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CURRENT PERCEPTIONS OF MUSIC THERAPISTS ON THE BENEFITS AND
LIABILITIES OF STATE LICENSURE

by

Dianne Sawyer

A thesis submitted to the Graduate College
in partial fulfillment of the requirements
for the degree of Master of Music
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CURRENT PERCEPTIONS OF MUSIC THERAPISTS ON THE BENEFITS AND LIABILITIES OF STATE LICENSURE

Dianne E. Sawyer, M.M.

Western Michigan University, 2016

This qualitative study investigated a state task force perceptions of music therapists who served on the task force to become licensed. Participants included six licensed music therapists, all of which were female. Through Naturalistic Inquiry, participants provided information about the perceived benefits and liabilities for music therapists, accessibility to clients, funding sources, and other healthcare professionals causing harm. Collected data was analyzed to determine common themes, perceived benefits and drawbacks of licensure, and the push for more regulations based on music therapists': years of experience, level of education and advanced trainings. The overall perception from the licensed music therapists, is that state licensure is beneficial. Licensure has few disadvantages primarily financial and stricter guidelines on continuing education units. With the increased regulations it added an extra layer of protection for the consumer and clinician, increased validity and respect from other healthcare professionals, and increased accessibility to consumers. Further research would be beneficial as music therapists continue to gain experience in a licensed state and investigate if their perceptions change over the years.

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Dianne Sawyer

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CHAPTER I

INTRODUCTION

Problem Statement

Over the past several years, the recognition of music therapy as a professional discipline that provides positive benefits for individuals with varying needs and abilities has continued to grow. A research, science-driven, and evidenced-based profession, music therapy has gained ground in working with clients to address sensorimotor, speech/language, cognition, and psychological well-being (AMTA, 1998-2015). As a result of the recognition and growth of the field, and more individuals expressing an interest in the service, the relevancy and need to increase regulations have become apparent to many in the profession.

During informal conversations with the current author, practicing music therapists have expressed several concerns. One concern, in particular, includes people who are not music therapists and are professionals from other disciplines offering “musical services” and suggesting that they identify what they do as “music therapy”. Other concerns include accessibility to services, funding, and appropriate referrals for potential clientele. To understand why the concerns have originated, it may be beneficial to formally study the perceptions of music therapists regarding the import and impact of licensure for music therapists. Specifically, it is important to understand the potential benefits and drawbacks perceived by music therapists as a

result from state licensure in areas such as funding resources; referral for music therapy services; and backlash from those practicing other “traditional” therapies.

Rationale for Research

Currently, there are states that have progressed towards increasing regulations and have gone as far as instituting state licensure for music therapists. While several other states haven't obtained full licensure, almost all are participating in the State Recognition Operational Plan (SROP), which is organized and facilitated by the American Music Therapy Association (AMTA) and Board Certification of Music Therapists (CBMT). SROP supports and protects the music therapy profession by helping explain the difference between music therapists and other “non-music therapy musicians in healthcare”; and helping to explain the difference between music therapy and “other creative art therapies and related profession (e.g. counseling)”. (CBMT, *State Recognition*, 2013).

When music therapists sought greater regulation through state governments, it has been observed that the process is a “multiple-step, time consuming” endeavor (Implementation, 2015). To assist with the process and contribute to success, it has been reported as beneficial to connect with other individuals advocating to create a State Task Force, “having strong task forces in place makes the advocacy process much more effective” (AMTA, 1998-2013). J. Simpson, AMTA Director of Government Relations shared that advocates are faced with common questions and challenges. Frequent questions asked by legislators include “How does music therapy actually help?” and “Why music therapy, especially if the individual is already receiving other therapies?” (J. Simpson, personal communication, October 17, 2013). J. Simpson also

shared that some of the challenges include obtaining contact with the most influential legislators, obtaining enough research to answer common questions and often, an individual may not even be referred for music therapy services because they are already receiving therapy services from other disciplines that are addressing those needs (personal communication, October 17, 2013).

The American Music Therapy Association (AMTA, 1998-2013) notes states that obtained licensure, continued to experience challenges but in forms of backlash from other health professions (e.g. Certificate of Clinical Competence Speech/Language Pathologists [CCC-SLP], Occupational Therapists Registered/Licensed [OTR/L], and Physical Therapists/Physical Therapists Assistants [PT/PTA]). At this time, there does not appear to be a substantial amount of research published to inform and support task forces advocating for licensure, on the anticipated benefits (e.g. increase in referrals, increase in funding, increase in accessibility) or the anticipated drawbacks (e.g. decrease in referrals, decrease in accessibility, decrease of music therapists).

This study attempts to explore and document the impacts of state licensure as perceived by music therapists. The purpose of this project is to identify how perceptions of music therapy as a licensed healthcare profession are seen by music therapists to be impacted by the state licensure of music therapists. In particular, this study will seek to gather information that will provide insight regarding the perceived benefits and liabilities resulting from the enactment of licensure.

Research Questions

1. Is state licensure perceived to be of benefit to music therapists in states that enacted licensure laws?

- a. What are the perceived or anticipated benefits of licensure to music therapists in states that enacted licensure laws?
 - b. What are the perceived or anticipated liabilities of licensure to music therapists in states that enacted licensure laws?
2. Did enacting state licensure appear to change the accessibility to clients?
 - a. What is the music therapists' perception of the amount of referrals since licensure?
 - b. What is the music therapists' perception of the source of referrals since licensure?
3. How did obtaining licensure for music therapy effect funding sources?
4. Has state licensure helped regulate other healthcare professionals from causing harm?

CHAPTER II

LITERATURE REVIEW

W. Sears shared E. Thayer Gaston's principles in *Music in Therapy* (1968), "Music is a means of nonverbal communication deriving potency from its wordless meaning. Music is the most adaptable of the arts being utilized with individuals, groups, and in various location...Music elicits moods derived from emotions and has the capacity of communicating one's good feelings for another." Music is a part of almost everyone's lifestyle (AMTA, 2013) and is often applied therapeutically to assist with areas commonly addressed by the physical therapist, occupational therapist, and speech/language pathologist. Areas of treatment may include: improving gait, increasing range of motion with upper/lower extremities, improving activities of daily living such as raising a spoon to their mouth to eat, putting on socks, or increasing speech intelligibility or speech production. Music therapists use various elements of music to aid in eliciting the desired functional goals, such as dynamics to facilitate muscle tension and relaxation, rhythm to facilitate gait and speech articulation, and pitch to indicate direction of motion.

To ensure the application of musical elements are used effectively, clinicians engage in years of training. Becoming a board certified music therapist (MT-BC), the likelihood of providing benefit is increased due to education and training that is required. During that training, an extensive amount of time is spent on learning about music, its elements and how it affects individuals, with varying physical, psychological, emotional, and cognitive abilities. So how

does music affect an individual on varying levels and when might it be appropriate?

Musical Model

Music and Sensorimotor

As noted before, music is a multi-faceted discipline. Music is a medium that stimulates multiple areas of the brain and may be linked to other areas of non-musical functioning, including motor, speech and language, cognitive, and affective functioning. Because of this link, music has the potential to improve non-musical functioning in these areas. The use of musical interventions is beneficial when connections between neuroanatomy and physiology within musical behavior are formed outside of music therefore forming new neural pathways (Chanda & Levitin, 2013). When new neural pathways are able to form outside the application of music, individuals are able to use the new behaviors to assist them in their daily functional activities. Pal'tsev & El'ner (1967) and Rossignol & Jones (1976) found various sounds have the ability to move motor neurons along the spinal tract that mainly controls movement and posture even without conscious effort on the part of the listener. The application of different sounds can assist an individual in creating new neural pathways resulting in the individual gaining ability in movement and posture. Dynamics, (e.g. soft, becoming soft, loud, or becoming loud) are able to provide multisensory integration in motor learning and motor control (e.g. contraction, relaxation) through tension and resolution, timbre (quality of tone) changes and varied tempo (Effenberg, 2005).

Music and Speech/Language

Elements of music are the same elements used in speech, whether expressive or receptive (e.g. pitch, intensity, dynamics, etc.). Expressive speech and expressive music, use words/lyrics or musical elements to express a thought or a target phrase. Receptive speech or receptive music would be defined as listening. Researchers have investigated for years what one specific area of the brain is responsible for singing as it coincides with speech production (Jeffries, Fritz, & Braun, 2003; Callan, et al., 2006; Özdemir, Norton, & Schlaug, 2006). This has been an extremely difficult task as singing activates several different regions simultaneously. Perry, Zatorre, Petrides, Alivisatos, Meyer, and Evans (1999) studied the brain activity of a group of people instructed to sing “ah” for 60 seconds, pausing to take breaths when necessary, in comparison to a group of people instructed to listen to recorded tones only. They found increased activity in several parts of the brain (e.g. frontal lobe, cingulate gyrus, insula, temporal lobe, parietal cortex, occipital lobe, brain stem, and cerebellum in the singing group). Most of the increased activity occurred in the right side as opposed to the left (Perry et al., 1999; Özdemir, Norton, & Schlaug, 2006). Özdemir, Norton, and Schlaug (2006) found large amounts of overlap in speech production and singing. This research indicates that the use of rhythm, singing, and playing of wind instruments assist individuals with developing speech production and respiratory function. Both speech and singing share the same neural network in the region responsible for motor planning and execution, as well as regions for sensory input.

Music and Cognition

Because music is among the most complex and structured type of sequences in our environment, melody and rhythm appear to be good choices for therapy directed toward

improvement in attaining and maintaining attention. Melody also plays an important role in arousing wakeful and meaningful attentive states. Herbert and Peretz (1997) compared melody to rhythm in terms of its ability to arouse ones' memory and recognition of songs from childhood. The results indicated that musical melodic cues played a stronger role in recalling these particular songs than the rhythm. It was suggested that melody is able to recall memories of songs from childhood and orient the individual to the people, places, and times of experiences with those songs and allow for transference to current environmental and social situations.

As the music therapy profession continues to progress and define itself from other therapies, it's important to realize the benefits of music therapy as a unique stimulus and profession that can supplement other "traditional" therapies. The music elements provide motivation, support and also support the individuals' non-musical goals regarding sensorimotor, speech/language, cognition, social, and emotional skills.

Non-Musical Model

Clients may experience an array of challenges with motor, cognitive, and speech functions, and therapeutic services that address the various challenges are typically offered in a number of different settings. Having access to therapies in a variety of locations, (e.g. school, hospital, outpatient facility, etc.) can aid in the client in addressing their goals and objectives.

Music therapists can be found working in a number of settings including psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient clinics, day care treatment centers, agencies serving persons with developmental disabilities, community mental health centers, drug and alcohol programs, senior centers, nursing homes, hospice programs, correctional facilities, halfway houses, schools, and private practice" (AMTA, 1998-2013). Music therapy is a multifaceted profession, so music therapists are often found commonly working in similar locations as other "non-music" therapists (e.g. OTR/L,

PT/PTA, and CCC-SLP). OTR/L's, PT/PTA's, and CCC-SLP's are found working in facilities that offer various specialized services such as hospitals, psychiatric hospitals, and nursing homes, though not limited to those locations. Working with clients in the various settings listed above increases the chance of music therapists to work in conjunction with other "non-music" therapists.

In Table 1, detailed employment settings for OTR/L's, PT/PTA's CCC-SLP's and MT-BC's are illustrated:

Table 1: Employment Settings for Physical, Occupational, Speech, and Music Therapies

Profession	Occupational Therapist (OTR/L)	Physical Therapist (PT/PTA)	Speech and Language Pathologist (CCC-SLP)	Music Therapist (MT-BC)
Employment Settings	Clinics, day and rehabilitation centers, home care programs, Hospitals, industry and private enterprise special schools (World Federation of Occupational Therapists, 2011)	home health agencies, Hospitals, nursing homes, outpatient clinics, private practices schools, sports and fitness facilities work settings (American Physical Therapy Association, 2013)	Colleges and Universities, Corporate Speech-Language Pathology, Health Care, Hospitals Industrial Audiology, Private and Group Practice, Public Health Departments, Research Agencies, Schools, Special Schools, Uniformed Services (American Speech-Language-Hearing Association, 2013)	agencies serving persons with developmental disabilities, community mental health centers, correctional facilities, day care treatment centers, drug and alcohol programs, halfway houses, hospice programs, medical hospitals, nursing homes, outpatient clinics, private practice, psychiatric hospitals, rehabilitative facilities, schools, senior centers (AMTA, 2013)

Referral Process

The general public appears to have become increasingly aware and supportive of the positive impact music therapy services can have for individuals with disabilities through movies (“The Music Never Stopped, 2011), documentaries (“Alive Inside”, 2014), and the news (Congresswoman Gabby Giffords; AMTA, 2013). That said, prospective clients (or their guardians) who are interested in music therapy services may not know the next step to take. They may be unsure about how to obtain services or financial support, if needed, to pay for services. Other health professionals, such as physical therapy (PT) and occupational therapy (OT), typically use a referral system and their services are generally recognized and reimbursed by insurance companies (APTA, 2013; AOTA, 2013). For example, to receive OT services either inpatient or outpatient, a physician’s order is usually required (AOTA, 2013). After receiving a referral by the doctor, the occupational therapist can submit an invoice to the patient’s insurance company that typically covers some or all of the costs of the service. With this referral system in place, the resources are used efficiently and aid in decreasing the number of inappropriate referrals, which would cause unnecessary waste with the service.

When looking to begin any therapy services, in one of the settings listed in Table 1, it can be daunting to figure out who can provide the referral, what occurs once the therapist receives the referral, and what has to be completed before a formal therapy session can commence. In personal experience, it appears that individuals believe therapy services start the moment they sign up. There are also individuals who believe that there is an extensive process before services can begin. In the following Table 2, it illustrates the referral process a little further:

Table 2: Referral Process for Physical, Occupational, Speech, and Music Therapies

Profession	Referral Process
Occupational Therapist	<p><i>Who:</i> physician, medical specialist, nurse practitioner, member of the treatment team (e.g. parent/guardian, person involved, case manager) (American Journal of Occupational Therapy, 2010)</p> <p><i>Process:</i></p> <ul style="list-style-type: none"> • Person initiating referral, conducts general assessment • OTR/L receives the referral • OTR/L gathers information • OTR/L conducts the initial assessment • OTR/L identifies the area(s) in need of improvement
Physical Therapist Speech and Language Pathologist	<p><i>Who:</i> physician (contingent in many states) (Physical Therapy, 1997)</p> <p><i>Process:</i></p> <ul style="list-style-type: none"> • Person initiating referral, conducts general assessment • PT/PTA receives the referral • PT/PTA gathers information • PT/PTA conducts the initial assessment • PT/PTA identifies the area(s) in need of improvement <p><i>Who:</i> the individual, family member, audiologist, physician, teacher, other speech-language pathologist, or interdisciplinary team. (American Speech-Language-Hearing Association, 2011, p. 5)</p> <p><i>Process:</i></p> <ul style="list-style-type: none"> • Person initiating referral, conducts general assessment • CCC-SLP receives the referral • CCC-SLP gathers information • CCC-SLP conducts the initial assessment • CCC-SLP identifies the area(s) in need of improvement
Music Therapist	<p><i>Who:</i> medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services (Scope of Music Therapy Practice, 2015, p. 2)</p> <p><i>Process:</i></p> <ul style="list-style-type: none"> • Individual initiating referral, provides general assessment • MT-BC receives the referral • MT-BC gathers information • MT-BC conducts the initial assessment • MT-BC identifies the area(s) in need of improvement

As Table 2 suggests, the referral process can be a tedious process and somewhat time consuming. In personal experience, most of the time it can take at least a month or longer before the music therapist receives the referral. Some research had been conducted to assess what

practices are the most beneficial and efficient for the referral process. In an article published by Gallagher et al. (2006), music therapy services were offered directly from the music therapists as well as indirectly from brochures or other healthcare professionals. The Harry R. Horovitz Center for Palliative medicine as well as through the Palliative Medicine consult service with in conjunction with other acute units at Cleveland Clinic Foundation. The collected data found that music therapy was typically requested directly by a physician, social worker, patient, or other members of the interdisciplinary team. Referrals occurred indirectly by obtaining information from the morning daily oral reports given by one medical professional to another or with brochures that were provided upon the patient's admission. Although, referral to music therapy services were offered both directly and indirectly, it was not found that one way proved to be more efficient than the other.

Table 2 illustrates the typical progression with a referral. Mitchell and de Lissovoy (1997) investigated whether this process was effective for both the physical therapist and the client. Based on physical therapy services claims data 1989 through mid-1993 obtained through Blue Cross-Blue Shield of Maryland, the authors compared resource use and cost in direct access to physician referral episodes. Although many states require a prescription or referral from a physician in order for a client to have access to physical therapy services, other states use what is referred to as "direct access". This allows the client to visit a physical therapist as they deem necessary without obtaining a referral from a physician first. States that are classified as "direct access" permit licensed therapists to evaluate the individual and then provide treatment as they deem necessary. Mitchell & de Lissovoy (1997) identified several positive aspects associated with permitting "direct access". The authors found that direct access:

improves access to services that promote prevention and rehabilitation, improves access to services that promote prevention and rehabilitation, reduces delays before commencing therapy...[provides] cost savings by avoiding the referring physician's fees and related ancillary services (e.g. laboratory tests)...[under direct access, music therapists are accessed similarly to] other providers, such as chiropractors and clinical psychologists, do not require physician referrals or screening evaluation. (p.12)

However, Mitchell & de Lissovoy also caution that:

. . . physical therapists may overlook serious medical conditions and for this reason [it may be] contend[ed] that all patients should be screened initially by physicians...[therapists] would not serve the public as well in an autonomous role, and [such a role] maylead therapists to diagnose and treat beyond their level of competency, thus erroneously assuming the role of physician (p. 12).

