what they would change about their training and received 76 responses, one of which indicated the question did

not apply. The content of these answers were categorized and coded. Several themes emerged.

The two most common themes regarding helpful aspects of training were the benefits of private lessons and the continuation of guitar study outside of and/or after university training. Several respondents indicated that their internship supervisors were essential in helping them improve their guitar skills. Others discussed specific skills that they learned which have proved useful. The skills that came up most frequently included playing in a variety of keys and styles, transposition, and improvisation. Several respondents also indicated that it was helpful to have a music therapist teaching the course because they learned specific clinical uses of the guitar.

When asked what changes that participants would make, the most common theme was the need for more training. A total of eighteen respondents indicated they felt that more time should be spent on the guitar and an additional seven thought there needed to be more requirements related to the guitar. Other themes that emerged include the need for more clinical application and/or for the course to be taught by a music therapist ( $n = 15$ ), the desire for more techniques to be taught ( $n = 10$ ), and the desire for private study opportunities ( $n = 9$ ). Additional responses addressed specific skills that could be focused on more, such as improvisation, playing in different styles, reading notation, and other topics.

### *Importance of Guitar Skills*

A series of questions asked respondents to rate how important specific skills are to their clinical practice. The survey included 28 skills which were rated on a 5-point scale

where, in addition to a number, each level had a label and descriptive sentence to guide participants:

- 5 - Very Important - “I would find it very difficult or impossible to use the guitar effectively without this skill.”
- 4 - Important – “I would find difficult, but usually not impossible, to use the guitar effectively without this skill.”
- 3 - Somewhat Important – “I could usually use the guitar effectively without this skill, but often find it (or think it could be) valuable.”
- 2 - Not very important – “I can use the guitar effectively without this skill, but occasionally find it (or think it could be) valuable.”
- 1 - Not important at all – “I can use the guitar effectively without this skill, and think it would rarely, if ever, be useful to me.”

Participants were also able to select “N/A” for any skills that were unfamiliar. Two participants selected “N/A” or left blank all of the skills, so their data was omitted from analysis. After this adjustment, six skills had no responses of “N/A”, and another 15 had between one and five, or 0.7% to 3.4% of the total responses. Four skills had greater than five “N/A” responses: “power chords” (4.0%,  $n = 6$ ), “advanced fingerpicking” (6.1%,  $n = 9$ ), “using a flat pick” (5.4%,  $n = 8$ ), and “using plastic or metal finger picks” (6.1%,  $n = 9$ ).

A mean and median score was calculated for each skill and they were ranked and divided into tiers by mean rating (see Table 5). Tier one is comprised of the nine skills that received a '5' rating from greater than 50% of respondents. In tier two are the additional five skills that received either '4' or '5' from greater than 50% of respondents. The third tier were skills that had mixed ratings but still more ratings of '4' or above than '2' or below. Finally, tier four is comprised of the only three skills with a mean rating below 3.0, indicating a greater number of '1' and '2' ratings than '4' and '5'.

Finally, question 27 asked respondents to choose from a list those skills which they feel would be clinically useful but do not feel confident executing. Seven skills were chosen by greater than 30% of respondents, including: “other” chord forms (i.e. maj7, min7, etc), advanced fingerpicking, playing simple melodies or riffs from memory, playing in a variety of styles, power chords, barre chords, and adaptive techniques. The number and percentage of respondents who chose each skill are seen in Table 5.

Research question 1e focused on whether there are certain skills which advanced guitarists were more likely than others to rate as “important” or “very important.” Since there was no specific question for advanced guitarists to identify themselves, they were identified based on five criteria. One point was given for each of the following: a confidence rating of '6' or greater, a proficiency rating of '6' or greater, taking more than a year of lessons prior to music therapy training, teaching guitar, and performing professionally. A maximum of five points were possible. The twenty-three participants ( $n = 23$ ) with a score of '3' or greater were selected as the sample of advanced guitarists and were compared to the rest of participants with a score of '2' or below ( $n = 125$ ).

The percentage of “important” or “very important” ratings was calculated for each skill as well as overall for both the advanced and other group. For the advanced group 70.7% of all rankings were “important” or “very important” compared to 58.8% for the other group. The difference in percentages was calculated for each skill and those with a difference larger than the overall difference (11.9%) were selected for further analysis. For each skill, a Mann-Whitney U-test was used to test for a statistically significant difference between the two groups' ratings. For each of the ten skills, the test revealed a

statistically significant difference between the advanced ratings and others' ratings (see Table 6).

**Table 6**

*Difference in Importance Ratings Between Advanced Guitarists and Others*

Skill	% of Group Rating Skill “Important” or “Very important”			Median Rating	
	Adv	Others	Diff	Adv	Others
Power Chords*	60.9	14.4	46.5	4	3
Playing Melodies from Memory*	78.3	36.8	41.5	4	3
Major and Minor Scales*	65.2	29.6	35.6	4	3
Pentatonic/Blues Scales*	69.6	36.0	33.6	4	3
Using a Flat Pick*	65.2	32.0	33.2	4	3
Barre Chords*	78.3	48.0	30.3	4	3
Different Types of Guitars*	52.2	22.4	29.8	4	3
Improvising Melodies*	73.9	44.8	29.1	4	3
Percussive Strumming**	65.2	43.2	22.0	4	3
Playing Melodies at Sight**	60.9	44.8	16.1	4	3

*Note:* Statistically significant difference between “advanced” and “others” groups were detected using the Mann-Whitney U-test. \* $p < 0.05$ ; \*\* $p < 0.01$ .

