Molloy University
DigitalCommons@Molloy

Theses & Dissertations

6-2015

The Experiences of Music Therapists Developing Music Therapy Programs in New York State Public Schools

Michelle Kovacs

Follow this and additional works at: https://digitalcommons.molloy.edu/etd

 Part of the Music Therapy Commons

This Thesis has All Rights Reserved. DigitalCommons@Molloy Feedback

Recommended Citation

Kovacs, Michelle, "The Experiences of Music Therapists Developing Music Therapy Programs in New York State Public Schools" (2015). *Theses & Dissertations*. 58.
https://digitalcommons.molloy.edu/etd/58

This Thesis is brought to you for free and open access by DigitalCommons@Molloy. It has been accepted for inclusion in Theses & Dissertations by an authorized administrator of DigitalCommons@Molloy. For permissions, please contact the author(s) at the email addresses listed above. If there are no email addresses listed or for more information, please contact tochtera@molloy.edu.

THE EXPERIENCES OF MUSIC THERAPISTS DEVELOPING MUSIC THERAPY PROGRAMS IN NEW YORK STATE PUBLIC SCHOOLS

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
In Music Therapy

By

Michelle Kovacs
Molloy College
Rockville Centre, NY
2015

MOLLOY COLLEGE

The Experiences of Music Therapists Developing Music Therapy Programs in New York State Public Schools

by

Michelle Kovacs

A Master's Thesis Submitted to the Faculty of

Molloy College

In Partial Fulfillment of the Requirements

For the Degree of

Master of Science in Music Therapy

June 2015

Thesis Committee

Seung A Kim — June 2015

Dr. Seung-A Kim MT-BC LCAT AMT, Faculty Advisor — Date

Elizabeth Schwartz MT-BC LCAT, Committee Member — June 2015 — Date

Suzanne Sorel — June 2015

Dr. Suzanne Sorel MT-BC, LCAT, NRMT, Director of Graduate Music Therapy — Date

COPYRIGHT @2015 Michelle Kovacs

Abstract

This qualitative study explored the experiences of music therapists who have developed music therapy programs in New York State public schools. Participants included three board-certified music therapists currently working as music therapists in public schools in New York. Open-ended questioning interviewing techniques were employed to address three research questions: (1) What are the experiences of music therapists developing music therapy programs in New York State public schools? (2) What challenges do they face? (3) What recommendations do they have for others who are looking to build music therapy programs in public schools? Six themes emerged: (a) beginning in public schools (b) setting (c) assessment process (d) relationships with staff members (e) obtaining funding and (f) advocacy. Findings help in understanding how music therapy programs are implemented in public schools and the challenges that accompany the development of these programs. They also highlight the need for advocacy of music therapy in public schools.

Keywords: music therapy; public schools; music education; New York State education

Acknowledgements

This thesis would not have been possible without the support and guidance from my thesis advisor, Seung-A Kim, my thesis committee member, Elizabeth Schwartz, and the director of graduate music therapy at Molloy College, Suzanne Sorel. Their advice, encouragement, and expertise have been instrumental and a true advantage in this process.

I also want to thank my superintendent, Terrence Clark, my principal, Steven Furrey, my director, Deborah Stehlik, and my colleague, Jessica Sinisi for allowing me to pursue this degree and for being encouraging during my research. The entire Bethpage school district has been extremely supportive of my study and the time that I have dedicated to this program. They have helped to provide insight from the perspective of public school staff and administration.

I would not have been able to complete this process without the love and support from my parents, Jeanne and Edward Kovacs, and my brother Lucas Kovacs. Also, thanks to Raymond Marino for being my unofficial editor and a fresh set of ears for all of the ideas that made this thesis possible. All of your unconditional love has given me the strength to know I can achieve anything. To my friends who have provided their unwavering support and encouragement, you have inspired and supported me tremendously.

Lastly, I would like to extend my heartfelt thanks to the participants in this study for sharing their stories, opinions, and recommendations in their interviews. Thank you for your input and your conversation in sharing your experiences.

Table of Contents

!

The Experiences of Music Therapists Developing Music Therapy Programs in New York State Public Schools 1

New York State Education Department 4

Research Aim and Design 6

Operational Definitions 6

Literature Review 9

Individuals with Disabilities Education Act (IDEA) 9

Music Education and Students with Special Needs 11

Music Therapy and Public Schools 16

Problem Statement 17

Method 18

Participants 18

Design 18

Data Collection Procedures 19

Data Analysis 20

Results 22

Demographic Information 22

Experiences in Developing Music Therapy Programs in Public Schools 23

Beginning in public schools 23

Setting 24

Evaluation Process 25

Relationships with staff 26

Obtaining funding 29

Advocacy 29

Discussion 32

Future Directions 37

Limitations 38

Conclusion 38

References 40

Appendix A: IRB Approval Letter 46

Appendix B: Invitational Email and Informed Consent 47
Appendix C: Audio Recording Consent Form 48
Appendix D: Demographic Questionnaire 49

The Experiences of Music Therapists Developing Music Therapy Programs in New York State Public Schools

As a music educator and music therapy intern, I am interested in the benefits that music therapy offers students with special needs in the public school setting. I currently work in a public school district teaching elementary classroom music and chorus. As an Orff-Schulwerk certified music teacher, I believe that creating music is an elemental and instinctive learning process, and that music is present in every child. The American Orff-Schulwerk Association (2015) posits that imitation, experimentation, and personal expression occur naturally and unconsciously within young children. In the Orff-Schulwerk process, aspects of play are developed consciously to involve learners with the elements of music and movement (American Orff-Schulwerk Association, 2015).