A panel consisting of three physical therapists and two physicians (an orthopedic surgeon and a physical medicine/rehabilitation specialist) was created to classify the collected data into two types of processes: direct access or physician referral. Their results suggest that the “direct access” referral process is most beneficial for the clients. Mitchell and de Lissovoy attribute this finding to the idea that the clients may have “lower severity conditions, overutilization of services by physicians, and underutilization of services by physical therapists” (p.14) under direct access. They also made note that the therapy, according to the client's claims, was shorter in duration and relatively inexpensive under direct access.

In 2002, Duff, Proctor, and Haley further investigated assessment and treatment procedures used by CCC-SLP's, with individuals with mild traumatic brain injury (MTBI). The

researchers created a survey with 33 questions that gathered data from CCC-SLP's who had worked with MTBI individuals within the past three years. The survey was divided into six sections: 1) General demographics and caseload information; 2) Assessment – intended to determine if CCC-SLP's were diagnosing the individuals; 3) Referral process for CCC-SLP's services and types of referrals made by CCC-SLP's; 4) Content, structure, and frequency of treatment; 5) Education of MTBI received by CCC-SLP's; and 6) Follow-up of individuals with MTBI with CCC-SLP's. The surveys were sent to CCC-SLP's in North Carolina and Illinois for sampling, as the ASHA membership data revealed that 60% of the CCC-SLP's live in the Midwest and in the South. Collected data within the referral section showed that acute care hospitals and rehabilitation centers were the primary referral sources for SLP services. The data also indicated that CCC-SLP's, the clients, emergency room, and TBI support groups were also minor referral sources. The authors further concluded that those who experienced a MTBI were not often referred to a CCC-SLP due to the lack of information about the symptoms of the potential client. The potential client was unaware of what symptoms could be treated by the CCC-SLP. In addition, when the referral source concluded a CCC-SLP would be appropriate, often they didn't know how to obtain one. Data from Duff, Proctor, and Haley concluded that people of varying professions had a basic understanding of speech therapy, which typically resulted in the referral source making a referral for the individual with MTBI. Though there is no formal data collected on the understanding of music therapy among other therapists, it seems likely that “non-music” healthcare professionals fail to have the necessary knowledge about music therapy to understand when it might be appropriate to make a referral.

Music therapy is often used in similar settings to address the same clinical issues as other disciplines, but then question commonly posed is, ‘why should an individual participate in music

therapy in addition to the already received therapies?’. MT-BC’s often suggest that music therapy may be beneficial to the individual to aid in supplementing the other therapies by either facilitating the same clinical goals or addressing secondary symptoms not easily addressed or reimbursable when implemented by other disciplines. It is imperative that when offering therapeutic services, other healthcare professionals (e.g. case managers, nurses, physicians, etc.) are educated and aware of the general definition of music therapy since music therapists are not always able to have direct contact with the potential client. Therapeutic healthcare professionals are not always able to be in the room when the client is being informed of their therapeutic options.

Why does music therapy seem to be overlooked as a primary therapy?

Often times, it appears common practice for the client or referral source, to select a physical therapist, occupational therapist, or speech and language pathologist over a music therapist when looking for a therapist due to either to lack of availability or unawareness of music therapy services. The exact reasons for this are unknown, but one reason may be due to the fact that the federal government wants to regulate less (CBMT, *State Recognition*, 2013), so that little emphasis is given on promoting access or information, causing awareness of music therapy services to get ‘lost in the shuffle’. Availability of music therapy services may decrease as a result of not being placed on the registry or commonly-used forms with other “traditional” therapies. As the power shifts from federal agencies to the state government; several state government regulations require that healthcare providers obtain a state license for therapeutic services such as physical therapy, occupational therapy, and speech therapy, but not music therapy. According to CBMT, “state education and healthcare agencies emphasize that service provision procedure require official state recognition—often in the form of a state license in

order for state citizens to access music therapy services.” (*State Recognition*, 2013). In several states, the music therapy profession does not require the licensure level of recognition in order to practice; as a result, several clients are not able to easily access music therapy services within educational and healthcare facilities because they do not know about it. (CBMT, *State Recognition*, 2013). It is with personal belief that if music therapy were more regulated, then it would be more available for people to access (due to being included/utilized as other common therapies are). If more people are able to access music therapy, it is likely that there will be more data collected and available on the effectiveness of music therapy. The researcher believes that increased information on the outcomes of music therapy is likely to provide evidence to clients or guardians that music therapy is a viable and effective therapy.

Increasing Regulations: Board Certification and State Recognition

CBMT (2013) noted that “the strength of our [music therapy] national credential and the importance of the credential as a quality assurance measure for competent music therapy practice establish a platform for pursuing state recognition.” Recognition “allows improved access to employment opportunities and increased access to reimbursement and state funding streams such as private insurances, Medicaid waivers, and special education” (CBMT, 2013). With an increase in regulations, the state is able to provide varying levels of protection: title protection, registration, or licensure. When seeking to obtain more protection, there are formal steps to take to assist in achieving protection. First, a group of advocates form to create a state task force. The state task force consists of professionals who educate legislators, state administration and regulatory services, and other decision makers who look out for the consumers, about musictherapy (CBMT, 2013). After the state task force is formed, there are a couple different advocacy models that are available to help guide the state task force through the process.

Although other steps may be taken in addition to the model, these are often followed as a guideline.

As noted by AMTA and CBMT (2013), the next steps for the state task force would be to find out who the representatives of their state are; make contact with them by writing a formal letter; meet with the representatives either at their place of work or have them observe music therapy; maintain the relationship by following up with the representatives; and continue networking to build up more support. A more structured advocacy model was outlined by Moore (2013): First-identify the problem; then, collect data to support the problem; create an intervention strategy; collaborate with others about strategies; make oneself available as a resource for representatives and other legislative professionals; evaluate progress; and continue follow up with representatives and other legislative professionals.

A large part of the advocacy process means educating head leaders on the state level that advocates are in place to “protect the right of MT-BCs to practice by monitoring the regulations and related legislation of other related professions to ensure that policy and language changes do not infringe on the music therapists right to practice.” (CBMT, *About Advocacy*, 2013). Then there is the State Recognition Operational Plan (SROP) formed by the Certification Board of Music Therapists, which guides the state task forces as they work towards various levels of regulations (CBMT, *State Recognition*, 2013). The SROP ensures music therapy accessibility to potential individuals in each state by having music therapy remain as a service option on state-maintained lists. The list describes the difference between music therapists and other “non-music therapy musicians in healthcare as well as “other creative art therapies and related profession (e.g. counseling).” (CBMT, *State Recognition*, 2013).

Levels of State Recognition

As mentioned earlier, there are varying levels of state recognition: title protection, registration, and licensure. Title protection is a common concern amongst practicing music therapists as the general public often believes that music therapists are the same as “non-music therapy” musicians. Title protection “prohibits an individual from saying he or she is providing music therapy services or is a music therapist unless he or she is a board certified music therapist” (CBMT, *State Recognition*, 2015). Under registration, it means there is “a list of professional who have met predetermined education, clinical training, and certification requirements. It offers the same benefits of title protection plus a mechanism through which consumers can search for a qualified professional.” (CBMT, *State Recognition*, 2015). With that level it improves employment opportunities due to ability to receive reimbursement and state funding. CBMT goes on to describe licensure as it “outlines specific education, clinical training, and continuing education requirements and provides title protection, practice protection (also called scope of practice protection), and public protection.” (CBMT, *State Recognition*, 2013).

Currently, state recognition is the most common level of regulation being obtained by various states, compared to the board certification regulation. At the time of this paper, the states included are: Colorado, Florida, Idaho, Kansas, Kentucky, Massachusetts, New Jersey, Oregon, Pennsylvania, South Dakota, and Texas are working towards state recognition.

When working to obtain the most constrictive regulation, state task forces often develop/create fact sheets during their planning and meeting processes. While engaging in trainings and the development of fact sheets, the next step may include completing an application for sunrise review. The OAG or Office of the Auditor General is made aware of the sunrise

review request who then presents it to the Joint Legislative Audit Committee (JLAC) with a report defining the need for regulation or scope of practice expansion. JLAC is “a 12-member committee consisting of six members from each chamber of the Legislature” (Fifty-second Legislature, 2015-2016). JLAC assigns the report to a Committee of Reference (COR) COR for review and recommendation (Fifty-second Legislature, 2015-2016), this is known as the “Sunrise Review”. In completing the Sunrise Review, also known as the Sunrise Act, RCW 18.120.010, the advocates explain to the legislators “why” the profession should obtain more regulations. Washington State Department of Health (2012) stated that the Sunrise Act explains, that a profession should regulate or expand the scope of practice when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.” (p. 1; Register, 2013)

Protecting the Clinician and Client

As a nationally certified profession, the qualifications for music therapy include rigorous schooling, clinical training, passing the national certification exam, and engaging in one hundred recertification credits that are acquired through continuing education within a 5-year period (CBMT, 2013). When certification requirements have been met, the Certification Board for Music Therapists “allows patients or clients and their families to access services provided by a board-certified music therapist as determined by various state agencies (e.g. Department of Education, Department of Health and Human Services, Department of Disabilities and Special Needs, etc.) that require state recognized service providers” (CBMT, *State Recognition*, 2013).

At the other end of the spectrum from board certified music therapists, are non-certified

music-based practitioners who provide therapy services that involve music (e.g. Therapeutic Musicians, Music Thanatologists, and Harp Therapists), and who are often confused with MT-BC's by the general public. Although they each have a musical term in their titles, the primary difference between MT-BC's and other music-based practitioners is their training. This can cause confusion for a prospective client and possibly lead to misrepresentation of the music therapy discipline and the MT-BC credential. Even though the SROP is in operation to assist in regulating this frequent misconception, acquiring state licensure would give the music therapists the ability to enforce misrepresentation or misuse of the profession, which could result in harm to the public. Register (2013) noted,

The CBMT adherence to NCCA [National Commission for Certifying Agencies] accreditation assures compliance with high standards set by an impartial, objective commission aimed at protecting the consumer. Additionally, MT-BC's are able to integrate and apply new knowledge with current practice and develop enhanced skills in the delivery of services to clients.

At this time, there are a small number of states (Rhode Island, Georgia, Nevada, North Dakota, Oregon, and Oklahoma) where music therapy is a licensed healthcare profession. To obtain licensure in these states, no additional tests or measures are required beyond completion of an undergraduate degree in music therapy and the awarding of the MT-BC credential (Register, 2013). In doing so, the states are also acknowledging the continuing education requirements, Scope of Practice and the Code of Professional Practice as requirements for licensure. Register (2013) suggested that the approval of North Dakota and Nevada's licensure bills provides "anecdotal evidence that indicates clients and families will have an easier time accessing services and music therapists will have access to additional funding sources for serving

those clients and families (e.g. State of Nevada access to services for adolescent clients in the juvenile justice system)” (p. 163).

In correspondence with J. Simpson (October 17, 2013) she noted a question that was frequently asked by the state legislators when states were going through the Sunrise Review was whether there was the potential for harm to the public if music therapists were not licensed. Register acknowledged that although it was possible that one could cause harm without proper training, there has been little to no specific examples published. Register surmised that the lack of any information on any instances of harm done by lack of training may be a result of music therapists being unaware that the issues could have been reported to CBMT or the state to regulate the incidents.

Perception of Music Therapy

Even though scientific research has documented the effects of music as a medium and its benefits, the natural perceptions of the public with music therapy are still thought to be somewhat uncertain. In 2001, Gallagher, Huston, Nelson, Walsh, and Steele further investigated the perceptions of healthcare professionals working in palliative care and of their patients after the application of music therapy. The study consisted of questions that addressed two different perceptions: a) staff’s perception of their patient’s changes after receiving music therapy; b) the patients’ perceptions of the changes experienced after MT services. The impression of staff and patients of changes in the following areas were investigated: decreased patient’s stress, anxiety, perception of pain, depression, provided comfort and solace as well as opportunities for self-expression. In addition to the staffs’ impressions previously noted, Gallagher et al collected data on the staffs’ observation of the patient’s and/or their families exhibiting a positive response to music therapy. The data collected from this survey showed an increase in positive ratings in all

areas addressed. In 2006, Gallagher, Lagman, Walsh, Davis, and LeGrand conducted a similar study but then investigated the patient's perception after participating in music therapy. Patients' perceptions were investigated in the following areas: their pain, depression, anxiety, shortness of breath, mood, facial, movement, and verbal responses. It was found that there was a positive progression in the client's perceptions.

Magee (2005), Jackson (2003), and Horne-Thompson, Daveson, and Hogan (2007), found similar results to Gallagher, et al (2001) and Gallagher, et al (2006) when subjects were asked their perceptions of music therapy and its effectiveness. Magee received feedback from a referring occupational therapist and the individual client's family, who shared that,

Music therapy offered qualitative analysis of [the patient's] responses which contrast with other multidisciplinary assessments. The responses seen in music therapy contributed to her diagnosis-contradicting the diagnosis of VS and respectively. We knew that she was in there, but music therapy was able to show that in a consistent way. Music therapy indicated that (her) cognitive function was there. More importantly, music therapy established that there were emotional responses there. It was absolutely vital that music therapy was involved. Input from music therapy was indispensable. We regard music therapy as so important for her. (p. 532)

The varying perceptions of music therapy and its purpose appear to fluctuate depending on who is actually participating in therapy. In the study conducted by Horne-Thompson et al (2007) it was reported that patients who refer themselves to music therapy services, do so because they express an interest in music or see music therapy as a means to increase socialization. It is believed patients who seek music therapy for these reasons initially perceive

music therapy as a distraction, compared to the professional staff who may have a broader understanding of music therapy and its role. The professional staff perceived music therapy to have a role in assisting with symptoms and provide support and coping skills (Horne-Thompson et al, 2007). Overall, music therapy treatment is professed by the patients as an effective therapy and is recognized by other professional staff for its positive benefits (Jackson, 2003).

Although the benefits seem to be apparent to the patients, it does not appear to be as apparent to other healthcare professionals. Though there is increased interest among music therapists to obtain either state recognition or licensure to ensure and protect the overall benefits, other therapies may challenge this initiative. In the AMTA, *State Updates* (2013) Rhode Island, Iowa, Minnesota, Georgia, and South Carolina, the SLP Association and in some states even the OT Association “pushed back” when the MT-BC’s approached their respective legislatures. In Iowa, both OT and SLP Associations voiced opposition concerns. Rhode Island and Georgia, the music therapy state task force experienced the same concerns from SLP. The AMTA stated that the “official opposition letter was filed by state and national ASHA leadership, expressing concerns about scope of practice and use of billing codes.” (AMTA, *State Updates*, 2013). It is important to acknowledge the concerns voiced by these organizations, while also educating them on the benefits for the individuals served with this shift toward music therapy licensure. In South Carolina, AMTA noted that a “meeting was held with the representatives of the state SLP association (SCSHA) to discuss concerns with previously introduced music therapy licensure legislation; Opposition seemed closely related to lack of knowledge of music therapy practice; Music therapists offered a presentation to the SLP association during future SCSHA state conference to improve awareness of music therapy services...” (AMTA, *State Updates*, 2013).

It is important to remain aware of the stances of other professions and to acknowledge

their concerns. Music therapists can continue to be supportive of the “push back” by educating, continuing to follow up and remaining available as a resource to any questions or concerns that arise.

Referral Sources

While it's important that the public and other healthcare communities perceive music therapy as a supportive and beneficial service, it is also important to be accessible to the community. It is possible for individuals to become aware of music therapy and develop a general working knowledge about it, and then wonder how they can get started with services. Generally, anyone can provide a referral for someone to engage in music therapy services, even the individual themselves. Consultations can be requested directly to the music therapist by another therapist, Doctor, Physician's assistant, social worker, nurse, family member, or a self-referral (AMTA, 1998-2015). Magee's study (2005) offered music therapy indirectly by providing information in brochures, which were included within the admission packet that every patient received upon admission. As a result, patients and their families were prompted to directly request the services. Previous studies suggest trends with the person who typically initiates referrals. Table 3 illustrates the trend of who is most likely to provide a referral in order from most likely to least likely (Braswell et al. 1979; Higginson et al. 2000; McCarthy et al. 2008; Horne-Thompson et al. 2007)

Table 3: Persons to Provide Referrals for Music Therapy Services

Psychiatric and Intellectually Impaired Settings	Hospitalization Facilities	Educational Setting
<ul style="list-style-type: none"> • Other staff and Interdisciplinary team • Patients express an interest • Test Administered • Psychiatric Referral • Teachers • Diagnostic Center • Other 	<ul style="list-style-type: none"> • Therapist • Doctor • Physician’s assistant • Social worker • Nurse/nursing assistant • Family • Patient 	<ul style="list-style-type: none"> • Parents • Teacher • Treatment team • IEP • Physician • School Guidance Counselor • Psychologist or therapist • Other (social workers, private music teachers, special education directors, Department of Developmental Disabilities case managers, nurses, DSS workers, other creative arts therapists, occupational therapists, and speech therapists. <p>MT-BC co-treat with CCC-SLP’s</p> <ul style="list-style-type: none"> • MT contacts CCC-SLPs • Asked by CCC-SLP • Part of initial assessment • Asked by a teacher • Asked by a parent • Asked by a school administrator.