## CHAPTER V

### DISCUSSION

The purpose of this study was to learn more about how music therapists use the guitar in clinical practice and about their perceptions of its uses and the training they received on it. Three major research questions dealt with the guitar's use, training, and clinicians' confidence using the guitar in clinical practice. Findings in these areas indicate that (1) the guitar is used frequently and seen as important by many music therapists; (2) many clinicians expressed a desire for more guitar training, that is more clinically relevant, specifically in the areas of stylistic playing and improvisation; (3) music therapists are confident in their guitar skills and the factors that predict high confidence levels need to be further explored.

#### *Importance and Frequency of Use*

This study supports earlier findings that the guitar is used frequently and guitar skills are seen as very important by music therapists (Braswell, Maranto, & Decuir, 1979; Kennedy, 2001; Jenkins, 2013). Nearly half of all respondents indicated that they use the guitar as their primary instrument 90-100% of the time and more than three-quarters use the guitar at least 70% of the time. Interestingly, responses from later in the survey indicate that 33.8% of respondents use percussion and 29.1% use piano “as much or more than” the guitar. However, 37.8% said that they do not use any instrument as much as the guitar. Although these results are somewhat mixed, they seem to indicate that the guitar's popularity as the instrument of choice for music therapists has continued or even increased since 1979 when Braswell, Maranto, and Decuir found that 31% of music

therapists used the guitar most commonly. Kennedy (2001) and Oden (2014) have both noted that the guitar was likely to be increasing in popularity due to a variety of factors. The results from the current study appear to support this notion.

Research question 3(e) asked whether there was a difference in how often the guitar is used depending on the clinical setting. Due to a small sample size from several settings, it was not possible to answer this question reliably. The data that was collected showed that the setting where guitar is used the most is hospice and those where it is used the least are mental health and rehabilitation settings. Although these findings should be interpreted with caution because of the small sample size, they could be a starting point for future research.

The reasons for the guitar's popularity appear to be practical, clinical, and musical. The two features of the guitar that were most often cited as reasons for choosing the instrument were its portability and ability to move around during a session (see Table 3). Musical flexibility was the next most common reason for choosing the guitar. Many music therapists find themselves traveling between sites or between rooms so the guitar's portability is convenient if not necessary. Several respondents noted that the ability to move freely during a session allows them to connect with their clients, providing clinical benefit. The range of styles available to a guitarist is also of benefit in many settings. These results confirm and clarify the literature describing the reasons the guitar is useful in clinical settings (Kennedy, 2001; 2003; Soshensky, 2005; Castelino, 2008; Ricciarelli, 2003; Oden, 2014; Romanowski, 2003; Krout, 2007a; Primadei, 2004). Although some percentage of respondents selected each of the listed reasons for using the guitar, they

overwhelmingly indicated that the instrument's portability and flexibility are the most important.

Previous studies have examined the relative importance of guitar skills compared to other functional music skills. Academic directors rated the study of guitar as somewhat more important than the study of piano in relation to clinical success (Kennedy, 2001). Jenkins (2013) reports that internship supervisors appear to rate guitar skills as slightly less important than voice skills and somewhat more important than both piano and percussion. Participants in the current survey rated guitar skills on a similar scale in comparison to piano, percussion, and voice and the same conclusion can be drawn. It appears that clinicians are in agreement with internship supervisors and academic directors in considering guitar to be more important than piano or percussion, but slightly less important than voice.

#### *Importance of Individual Skills*

Respondents were asked to rate 28 guitar skills on each skill's importance to their clinical practice. Fourteen of these were rated “important” or “very important” by at least half of all participants. Comparing these 14 skills to previous surveys of internship supervisors and academic directors reveals agreement regarding most skills (see Table 7; Kennedy, 2001, 2003; Logan, 2013). Each of the skills rated as highly important in those studies were also found to be highly important by this survey (with the exception of two that were not included on the list). However, there are four skills that were highly rated in the current study that do not appear on the other lists: “playing in a variety of styles,” “maintenance,” “improvising accompaniments,” and “adaptive techniques.” It is unclear

whether these skills were not rated highly in the other studies or were simply not included, although Logan (2013) listed “stylistic playing” as one of the most common deficiencies reported by internship supervisors.

**Table 7**

*Comparison of Importance Rankings to Other Studies*

Skill	Current Study	Logan (2013)		Kennedy	
		Professors	Supervisors	2003 <sup>†</sup>	2001 Tier
Tuning	1	5	1	✓	
Singing with strumming	2*	1	2	✓	Tier 1
Singing with fingerpicking	2*	6	8	✓	Tier 2
Basic open chords	3	4	5	✓	Tier 1 <sup>††</sup>
Basic strum patterns	4	2	3	✓	
Play without looking at hands	5	3	4		
Different positions/use of strap	6	n/a	n/a	✓	
Playing in a variety of styles	7	n/a**	n/a**		
Maintenance	8	n/a	n/a		
Basic finger-picking	9	7	7	✓	
Improvising accompaniments	10	n/a	n/a	✓	Tier 3 <sup>†††</sup>
Capo for Transposition	11	10	10	✓	
Bass note strum	12	9	9	✓	Tier 1
Adaptive techniques	13	n/a	n/a		
Barre chords	14	n/a	n/a	✓	Tier 2
Transposing (without capo)	n/a	8	6	✓	Tier 1

*Note:* \* In current study “singing while playing” was listed as a single skill and strumming or fingerpicking was not specified. \*\* Logan (2013) mentions “stylistic playing” was reported as a common deficiency observed by supervisors. † Kennedy (2003) does not explicitly rank skills. †† Kennedy (2001) lists a repertoire of “more than 12 chords” but does not specifically mention basic open chords. Tiers are based on percentage of academic programs requiring the skill. ††† Although improvising accompaniments was ranked in the bottom tier, Kennedy indicates many respondents were adamant about the importance of this skill.