Although I have learned and seen that music therapy can benefit students in a way that is unique among other therapies, my perception is not always shared by staff members at local public schools. Many people on staff do not seem to understand that music therapy is different from music education, and are unsure what a music therapy program could bring to a public school. I personally did not have any experience with music therapy as a therapeutic service in public schools when I began this thesis, nor did I know of any music therapists on staff in schools near where I live and work. In the elementary school where I teach, we have many therapists working with students, but none are music therapists, even though my building hosts the entirety of the special education program for the district.

The American Music Therapy Association (AMTA) asserts that hundreds of credentialed music therapists are currently employed by local school districts and private educational centers in the United States (AMTA, 2014d). Music therapy is recognized as a related service that can

help a student receiving special education services reach his or her Individualized Education Program (IEP) goals, including music therapy goals. The IEP is a document written by a team of educators, therapists, and parents that consists of detailed goals, strengths, and accommodations necessary for a student to succeed in the least restrictive educational environment (AMTA, 2014b).

Music therapists offer support services for music educators and special educators in the form of direct service with students, consultation, or in-service training (AMTA, 2014d). They use music experiences to foster the development of motor, communication, cognitive, and social abilities in students with special education needs (Bruscia, 1998). Hammel and Hourigan (2011) described the ways music therapists can assist music educators in accessing content, adapting and accommodating material, and understanding the nuances and challenges of providing meaningful musical experiences for students with special needs. Music therapy can be used to address many IEP goals: learning academic concepts, increasing cooperation and appropriate social behavior, providing avenues for communication, increasing self-esteem and self-confidence, and improving motoric responses and agility. Creating, singing, moving to, and listening to music can bring a wide range of cognitive, emotional, and physical abilities into focus. Despite these benefits, music therapy may only be written into the IEP when it is pivotal to helping a child benefit from his or her special education (Humpal & Colwell, 2006).

Involving children in singing, listening, moving, playing, and in creative activities may help them become better learners as they work on developing self-awareness, confidence, readiness skills, coping skills, and social behavior (AMTA, 2014d). A music therapist explores the styles of music, techniques and instruments that are most effective or motivating for each

child and expand upon the child's natural, spontaneous play in order to address areas of need (AMTA, 2014d).

The AMTA's Standards of Clinical Practice for work in educational settings define music therapy as the use of music as a medium that assists students in meeting defined educational goals and objectives (AMTA, 2015a). To be recommended as a related service, music therapy must be able to help the student perform significantly better on an IEP goal (Humpal & Colwell, 2006) and provide a significant educational benefit.

Music educators follow different standards than music therapists. The National Association for Music Education's (NAfME) core music standards focus on music literacy, emphasizing the actual processes in which musicians engage. To be successful musicians and successful 21st century citizens, students need experience in creating music. They also need to perform as singers or instrumentalists, NafME asserts, both in their lives and careers. Lastly, students need to respond to music, as well as to their culture, their community, and their colleagues (National Association for Music Education, 2015).

Hence music educators focus on singing, performing, composing and analyzing music, while music therapists focus on non-musical goals in a student's development (Adamek & Darrow, 2010). These two distinct disciplines use music for different purposes, though there is great potential for collaboration between the two fields. The music therapist can serve as a consultant to help a music educator provide the adaptations necessary for students to achieve in an inclusive music education setting. Alternately, a music therapist might teach an adaptive music class while the music educator teaches the regular inclusive classes, since the therapist has extensive education in and experience with working with children with disabilities (Adamek & Darrow, 2010). Music therapy in a school setting does not replace music education or

recreational music opportunities, but joins these programs. Wilson (2002) stated that music therapists in public schools must be prepared to fill the roles of teachers, consultants to teachers, and instructional team members. Combining education and therapy supports students with special needs and enables them to use their strengths to minimize their disabilities, maximizing their potential (Wilson, 2002).

New York State Education Department

There are 698 school districts listed on the New York State Education Department's (NYSED) webpage (New York State Education Department, December 23, 2014,). Few districts in New York State mention music therapy or list music therapists on staff, though most districts employ at least one music educator per building (New York State School Music Association, n.d.). One large district, Bethpage, has a detailed special education webpage, but music therapy is not listed as a service provided (Bethpage Union Free School District, n.d.). As of May 20th 2015, the website for the Mid-Atlantic Region of the AMTA listed no job postings in public schools. Yet according to the AMTA's Work Force Report (Texas Women's University, 2013), in 2013, 8.8% of all music therapists worked primarily in public schools.