Horne-Thompson et al. (2007) made an interesting observation, noting that the number of self-referrals increased when the client’s themselves noticed a progression with their disease or were 50%-fully bed bound. They also theorized that “family members’ reluctance to initiate music therapy referrals is due to their perception of the patient being too unwell to ‘play music’”

(p. 153). There are both emotional and cognitive variables that influence the decision of whether or not to engage.

Reasons for Referrals

After the referral is placed, the music therapist may consult with the person(s) who initiated the referral to discuss the reason as well as any other pertinent information that would be beneficial. The reasons for referral vary from one client to the next and can include as few as one reason to several reasons. Physical, psychosocial, and/or complex psychological problems are among the most common concerns that are addressed within the sessions (Higginson et al., 2000; Horne-Thompson et al., 2007; Gallagher et al., 2006; Gallagher et al., 2001). Researchers conducted studies to further investigate reasons for music therapy referrals within various settings. In order of most common to least, respectively, the list of reasons included: symptom based referral (depression, withdrawn, etc.), support and coping, music interest/enjoyment, isolation and socialization, comfort, restlessness, distress, communication impairment, cultural, and other (funeral planning, previous music therapy input, would benefit, young patient) (Higginson et al., 2000; Horne-Thompson et al., 2007; Gallagher et al., 2006; Gallagher et al., 2001).

Horne-Thompson et al. conducted a survey that further investigated the referral trends in Australian palliative care settings. The survey was directed towards palliative care team members, who reflected on 354 patients (male and female) ages ranging from 4-98 years, most (91%) diagnosed with cancer. Researchers found that 36% of the reasons for “referrals were for symptom-based reasons including physical and psycho-socio-emotional symptom-based reasons” (p.147). The physical symptoms included “altered behavior, behavioral issues,

breathing difficulties, calling out/behavioral issues, crying, deterioration, emotional ability, lethargy, weakness and fatigue, withdrawn, shortness of breath, symptom control, terminal care, and pain, [psycho-socio-emotional] anxiety, confusion, depression, distress, grief, tired/energy loss, sadness, quality of life, expression, paranoia, well-being” (p.148). The second most common reason for referral was support and coping (distraction, support for self or family, suicidal ideation, stressed, awareness of situation, relaxation, reminisce, and emotional). Gallagher et al. (2001) conducted a study with similar interests within a palliative care inpatient facility. There they found that the primary reason other therapists referred patients to music therapy was for physical pain; second most common reason was anxiety experienced by the patient.

When looking at the justification for referrals for OT, PT, and SLP it was found that their rationale fell primarily under the physical category. Reasons included: back injury, lower extremity surgery, upper extremity surgery, upper extremity fracture, lower extremity fracture, arthritis, stroke, central neurologic condition, peripheral neuropathy, cardiopulmonary condition, architectural barriers, societal prejudices, lack of ability or skill, communication deficits, central nervous system abnormalities, etc. (Jette & Davis, 1991; Rogers & Holm, 1991; Arvedson & Brodsky, 1992).

In 2005, Magee created a chart that provided step-by-step criteria that music therapists could follow for patients who were experiencing low awareness states, when deciding the appropriateness for treatment in multidisciplinary care. Magee included other therapies such as Speech and Language Therapists (SLT), Psychologists, and Occupational Therapists (OT) for the music therapist to potentially collaborate with to support the individual’s treatment, in parenthesis. Magee broke their chart down as follows:

Communication

- Patient's responses to verbal material are unknown or inconsistent (SLT, Psychology, OT).
- Patient is aware but cannot interact verbally due to language impairment (SLT, OT)
- Patient does not have a consistent yes/no (SLT)
- Patient is developing voice or speech (SLT).

Cognition

- Patient's awareness is unknown (OT, Psychology).

Behavior

- Patient has agitated behavior from environmental stimuli (OT, Psychology)

Emotional Expression

- Patient is demonstrating behaviors thought to be emotionally driven (Psychology)

Physical

- Patient has active movement but the purpose of this movement is unclear (OT, PT)
- Patient has difficulty with initiating or organizing motor/speech patterns (OT, PT).

Occupation and Leisure

- Relatives/care providers are having difficulty interacting due to the patient's awareness/communication (Family, Psychology, OT, SLT, and Nursing). (p. 528-529)

People are progressively engaging in music therapy services in various settings for a vast range of reasons. Although more and more are acknowledging music therapy and its benefits, it continues to not be seen as a standalone service or one that would greatly supplement other therapies. According to J. Simpson, a common question that is asked when trying to gain state licensure is, "Why music therapy?" particularly when individuals are already engaging in other therapies. (personal communication, April 16, 2013)

Within the states that have obtained licensure, music therapists have had to answer this

question and were successful. Other states may face the same question but due to their government legislators, the answers provided were not sufficient. At this time, there is not a substantial amount of research published to help answer that question, for those continuing to seek more state regulation.

Clinical Model

Other researchers suggested that in order for individuals to be most protected, each state must officially recognize the music therapy profession and MT-BC credential (Foley, 2013). By doing so, it guarantees that the services are provided by clinicians who meet the current standards for practice. The SROP is in action by the Certification Board of Music Therapists to achieve state recognition for the music therapy profession and the MT-BC credential required by CBMT for competent practice (Moore, 2013). An outcome of recognition in each state would include music therapy and the MT-BC credential within their agency documents and listings of recognized providers of therapy (Smith, 2011). This outcome serves as a protection that shields clients from potential harm by individuals misrepresenting themselves claiming to be music therapists without having the proper training or certification (CBMT, *State Recognition*, 2013).

Foley interviewed a participant in her study, asking for his/her perception of the music therapy profession now that their state obtained licensure status. The licensed music therapist stated “You say you’re licensed by the state, that question [Eh, I’m not so sure about this music therapy thing] goes away.” Foley noted that it appeared that the music therapist felt to have more credibility, confidence, and respect from those outside the music therapy profession. Foley also mentioned that A. Knight, a member of the state task force in North Dakota (Pedraza, 2011) stated, “Once you are recognized, licensed, and certified as a service, then you’re protected and

your clients are protected, so that everyone knows that you're getting a legitimate service, like other health practitioners." (p.13). When clinicians are able say they're "licensed" or other levels of state recognition, the public is more confident in the efficacy of the profession and are more receptive to the idea of its benefits.

During Foley's research, she asked the participants about their state's definition of music therapy and its regulation documents now they've obtained licensure. It was noted several music therapists began advocating for the profession so they could work on changing the state job description. One participant stated that prior to licensure, his/her state music therapy definition stated "A music therapist can be a person with a Bachelor's in Music Therapy or *any related field*." (p.27). It was then explained that music therapists were not getting promoted and were getting bypassed by individuals with "related degrees". Another participant stated in their interview that "in her state the current definition of a music therapist does not require the individual to have a music therapy degree." (p. 27). Lack of terminology and codes in the state definition often put music therapists in a bad position. This could create misrepresentation and harm to the already disabled individuals.

Background and Development of Methods

Based on the research reviewed above, it appears likely that the enactment of state licensure regulation has several important impacts that affect the future success of professional music therapy practice. First, the authoritative "stamp of approval" provided by licensure regulations may serve to authenticate to the public and other health professionals that music therapy is another valued and approved therapy method. Secondly, official licensure and recognition can serve to increase the number of clients and health care professionals who access

music therapy services, due to increased awareness of the profession, stemming from the inclusion of music therapy services on therapy provider lists and approved insurance care provider lists. Last, state licensure may serve to guarantee that music therapy services in the state are of high quality by requiring that music therapists be qualified through the completion of certified programs.

Despite the importance of state licensure to the music therapy profession that is evidenced by the reviewed research, little research exploring or documenting the impacts of state licensure is available. What could not be assumed, due to a lack of specific writings on the subject, was whether licensure would benefit the music therapy profession. Therefore, it is important to understand the perceptions of the music therapists that practice in states with increased regulations. The purpose of this study is to identify music therapists' perceptions of changes which have occurred in their state since enactment of licensure laws. It is anticipated that the interviews will provide insight on the music therapists' impressions on whether benefits were gained, backlashes from other "traditional" therapies occurred, funding resources improved, and referrals increased subsequent to the enactment of state licensure for the music therapy profession.

CHAPTER III

METHOD

Participants were members of the music therapy task force in their respective states and successfully passed licensure in that state. Participants were located through the Certification Board of Music Therapists website under Advocacy: State Task Forces Map, then by clicking on each state, contact information was provided. The current researcher sent the listed music therapist a pre-approved invitation, which was pre-approved by the author's thesis committee and Western Michigan University's Human Subjects Institutional Review Board. An explanation of the purpose of the study, description of participant inclusion criteria, and informed consent form was included in the invitation (see Appendix A). In compliance with inclusion criteria, all participants served on the music therapy task force in a licensed state. Participants (N = 6) were all female and years practicing as music therapists ranged from 8-34 years. All participants had a degree in music therapy, other degrees and trainings included: Doctorate in Music, Licensed Clinical Social Worker, Fellow of Music and Imagery, Master's in Piano, Level 1 Bonny Method, Specialty in Autism, Certified Music Teacher, and three have Neurologic Music Therapy training. Licensed states addressed in the interview included: North Dakota, Oregon, Nevada, Georgia, and Oklahoma.

The script designed by the researcher was used to gain knowledge on the perceptions of music therapists in licensed states, with benefits and drawbacks of licensure, change in accessibility, and funding (See Appendix B). The interview consisted of an organic flow, or a

naturalistic inquiry. With the naturalistic inquiry, it allowed the researcher and participant to be placed in a natural setting and express him/her self in a genuine life experience (Glaser, 2004). The interviews were via telephones and recorded with the iPhone application, TapeACall. The interviewer used their iPhone 6 and purchased the application so the recording time was unlimited. The application took a few seconds to begin recording but then it recorded the remainder of the conversation. TapeACall allowed the researcher to playback the phone call and transcribe the one-on-one conversation afterwards. The interviews lasted between 20-34 minutes, with only one interview being interrupted with a high pitched tone. The tone caused the interviewer to end the conversation and then call the interviewee a second time to complete the interview. When transcribing and reviewing the collected information, the researcher preserved anonymity where information could identify the participant. The transcripts were used as data for the study. Transcripts are included in Appendices C through H, interviewer comments are bolded while participants' responses are in regular font. With the utilization of the naturalistic inquiry, the collected data was analyzed to determine common themes, perceived benefits and drawbacks of licensure, and the need for more regulations based on music therapists: years of experience, level of education and advanced trainings. Summary of participants' answers are included in Appendix I.

Throughout each interview, the researcher wrote down ideas or words that were repeated while the interviewee responded to the interview question. Once the interviews were completed, the researcher referred back to the written notes to observe any common ideas or themes amongst all the interviews. Words or ideas that were mentioned in at least four of the interviews were noted as common themes.

CHAPTER IV

ANALYSIS AND DISCUSSION

Findings

The first research question addressed the overall perception of licensure within the music therapy profession. Research question number two inquired about a change in accessibility to clientele and who is providing the referrals. Research question number three addressed changes in funding sources since obtaining licensure. Lastly, the fourth research question inquired about perceptions of cause of harm that may or may not have occurred since enacting licensure.

Research Question 1

1. Is state licensure perceived to be of benefit to music therapists in states that enacted licensure laws?
 - a. What are the perceived or anticipated benefits of licensure to music therapists in states that enacted licensure laws?
 - b. What are the perceived or anticipated liabilities of licensure to music therapists in states that enacted licensure laws?

Interview Questions 1, 2, 3, and 4

What state are you working in as a licensed music therapist? What's your perception of job opportunities since your state instated licensing (increase, decrease, maintain, not sure)?

Has there been any backlash from other disciplines? What do you see as advantages and disadvantages of being a licensed music therapist?

Each interviewed state was represented by one task force member, except Oregon who had two respondents. Overall, the licensed participants' perception of job opportunities was either "absolutely an increase" and "expanded tremendously" or "not sure" and "it has only been...". Each licensed state North Dakota, who gained licensure mid- 2011 under the Board of Integrative Health and Nevada, who became licensed in mid- 2011 both noted of there being more job opportunities within hospitals and behavioral health. Behavioral health is "regulated by the state" and funded through Medicaid and other state waivers, they required an extra layer of consumer protection. One participant noted that "a facility [addiction recovery company] sought me out. The only reason that they did so was because I had a license, I never got a master's. This particular company did not hire unless you had a master's or a license."

Respondents from other states, such as Oregon, Georgia, and Oklahoma noted that they were unsure of the job opportunities since they gained licensure ≤ 2 years. In Georgia, it was perceived that there weren't many job opportunities because music therapists weren't being paid a livable wage. Georgia has been licensed for two years, and during the two years, the participant shared that "With the public school system, they didn't recognize music therapy at all...Once the public school system recognizes music therapists on the same level as the PT, OT, and Speech, job opportunities will increase as they [music therapists] will be paid accordingly." Oregon and Oklahoma have been licensed 3 and 7 months respectively, at the time of this study, and they are continuing to work on "languaging and regulations" so more job contracts and opportunities can be created.

Although it appeared to music therapists that licensure would be beneficial, not all healthcare professions agreed with this. A respondent from North Dakota stated that they didn't experience any backlash or appear to "ruffle anybody's feathers" and the respondent from Nevada experienced backlash from a psychologist "who was a lobbyist for mental health...There is written in language that we can't practice or bill psycho-therapy codes unless you have specific training in those areas." The respondent from Nevada further inquired why the mental health professional (MHP) was concerned with music therapists gaining licensure. The interviewee learned that the MHP thought that the licensed music therapist would bill the same codes as them. In addition to using the same codes, the MHP thought the licensed music therapist was not properly trained within the mental health field. Respondents from Oregon, Georgia, and Oklahoma noted experiencing "huge opposition" from speech therapists. A respondent from Oregon mentioned minor backlash from the mental health community "which is odd", but mostly from speech therapists. The common speech therapy concern was that music therapists would engage in tasks that require specialization in speech therapy. The respondent from Oklahoma described it as, "they were concerned about us practicing outside our scope and infringing on their practice. Putting patients in harm's way because we're not properly trained to do speech and voice stuff, I guess". The respondent from Georgia shared that some of the backlash was a result of "billing codes". The speech therapists' were concerned with losing money due to insurance companies paying for a particular code and the music therapists' billing for that same code.

All participants noted several advantages with no more than one or two disadvantages in regards to obtaining licensure. Disadvantages noted by most of the respondents from licensed states were the increase in fees and initial costs of becoming licensed. One participant

noted a disadvantage being the task force enforcer, who enforces following up with the individual(s) who misrepresent music therapy. The task force enforcer shared they were willing to be in charge of this “to keep that [licensure] cost low is that we would police our own music therapists”. Some participants stated that the initial licensing cost ranged from \$100-\$150, one participant noting that they had to pay for a background check and drug test in addition to the licensure fee, “it’s just one more thing”. After the first year, it costs the licensed music therapist \$50-\$100 each subsequent year to maintain the license.

An advantage with licensure is the required 100 continuing education units (CEUs), which is the same for board certification. Participants noted that the CEU requirements for licensure are “more stringent in terms for [fulfilling] educational versus teaching [credits]” compared to the board certification requirement. One respondent noted that since obtaining licensure, they have noticed more music therapists presenting/teaching at conferences. While presenters at conferences help inform others of current information, it also helps them fulfill the requirements for licensure. Another change that came with state licensure was the amount of time the licensed music therapist had to complete the 100 CEUs. Rather than spreading the 100 CEUs over five years with board certification, for licensure it’s required that the music therapist complete 20 CEUs each year. A respondent in Oregon stated “they’re [Health Licensing Office] just making 10 of those [units] be within a class” to maintain licensure. The respondent noted that the state of Oregon has implemented a state conference to assist with the educational CEUs.

Validation, credibility, and legitimacy were common terms used when discussing the advantages to being a licensed music therapist. Participants noticed a change in how other professionals perceived them once they stated they were “licensed”. Prior to licensure when participants spoke with other allied healthcare professionals and agencies, they didn’t receive the

same respect when identified as “board certified”; in comparison to when they identified themselves as “licensed music therapists”. One participant noted that they felt “empowered” because the other professionals thought “hm, this is a legit thing!”. Overall, the responses of all participants indicated state licensure resulted in an increase in fees, but there was also a benefit in that no additional trainings were necessary as long as the music therapist meets their board certification requirements.

Research Question 2

2. Did enacting state licensure appear to change the accessibility to clients?
 - a. What is the music therapists’ perception of the amount of referrals since licensure?
 - b. What is the music therapists’ perception of the source of referrals since licensure?

Interview Question 5 and 6

Has licensing affected your referrals? Have you noticed there being an increase/decrease in referrals since your states’ licensure law was enacted?

Three out of the six participants perceived an increase in referrals since obtaining licensure. The other three participants were “not sure” since it’s “too early to tell” as one participant stated they worked for a profit organization, so they weren’t able to “correlate the two”. Of the participants who experienced an increase, it was reported that they received referrals from speech therapists and from occupational therapists to co-treat. There was also an increase in referrals from physicians, community agencies, long term care facilities, hospital contracts, and more contacts with the educational system. Overall, licensing appeared to either

maintain or increase the referrals for music therapy services in some of the licensed states.

Research Question 3

3. How did obtaining licensure for music therapy effect funding sources?

Interview Question 7

Has the funding for services been easier/not easier to obtain since becoming licensed?

The majority of the participants perceived the funding for services to be easier since the state enacted the license. Few subjects stated that insurance companies, Medicaid and other state waivers recognize the licensure now that “another layer of protection” for the consumers has been put in place. One participant noted that if it weren’t for the licensure, they wouldn’t “even had these conversations with OHA (Oregon Healthcare Plan)” and work towards being reimbursed. Another state shared that staff members “prioritized” the music therapy services and saw them as “an integral part of the day”. As a result, the music therapists are able to easily provide services and bill at a respectable rate to cover equipment and preparation. Another interviewee stated that “majority of the music therapy services are provided by the facility. They’re either budgeted or fundraised for...About 70-80% of it is done that way and the remainder of it is private pay. I don’t know how much change we’ll see in that.”