These four skills were also frequently indicated as areas where clinicians do not feel confident and feel they needed more training (see Table 5). Ratings for playing in a variety of styles show a particularly large discrepancy between how important clinicians feel the skill is and their confidence performing it. In terms of importance the skill was one of the most highly rated skills ( $m = 4.53$ ,  $Mdn = 5$ ) yet 35.0% of respondents said they were not confident using the skill in practice. In addition, a majority of respondents (60.3%) said they wish it had been covered more thoroughly in their training.

Other skills displayed a similar discrepancy but not nearly to the same degree. Four other skills with a median importance rating of '4' or greater (out of 5) had a significant percentage of respondents indicate a lack of confidence: improvising accompaniments (21.7%), bass note strum (16.8%), adaptive techniques (18.2%), and barre chords (32.2%). Perceived importance combined with a significant number of clinicians lacking confidence in these skills suggests that these are areas where training could be improved. In addition, there would likely be interest in Continuing Music Therapy Education (CMTE) courses on these skills.

Although there was general agreement on which guitar skills were most important, respondents with a greater degree of confidence and guitar experience were more likely than others to rate certain skills as “important” or “very important.” These advanced guitarists gave more “important” and “very important” ratings overall, but there were ten skills where the difference was larger than average (see Table 6). Examining these skills is important because research has shown that more advanced accompaniment

for songs may increase attentional and response behaviors in patients with dementia (Groene, 2001).

The largest difference between groups was for power chords: 60.9% of advanced guitarists rated this skill important or very important compared to only 14.4% of others. The explanation for this is not readily apparent although several possibilities exist. Power chords are used almost exclusively in rock and pop music and they are often learned casually so they may not be as likely to be included in class guitar books or curricula. Also, it may be that therapists who work with older populations or in certain settings do not find them useful. Whether or not clinicians find power chords useful in practice, they can be very useful in training by serving as a bridge to learning barre chords since they share the same theory but are easier physically.

Other skills that advanced guitarists find important include barre chords, playing with a flat pick, using different types of guitar, percussive strumming and five skills that fall under the category of melodic playing. None of these skills is essential to very basic guitar accompaniment, but each can add something of potential therapeutic value. Barre chords are essential for playing all but the most basic songs in a variety of keys and can also be used for transposing at sight without a capo. Using a pick is often necessary to be heard when working with large groups and it facilitates a wide variety of strumming styles that are difficult or impossible otherwise. Percussive strumming may be used to encourage motor and attentional responses from clients by strongly accentuating the beat. Melodic playing opens up many therapeutic possibilities including using the guitar for instrumental music rather than solely accompaniment. Although a clinician can be

effective without these skills, each skill has the potential to increase the therapeutic potential of the instrument.

### *Guitar Training*

It appears that music therapists feel that more time should be spent learning guitar skills during music therapy training. This is evident in their responses when asked whether enough time was spent on the guitar compared to the piano. Participants who had taken only one semester of guitar were more likely to say that there was not enough time spent on guitar than those with two or more semesters (see Figure 1). In addition, numerous comments left in the open-ended section of the survey expressed a desire for more guitar training to be a part of the curriculum. These comments were from respondents who reported one, two, and three or more semesters of guitar training. Others noted how useful it has been for them to continue their studies privately after graduation. Despite this desire for more time spent on the guitar, respondents appear to agree that their guitar training taught basic skills as well as practical clinical uses of the guitar, prepared them for field work and was relevant to clinical practice (see Figure 2). It should be noted that both Kennedy (2001) and Logan (2013) indicate that academic directors would like to have more time for guitar, but it is difficult to find space in the curriculum.

In addition to the sentiment that there was not enough time spent on guitar in general, there are also specific skills on which clinicians appear to want additional training. Playing in various styles (60.4%) and improvising accompaniments (52.3%) were the two skills that greater than half of all respondents felt should have been covered

more in training. These two skills came up in open-ended answers as well. Logan (2013) lists “stylistic playing” as one of the most common deficiencies observed by internship supervisors.

Playing in a variety of styles and improvising accompaniments were both viewed as important but were also two of the most commonly reported skills in which respondents lacked confidence. Thirty-five percent (35.0%) of respondents reported that they lack confidence playing in a variety of styles and 21.7% said they lack confidence improvising accompaniments. These were also the top two skills that respondents said should have been covered more thoroughly in their training and they appeared in many of the open-ended responses such as this one: “For a music therapist, the most useful aspects of training should be in learning to improvise in many different keys and styles.” This study seemed to confirm the sentiment frequently reported in the literature that guitar is useful, in part, because of the wide variety of styles and genres that can be played on it. However, one may question how much of that potential is being put into use, given that 35.0% of respondents say they lack confidence playing in a variety of styles.