Research Question 4

4. Has state licensure helped regulate other healthcare professionals from causing harm?

Interview Question 8

Across all healthcare disciplines, a common state purpose of licensure is to protect the

healthcare consumer from practitioners who do not have proper formal education, training, and credentials. With that in mind, to your knowledge, has licensure in your state resulted in the identification and/or formal action taken against anyone claiming to perform music therapy without a music therapy license?

Aside from Oklahoma, who obtained licensure in April 2016, every other state agreed that licensure in their state resulted in the identification and formal action to take place against anyone claiming to perform music therapy without a music therapy license. One participant believed that there was an increase in identification because now people know who to go to when they become aware of someone causing harm. The participant, who is the “task force enforcer” stated they have received numerous notifications about healthcare professionals causing harm, “mostly from music therapists who said, ‘ok, I can finally say something.’”; over the past six months they have received about eight notifications.

Prior to licensure, no formal process was in place to regulate the incidents and no repercussions to the individual claiming to provide “music therapy” without proper training and education. Within one state’s law, it was written that the individual who was not properly credentialed could be fined \$200 for a misdemeanor due to causing harm. Examples provided of individuals causing harm included:

- An individual who never passed their board exam and they were advertising on TV being a music therapist and offering services. After a couple warnings, the individual was reported to the Attorney General office. Once they were reported to the Attorney General’s office, the individual was informed they could never become licensed. Because of how licensure works, if someone can’t be licensed in one state then they

can't be licensed in ANY state, which in turn really protects the client. This particular individual was acting in an unethical way and now they cannot legally practice as a licensed music therapist in a licensed state.

- “Someone going in to provide music experiences to children in a hospital environment where they were not providing appropriate types of interactions with the child or family member and it was causing distress, rather than comfort and support.”
- A company who places “music specialists” into hospitals and works with children with cancer, so the company could save money rather than pay for music therapists.
- Two music scientologists working with hospice. It was stated that “they lost their contract because they were too expensive, they were musicians and they were saying they were being called music therapists doing hospice.”
- “A nurse from a hospital in very rural ***** who knew we were licensed. She had some knowledge of what the license required, the board certification. She knew to go check the CBMT website for a ...and then she knew about the license and she came to me as the task force chair saying there was a person practicing as a music therapist in her hospital that was not at all certified. She has done her research and looked them up on the CBMT website and looked them up on the Secretary of State and she would've never done that if she hadn't heard or known there was a license.... Had we not been licensed she would not have, I don't think she would've even thought to police the situation.”

Aside from the examples provided above, other examples included were of posters and

flyers advertising music therapy services. The participants stated that the minor incidents were addressed through educating the individuals who claimed to provide music therapy services.

Discussion

Throughout this portion of the paper, common ideas and themes as well as current perceptions on the advantages and disadvantages of working as a licensed music therapist will be discussed. The process of naturalistic inquiry, complications that occurred during the study, and ideas for future research will also be included.

Educating Others

A common theme amongst the six participants was the idea of educating. All of the interviewees shared that they had to educate speech therapists, legislators, insurance companies, and/or the department of education about music therapy. At the beginning of the licensure process, task forces were encouraged to create informational sheets to help educate various members of the legislature so the music therapists could obtain licensure. Once the music therapists obtained licensure, they had to educate various agencies and companies so that they could create contracts and be reimbursed. The licensed music therapists also take the opportunities to educate individuals who falsely advertise music therapy services.

Until the term 'music therapy' becomes a household name, there will always be an opportunity to educate. Even then, opportunities to inform the public how music therapy can be beneficial, where music therapists can work, who is eligible for services, and why music therapy, is an ongoing process.

Accessibility

The shared goal for obtaining licensure according to the participants, was to be more accessible for the consumers. Participants stated that they wanted to be able to be seen as equal with other healthcare professionals and reach more consumers. Once music therapists gained licensure, they were able to establish contracts with facilities, which enabled more accessibility. Several facilities required the extra layer of consumer protection, similar to occupational and physical therapy. After the additional layer was added, the [mental health] facility could hire on a music therapist, as stated by a couple subjects. Participants shared that as professionals in various settings such as hospitals, school systems, long term facilities, and community agencies were aware and educated about music therapy, accessibility to the consumers increased.

Throughout the interviews, it was noted that some insurance companies and state healthcare plans began recognizing the license. As a result, the access of funding increased accessibility for the consumers so they did not have to pay out of pocket, which helped the consumers receive services.

Regulating Non-Music Therapists

Since obtaining licensure, the ability to monitor and enforce formal action towards anyone claiming to perform music therapy without a music therapy license has increased. There is an enforcer for each region who addresses the individual(s) “causing harm” and then as needed get their respective legislature involved to legally penalize the guilty party. Five out of the six participants voiced that with the licensure, they have become increasingly aware of various incidents and have been able to educate those who illegally identify themselves as music therapists. Although all six participants voiced they were aware of various falsifications, some

states are now able to enforce the violators. Being able to educate and enforce the term “music therapist” allows the public to have a better understanding of the profession and to put the therapists on an equal level with other licensed healthcare professions. One participant stated, “We want to be recognized on the same level as our peers. We want our profession to be recognized in the same way and same validity at OT, PT, and Speech Therapy, so I think one of the ways to be recognized is to have that licensure piece.” By having the license, it is understood that it is mandatory to have proper training and education. If you do not have proper formal education, training, and credentials you can cause harm, just like with occupational therapy, physical therapy, and speech therapy.

Overall Perceptions

At the beginning of each interview, questions regarding the number of years the participant has practiced music therapy and their degree(s) and additional training(s) were obtained. Years of experience ranged from 8-34 years and degrees/trainings included Bachelor’s in music therapy, PhD in music, Licensed Clinical Social Worker, Fellow of Music and Imagery, Master’s in Piano, Level 1 Bonny Method, Specialty in Autism, Certified Music Teacher, and three have Neurologic Music Therapy training. With different years of experience and educational backgrounds, all participants expressed similar themes and goals. All participants shared that they fought for licensure for additional protection and increase accessibility for the consumers.

Intentions and Limitations

The goal of this study was to gain an understanding from licensed music therapists and their perceptions of the benefits and liabilities of state licensure. As the profession continues to

evolve and gain recognition so it is seen as a standalone service, it is important other professions acknowledge it as such. Several hours and energy outside of work are put into the licensure process, it's beneficial to understand if the increased regulations were worth it, for them.

Limitations of this study included the interview process in addition to the researcher's experience conducting interviews. Additional practice and experience giving interviews would have been beneficial to this particular methodology. Though I spoke with a researcher who conducted a study with a similar method, to gain insight and practice, it would have been beneficial to have more experience with the interviewing process. Initially, I felt prepared with the interview questions and knew what I wanted to ask. As the interviews went on, I experienced internal dissonance as I didn't want to contaminate the data with personal stories and beliefs but wanted to maintain the naturalistic and organic inquiry. Throughout the interviews, I found myself trying to have an organic conversation while asking the demographic questions to help set the flow of the interview. As the conversations continued and the interview questions became more specific, I attempted to allow the interviewee to share their perceptions. There were instances when I found it challenging to not provide some personal agreement or insight.

A minor complication that was taken into consideration were the time zone differences. Some participants were up to three hours behind the researcher, it was important to take this into consideration when setting up interview times. Prior to the formal interviews, contact with each participant was made via email and both parties agreed to a date and time, ensuring to compensate for the different time zones. During one particular interview, which was held in the early evening, the participant was out with her family engaging in the game Pokémon Go. While asking various questions, the interviewee intermittently spoke to her family, which periodically

interrupted the flow of conversation between researcher and participant.

In regards to the use of telephones and an iPhone application, there were two instances when there were additional challenges. One challenge being when one of the participants spoke, they were not easily understood but the recording was clearer so the information could be transcribed. The other instance was after interviewing for six minutes, a high tone was heard over the phone so the call was ended and I called back to complete the interview.

A major limitation that I experienced was obtaining the necessary seven participants. The first couple of participants promptly responded to the initial emails about participating and were able to set up a time to be interviewed. Other participants received follow up emails before scheduling a time. One participant was not responding to any of the emails and then I used Facebook as a means to make contact incase the email provided on the CBMT website was not accurate. Once I made contact through Facebook, an interview time was set up. Other participants agreed to be interviewed and then never responded to the follow up emails, while others responded but then informed the researcher that they were not fully licensed yet. I also attempted to use LinkedIn to make contact with members of the task force, but was unsuccessful.

As a result of not interviewing the projected number of participants, the qualitative data is limited. Of the data that was collected, it provides insight to the perceptions of a licensed music therapist. Based on these results, it would be beneficial to gain more insight on the licensure process from more licensed music therapists. Several instances, the participants noted they were “unsure” or “nothing yet” in regards to areas addressing funding, referrals, and job opportunities. As the licensed music therapists continue to educate the public over time, it may be beneficial to reexamine the task force participants to note any changes in those stated areas.

Future Research

At the time of this study, there has been little published on licensed music therapists. Music therapists from various states are continuing to work towards more regulations, while receiving backlash from other allied health professionals and being asked, “why music therapy, if they’re already receiving therapy?” by legislation. For some states, this is a paralyzing question from their legislators in addition to the lack of published information in a summarized format to help answer that question. Of the states that obtained licensure, it would be beneficial to survey them to gain formal insight on their formal process and policy “linguaging” to help those searching for more regulations. By providing that information, it may help other states know what steps to take or help them think of ways to maneuver through the legislature. It may be beneficial to also interview other therapies, such as physical, occupational, or speech therapists on their perception of music therapy. With that information it may provide insight and reasoning to the backlash that’s experienced in states obtaining music therapy licensure.

A common theme amongst all music therapists in regard to successfully getting state licensure legislation to be passed was “educate” and those that are licensed were successful with educating the “right people”. Knowing your audience and knowing how to educate them is a challenge, as therapists, we know that everyone learns differently. Further studying the techniques used to help educate the public would be of interest. One participant shared that the task force sang in front of the legislature and part way through the song, legislators joined in. She shared that on the day their law was passed and signed, one of the legislators wrote a song for the task force and performed it. It appeared, that particular task force figured out how to get the legislators’ attention and educate from there. Information such as that would be valuable to gather and could be referenced to help other task forces with this process.

The next step to take to help contribute to the perceptions of state licensure might be to interview task force members who have fought for licensure but were denied. It would be worthy to note, why they were denied and then inquire if they would continue to pursue licensure.

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Appendix A
Invitation and Consent Document

**Western Michigan University
School of Music**

Principal Investigator: Edward Roth, M.M., MT-BC

Student Investigator: Dianne Sawyer, MT-BC

Title of Study: Current Perceptions of Music Therapists on the Benefits and Liabilities of State Licensure

You have been invited to participate in a research project titled "Current Perceptions of Music Therapists on the Benefits and Liabilities of State Licensure". This project will serve as Dianne Sawyer's thesis for the requirements of the Master's in Music. This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project.

Please read this consent form carefully and completely and please ask any questions if you need more clarification.

What are we trying to find out in this study?

The purpose of this study is to begin to understand the perception of music therapists' of any potential benefits and/or liabilities as a result of the enactment of state licensure.

Who can participate in this study?

Participants must have served as the chair on the music therapy task force in each state that holds music therapy licensure legislation.

Where will this study take place?

The interview will take place via a telephone interview scheduled at the participant's convenience.

What is the time commitment for participating in this study?

Each participant will engage in one phone interview lasting approximately 30 minutes.

What will you be asked to do if you choose to participate in this study?

If you choose to participate in this study, you will be asked to schedule a 30-minute phone interview with the student researcher.

What information is being measured during the study?

Participants will be asked to share their perceptions regarding any benefits and/or liabilities that may have occurred since the enactment of licensure laws in their state.

What are the risks of participating in this study and how will these risks be minimized?

Risks are limited to the time required to participate to complete the phone interview.

What are the benefits of participating in this study?

There is no known immediate benefit to participants. The information obtained from this study may inform future research and professional development in this area.

Are there any costs associated with participating in this study?

There are no costs required to participate in this study. If the participant uses a mobile phone with limited available minutes to complete the interview then current rates would apply and the participant would be responsible for those minutes.

Is there any compensation for participating in this study?

There will be no compensation for participating in this study.

Who will have access to the information collected during this study?

All data will de-identified and at no time will a participant's information be paired with data. Recordings will be transferred to a password protected flash drive and kept in a locked location. Results may be presented at a Music Therapy conference or at published in a professional journal. If presentation or publication occurs, only de-identified data will be presented.

What if you want to stop participating in this study?

You can choose to stop participating in the study at anytime for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study.

The investigator can also decide to stop your participation in the study without your consent.

Should you have any questions prior to or during the study, you can contact the primary investigator, Edward Roth at 269-387-5415, or Edward.roth@wmich.edu or Dianne Sawyer at 860-977-0123 or diannesawyer14@gmail.com . You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please Print Your Name

Participant's signature

Date

Appendix B
Interview Instrument

Section 1: Demographics

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

What degrees or advanced trainings do you possess? (e.g. Nordoff Guided Imagery, Neuro Music Therapy, etc.)

Section 2: Current Perceptions of Music Therapists on the Benefits and Liabilities of State Licensure

1. What state are you working in as a licensed music therapist?
2. What's your perception of job opportunities since your state instated licensing (increase, decrease, maintained, not sure)? Is there any tangible evidence that gives you that perception?
3. Has there been any backlash from other disciplines? What have been the reactions from other disciplines? What evidence can you provide that lead you to that perception?
4. What do you see as advantages and disadvantages of being a licensed music therapist?
What are the advantages/disadvantages of working in a state that requires you to be licensed? (e.g. additional fees or trainings, individuals more receptive of music therapy, feel as though you're more accepted with other disciplines, becoming licensed was or was not worth it)
5. Has licensing affected your referrals? Can you give examples?
6. Have you noticed there being an increase/decrease in referrals since your states' licensure law was enacted?
 - 6a. If patients are referred to you, which disciplines are providing the referrals?
The disciplines identified below will be used to stimulate responses.

- Case Manager
- Client/self
- Nurse
- Occupational Therapist
- Parent/Family
- Physical Therapist
- Physician
- Psychologist
- Speech Therapist
- Teacher
- Other: _____

6b. Has this differed, now that you're licensed or are they the same people/professions who were referring previously?

7. Has the funding for services been easier/not easier to obtain since becoming licensed?

Can you provide examples?

8. Across all healthcare disciplines, a common stated purpose of licensure is to protect the healthcare consumer from practitioners who do not have proper formal education, training, and credentials. With that in mind, to your knowledge, has licensure in your state resulted in the identification and/or formal action taken against anyone claiming to perform music therapy without a music therapy license?

Appendix C
Subject 1 Transcript

1. Subject 1:
2. (Greetings, not recorded due to Tape A Call taking a few seconds to start recording)
3. So how can I be of assistance to you?
4. **Well, if you have and I'm just hoping it's just a few minutes of your time and then you can go find more good Pokemon...**
5. Haha
6. **I'm just curious about your perceptions of being a music therapist who works in a licensed state and the benefits and liabilities of licensure and the backlash you may have experienced, and um things of that nature. Does that sound alright?**
7. Sure...Yeah I can help you with that
8. **Great, thank you. So, the first couple questions will just be demographics and then after that we'll just jump into the meat of it all if that works.**
9. That works for me
10. **Great, so how many years have you worked as a music therapist?**
11. Uuuh...9...yeah, what year is it? Yeah, 9, oh I have some paperwork that's due.
12. **Haha. Do you have any other degrees or advance trainings?**
13. Ummm...no. I mean I'm an MT-BC and I have my Ph D.
14. **Oh, what is your Ph D in?**
15. My Ph D is in Music from the University of *****. So it's their music therapy Ph. D, so it's a Ph. D in music.
16. **Great, thank you. So you're working in North Dakota, correct?**
17. Yes
18. **What was your perception of job opportunities when your state instated or started the licensure?**

19. Well job opportunities expanded tremendously once licensure was passed. Um, especially in the hospitals and behavioral health. Those were the two areas where we really saw an expansion of employment

20. Is that because of insurance companies you think or because more people were familiar...?

21. Well it was a billing issue and it was also...I'll take some lemonade, we're on a campus and it's pretty warm so we're taking a break from Pokémon here to have a cool drink. So the biggest places where we saw...was a billing issue but for behavioral health and it was about that extra layer of consumer protection.

22. Ok

23. And really truly that was what it was about. We had...there was a huge increase in contracts for music therapists specializing in behavioral health after that licensure passed. And it was because then the facilities could say 'hey look, this profession is also regulated by the state' and from what I understand in talking with the administrators, they really couldn't employ music therapists before there was that licensure, oversight piece mostly because of how THEY get funding they get funding from Medicaid and other state waivers and so the state doesn't want to pay people that is not overseen to some capacity to make sure the consumers are protected. So once we have that extra layer of consumer protection then the employment just kind of shot through the roof.

24. That's great...did you notice any backlash from other disciplines?

25. No, and no, North Dakota unusual in that...in that we didn't have any backlash and if you look at the law itself **Mmhm** the definition of music therapy that's in there is actually the definition that's used in other states. North Dakota's was kind of used as the template then for the other states that have gone forward and it's a pretty basic definition of music therapy and it didn't ruffle anybody's feathers.

26. Great

27. So, which is why I get a little confused when I hear colleagues in other states talking about specifically Speech language pathologists that are having problems with them and I'm like 'eh, we didn't really have that issue here'...
28. **haha, right...Everybody is just happy and working together out there. So then, did you notice any advantages or disadvantages of being a licensed music therapist, such as any additional trainings or fees and then if there were any advantages or disadvantages working in a state that required you to be licensed?**
29. There were definitely increased legitimacy in peoples' eyes. You know when you say 'I'm a board certified and licensed music therapist' then all of the sudden people are like, 'oooooh, that's a thing' **Yeah** yeah, and um, and the fees are pretty low. I plan on maintaining my license, forever. **OK** and it's cheap! It's like uh \$50 a year, you recertify in odd numbered years.
30. **And you said it was about 50 bucks? I'm sorry**
31. Yeah! It's \$100 every couple years. Your continuing education is based on the CBMT, so when I resubmit my licensure renewal I have to submit 40 CMTE's. **Oh Ok.** So it's 20 CMTE's every year they just took the 100 every 5 and divided it up so...it's 20 CMTE's every year. Um.. they don't carry over though year to year, so that kind of sucks so the year that I finished my Ph D I had 135 CMTE's but I only got to claim 20 of them, so I wasted.
32. **Yeah ok**
33. So my board certification was totally fine but for my license it's a maximum of 20 per year and they don't carry over. But it's really easy, the licensure is written in such a way that whatever you can turn into CBMT you can turn into the state. So they made it very easy to transfer it, it frankly could not be easier.
34. **That's great. And you mentioned that you received a lot more referrals. Um, so that's...Have you noticed an increase in referrals or a decrease from other disciplines depending on who provided you the referrals...**

35. There was an increase in physicians making referrals so we actually started having at least one MD and potentially more but only one of which I am specifically aware, who was actually writing prescriptions for music therapy. **Oh ok** and then we saw an increase in referrals from community agencies, um...nursing, trying to think what else...um...folks who are in long term care facilities we started to see an uptake in those referrals for those folks. In North Dakota the problem really is that there aren't enough people to meet patient needs and wants. And so a lot of that really started once the licensure law went into effect in 2012.

36. **Ok. So you're saying there weren't enough patients...?**

37. No, there aren't enough practitioners, music therapists because there was such an increase in referrals. There aren't enough MT-BC's to meet those requirements. I will tell you that one of the problems with licensure in North Dakota is that, the penalties don't really have a lot of keep. Let's say that you practice music therapy without a license in North Dakota, and this has actually happened...I know because when I went onto the Board of Integrated Healthcare, I got to deal with this person. There was a person in Bismark who went to school to become a music therapist, was never able to pass the board certification exam and the prerequisite for getting your license in North Dakota if you look at the website, it's...you basically just have to be an MT-BC, you pass your board, pay your fee, promise you're not going to do anything stupid, and you know...we couldn't have made it any easier. So if you're qualified to have your MT-BC, you're qualified to have your license in North Dakota **Ok** but she has never passed her board and she was actually advertising on TV, being a music therapist. **Ok** So that person we give them an opportunity, we're like 'ok, so maybe they didn't know', so we tell them you know 'don't be naughty, you can't do that'. Now, if they keep on doing it then the Attorney General office intervenes and the penalty in North Dakota is really, if you're busted by the Attorney General then you are never allowed to have a license in North Dakota...ever. So then even if she...so let's say she got busted, right? and then the Attorney General got to intervene and the Attorney General said 'nope, you're out! You got three strikes.', though you don't get three strikes really, it's just one

big one. So let's say you really get in trouble and they say 'that's it, you're done!' Even if the next day she went and took her board certification exam and passed, she could not have a license in North Dakota. And the reason why that's important is because, let's say she moved to Georgia **Mhm** right? And she's got her MT-BC, moves to Georgia and applies for a license in Georgia. Well, Georgia is going to look at her application and say 'oh you came from North Dakota'. North Dakota has a license to practice music therapy, so then **THEY** have to contact the board in North Dakota and they're going to say 'no, this person does not qualify for license in North Dakota, and here's why...'. And that actually can keep that person from earning a license in any other state. **Wow** Which *really* protects the client because then you have someone who's really behaving in an unethical way. So, that to me was the hardest part of being on the Integrated Board of Healthcare, was trying to enforce those rules. We had a few where we had to say to people 'you can't call yourself a music therapist, you don't have any training', um you know we're not saying you can't use music with people. But you can't do these things that you're clearly not trained to do and you can't advertise yourself as a therapist. You can't advertise as a therapy, if you want to have mommy and me classes, that's fine! But this is not developmental music therapist, right. **Right** And it's hugely people who say, 'oh, that's a thing? I have to go to school for that?' And for the most part, the people because I was a music therapist on the board I was the person who would contact them first. And for the most part, people were very apologetic and very nice. **SO** when you say to them there's a law about music therapy and this is a protected title and you have to be licensed to practice music therapy and here are the requirements to be licensed and then they go, 'oooooh crap!'. For the most part I had one person who was kind of persnickety about it and their employer were kind of persnickety and finally I just had to say you can talk to me and take care of this **OR** the next thing that's going to happen is someone from the Attorney General's office is going to call you and order a cease and desist. So do yourself a favor, I don't want you to be in trouble and I don't want...you know violations go on state records. I don't want that to happen to you, **YOU** don't want that to happen to you so let's just

figure out what the solution is here and take care of this. As far as I know, they're still dealing with the one person in Bismark. Even when you look at situations like that, it's really about consumer protection and it's about saying 'look there are requirements for the training of a music therapist and you don't have those. You can't market yourself as something of which you don't have the training.'

38. Were there any other...was that the only time you noticed or to your knowledge saw somebody trying to claim it was music therapy even though they weren't licensed?

39. There are always little ones. You know there is a guy based out of South Dakota...he creates CD's that are based on these mystical tones. What's dangerous about him on his website that he talks about people who have elected not take chemotherapy. Instead they listen to these CD's. I'm all for people listening to these CD's, I don't care, whatever but when you say to people 'oh don't go have this medical treatment because my music therapy CD's are going to cure you', then I have a problem. But I mean really our only recourse was to tell them they couldn't advertise in North Dakota.

40. How did you hear about him if he was in a different state?

41. I had a student email me, she was driving home to Minnesota last year and she left me a voicemail. "Dr. ***, Dr. *** I just heard this horrible advertisement and here's what it was called..." I looked up the website and saw 'ooh yes'. But that's consumer protection right there! It all boils down to consumer protection and I get frustrated when I see South Carolina having issues with getting their licensure passed or *****, my home state having difficulty getting their licensure passed because another discipline is upset. They think we're over stepping our scope of practice or they think we're stepping into their scope of practice and like really? This is about protecting clients, shouldn't you be happy that we're protecting clients? **Right** And I think that that's what is unique with North Dakota because our collaborators and our fellow therapists in different disciplines, we were all able to sit down look at each other and say, 'no, this is about what's best for our clients'. It's not about me, it's about them.

42. Right. Well I appreciate, is there anything else that you think would be pertinent or important to shine light on?

43. I don't think so, if you think of anything shoot me an email or give me a call.

44. Thank you, I really do appreciate your help.

45. I hope that it becomes a national thing, because I have seen it do really great things and I would like to see if for other states. The states that do have it, it has been great for the clients. Part of that is because of improved access.

46. Do you think it's because of case managers or exposure that...?

47. It's because of licensure. Once you put licensure right, once you put licensure it says to them 'oh the state has looked at this discipline and has said it's a real thing and that it's regulated'. So there's this layer of protection for the consumers. That makes a big difference rather than trying to explain to the people what the certification board is and what our test is and what competency based education is. When you're talking about board certification you're kind of saying to people 'well, just take my word for it' **Right** um...so when you talk about licensure, licensure means that OTHER people who aren't on your team have looked at it and said 'yup, it's a real thing, we buy this'. **Yeah** It's especially great with the board certification and training is a competency based education, the board certification exam, the continuing education requirements, these are all good. There's just that extra bit of legitimacy that goes with it and makes a HUGE difference! That's why I'm keeping my license for forever and ever. But yeah, just shoot me an email or give me a call if there's something else you forgot to ask.

48. Thank you, I will!

49. You have a great afternoon

50. Thank you, you too

51. Thank you, ok Bye

52. Mhm, Bye

Appendix D
Subject 2 Transcript

1. Subject 2:
2. Can you hear me ok?
3. **That is perfect**
4. First of all, you don't have to worry because I'm working from home and I'm still in my yoga clothes. So, I just, **That sounds lovely** I know! It's just part of the awesomeness of having your own business, right?
5. **True**
6. So I was just wrapping up my series of 'oh, I'll call this person and email this person...'
7. **I do appreciate this, so thank you!**
8. I just feel like 'oh my god, I can pull up records if she needs dates and things like that'.
9. **Oh gracious no, this will be...my whole hope with this is to gain your perception on the benefits and liabilities of state licensure. So however you feel about it, that's all I'm interested in. The dates are not necessary.**
10. Absolutely
11. **Cool, so the first couple questions are just generic demographic type questions and after that we will dive into the meat of it, the good stuff.**
12. Sounds great!
13. **Great! So how many years have you been working as a music therapist?**
14. I've been working since 1982...so whatever that means.
15. **There's that math again**
16. 1982....34 years

17. And, do you have any other degrees or any other advanced trainings?

18. Sure! So I have, I'm a licensed clinical social worker in the state of Oregon, so I have a master's in social work. I got my fellow of music and imagery...so I did my three years of study with the Bonny Method of GIM **ok** and I'm a neurologic music therapist, I did training at the Thaut Institute.

19. Wonderful. And, you're in Oregon, so what has been your perception of job opportunities since Oregon instated licensure. Either an increase, a decrease, or maintained?

20. Sure, yeah, good question! As far as job opportunities, I don't think that...you know it's only been since January of this year, so it is really brand new for us still **OK** and so we have our task forces dynamically working in um with the state level to actually just now implement the possibility of changing the languaging and regulations. So that the job opportunities can appear and evolve... **mhm, right** um..I think in the mean time...and you tell me when to stop talking because I can talk about this a long time, but in the meantime what's happening is, the shift I think for music therapists is that they are feeling really great about themselves and their profession. They are proud to be able to say 'I'm a licensed music therapist' and I think what that means is that they're able to step forward with more robust energy to talk and promote music therapy and educating the public about it. **Mhm** I think that in itself is going to make a huge difference. You know you can talk about music therapy and the more...you know we have a lot of passion around it and if we can bring that professionalism of like 'and we are a **SOLID** profession' which I think the word licensure in our culture does that. So I think music therapists are kind of stepping up to the plate. I see it in their faces and hear it in their voices.

21. Right

22. Have you noticed any backlash from other disciplines such as physical therapy, occupational, speech since you've become licensed?

23. It's actually...no! You know, it's actually just the opposite. We had a little bit of a challenge with the SLP's here at the state. I exchanged emails and actually met face-to-face with the president of their state organization. They were clearly against us getting licensure, and during the bill process, when we were talking before the committees, they did have one of their SLPs um..what's the word for them.. lobbyist come to speak. But the person who sponsored our bill had already interacted with her and pretty much convinced her that she didn't have a chance. There was no argument and it was going to pass. She was going to be the only one standing there against the bill. So by the time she had to testify she said, 'you know, actually we just have a neutral stance about this bill.'

24. **OK**

25. We really didn't have much challenge. Then the post thing, I haven't experienced any! We have people that are happy to see us licensed and the other creative therapists, specifically the art therapists are in the process of seeking their licensure in the state of Oregon as well. So that's very cool. They get licensed right now with their counseling degree. But they want to get licensed at art therapists, so the legislature said 'that's great, if they do what you [music therapists] did then they won't have a problem'.

26. Yeah. Um...what do you see as the advantages or disadvantages of being a music therapist and then working in a state that requires it?

27. Yeah, well, I think the only disadvantage is that the financial hardship of a music therapist, even though it's a really low fee, the initial cost is \$150 to apply for your license. But then it's only \$50 a year in the state of Oregon to maintain your license. And then the requirements for continuing education credits is really low. Basically, the understanding is that if the person is board certified **Mhm** that's all they need. They go by that, that thing so there's not additional test that needs to be taken. And then the continuing education credits, the state is a lot more stringent

in terms of what counts for educational credits versus we can use teaching and developing a program and that type of stuff for credits. **Right** So they said 'because we're so stringent how about if we just decrease the amount of continuing education credits needed from you guys? We'll just make them 10 a year' ...I can't remember the exact number, but it's really low...

28. So that's more classes at that point and going to the conferences, that would work?

29. Right, yeah, exactly. So a music therapist can easily meet those requirements at the state level. 'Cause they're going to get at least 20 a year and 10 of those will probably be within a class. So then of course in our state of Oregon we have our wonderful state association. We have our own state conference and so music therapists can get that credits by attending that. **Oh, perfect!** And then I'll be doing an ethics workshop in August so we're striving to provide those opportunities for our music therapists.

30. That's wonderful, have you...has licensing affected your referrals as far as um, an increase or decrease or are their other professionals that you see, doctors are doing more or teachers?

31. Yeah, I think there are a couple therapists that have experienced ease of access from doctors and also touching in on the educational system. We recently, my agency, we got a contract with **** hospital, which was huge for us. I felt really, I don't know if it was specifically the licensure, we've done some of our relationship building in the past. But I can tell you having the license made me feel more confident in going in with them regarding negotiations. **Oh, ok** I felt like they, I always use the term licensed now instead of board certified and I think they see that and um respond 'oh this is great! There's a validity to this and you are recognized by the state'. So I couldn't say, formal documentation wise, but I could speak to that. I also noticed that there are a couple music therapists who are striving for the insurance reimbursement and the insurance IS allowing for that. The insurance companies are recognizing the licensure.

32. **I guess in that sense, to kind of stem off from that, has funding for services been easier...you mentioned because if you toss out the word 'license' it's easier Mhm um so would you say that...**

33. Uh huh, yeah, right and I know we're working carefully in terms of Medicaid reimbursement that kind of thing or our Oregon Healthcare Plan that our task force is working with them. And the only thing that's allowing for that is the licensure. **OK** That's what we're standing on to be able to move forward and to get to negotiations with them. It's not very exciting to see the level of reimbursement but the fact that, that could even be possible for us, that's huge for us.

34. **Right, absolutely. Was there...not that there's going to be more exposure and therapists to hopefully meet the demands of the clientele, with the funding and what not, have you noticed any cause of harm or in the past people causing harm due to the lack of education or now that you have this specific licensure that people are still trying to lay low and identify as a music therapist even though, they may not?**

35. In the state of Oregon specifically?

36. **Yeah**

37. Yeah, I know that there are cases that are therapist reported when we were in the process of testifying in behalf of licensure. They did quote some examples of harm that they had personally witnessed, like an example of someone going in to provide music experiences to children in a hospital environment where they were not providing appropriate types of interactions with the child or family member and it was causing potentially emotional distress and rather than comfort and support, you know? **Right** As far as people misrepresenting music therapy that has happened and does CONTINUE to happen, we feel really um...we feel really good, we have someone who serves on the regional level about how to go about communicating with people when they're misrepresenting themselves as music therapists or say they have a music therapy program. Um, so

there is a protocol for addressing that and because she's in our state it's easy for us to access that and she said that we specifically run that we through her so that we're using consistent languaging and she's also on our task force, so that's really great. **Oh yeah** So an example, I went to a gerontology conference and was presenting and did a presentation on music therapy. I always go around and check out the booths and the other partners and sure enough, they had music therapy! And I said, 'Oh, that's great! Who's your music therapist?' and they said 'Oh, well we don't have a music therapist.', 'oh well, I noticed that you had music therapy listed' and so are you aware blah blah blah...So there's a lot of education that needs to happen. I have never really run into a case where people are misrepresenting themselves with intention. It's more like they just don't know. It's a lot of the music memory programs that are out there, they're rampant in Oregon now and people are wanting to call it music therapy so it's just a matter of going 'let me help you understand the difference'. And I think having the task force, you know, with a licensure focus has given us the focus of the outreach and education to the public about music therapy. So I think a lot more people are aware of it just through that.

38. Yeah, that seems to be key, is education.

39. Yeah, education without malice...kind!

40. Well great, thank you so much! Have a beautiful rest of the day!

41. Thank you, you too, mhm bye

42. Bye

Appendix E
Subject 3 Transcript

1. Subject 3
2. [recording did not capture the beginning of the conversation]
3. **No need to fret...I was hoping I could take just a few minutes of your time and gain your perception as a licensed music therapist on the benefits and liabilities of state licensure and so just in the beginning I have a couple demographic questions and then after that we'll kind of see, just more your perception and take on things.**
4. Sure
5. **Then we'll go ahead and dive in if that's alright...**
6. Yeah
7. **So how many years have you been working as a music therapist?**
8. Um, 8 years...that sounds crazy though, right? I think that's right.
9. **No worries...what degrees or advanced trainings do you possess? Anything other than board certification?**
10. Um, so my bachelors and Masters are in piano and then I did the fast track, I think after they gave me a second master's in music therapy. Then I did the neurologic training and level 1 Bonny Method. My specialty is Autism.
11. **So to jump into the next chunk, you're currently in Oregon, correct?**
12. Right
13. **And what is your perception of job opportunities since your state instated the licensing? Was it an increase, decrease, maintained, not sure?**
14. So it's only been 7 months here. What I anticipate is that next year starting January 2017, things are really going to open up. Because our biggest conversation would be with Oregon Health Authority, which makes decisions on Medicaid. It's called OHP, Oregon Health Plan which works with kids and pregnant moms. So that Oregon Health Authority, we have been in great conversations and meetings with them and they have been working with HERC. Do you know what the HERC is? **Uuuuh, no I'm not familiar with that** It's the Health Evidence Review

Commission, I hope that's right. HERC ultimately makes decisions on what diagnosis works with what billing codes sort of thing. So now, OHA now that we've met with them, they were like "we're going to recommend that music therapy gets on the list". So they reach out to HERC and HERC tells us that we're already on the list but it was just for mental health so we had a great conversation with them. In October they're reviewing and since then Judy gave us a list of the best evidence based research articles and also Cochran reports. In October they have a really awesome and important meeting and they're confident that in January doors are going to open for reimbursement. Since we obtained licensure in January, we have 79 board certified music therapists listed in Oregon. And then I, as the co-chair of this task force, am in charge of making sure that people have a license. So, they had this 6-month grace period that we sort of made up. But it's not that expensive to get licensure here it's like \$150 or \$200 and then every year pay \$100 a year or something. But the agreement to keep that cost so low is that we would police our own music therapists. So I'm still trying to get music therapists licensed. The grace period just ended and I'm like so what are we going to do?... All these people aren't licensed. So now we have to start the second process, so the state, no one has even really responded to licensure yet. It took us 5 months to create an instagraph that we sent out to agencies and schools saying, 'here's what licensure means' but honestly I would say within the first year, nothing. But I think in January big changes are going to happen.