Unlike some of the other skills on these lists which would be relatively simple to insert into a guitar curriculum (time permitting), the broad nature of these two skills would likely require a broader overhaul of how guitar skills are taught at many training programs. The manner in which guitar is taught varies widely between universities, but these results suggest that at least some music therapists desire a more holistic approach to learning the instrument – one in which the various skills such as chords and strumming patterns are applied to stylistic playing, improvisation, and other practical clinical uses.

Some training programs may already be doing this and more research is needed to shed light onto which models produce music therapists who are confident in clinically relevant guitar skills. This is an area where further research could aid in the development of best practices.

Several answers to open-ended questions regarding the most helpful aspects of training mentioned how beneficial it was to have a music therapist teach the guitar course. “Our teacher was a practicing music therapist and made the training very practical,” said one response. This sentiment is supported by the fact that participants who had a music therapy faculty member teach their course were more likely to agree or agree strongly that their guitar training was “relevant to clinical practice” than those who were taught by another faculty member. This was the only statistically significant difference, which may be due in part to the small size of the two graduate student groups ( $n = 9$  and  $n = 15$ ). Although other results were not statistically significant, respondents who were trained in guitar by music therapy faculty gave the highest proportion of “agree” or “agree strongly” ratings for each of the statements except “taught basic guitar skills”. For this statement there was virtually no difference between groups, indicating that respondents thought instructors were equally effective teaching basic guitar skills, regardless of qualifications. This suggests that an effective model could be one in which a graduate student or non-music therapy faculty teaches a beginning guitar course and then a music therapy faculty member teaches more advanced courses which include clinical applications of guitar skills. Although further research is needed, several results from this

survey point to the benefit of having well-qualified music therapists teach guitar skills to music therapy students, especially for advanced courses.

A large number of music therapists appear to be entering music therapy training with very little or no guitar experience at all. Overall, 36.7% of respondents reported that they had no guitar proficiency entering their music therapy training and another 24.5% rated their proficiency below “somewhat proficient” (a rating of '2' or '3' out of 7). Given the guitar's importance in the field it is significant that many students are beginning with virtually no experience but will be expected to use the instrument clinically very quickly – often in two years or less. One participant noted that guitar training should begin freshman year so that students have time to develop their skills and be ready for practicum field experience. This fact should be taken into consideration when making decisions on curriculum to ensure that students with all levels of prior guitar experience benefit from their training.

### *Confidence*

One primary aim of this study was to examine how confident music therapists are using the guitar in clinical practice and attempt to gain insight into what factors influence that confidence. On the whole, music therapists who responded to this survey appear to be confident using the guitar in clinical practice. More than half of respondents rated their confidence as ‘6’ or ‘7’ out of 7 and 91.8% rated it a ‘4’ or higher. It is possible that this result may be somewhat unreliable due to selection bias as music therapists who are not confident using the guitar may have chosen not to respond to the survey invitation.

Despite these confidence ratings, there are important skills that many respondents said they lacked the confidence to use.

The study gives no clear picture as to what factors are related to confidence. Only two of the factors tested (gender and proficiency at entry) showed a statistically significant relationship with self-rated confidence. The fact that those who enter music therapy training with a greater level of proficiency tend to be more confident makes sense because it is reasonable to assume that those who come in with more proficiency will continue to improve and end up with a higher confidence level than those who were not proficient at the start. The fact that males were, on average, more proficient upon entering music therapy training likely explains the correlation between gender and confidence. In other words, it is doubtful that gender has any effect on confidence in guitar playing outside of the fact that males seem to have more experience before entering music therapy training. Other factors that may come into play and which could be the subject of future research are amount of time spent practicing, proficiency on other instruments, amount of private study on the guitar, or primary instrument of study. More research is needed to determine what factors influence music therapists' confidence using the guitar clinically.

### *Gender Differences*

This study showed that males seem to enter music therapy training with significantly more experience on the guitar than females. While this was somewhat expected by the researcher based on informal observations, the degree of this difference was surprising. The median level of proficiency when entering music therapy training for

males and females was six and two out of seven, respectively. Half of all male participants had professional experience on the guitar, whereas nearly half of females had no experience whatsoever. The intersection of guitar with gender and culture is worth exploring in the context of music therapy training and practice. The implications are potentially large for this field that is so heavily female and where guitar is so important.

Many have commented on the masculine perception of the guitar, especially the electric guitar in the world of rock music (Bayton, 1997). Results of various studies in the music education literature have tended to show that the guitar is seen as a masculine instrument, although this may be heavily influenced by the style of music associated with the instrument (Marshall & Shibazaki, 2011). In an article entitled “Men and Guitars,” Romanowksi (2003) describes how he has used the guitar as an avenue to make connection with and motivate several male clients. He describes the guitar as a “hero's attribute, like a sword etc., but...endowed with a positive and creative power” (p. 2). In contrast, Bayton (1997) describes the strong cultural barriers to women playing the guitar including the fact that many of the places where young people learn the guitar are male-dominated and many girls may be intimidated by the boy culture of guitar shops, jam sessions and guitar magazines.