15. **Absolutely. Have you noticed any backlash from other disciplines since the licensure?**
16. Yeah, I mean it's mostly...I mean we actually saw more before we succeeded. It was mostly from speech therapists they are the greatest.... and a little bit from the mental health community, which is odd. But anybody who sees us as a threat, occupational therapists have been pretty decent...**OK**...but speech, they were monitoring everything that was going on before licensure and they would call and absolutely protest and speak up against licensure for music therapists. **OK** And we sort of tried to make peace with that in the end. **Yeah** otherwise...but since we obtained licensure, it has been interesting where insurance companies are like, 'oh you're not

reimbursable because you're not licensed' and I'm like 'yeah we are licensed' so I'm sending in letters of appeal to insurance agencies right now and educating them has been a process. Speech therapists have calmed down, it may pick up, but once it picks up...I anticipate once in January once I tell families, once we get partial coverage. Then the speech therapists may lose clients because we are still going to use the same codes, so speech therapy is still on the table for drama...It's interesting because one of my clients he's a joint patient. His speech therapist is so busy he only gets to see her once every three weeks. And I've heard this from other families that their therapists are completely booked and it's not like we're really a threat are we?

17. What state are you in? **I'm in Indiana.** Oh, so you're three hours ahead? **Yeah.** So you're on east coast time. In my head Indiana is in the middle. **Right? That's the funny part, you go about three quarters of the way to the west and then they have the time change. They go back an hour. I don't know if you know Michigan City at all, but it's by the lake and close to Chicago. From there on over it's an hour difference.**

18. **But...what do you see as the advantages and disadvantages of being a licensed music therapist? And then working in a state that requires it?**

19. Yeah, yeah...I don't have any disadvantages other than being the task force enforcer, it's challenging for me. Ok so what I hear from music therapists who are 'why'...financially...the finances is the biggest one...the first year it's \$250 for someone to get licensed and they're like 'I'm already paying AMTA membership and Oregon membership and all these...and then CBMT's...' and it is a lot of money. But in the grand scheme of things, for us, it's not. So that's the biggest complaint I hear. Personally, I don't think there's any disadvantages for licensure. Advantages the biggest one we see is that the process of obtaining licensure, like we have to educate the crap out of politicians too, which is awesome and I don't know we would've done it in an organized professional way if we hadn't had this goal in mind. So that was great, so from there creating this instagraph to educate the rest of the state was really helpful. So the education piece of it has been huge and has really opened the door for conversations that should've taken

place a long time ago. On top of that, the licensure has given us this credibility, so we're having these conversations with OHA and HERC, I feel like they've have been much more legit than they would've been if we were just a couple music therapists who were like 'yeah, we're just board certified' and they just don't take that seriously. So that, and then ultimately...ideally reimbursement, that's what it's all about. The access for all my families where I can tell the insurance...One of the insurance companies I'm sending in an appeal for, they're like 'well you're not licensed', so educating them and finally being able to say 'well, I AM licensed' and here's my information. So legitimacy I think is HUGE and also the organization that has been involved with this. It was uniting and a catalyst and motivation for us to do things that take up an incredible amount of time. **Right** I envy the music therapists who say, 'yeah, I'll get licensure, that's fine' They don't even know what it's about...**Yeah, it sounds like a beast and quite the undertaking.** We're actually doing a presentation at Nationals on the process of licensure. So I don't know if you'll be done with this but it's Sunday morning at 7:30 or something...I'm like, you guys...

20. **That's great that you can share it with other people and don't have to reinvent the wheel.**
21. Right, there are so many wheels you don't need to reinvent!
22. **Umm...have you noticed licensing affecting your referrals, you kind of mentioned before, I thought, that some insurance companies may not recognize it. So, are you noticing a change or is it still holding steady and that's part of the magic for January 2017?**
23. If I had to guess...I notice things...going back to the instagraph again, it's what Judy Simpson recommended. She recommended it's basically like a fact sheet that's specific to Oregon...it's a little more interesting than just a fact sheet. But it's like, we have licensure now and here's what it means and its potential in the school system or hospital and here's the potential for you...which has, it's summer and things had to be approved on the national level... and it took five months...it took forever. But if we had funding from the get go, then the strategy behind that was to send an email to all entities and then have that as the beginning of the conversation about what

we do now. **Yeah** So ideally, that would be immediate, like ‘oh my gosh, thank you for this information and now that we have access to music therapy, let’s do this’. So that was kind of the plan and honestly, it’s still going. Over the next couple of months, we have a couple people who are ready to spear head IT communications. Ideally licensure and this information is an opener for all entities. So I see it a tiny bit...but if we approached a state that was just starting this and we told them to follow these steps, I’m sure they would see TONS! They would see a lot more action than what we’ve seen. I have seen an increase with the continuing education...Sorry that was kind of a long answer...**No, that was helpful thank you, thank you!**

24. Lets see...as far as referrals go, have you noticed a difference in who’s providing them? If they’re OT’s or speech therapists in time will, nurses, teachers...?

25. Yeah, again...so the first meeting we had with OHA, actually the first meeting we had with them, they said ‘look, even if you’re not getting reimbursed yet, when you get a referral from a doctor, send them reports and at least once a month and treat yourself like a professional and like a part of the allied health profession. And they’re going to respond accordingly, you take that referral and you have contact with that doctor. **Yeah you get your foot in the door** Yeah! We’re in the process where we’re going to get coached on things like that. So we’re still...I don’t know if in Oregon we’ve had to battle with...as we attempt to legitimize...I’m on the opposite end of the spectrum of evidenced based, we need to step away from that and I may be an extreme example but we **NEED** to have the licensure help the music therapists, sadly they should already feel this way but feel legitimized and like professionals. I have received referrals from speech therapists are the premiere and OT a little bit but I do feel like my conversations with OT in particular in talking about co-facilitating, when I say that we’re licensed, it changes the tone a little bit. WE’re definitely seen as more professional. A little more and ideally in the long run we will see more.

26. Have you noticed, I feel like even though it’s difficult because it’s been a few months and some of this you’re still working on...but has the funding been easier or not easier to obtain since becoming licensed? Medicaid or anything like that?

27. So yes, yes. That's the huge thing that's happening so January 2017. With all of this it does take time. Licensure has absolutely, next January I'm sure about it, will open! It just takes a while and some time. Cause we wouldn't have even had these conversations with OHA or HERC if we weren't licensed.

28. Cool, let's see this is the last question, so across all healthcare disciplines, a common stated purpose of licensure is to protect the healthcare consumer from practitioners who do not have proper formal education, training, and credentials. To your knowledge, has licensure in your state resulted in the identification and/or formal action taken against anyone claiming to perform music therapy without a music therapy license?

29. Yes, so there's this specific person for each region apparently who is the enforcer and for our region, the person, she's right here like 15 minutes from the house for the Western region and the truth is some days she's like...she's like '***** I need help!' and I'm like 'ok! I've never seen you like this'. So yes, we have received numerous...it has mostly been from music therapists who are like 'ok, I can finally say something'. But there have been some from big agencies, but then a few little things like someone who has a cute little poster on the wall and like 'you want music therapy? Call me' and it seriously looks like a 12-year-old made it. I'm sure that person had no idea what music therapy is what it really is. So, yes, definitely even over the past 6 months there are about 8 examples. The action being taken is still going, but I sort of feel like this committee, they're going to get their act together down the road...I don't know if it's a new committee, I'm not really sure what's happening. SO when I get an email, I'm supposed to immediately refer it to this other person who is so busy she doesn't even respond to the email. So we're not striving in that area, so we're going to fix that over the next couple of weeks.

30. OK, great, thank you! That does it for me!

31. The reason for my answers are like 'yeah', 'yeah but no, down the road...' it's a process. I guess politics in general and any sort of legislature. It takes time and it's hard to, I mean I have families we have been talking about licensure for years and they've just been waiting and waiting. That's

the biggest thing for me, I just know they can't afford to see me. You know, even the ones...Oregon the Medicaid thing that's going to happen, when it does we're only reimbursed like \$17.34 an hour or something. Which is based off of Arizona's, so I know it comes from a number that's really disturbing. I would go bankrupt if that was it. I'm also working on the Medicaid, I'm approved in the state of Washington 'cause I only live an hour away from Washington and because they're sort of ahead of the game when it comes to reimbursement from Medicaid for music therapy. They also said we can create groups, so at \$17 an hour and I have 4-6 kids in a group then it's functional. So going back to your question about open door from Medicaid, at the same time it's not...I mean...we have to figure out a solution because no one can do music therapy for \$17 an hour. We talked about within my private practice, I can have a few Medicaid clients, but only a selective few. So there's access that will be available but it creates this other problem that we have to figure out. Just to provide more positive information for you!

32. Haha Thank you!

33. You're welcome

34. It's all valuable information, so I appreciate it nonetheless. It brings light to things we may have never thought about otherwise, so thank you!

35. If you want the letter that went out to music therapists, like 'hey we're licensed' and the things we have approved on the national level and if down the road any of that is helpful for you, just shoot me an email.

36. Thank you

37. And if you think we can help or while you're talking to people, if there's anything we can do to help. Oh my gosh, I would so love to do this and to help other states.

38. So, yeah, when you talked about consumers and you were asking me if action being taken against people who didn't have licensure you know, saying they're doing music therapy and then not, it's such an important topic I think because we can do so much damage and some of the stories that I hear like, people who are doing alleged music therapy with hospice or another one we have here

in *****, a huge one is this agency that, a lot of us used to work for, as music therapists um...they go into hospitals and work with kids with cancer. They fired all the music therapists because they didn't want to pay you know a lot of money...so they have these music specialists. They're not...they're all about numbers. They're walking into somebody's room and seeing them for like 5 minutes, they wanted me to shoot for 20 kids in an hour **Wow** and I was like 'no!'...so now we finally get to, I mean it's this big project and they're really powerful and we needed an Attorney at law, which is just super messy. But we can finally stand up for all these families because it is such a dangerous thing. You can't just walk into a room and open up a guitar and just 'ok, now I gotta go!'

39. **Yeah, it's important to realize there are a lot of parts to music and it can cause harm if not used therapeutically.**

40. Yeah, because ideally down the road we do have volunteer musicians or people who are sharing music on iPods. Like one of our issues we have in Oregon there are two music scientologists down in southern Oregon and they're the ones, they have a hospice situation. They lost their contract because they were too expensive, they were musicians and they were saying they were being called music therapists doing hospice, which they're not. We talked a little bit about the relationship between scientologists, therapists, and musicians and ideally down the road we have some harmonic relationship where we respect one another and work together. So if you come up with any beautiful writing on that particular issue, musicians are valuable and important but...it's huge!

41. **Well, great, thank you again! I hope you have a great weekend.**

42. Thank you

43. **I will try to keep you posted about the findings.**

44. Great, thank you much!

45. **Mhm, bye**

46. Bye

Appendix F

Subject 4 Transcript

1. Subject 4
2. Hello
3. **Hi! This is Dianne Sawyer, how are you?**
4. Doing well, just trying to get my two-year-old down for bedtime, never goes as planned.
5. **Haha, of course not!**
6. Especially when it's still light out! They want to stay up to play.
7. **Totally understand, I'm the same way personally haha**
8. So my apologies...
9. **Oh, no need at all! So if you do just have a few minutes, I'd like to interview you as far as your perceptions of being a licensed music therapist and the benefits and liabilities with state licensure...does that sound alright?**
10. Yeah, absolutely!
11. **Great! So the first couple questions are just demographic questions then after that the meat of it all. So hopefully it will be painless**
12. Ok
13. **So how many years have you been working as a music therapist?**
14. Umm...that's a good question, 2002 is when I graduated, so um...14 years...
15. **And then what degrees or advanced trainings do you possess, currently?**
16. Um, I have a degree a Bachelors in music therapy I also have a music education teaching certificate, which is not a degree but I am certified as a music educator and then I have a masters in music therapy.
17. **And you are working in Georgia, correct?**
18. Mhm, correct
19. **What's your perception of job opportunities since your state instated the licensing either an increase, decrease, maintained, or not sure?**
20. So we've only...you mean since the license has been in place?

21. Yeah

22. We've only, the bill passed in 2012, we started to be required in 2014 to be licensed, that's when the law went into effect. So it's hard to say right now, exactly the ramifications of it. I can tell you a couple of anecdotal things, but it's not necessarily a great...whether it has been an increase or not. But I will say that I work for a public school system in ***** and when I...the reason I have my teaching certificate is that when I first started working for the county they required us to be certified as a music educator. They did not recognize our music therapy credential at all, so they called us music therapists but it didn't really matter. Our job title on our contract with the county was just teacher. So, since the licensure has come into play, the school district has agreed to lift the requirement for the teaching certificate and now recognizes our license just like they would OT, PT, Speech and that sort of thing. **Ok**, that doesn't necessarily mean job increases because I imagine, though we have seen growth since 2014 in our county, we've hired...up to 15 music therapists in the county. So we probably would've seen that regardless however the accessibility to get that job, is MUCH easier because all they have to do is be licensed in this state. Which is easy as long as your board certified you just apply for the license and you can do it. Whereas before we were very limited as to who we could hire because they had to jump through all these hoops. So again it's not necessarily like a job increase for our particular county but it's allowed for more easy accessible jobs. **Ok** Now, again that doesn't give you a big picture of what's going on in our state. That only gives you a picture of 15 jobs in this state, I'd say probably the majority of our music therapists in this state are working in private practice or contracting with school systems and that sort of thing. It would be an interesting question to ask some of those people whether or not they've seen or feel...[phone call got interrupted with a high pitch sound]...if they feel the opportunities have been more accessible because of the licensure. And that's not information that I'm not necessarily aware of. But having this conversation makes me want to go back and do some sort of a survey or something with our state to figure out to just get peoples opinion about that. I will say that one of the things that's on our horizon right now as

a task force, which hopefully will lead to some significant job increases is the early intervention program in Georgia. So the state funded program that deals with our infants and toddlers up to age 3, 0-3, right now will pay for music therapy services but does not recognize music therapy as its own service like OT, PT, Speech they call them 'special instructors' and really anybody can be a special instructor. It can be an ABA therapist, it can be a person who just has a high school degree and has taken a couple classes to do this special instruction. So they're paying at a very low rate and one of the things we're looking at right now, is the fact that there is about 15 people who are contracting with the agency and we're trying to figure out how many people in the past have turned down the opportunity to do contract with the agency because of their low payment rate and they don't recognize music therapy. One of the things that's going to happen in a couple of weeks is we're going to try to go to a meeting to meet with some people from the agency in order to get recognition for music therapy as a profession in and of itself when it comes to the early intervention. That we would get paid the same rate as OT, PT, and Speech and that we wouldn't be considered special instructors anymore and that we would be considered music therapists. Now that I DO believe, if that were to come through, I do believe that we would see a HUGE increase in numbers. Music therapists willing to contract with the state, right now it's just not worth their while. They [a business owner] can't afford to pay a music therapist to go if you know, whatever their contracted rate is, can't afford to pay if they're not getting reimbursed more than, you know \$25 an hour. So I do believe that, that would be a significant increase. It is something we tried to tackle years ago and made some head way but then the licensure bill moved forward and that kind of fell to the way side. One of the things they did say to us during the initial contact, was that the coordinator for the agency really felt that if we had licensure under our belt, that we would be able to be recognized and that's our hope going into this meeting in a couple weeks. Is the fact that we DO now have licensure, that they will be willing to talk with us and make some of those changes in the regulations for the state. So that would be HUGE I think

because there are so many music therapists. Especially in the ***** area, we have so many private practitioners and such a need for early intervention.

23. **Yeah**

24. If I were to talk to you at this time next year, my hope would be that I would be able to say “YES! We had a HUGE increase because of licensure!”

25. **Haha right!**

26. So that’s that in a nutshell haha

27. **Fantastic! Has there been any backlash from other disciplines such as PT, OT, or speech?**

What have been the reactions from them?

28. Well...I think...I don’t know if you’ve talked to other task force people...one of our major hurdles going through the process of introducing the legislation and getting the bill passed, we had a significant opposition from the speech therapists. Which has continued to trickle through to many other states that are seeking licensure. And so we did experience a TON of backlash from them when we did the initial...it didn’t even start right away, we weren’t quite on their radar until about halfway through the bill getting through the general assembly in Georgia. We experienced the backlash during the time of the bill passage but we have not since then. **Ok** and honestly their main concern was...though they didn’t say it in so many words...was that it was really about, they felt we would be infringing upon their turf and that they were worried they would lose money. That people would choose...it’s private pay insurance and if insurance was paying out, insurance would use up all their money on music therapy and not on speech. So honestly, that’s what it came down to. I mean they didn’t necessarily say that in so many words, but they were worried about us billing “their codes” but codes don’t belong to any one profession. **Right** So it took a lot of educating legislators and things like that to say ‘listen, this is kind of a turf war that they’re picking’. It’s a battle that they’re continuing to pick, I think with other states. I am the government relations chairperson for the southeastern region and I sit in on task force calls for states that are going through legislation and that continues to be a problem as

legislation is continuing to be introduced. The speech therapists are continuing to give them a hard time but once we got licensure it hasn't been a problem. Honestly, there's only 150 music therapists in the state of Georgia and many of them aren't practicing and most of them don't pose any threat to Speech, PT, or OT. So it really is a silly argument on their part. So we haven't really experienced any problems.

29. Good!...what do you see as advantages and disadvantages as a licensed music therapists?

Was it worth it with the fees and trainings and things of that nature?

30. Definitely think it's worth it. We want to be recognized on the same level as our peers. We want our profession to be recognized in the same way and same validity as OT, PT, and Speech therapy, so I think one of the ways to be recognized is to have that licensure piece. So I definitely feel that it's very, very important. It doesn't necessarily have to be licensure but some sort of state recognition.

31. Yeah

32. And I also think, with the instance that I gave you of the county that I work in...it's not just giving us validity with other professionals but with other agencies, 'oh wait, this is significant!' I think before people think we're just kind of crazy music people that just play music for the kids and have fun, they think 'oh no, it is a real profession!'. So I believe it gives us some kind of validity with agencies and facilities that are looking to hire music therapists. In turn, and this is the main goal of state recognition efforts across the nation, is to increase accessibility to consumers. So hopefully as facilities recognize this as a valid profession, they think, 'hm we need to get with the times. We need to hire a music therapist'. Which would then provide some increase to access to services for consumers. And that's the reason why we're doing this thing with the early intervention program. Hopefully if they recognize us, then that will increase access for tons of infants and toddlers throughout the state. I definitely think it's very, very important and absolutely worth the effort that's put into it to get through the passing of legislation. Then as far as our fees and additional trainings and that sort of thing, I mean it really hasn't taken a huge

toll on me, personally. I will say that we have had some complaints and that I can tell you the biggest complaint about it...our fees are only \$50 every two years and I don't recall what the initial application fee is, I want to say that was closer to \$100. Then I think you had to pay for some fingerprinting and background check on top of that, so don't quote me on that amount, but it's \$50 every two years. Written in the law, is a requirement that we take 40 CMTE's within that two-year window. So we had originally suggested that, they do our regular board certification requirements, which are 100 every five years and they wanted us to kind of coincide with the other professions in the state, which require a certain amount within the two-year cycle. **OK** Most licensed professions in Georgia are on the two-year cycle, so we agreed on 40 within the two-year, which has caught some people off guard. We just went through our first licensing cycle and people were scrambling at the last minute to get the those 40. Everyone has been on this thing, and I will say as a professional, we are not always great about getting those CMTE's and you're in the last year of your cycle...so you end up scrambling. So this is causing people to have to keep up with it a little more. And stay on top of things, so that I would say is one of the down sides. Although, then again, I think maybe it's a good thing. I've seen more presenting at our regional conference who have never presented before because you can get a lot of CMTE's for presenting at conference. So I will say in some sense it's kind of good keeping people on their toes and active. **Yeah** so that's definitely a downside and a positive. I will say another interesting downside and I've seen this because I'm still on the task force and people think that I have some sort of control over the licensing stuff. But we do get some complaints about people...misrepresenting the situation. Some of them are very valid, someone saying they're a music therapist and they're not. And those are very valid and the only thing I can do really, is point them in the direction of reporting them to the secretary of state. The secretary of state can investigate it and decide whether this person needs to be fined...there's a law requires a fine to be given to those people that seem to be misrepresenting and so in that way it's a good thing. It's protecting our profession, however some music therapists in this state have kind of used this in a

way to...kind of abuse the system. In saying that 'so and so hired a music therapist, who wasn't completely licensed. They hired her and she started working two weeks before she was licensed.' So they reported that music therapist to the Secretary of State. So it has been kind of used as a...a 'weapon' in the sense of pinning one music therapist against another...policing...**Mhm**...and that was NEVER its intention. Yes we do want to go after those people that are saying they're music therapists, we don't want to get caught up in this nitty gritty. This technicality of when the license was issued and when they were hired is really not a big deal. People don't always play nice.

33. So do you think it has been an increase on the cause of harm or do you think that, it has been around but not because they know who to go to or there is an actual process in regards to informing...do you think it's because of the licensure that you're hearing more about it? Or do you think it has always been around and it's about the same at this point?

34. I think we're definitely more aware of it because of the licensure. Of these instances of actual misrepresentation because before the license...while we were going through the beginning phases of the state recognition process and deciding which route to go, we did a lot of research about music therapists and people practicing in this state that were not board certified. We did a lot of searching and asking around and looking at facilities and investigating. We became familiar with a lot of the instances of misrepresentation at that point. Many others have come since then. In fact, there was one that we got last month, it was a nurse from a hospital in very rural Georgia who knew we were licensed. She had some knowledge of what the license required, the board certification. She knew to go check the CBMT website for a...and then she knew about the license and she came to me as the task force chair saying there was a person practicing as a music therapist in her hospital that was not at all certified. She had done her research and looked them up on the CBMT website and looked them up on the Secretary of State and she would've never done that if she hadn't heard or known there was a license. She probably would've just...**How?**...I have no idea how she was so educated but she knew her stuff. Then again, had

we not been licensed she would not have, I don't think she would've even thought to police the situation. **Good for her...** Yeah! I'd say there's been one or two other instances of that happening. **So the other professionals are looking out for you too, as long as they're aware..**yeah

- 35. Have you noticed with referrals, are you noticing people who may not have initiated referrals before, are they doing so now? Teachers, case managers, counselors? Or is that about the same or decrease?**
- 36.** You know, I cannot answer that question. **OK.** The referral process for me in my job, is not...typical. We have, our eligibility for services is based on their eligibility to be in a certain classroom. So for instance, if you're in a classroom, self-contained classroom for children with Autism, you would automatically receive our services. **OK** I have not seen an increase in referrals because we don't necessarily get referrals the same way other people do. So yeah, I really can't answer that question. **OK**
- 37. OK, so my last question then, has the funding for services been easier or not easier to obtain since becoming licensed?**
- 38.** Gosh, I absolutely want to say it has been easier, but I don't really know for sure.
- 39. What makes you want to say that?**
- 40.** Well gosh, it has been part of our goal. You know, one of the things that Medicaid won't recognize, won't pay out unless you have a license number. You can't even think about billing Medicaid unless you have a license number **OK** Not that anyone in our state is being reimbursed for Medicaid, even now that we have licensure. But I want to say 'yes, we're making progress towards access' or 'yes, we've seen an increase'. I really don't know for sure. I know there are many music therapists in this state that were getting paid through private insurance even before licensure. I don't know if that has increased now after licensure or not. One of the other people on our task force, **** * has a private practice and she has been a HUGE wealth of knowledge to us because of her private practice work. She has a private practice with, I think 7

or 8 other music therapists who are employed with her. She is very familiar, she has a person that just does her billing, her insurance billing, her private pay billing and that sort of thing. She would absolutely be able to answer that question. If you wanted to interview someone else, she would be able to answer some of these questions about increase referrals, increase funding options and that sort of thing. I want to say 'yes', but I really can't answer that honestly. **Oh, great. Yeah, it would be great to gain another music therapists' perception on licensure.**

Yeah, I can reach out to her and find out if it's ok to share her information on.

41. That would be greatly appreciated! Even if I can't talk with her until much later, it would still be beneficial information.

42. Ok, then I will reach out to her and see what her availability and willingness is.

43. Thank you! I think that does it for me. Did you have anything else that you would like to add?

44. No, I don't think so...but like I said, I will be in contact with *** **** and then maybe she can answer some of your questions.

45. Great, thank you! You have a great night!

46. Thank you, you too!

47. Mhm, bye

48. Bye

Appendix G
Subject 5 Transcript

1. Subject 5
2. (Greetings, not recorded due to Tape A Call taking a few seconds to start recording)
3. How long do you anticipate this will be?
4. **No more than 30 minutes**
5. Ok
6. **I can move right through them if that helps OK...so we'll just jump right into it then, the first two questions are just demographics and then after that, it's just going to be questions to obtain your perception on the benefits and liabilities of state licensure. Okie dokie**
7. **So how many years have you been working as a music therapist?**
8. Umm...**This is probably the hardest question...**I know...um....14
9. **14 years, Congratulations....**mmm, thank you!
10. **What degrees or advanced trainings do you possess?**
11. I got the Bachelors and then I got post graduate equivalency at ***** University. **OK, and that was in music therapy or a different...?** Yeah it was completed in the music therapy curriculum to be able to sit for the exam. **Ok**
12. **You are in Nevada, correct?**
13. Correct
14. **What is your perception of job opportunities since your state instated the licensing? An increase, decrease, not sure?**
15. Absolutely an increase!
16. **Are you able to provide any tangible evidence of that?**
17. For me personally, because I do not have a master's there was a particular facility that, [inaudible] sought me out. The only reason that they did so we because I had a license. So the timing was really incredible because I had just gotten the first license issued in the country in November of 2011. In January 2012, just two months later, the owner of an addiction recovery company came to me and said 'I've been told I need to hire you to work with my clients'. A

nurse educator had been after him for years about utilizing my music therapy services with his clients. It was within two months after I got my license that he finally came to me and when he discovered that I had a license, it was like an automatic 'oh yeah, not a problem!'. Because at that point, that particular company would not hire you unless, you had a master's or a license. So that immediately opened up that door and then I had two other companies come to me as well, unsolicited to hire me. I totally believe that the license just really opened up that door because I never had addictions on my radar, it wasn't something I thought I was interested in. Or thought I would be inclined to work with and I have discovered with my focus in the line of music therapy model that I prefer, it is the best population actually to be working with. **Great!** So the licensure really opened up that door for me, personally. I know that around the state, that there have been other opportunities as well in medical because of the license, so hospitals are hiring and entering into contracts. I know that to be true in other areas in the state. **Great!**

18. **Has there been any backlash from other disciplines and then what have been the reactions from them?**

19. Nope!

20. **Ok, good!**

21. Well, initially when we were going through licensure, there was a psychologist who was a lobbyist for mental health that was on faculty with the university. She was really doing some kind of passive aggressive stuff that made it really difficult. But, the bill passed despite he, so nothing since then. There is written in language that we can't practice or bill psycho-therapy codes unless you have specific training in those areas. So there is a bit of a limit with what can be done so that you don't lose your license. So for instance, like with me I don't have specific training and degree in mental health. So I have to be really careful about billing codes that I'm not actually billing psycho-therapy. **OK** so licensure may change in other states, but because of the mental health lobbyist, that language was put in. We had no pushback from the others. I

think we kind of flew under the radar because there weren't that many of us...we had no pushback from OT, Speech, or anybody like that.

22. What do you see as advantages and disadvantages of being a licensed music therapist? Are there any advantages or disadvantages for working in a state that requires it?

23. Umm...I don't see any disadvantages. The advantage is that it puts you on an equal par with other professions. The challenge that we're having right now, is getting the Department of Education to recognize the license. We went through the extra effort with Judy Simpson to create the regulation language that all they had to do was just approve it at a board meeting. The pushback that we got on it, which we're still having to work through, is that 'well we're not going to develop that language because there's only a dozen of you in the state'. So what's going to happen now is that I'm going to be enrolling the legislature on this and I know there's going to be some behind the scenes leveraging that will be happening during the next legislative session where the DOE, haha You have to understand, I have a really strong backbone, you don't tell me that you're not going to do something' because our senator did the same thing and his response was 'yes, and there ARE 12 people that it will affect' HAHHAHA So he is not lay down and allow them to ride over him, so he will love this from DOE and they will be able to...because I kind of know how the legislation works having been the leadership for it, there will be leveraging that will be done behind the scenes where it will be, 'you want us to to x, y, z for you...then you are going to approve this regulation for music therapists' and that will be the behind the scenes negotiation that will occur, I guarantee you that! I'm not sitting down for this, when I got the email I was like, 'are you kidding me?'. So that was the pushback, that's the disadvantage of having to go to the DOE because we were approved under the state division of Health and Human Services, which they actually call it differently now...I should have it on the top of my head, but...they have created a portal that is really easy online, to go in and renew your license and all of that. They did go through a change last year, where the designation we originally created, which was MT-BC/L....they wanted to change. So I got this notice from the state saying 'we've

changed your designation, it's going to be LMT' I looked at them and said 'no it's not' So I called up my contact and I said 'yes, the certification board is wanting to move away from altering the MT-BC so lets investigate what other states are doing because we cannot use LMT because in this state it means Licensed Massage Therapist, so we have to change it up.' So we found out through Judy Simpson, that other states were using 'LPMT', 'Licensed Professional Music Therapist' **OK** So I had them change the designation on our renewal to be "LPMT", so since I was the very first music therapist to get a renewal on the license, haha that's what they changed it to. So the advantages are that I have got really great credibility amongst state leaders, so that anytime something regarding or smells like music for healing or music therapy, or whatever, they automatically send them to me to get the whole perspective and not just the partial perspective. I have been in this state for 27 years and I have really seen a lot and been totally immersed in this field. Even though I've been board certified for only 14 years, I've actually been in the music healing field for 27 years. **Wow, so they come to you when there has been harm and things like that because people are calling themselves music therapists, even though they may not have the proper training?** Yeah, they may come to me for that, for instance I had a past contract come to me and say, 'do you have this? I'd really like to do music therapy again through you...' I didn't really want to do the contract because this particular...oh I know, she came here because she wanted to reimburse because a particular group came to her and she said 'we can provide music therapy for you' and she actually contracted with them and it was NOT a music therapist that was providing and it was a marriage family therapist, saying she was doing music therapy and saying you can bill Medicaid for it. So I let her know, you know what the dynamics of the licensure was and that they cannot call it music therapy, it's a misdemeanor. They can get a \$200 fine or whatever, for calling whatever they do, music therapy. So then, she must've gotten hold of them and they got back to me saying 'oh we'd like to hire a music therapist to do some contracts locally that included adult day care,' and I was thinking 'yeah right, you're the ones who wanted contracting' because then they asked me directly, 'can you bill

Medicaid for it?', I'm like you guys need to talk to each other and leave me out of the loop. So I just find it really interesting, how messages either through facebook, social media, emails, or calls because I just seem to be the go to for anybody who has got questions about music therapy. Then I've also been designated for music and memory, music therapy representative for the state of Nevada...there is a large organization that is purchasing 800 iPods and got state funding to implement the music and memory program. They are a classic example of state leaders to come to me to talk about it so that they're very aware of what the pitfalls are, what to look for, what they desire...all of that. So it will be interesting...how people choose to participate...**Yeah**

24. As far as once you received licensing or a licensure, were there any additional fees or trainings that made it worth it or more challenging?

25. There....no it has been really easy because we just validate the CEU's required by CBMT, the code of ethics that are required, there's really....no, we made it so easy to do. It's just under the state board of health, that issues the license. In fact, kind of a side story about this, when we were going through our approval process with the legislatures, the dieticians had a bill that was killed during session. They quickly looked at our because it was recommended that they duplicate our bill. Which they were able to do, and get it passed that same session. So both the dieticians, then which include hundreds of people in Nevada and music therapists, which remember are only a dozen, sit under the state board of health. So we have become a license that the administration administers. So I know there are other states that do the secretary of state or they fit under their own board that they had to create. We didn't do any of that, we were able to get the director of the department of health and human services to readily agree to just put it under his administration.

26. That worked out. Has the funding for services been easier or not easier to obtain since becoming licensed? You kind of mentioned before with the mental health and medical being a little easier. Has the funding been easier to obtain?

27. Funding for what?

28. For the music therapy, once you became licensed. Compared to before, when you weren't, once you gained the licensure, was there more accessibility for funding or has it been the same? More difficult?

29. Since I don't have a non-profit and looking for grants, I can't speak for that, but I believe that **** ***** who has a fabulous 502 3© up in **** has probably found it to be easier. Because I know that her organization continues to grow and expand and I really believe that licensure has really helped her to be able to do that. So I believe, yes to answer that question. My rate, my hourly rate has been MUCH higher than any clinician bills at my treatment centers that I work at. So, I mean it's like triple haha what other licensed professional clinicians bill as contractors. **Is that more so insurance then?** No we don't have the Medicaid, it's straight billing to the facility. It's just recognizing that we have a much broader requirement to deliver services with equipment, preparation, all of that. **Mhm, ok** so my facilities, because they have recognized that the service that is delivered is so invaluable that I am, ou know, an internal component of the clinical treatment team. They prioritize me, they...it's fabulous. It's not just like something that is sort of an add on in the evening that the clients can choose to go to, which is how it started out. It's an integral part of the treatment day. They've come to find that the clients value it so much, that they have prioritize any changes that have to happen with making sure that music therapy is schedule first and everything else around it. **Wow, that's some respect.** But I also know, it also has a lot to do with how effective the music therapist is, you know in providing what is exactly desired and following through. I know that has a lot to do with it as well, but the license absolutely opened the door for all of that to happen.