Although the field of music therapy is nearly 90% female (AMTA, 2014), almost all of the field's literature on the guitar is written by men. The literature reviewed for this study included over 25 articles and books on the topic of guitar use and training in music therapy, but only four were written or co-written by a female author. The researcher's own observations in three years of teaching guitar courses to undergraduate music therapy

students is that there are frequently one or two students (often male) with advanced skills which can be intimidating to other students (often female) who are just beginning. An interesting question is whether, despite being a heavily female field, music therapy training programs are unwittingly perpetuating a cultural perception that the guitar is a masculine instrument. Further research is needed to determine whether this is in fact a problem and, if so, how it can be addressed.

Research has also shown that female guitarists may be more likely to experience musculoskeletal problems as a result of playing the instrument (Fjellman-Wiklund & Chesky, 2006). One female respondent commented that she is “currently in hand therapy for a wrist injury that came from playing the guitar with incorrect form. More time should be taken to discuss correct form, especially when [music therapists] are playing guitar for multiple hours a day. In this field, a guitar-related injury could prevent a music therapist from working. If there are factors causing females to be more prone to injuries from playing the guitar, this needs to be explored and understood so that prevention can be taught from beginning levels of training.

### *Limitations*

There are several limitations of this study including response bias, reliance upon self-rating of skills, small sample, and the difficulty capturing all aspects of this subject in the scope of a brief survey. The response bias factor may have skewed data because clinicians who are particularly interested in the guitar may have been more likely to respond and could have different opinions from the population as a whole. Similarly, those who are weak guitarists may have been reluctant to take the survey if they felt that

they do not have as much experience to offer. It is unknown how much these limitations have affected the results, but the confirmation of previous research as well as a sample that seemed to match the demographics of the profession give some indication that the effect may not be too large (AMTA, 2014). However, given this potential bias, care should still be taken when generalizing results to the community of music therapists as a whole.

Some of the research questions were unable to be answered because some of the subgroups of interest did not have sufficient sample size. Questions that were interested in the population as a whole or in comparing two groups (such as male and female) tended to show statistical significance whereas those with multiple groups (i.e. setting or instructor) usually lacked the power necessary to detect statistical significance.

Several questions asked respondents to rate themselves on their own skill and confidence. This leaves open the possibility that two respondents with similar skills may have assessed themselves quite differently. In addition, the subject of guitar use in music therapy is quite broad. Although the literature was consulted extensively and the author used his experience, as well as input of others, to craft the survey questions, many aspects of the subject were undoubtedly overlooked.

Another limitation of this study is the validity of self-reported confidence as an outcome measure. The term “confidence” is highly subjective and, while certainly correlated, may not have a direct relationship to an individual's actual skill level and effectiveness using the guitar. Confidence may be highly influenced by an individual's environment and background. For instance, someone who works in a setting with several

other highly skilled guitarists may feel less confident yet be more skilled than one who works alone without regular comparison to others. Competence and confidence are both necessary for effective clinical work. A skilled guitarist who lacks confidence may not use skills that could benefit a client, whereas an unskilled guitarist who has false confidence may attempt skills they should not and end up hindering the therapeutic process. Confidence is important, but should not be seen as a direct measure of clinical effectiveness using the guitar.

### *Recommendations for Further Research*

While this study shed light on many of the research questions, several are in need of more research. In addition, there are new questions that arose during this research process. Recommendations for further research are listed below:

1. More research into the factors that influence clinicians' confidence using the guitar in clinical practice. Some potential factors to be explored are time spent practicing, other musical experience, structure of guitar courses, and the amount and type of training outside of university training programs.
2. Studying the best practices in guitar training for music therapists. This study focused on only two factors – time spent and type of instructor – but there are many other potential factors which include the format of the courses, specific skills covered, evaluation procedures, and how guitar training is integrated into clinical training overall. More research is needed to understand how guitar is being taught and which of these factors play a role in achieving good outcomes.

This would likely start with qualitative research to first understand the many different formats that are being used.

3. This study sought to detect differences in guitar use depending on the setting where it is being used. Small sample size did not allow for this analysis. A more targeted survey of clinicians could seek to study differences between specific groups based on setting, population, or age group served, as well as other factors.
4. Gender difference observed in this study bring to light the need for research into the intersection of gender and guitar playing and the implications for the field of music therapy. This would begin by seeking to better understand why such a discrepancy in guitar proficiency exists between male and female students entering music therapy training. A few of the questions to be considered include:  
(a) What are female students' experiences with the guitar and training, both during music therapy training as well as before and after? (b) Does the gender of the guitar instructor influence perception of training or learning outcomes for students? (c) To what degree is the guitar seen as a masculine or feminine instrument by clinicians and clients and what implications does this have for training and practice? (d) Are female music therapists more likely than males to sustain injuries from playing the guitar and, if so, how can these be prevented?

### *Conclusion*

The major findings of this study are as follows:

1. This study confirms previous research on the importance and frequency of use of the guitar in clinical practice. It also confirms that clinicians find many of the same skills important as academic directors and internship supervisors.
2. In addition to the skills from previous research, clinicians seem to agree that four additional skills are highly important: playing in a variety of styles, improvisation, basic maintenance, and adaptive techniques.
3. A significant portion of clinicians do not feel confident with several skills that are also considered important by a majority of respondents. Many feel that these skills and others should be covered more thoroughly in training.
4. Clinicians appear to feel that one semester of guitar training is not enough and are more satisfied when they receive two or more semesters of training.
5. Clinicians tend to feel that training provided by music therapy faculty is more relevant to clinical practice than that provided by other faculty members.
6. Males appear to enter music therapy training with significantly more guitar experience than females.