30. And as far as, obtaining referrals have you notice an increase or decrease in the referrals? Are there new professionals that are suggesting and providing some of the referrals?

31. Uuuuh...I'm not so sure, for me anyways if the referrals have necessarily increased as a result of licensure. **OK** I can't correlate the two. **Ok** I mean as far as, yeah...I think that it's more about the validity of the service itself, that correlates. I don't think the licensure was necessarily

involved in that. I think the licensure was directly involved with facility contracts. **OK** but I can't say about referrals that the license has really impaceted that. **OK**

32. **Wonderful, I think that pretty much does it for all of my questions unless there is anything else you would like to add or ask of me...**

33. Nope, pretty succinct haha

34. **Ok haha, great1 I appreciate you taking that time to do this.** Yes, I look forward to getting some information about that once you have it available for public consumption. **Yeah, we'll get it out there!** Alright, Dianne, thank you.

35. **Thank you! Have a great day, bye!**

36. Thank you, bye

Appendix H
Subject 6 Transcript

1. Subject 6
2. (Greetings, not recorded due to Tape A Call taking a few seconds to start recording)
3. **Just to gain your perception as a licensed music therapist on the benefits and liabilities of state licensure, sound ok?**
4. Sounds great!
5. **So the first couple questions are just demographics and then after that it's the meat of everything**
6. ok
7. **so how many years have you been working as a music therapist?**
8. uuumm...well, I have been board certified since 2000.
9. **Do you have any other trainings?**
10. I had taken an NMT training but it has since gone way side. I have a Masters in Music therapy as well.
11. **What state are you currently working in?**
12. Oklahoma
13. **This might be tricky since you just had the licensure passed in April, but is your job perception of job opportunities since the state instated licensure, if it increased, decreased, or maintained?**
14. We don't know that yet. And I don't know how long after everything, that we could expect to see some changes. That'll be an interesting....information to find out. This is my hypothesis, I don't think it'll change a lot here, in this state honestly. But that's just my opinion.
15. **Why do you think that? Why don' t you think it'll change much?**
16. I think if it does, it'll take a long time. I just think ...I don't know why I just think that. Oklahoma is kind of behind the, they're not very progressive I guess. **Oh ok**
17. **Have you experienced any backlash from other disciplines?**

18. Well, we had a loooooong fight with the Speech Association here. Yeah, we had a lot of opposition from the Speech Language Pathology Organization here in Oklahoma and it was being driven by the national organization. They were concerned about that we were practicing outside of our scope and infringing on their practice. Putting patients in harms way because we're not properly trained to do speech and voice stuff, I guess. So we had A LOT of opposition that we had to counteract the legislatures from...other than that we did not experience any opposition.

19. **Ok, what do you see as the advantages or disadvantages of being a licensed music therapist?**

20. I think for us here, one of the advantages is going to be that there is going to be a state, a recognized qualification for music therapist, an education qualification. Prior to having this legislation, there had been people working in this state as music therapists with the music therapy title with absolutely no music therapy background. Because the state job description just said...it didn't even have the music degree. It was like 'music in a closely related field', there was no therapy training required at all to have the job as a music therapist. So for us here it was very important to have the educational requirement established and recognized by the state. The other advantage, I think will be more recognition now that this state says this is a real deal. Hopefully, that more people will have access to services. I'm not sure how it will all flush out but it is our hope to have more access to people. I think it will come down more to funding. I think it's going to still be an issue because licensure doesn't necessarily mean that...reimbursement is not dependent on licensure. Music therapists in other places are already being reimbursed by insurances without having licenses. I don't think licensure is going to make a difference, it might help but it may not...**Right** but to have that happen here in Oklahoma who knows what that'll look like.

21. **Has licensure affected your referrals to the best of your knowledge?**

22. At this point, we don't really know that.

23. **In regards to taking a step back to advantages and disadvantages, are there additional fees or trainings that you find as an advantage or disadvantage?**

24. There will be an additional licensing fee. So in addition to paying your \$80 CBMT dues, we will have a licensing fee. I can't off the top of my head recall what it is, I want to say \$50 for two years?...But i haven't looked at the legislation, so I don't recall. So there is an additional fee for music therapists to maintain their license here in this state. Which for some people, for me for example, it is one more thing that I have to pay out of pocket. It's just one more thing...
25. **The next question was, if you noticed a change in who is providing referrals? So at this point you're probably not sure? Right**
26. **Has the funding for services been easier or not easier? Are you able to reflect on that?**
27. Right now I can say, currently in our state, the majority of music therapy services are provided by the facility. They're either budgeted or fund raised for, they'll have a gala and all the proceeds will go to the music therapy program or grant funded. So I would say probably, I can't remember exactly but 70-80% of it is done that way and the remainder of it is private pay. I honestly don't know how much change we will see in that. Our state is having budget issues...that was another big concern of the legislators when they were going through legislation, whether or not it was going to impact Medicaid fund. That was HUGE discussion and a lot of legislators were concerned, well we already don't have any money and if this is going to cut into Medicaid cuts then I'm not going to say 'yeah'. We had to go in and say 'regardless, it's not going to affect it'. So I don't know where the changing would happen unless it came from private insurance companies. We are currently licensed with the state, and it might be better recognized in our field and therefore increase the success rate of private insurance reimbursement. But I don't perceive anyone in Oklahoma trying that. But it's such a process that I don't know if anyone is going to try it.
28. **And my last question, across all healthcare disciplines, a common stated purpose of licensure is to protect the healthcare consumer from practitioners who do not have proper formal education, training, credential. To your knowledge, has licensure has resulted in the identification or formal action against anyone claiming to perform music therapy?**

29. Umm...nothing has happened yet to my knowledge. You know there's always those instances where someone says they're providing music therapy services. We do have some art therapy practitioners in our state that if not properly educated, the facility could foresee that as music therapy. Does that make sense? **Oh, because of how they're executing their...** Yeah, and we do have...there is one aging organization that...like if you're in a nursing home or somebody that deals with aging services, you know you provide services for senior adults. You can belong to Leading Age, and it provides training and they provide grant funding and it's a nonprofit organization but it's to support senior care and quality senior care in this state. They have just received a LARGE grant to roll out the music and memory program. So we'll state seeing that coming now in the senior industry here within the next year. We'll see if that gets us skewed with administrators to thinking they're having music therapy services, I don't know. The organization has reached out to us to have music therapists provide a webinar for the facilities that are doing the music and memory training, just to educate them on what music therapy is. So we're hoping that we can nip that in the bud at the very beginning and show them that music and memory and music therapy are two different things. But we'll see once that starts, if people are still saying...I know in my experience that I can do a presentation about what music therapy is and this is our clinical stand point and this is how we assess...blah blah blah...and they'll still come up and say we had a music therapist at our facility and we did this...sometimes it just doesn't click. **I hear you, trying to put the dots close together when educating.** Yeah...
30. Yeah...and gaining licensure was very important to us. We as the state wanted to put in the education part into it. With the state job description not even including the education part was really important to us. It really needed to be in there. We also want to increase the awareness and access. We have a Facebook page and I think we reached more people through that than we would've otherwise. We were putting in information on our FaceBook page and we referring our caregivers and physicians to it and then they would send it to people that they worked with. We have parents and consumers as well as coworkers that have worked with music therapists before,

especially the Speech and Language Pathologists who have worked with music therapists...it has reached more people and awareness to services and ...hopefully, in the end it will increase the awareness and understanding of the training and qualifications and quality of services that we provide. There is so much more to it than what meets the eye. It may look like we're just playing and singing, but there's so much science behind it.

31. **Yes, I hear you. Well thank you for taking the time to do this with me, I hope you have a great rest of the day.**
32. Thank you, you have a great weekend. Mhm, Bye
33. **Thank you, goodbye.**

Appendix I
Summary of Subject Answers

Subject	Working State	Job opportunities	Backlash	Advantages/Disadvantages
1	North Dakota	Increase – hospitals and behavioral health	No – “didn’t ruffle anybody’s feathers”	Legitimacy – fees are low, \$50/year, 20 CMTE’s a year
2	Oregon	Not sure – licensed since January 2016	Some from SLP’s	Initial cost is \$150, \$50/year to maintain license. 20 CEU’s a year
3	Oregon	Not sure – licensed since 2016	Yes from SLP’s	Initial cost is \$150, \$50/year to maintain license. Monitoring and enforcing for the region – helps keep cost low
4	Georgia	Not sure – not recognized by the public school system	HUGE opposition from SLP’s	Worth it! Validity – increase accessibility. More fees – initial cost \$100, \$50 every two years. 20 CEU’s a year – coincides with other professions.
5	Nevada	Increase – behavioral health sought participant out	Not really – only a psychologist (lobbyist for mental health)	Equal par with other professions. – Trying to get the Department of Education to recognize license.
6	Oklahoma	Not sure – licensed since April 2016	Long fight with Speech Association	Recognition – Additional fees

Subject	Referrals	Who is providing referrals?	Funding Sources	Regulate Causing Harm
1	Increase	Physicians, community agencies, long term care facilities	Easier – huge increase in contracts within behavioral health	Yes – attorney general got involved and prevented an individual from becoming licensed
2	Increase	Doctors, educational system	Easier – insurance companies recognize – still working with state healthcare plan	Yes – services in a hospital, causing distress for patient and family. Educated others working a booth at a conference claiming to have a music therapist.
3	Increase	Speech therapists, occupational therapists	Easier	Yes – within six months, about eight examples
4	Not sure	Not sure – referral process for me is not typical	Not sure	Yes – educated nurse informed the Secretary of State – occurred a couple times
5	Not sure	Can't correlate the two – increase with facility contracts	LPMT are prioritized, so they are able to bill as necessary.	Yes – marriage family therapist wanting to identify as a music therapist so they could bill Medicaid. Could result in \$200 fine. Music and Memory program – opportunity to educate.
6	Not sure	Not sure yet	Not sure – 70-80% of funding is budgeted or fundraised, remainder private pay.	Nothing yet.

Appendix J
HSIRB Application

Western Michigan University

HSIRB Application

Current Perceptions of Music Therapists on the Benefits and Liabilities of State Licensure

Principal Investigator: Professor Edward Roth, MM, MT-BC

Student Investigator: Dianne Sawyer, MT-BC

Abstract

The purpose of this study is to gain music therapists' perceptions with changes, which may have occurred since obtaining licensure. This researcher will interview a music therapy advocate who served on the task force from each licensed state (N=7) to inquire about the changes that were experienced and if there were any benefits or drawbacks. Transcripts of interviews will be investigated to find common perceptions, changes experienced between the different states with licensure in regards to benefits or backlashes.

Purpose/Background Information

Over the past several years, music therapy as a professional discipline continues to gain recognition for its positive benefits when practiced with individuals with varying needs and abilities. Music therapy, a research, science-driven, and evidenced based profession, has gained grounds in working with clients to address sensorimotor, speech/language, cognition, and psychological well-being (AMTA, 1998-2015). As a result of the recognition and growth of the field, and more individuals expressing an interest in the service, the relevancy and need to increase regulations have become apparent to many in the profession.

During informal conversations, with the current author, practicing music therapists have expressed several concerns. One concern in particular includes people who are not music therapists, they are professionals from other disciplines offering "musical services" and suggesting that they identify what they do as "music therapy". Other concerns include accessibility to services, funding, and appropriate referrals for potential clientele.

Reason for Research

Currently, there are states that have progressed towards increasing regulations and have gone as far as state licensure for music therapists. While several other states haven't obtained full licensure, almost all are participating in the State Recognition Operational Plan (SROP), which is organized and facilitated by the American Music Therapy Association (AMTA). SROP supports and protects the music therapy profession by helping explain the difference between music therapists and other "non-music therapy musicians in healthcare"; and helping to explain the difference between music therapy and "other creative art therapies and related profession (e.g. counseling)". (CBMT, *State Recognition*, 2013).

When music therapists have sought greater regulation through state governments, it has been observed that the process is a "multiple-step, time consuming" endeavor (Implementation, 2015).

To assist with the process and contribute to success, it has been reported as beneficial to connect with other individuals advocating, or individuals to tell a “convincing story expressing a personal belief...with passion and commitment for a cause or idea” (Smith, 2015) and create a State Task Force, “having strong task forces in place makes the advocacy process much more effective” (AMTA, 1998-2013). J. Simpson, AMTA Director of Government Relations shared that advocates are faced with common challenges, such as obtaining contact with the most influential legislators and obtaining enough research to answer common questions. Frequent questions asked by legislators include “How does music therapy actually help?” and “Why music therapy, especially if the individual is already receiving other therapies?” (J. Simpson, personal communication, October 17, 2013). The American Music Therapy Association (AMTA, 1998-2013), notes the states that obtained licensure, continued to experience challenges but in forms of backlash from other health professions (e.g. Speech/Language Pathologists, Occupational Therapists, and Physical Therapists). At this time, there does not appear to be a substantial amount of research published to inform and support task forces advocating for licensure, on the anticipated benefits (e.g. increase in referrals, increase in funding, increase in accessibility) or the anticipated drawbacks (e.g. decrease in referrals, decrease in accessibility, decrease of music therapists). This leads to the purpose of this paper, what is the perception of music therapy as a licensed profession in the healthcare field?

Research utilizing an interview approach directed towards understanding the perceptions of music therapists, who practice in licensed states, will clarify any perceived changes that may have occurred as a result of licensure. In particular, the current study aims to gather information that will provide insight regarding the perceived benefits and liabilities resultant from the enactment of licensure.

Subject Recruitment

Participants to be included in the study are members of the music therapy task force and have successfully passed licensure in a licensed state. Participants will be located through the Certified Board of Music Therapists website under Advocacy: State Task Forces Map, then clicking on each state (Georgia, Nevada, North Dakota, Rhode Island, Utah, Wisconsin, and Oregon). Seven individuals will be contacted, one from each of the licensed states. Contact information is provided on the website.

Informed Consent Process

Participants registered on the Certified Board of Music Therapists data base in licensed states will receive an email message containing information that will familiarize them with the process of this study including researcher information, researcher affiliation, purpose of the study, voluntary participation, and a confidentiality statement. An explanation will be provided regarding the methods that the application “TapeACall” uses in order to maintain data confidentiality. When participants respond to the email and schedule an interview, they have accepted the terms and are consenting to participate.

Research Procedures

Methods of Data Collection

Participants will be asked to read and agree to the terms of participation in this study. Persons will be asked eight questions pertaining to their perceptions. Responses to interview questions will be analyzed for commonalities in language and perception.

Instrumentation

The instrument for this study will be in the form of eight questions in a survey format, and will be asked in a natural inquiry method. The areas addressed in the interview will include referrals process, funding resources, and negative effects of the transition shared by the music therapy advocate.

Location of Data Collection

Recordings will be transferred to a password protected flash drive and kept in a locked location. Results may be presented at a Music Therapy conference or a published in a professional journal. If presentation or publication occurs, only de-identified data will be presented.

Duration of the Study

The duration of the interview should take no more than 30 minutes to complete. This time frame includes the amount of time to read and agree to the terms identified in the invitation and consent to participate. The overall requested amount of time for this study is one year.

Methodology

Design

This study is qualitative and designed to collect information to gain a better understanding on whether or not it is beneficial for board certified music therapists to become licensed. In addition, the researcher will be noting the benefits and challenges that the music therapists experienced, such as financially or any backlash from other health professions.

This study will be completed in the form of eight open ended questions focusing on where they are licensed and the benefits and challenges they have experienced with referrals, being available to individuals, causing harm, and potential backlashes.

Analysis

There will be no statistical testing for this study. Data collected during this study will be coded with the Naturalistic Inquiry method.

Dissemination

The completion of this study will be to fulfill the requirements of completing a graduate thesis in music therapy. In addition, the information gathered may be presented in peer reviewed

journals, shared in a conference presentation, or other professional setting such as the researcher's place of employment.

Risks and Cost to and Protections for Subjects

There will be no monetary costs to participate in this study. There will be the cost of time that each subject will give should they choose to participate. The estimation of time is fifteen minutes.

Benefits of Research

This research has the potential to benefit participants and other music therapists by providing current information regarding the effects of becoming licensed music therapist and working in a licensed state. This study will provide up to date information from actual music therapists employed in these states as well as the potential changes that have occurred over the past few years. In addition, this study may offer understanding and explanation to other health professions that are giving "push back" for the states trying to become licensed.

Confidentiality of Data

All data will be de-identified and at no time will participant's information be paired with data. Recordings will be transferred to a password protected flash drive and kept in a locked location. Results may be presented at a Music Therapy conference or a published in a professional journal. If presentation or publication occurs, only de-identified data will be presented. Data will be stored in a secure location in the PI's office on the Western Michigan University campus for at least three years upon the closure of this study.

References

- Foley, A. (2013). *Music Therapy Advocacy and State Recognition* (Unpublished master's thesis). Georgia College & State University, Milledgeville, GA.
- Register, D. (2013). Professional Recognition of Music Therapy: Past, Present, and Future. *Music Therapy Perspectives*, 31(2), 159-165.
- The Certification Board for Music Therapists (2011). *State recognition*. Retrieved from <http://www.cbmt.org/advocacy/state-recognition>

Appendix K

HSIRB Approval Letter

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: April 15, 2016

To: Edward Roth, Principal Investigator
Dianne Sawyer, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair 

Re: HSIRB Project Number 16-04-21

This letter will serve as confirmation that your research project titled "Current Perceptions of Music therapists on the Benefits and Liabilities of State Licensure" has been **approved** under the **expedited** 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: April 14, 2017