The researcher hopes that the results of this study will inform the continued development and improvement of guitar training for music therapists and add useful information to the picture of how the guitar is being used, ultimately benefiting the clients being treated by music therapists everywhere.

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APPENDIX A  
Survey Instrument

## Demographic Information

[Exit this survey](#)

1. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender

2. How many years of professional experience do you have as a music therapist?

- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ 26-30 years
- ☐ more than 30 years

3. Which best describes your level of education in music therapy?

- ☐ Bachelor's degree in music therapy
- ☐ Bachelor's degree plus MT equivalency
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Other (please specify)

4. In what year did you complete your undergraduate or equivalency training and internship?

- ☐ 2010-2015
- ☐ 2005-2009
- ☐ 2000-2004
- ☐ 1990-1999
- ☐ 1980-1989
- ☐ 1970-1979
- ☐ Before 1970

5. What is your primary clinical setting?

(Select all that apply if you regularly serve multiple settings.)

- ☐ Hospital/Medical Setting (including pediatrics)
- ☐ School/Children's Facility
- ☐ Geriatric Facility
- ☐ Mental Health Setting
- ☐ Hospice/Palliative Care/Bereavement Services
- ☐ Self-Employed/Private Practice
- ☐ Rehabilitation Center
- ☐ Other (please specify)

6. Which age groups do you work with on a regular basis?

(Select all that apply if you regularly treat multiple age groups.)

- ☐ Pre-natal
- ☐ Infants
- ☐ Children
- ☐ Pre-teens
- ☐ Teens
- ☐ Young Adults
- ☐ Adults
- ☐ Seniors

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## Guitar Experience and Use

[Exit this survey](#)

7. How would you rate your level of guitar proficiency when you ENTERED your music therapy training?

1 - Not proficient at all	2	3	4 - Somewhat proficient	5	6	7 - Extremely proficient
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What types of guitar experiences did you have prior to entering music therapy training?

(Select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No prior experiences with the guitar        | <input type="checkbox"/> Played casually with others (jam sessions, etc)   |
| <input type="checkbox"/> Taught myself guitar (books, YouTube, DVDs) | <input type="checkbox"/> Performed as an amateur or student                |
| <input type="checkbox"/> Learned from a friend/family member         | <input type="checkbox"/> Performed professionally                          |
| <input type="checkbox"/> Group guitar lessons, classes, or workshops | <input type="checkbox"/> Used guitar in a classroom or educational setting |
| <input type="checkbox"/> A few private lessons (less than a year)    | <input type="checkbox"/> Taught guitar lessons or classes                  |
| <input type="checkbox"/> Many private lessons (a year or more)       |  |
| <input type="checkbox"/> Other (please specify)                      |  |

9. Approximately how often do you use the guitar as your primary instrument in therapy sessions?

10. What features of the guitar do you find most useful in your clinical practice?

(Choose up to 3)

- ☐ Portability between sites or rooms
- ☐ Ability to move around during a session
- ☐ No access to a piano at my facility
- ☐ The guitar is inexpensive
- ☐ Easier to play than the piano
- ☐ Clients prefer or request the guitar
- ☐ The guitar is musically flexible
- ☐ I do not use the guitar frequently and/or do not find these features useful
- ☐ Other (please specify)

11. What other instrument(s) do you use as much as or more than the guitar?

- ☐ I don't use any other instrument as much as the guitar
- ☐ Piano/keyboard
- ☐ Percussion
- ☐ Ukulele
- ☐ No accompaniment, a capella
- ☐ Other (please specify)

12. Complete the following statements on the relative importance of functional music skills in your own clinical practice

	much less important	somewhat less important	about the same importance	somewhat more important	much more important
Compared to <i>piano</i> , my guitar skills are...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared to <i>percussion</i> , my guitar skills are...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared to <i>voice</i> , my guitar skills are...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (are there other functional music skills that you find as important or more important than guitar?)

13. How would you rate your CURRENT level of confidence using the guitar in clinical practice?

1 - Not confident at all	2	3	4 - Moderately confident	5	6	7 - Extremely confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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14. How many semesters of guitar classes did you take during your music therapy training?

- ☐ One semester
- ☐ Two semesters
- ☐ Three or more semesters
- ☐ None - not required
- ☐ None - tested out of all requirements
- ☐ None - guitar skills were taught only in other classes
- ☐ None - other reason
- ☐ Other (please specify)

15. How many semesters of guitar classes were required at your university?

- ☐ None were required
- ☐ One semester was required
- ☐ Two semesters were required
- ☐ More than two semester were required
- ☐ Other (please specify)

16. Compared to the piano the time spent on the guitar in my training program was...

Definitely not enough

Not quite enough

About right

A little too much

Definitely too much

☐☐☐☐☐

17. Please rate how much you agree or disagree with the following statements about your guitar training

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
It provided a good foundation in basic guitar skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned practical clinical uses of the guitar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The curriculum was relevant to clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It prepared me for practicum and internship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Describe your primary guitar instructor

(If you had more than one instructor, select the teacher of your most advanced course.)

- ☐ Music Therapy Faculty Member
- ☐ Music Therapy Graduate Student
- ☐ Other Faculty Member (Guitar, Music Ed)
- ☐ Other Graduate Student (Guitar, Music Ed)
- ☐ Don't Know
- ☐ Other (please specify)

19. Of the following skills, which are the most clinically useful that you believe should have been covered more thoroughly in your guitar training?

(Select up to 5)

- |  |   |
|--|---|
| <input type="checkbox"/> Major and minor scales                                      | <input type="checkbox"/> Other chord forms (maj7, min7, dim, aug, 9th, sus, etc)                    |
| <input type="checkbox"/> Using a pick  | <input type="checkbox"/> Improvising accompaniments in common keys and styles                       |
| <input type="checkbox"/> Singing while playing                                       | <input type="checkbox"/> Playing simple melodies or riffs from memory                               |
| <input type="checkbox"/> Barre chords  | <input type="checkbox"/> Playing from a leadsheet (chords and lyrics)                               |
| <input type="checkbox"/> Power chords  | <input type="checkbox"/> Use of adaptive techniques and devices for clients                         |
| <input type="checkbox"/> Pentatonic scales   | <input type="checkbox"/> Reading musical notation for guitar  |
| <input type="checkbox"/> Bass note strum pattern (also called alternating bass)      | <input type="checkbox"/> Guitar maintenance (e.g. basic care, changing strings)                     |
| <input type="checkbox"/> Using a capo for transposition                              | <input type="checkbox"/> Playing in a variety of styles (e.g. blues, rock, country, etc)            |
| <input type="checkbox"/> Alternate tunings (open tunings and other adaptive tunings) | <input type="checkbox"/> Advanced fingerpicking (e.g. alternating thumb patterns, "Travis" picking) |
| <input type="checkbox"/> Reading guitar tablature (tab)                              | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please specify)                                      |   |

20. Is there any other information that you wish to share about the most useful aspects of your guitar training?

21. What, if anything, would you change about your guitar training?

4 / 5	<div></div>	80%
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## Importance of Specific Skills

[Exit this survey](#)

Please answer the following questions based on your own experience using the guitar in clinical practice. Rate the following skills based on how important they are to you, not necessarily how important you think they are for every music therapist to possess.

Please read the following statements and use them to guide your rating of each skill:

**5 - Very Important:** "I would find it very difficult or impossible to use the guitar effectively without this skill."

**4 - Important:** "I would find difficult, but usually not impossible, to use the guitar effectively without this skill."

**3 - Somewhat Important:** "I could usually use the guitar effectively without this skill, but often find it (or think it could be) valuable."

**2 - Not very important:** "I can use the guitar effectively without this skill, but occasionally find it (or think it could be) valuable."

**1 - Not important at all:** "I can use the guitar effectively without this skill, and think it would rarely, if ever, be useful to me."

### 22. CHORDS

Please rate the following skills based on the statements above. If you are unfamiliar with any of these terms, please mark "N/A"

	N/A	1- Not important at all	2 - Not very important	3 - Somewhat important	4 - Important	5 - Very important
<b>Basic open chords</b> (major, minor and seventh) (e.g. D, G, Am, E7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Power chords</b> (moveable chords with just the root and 5th)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Barre chords</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other chord forms</b> (maj7, min7, dim, aug, 9th, sus, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Improvising accompaniments in common keys</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Playing chords without looking at hand</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 23. STRUMMING & FINGER PICKING

Please rate the following skills based on the statements above. If you are unfamiliar with any of these terms, please mark "N/A"

	N/A	1- Not important at all	2 - Not very important	3 - Somewhat important	4 - Important	5 - Very important
<b>Singing while playing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Basic strum patterns in various time signatures</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Basic fingerpicking (simple arpeggios) in various time signatures</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Bass strum pattern (aka. alternating bass)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Percussive strumming (i.e. "slap" or "chuck")</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Advanced fingerpicking (e.g. alternating thumb, "Travis" style)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Using a flat pick</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Using metal or plastic fingerpicks</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 24. SCALES & MELODIC PLAYING

Please rate the following skills based on the statements above. If you are unfamiliar with any of these terms, please mark "N/A"

	N/A	1- Not important at all	2 - Not very important	3 - Somewhat important	4 - Important	5 - Very important
<b>Major and minor scales</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Pentatonic and/or blues scales</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Playing simple melodies at sight</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Playing simple melodies or "riffs" from memory</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Improvising simple melodies in several common keys</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 25. OTHER SKILLS

Please rate the following skills based on the statements above. If you are unfamiliar with any of these terms, please mark "N/A"

	N/A	1 - Not important at all	2 - Not very important	3 - Somewhat important	4 - Important	5 - Very important
Tuning the guitar (using a tuner and other methods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of open and other alternate tunings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of adaptive techniques and devices with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a capo for transposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading guitar tablature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing in different positions (standing, sitting, with strap, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using different types of guitars (i.e. electric, classical, acoustic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic maintenance (e.g. changing strings, basic care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing in a variety of styles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Are there any other guitar skills that you feel are important to your clinical practice?

27. Which of the following skills do you feel would be useful, but you currently lack the ability or confidence to use?

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Pentatonic scales   | <input type="checkbox"/> Improvising accompaniments in common keys and styles   |
| <input type="checkbox"/> Power chords  | <input type="checkbox"/> Playing simple melodies or riffs from memory   |
| <input type="checkbox"/> Barre chords  | <input type="checkbox"/> Other chord forms (maj7, min7, dim, aug, 9th, sus, etc)  |
| <input type="checkbox"/> Using a pick  | <input type="checkbox"/> Reading guitar tablature (tab)   |
| <input type="checkbox"/> Using a capo for transposition                              | <input type="checkbox"/> Playing in a variety of styles (e.g. blues, rock, jazz, folk, country, etc)                        |
| <input type="checkbox"/> Use of adaptive techniques and devices for clients          | <input type="checkbox"/> Reading musical notation for guitar  |
| <input type="checkbox"/> Alternate tunings (open tunings and other adaptive tunings) | <input type="checkbox"/> Advanced fingerpicking (beyond basic arpeggios, e.g. alternating thumb patterns, "Travis" picking) |
| <input type="checkbox"/> Bass note strum pattern (aka. alternating bass)             | <input type="checkbox"/> None   |

☐ Other (please specify)



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## APPENDIX B

### Invitation and Consent

## Email Invitation

Dear Music Therapy Colleague,

My name is Joshua Keller and I am a graduate music therapy student at Western Michigan University, School of Music under the direction of Professor Brian Wilson. I am writing to invite you to participate in a survey entitled "Perceptions of Guitar Use and Training in Music Therapy." I am conducting this research to fulfill the requirements for my master's thesis.

The purpose of study is to determine how music therapists are using the guitar in clinical practice, how confident they are with its use, and their perceptions of the instrument and the training they received on it. It is hoped that greater insight in these areas will inform the development of music therapy curriculum and help to prepare music therapists to use the guitar even more effectively in clinical practice. The survey is comprised of 27 questions and will take 10 to 15 minutes to complete.

You have been invited to participate in this survey based upon your current MT-BC status and your indication to the Certification Board for Music Therapists that you would be willing to receive such invitations. Participants must hold a current music therapy certification, have at least one year of professional experience and have practiced actively within the past year.

There are no anticipated risks or benefits associated with your participation in this study. You will not be paid or compensated for your participation in this study.

Your responses will be anonymous. The results of this study may be used in reports, presentations, or publications, but your name will not be known. Your participation is voluntary and you may withdraw from the study at any time without penalty.

If you would like to participate, the survey may be found at: [Survey Link]

If you would prefer not to receive any further emails related to this research click here: [Remove Link]

Thank you for your time and consideration.

Sincerely,  
Joshua Keller, MT-BC  
[joshua.r.keller@wmich.edu](mailto:joshua.r.keller@wmich.edu)

Advisor: Brian Wilson, MM, MT-BC  
[brian.l.wilson@wmich.edu](mailto:brian.l.wilson@wmich.edu)

## **Consent**

### **Western Michigan University School of Music**

Principal Investigator: Brian Wilson, MM, MT-BC

Student Investigator: Joshua Keller, MT-BC

"Perceptions of Guitar Use and Training in Music Therapy"

Please read this consent information before you begin the survey.

You are invited to participate in a research project entitled "Perceptions of Guitar Use and Training in Music Therapy". The purpose of study is to determine how music therapists are using the guitar in clinical practice, how confident they are with its use, and their perceptions of the instrument and the training they received on it. The study is being conducted by Brian Wilson, MM, MT-BC and Joshua Keller, MT-BC, Western Michigan University, School of Music. This research is being conducted as part of the thesis requirements for the Master's of Music Therapy degree being sought by Joshua Keller.

This survey is comprised of 27 questions and will take 10 to 15 minutes to complete. Your replies will be completely anonymous and no identifiable information will be stored. Your answers will be submitted via a secure connection and will be stored on the Survey Monkey server or on an encrypted file on the researcher's hard drive.

There are no foreseen risks or direct benefits to participating in this survey. If, after beginning the survey, you decide that you do not wish to continue, you may stop at any time by clicking "Exit this survey" or simply closing your browser. You may choose to not answer any question for any reason. Participating in this survey online indicates your consent for use of the answers you supply. If you do not agree to participate in this research project simply exit now.

If you have any questions prior to or during the study, you may contact either Joshua Keller (269-252-4084) or Brian Wilson (269-387-4724). You may also contact the Chair, Human Subjects Institutional Review Board (269-387-8293) or the Vice President for Research (269-387-8298) if questions or problems arise during the course of the study.

This study was approved by the Western Michigan University Human Subjects Institutional review Board (HSIRB) on [date of approval]. Please do not participate in this study after [one year after date of approval].

Requirements for participation are:

- A current MT-BC or equivalent certification
- At least one year of professional experience
- Active clinical practice within the last year
- No previous participation in this survey or its pilot version

**CLICKING "CONTINUE" INDICATES THAT YOU HAVE READ THE INFORMED  
CONSENT AND ARE ELIGIBLE TO PARTICIPATE BASED ON THE REQUIREMENTS  
ABOVE.**

## APPENDIX C

### HSIRB Approval Letter


# WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: February 14, 2015

To: Brian Wilson, Principal Investigator  
Joshua Keller, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair 

Re: HSIRB Project Number 15-02-32

This letter will serve as confirmation that your research project titled "Perception of Guitar Use and Training in Music Therapy: A Survey of Clinicians" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., ***you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study."*** Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

**Reapproval of the project is required if it extends beyond the termination date stated below.**

The Board wishes you success in the pursuit of your research goals.

**Approval Termination: February 13, 2016**

251 W. Walwood Hall, Kalamazoo, MI 49008-5456  
PHONE: (269) 387-8293 FAX: (269) 387-8276