Each state has its own standards for certification for working in public schools. In New York State, to work as a full-time music educator requires state-approved bachelor and master's degrees, passing three certification exams, and having three years of paid, full-time classroom teaching experience with a mentor. American citizenship and fingerprint clearance are also necessary (New York State Education Department, September 5, 2014). Music therapists, who may be staff members or contracted professionals, do not need to meet these requirements, but many schools require board certification for hiring (AMTA, 2014d). Board certification is available to graduates of more than 70 approved music therapy programs who pass a national

examination administered by the Certification Board for Music Therapists (CBMT), an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies (AMTA, 2014d). Graduates who pass the exam are issued the credential Music Therapist-Board Certified (MT-BC). Other recognized professional designations listed with the National Music Therapy Registry are Registered Music Therapists (RMT), Certified Music Therapists (CMT), and Advanced Certified Music Therapist (ACMT) (American Music Therapy Association, 2014d).

Official state recognition of certification is the first step towards successful inclusion of music therapy within educational regulations, which allows improved access to employment opportunities (Institute on Disability, 2011). The AMTA's New York State Task Force for Occupational Regulations is pursuing state recognition of music therapy certification and licensure, but such recognition has not yet been granted. However, a clarification letter from the New York State Education Department was received by the NYSTF in 2011 which reinforced recognition of music therapy as a related service under the Individuals with Disabilities Education Act (IDEA) (CBMT, 2014). IDEA ensures services to children with disabilities throughout the nation, and governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities (U.S. Department of Education, n.d.). A 2013 letter to Elizabeth Schwartz, LCAT, MT-BC, Patricia J. Geary from the New York State Education Department clarified that music therapy is a related service if it is required to assist a student with a disability to benefit from special education in order for the student to receive a free and appropriate public education. Music therapy is approved and provided if requested by the Committee on Special Education, which includes parents, educational, and therapeutic staff (AMTA, 2013). Wilson

(2002) defined a related service as any discipline that contributes to education progress for a student with special needs.

Research Aim and Design

This study was designed to understand the experiences of music therapists building music therapy programs in New York State public schools. The intent of this research was to gain further insight into current music therapy practice in schools, so that this knowledge can be used to advocate for new programs. In addition, the research may help music therapists learn how to become involved in the public school setting and will discuss the associated legal requirements and personal challenges. Music therapists, schools, and students may all benefit from this research, since knowledge of the experiences of music therapists who have built a music therapy program in a public school can be used in future program development.

This study employed qualitative methods to examine the firsthand experiences of music therapists practicing music therapy in public schools. The primary research question was: "What are the experiences of music therapists working in public school programs?" Since being a music therapist is not typically a position in public schools, the experiences of those who are contracted or work full-time in this type of position will vary from individual to individual.

Operational Definitions

The U.S. Department of Education requires that each public school child who receives special education and related services has an Individualized Education Program. This legal document is created using input from teachers, parents, school administrators, related services personnel, and students (when appropriate), and aims to improve educational results for children with disabilities. The IEP must include a summary of current performance, detail annual goals, and define special education and related services needs. It must outline how disabled students

will participate with nondisabled children; describe the types of state and district-wide tests that will be taken; indicate when services will begin, how often and where they will be provided, and how long they will last; include transition service needs; and describe how progress will be measured (U.S. Department of Education, 2007).

Music therapy can help children with special needs attain educational goals identified in an IEP (AMTA, 2014d). Bruscia (1998) defined music therapy as a systematic process of interventions that promote health, using music experiences and the relationships that develop through them as dynamic forces of change. With young children, these music experiences can effect changes in a child's behavior and facilitate development of communication, social/emotional, sensori-motor, and/or cognitive skills (AMTA, 2014c).

Music therapy offers opportunities for learning, creativity, and expression that may be significantly different from traditional educational or therapeutic approaches, and music therapists work to remediate skills, change specific behaviors, improve existing conditions, or teach new skills through musical experiences (Humpal & Colwell, 2006). Hanser (1999) detailed these experiences, which include improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music.

As of the fall of 2011, the Institute on Disability reported that 5,693,441 students nationwide, ages six to 21, received special education services under IDEA. In New York alone, 385,763 students were deemed eligible for services. Of these, 38.8 percent fell in the category of having a specific learning disability, 22.63 percent had speech or language impairment, 15.45 percent had other health impairments, 7.16 percent had emotional disturbances, 6.34 percent were autistic, 4.39 percent had multiple disabilities, 3.04 percent had intellectual disabilities, and

the remainder had hearing, orthopedic, visual or traumatic brain injury impairments (Institute on Disability, 2011).

Literature Review

The purpose of this literature review is to summarize the current practices of music education and music therapy with elementary-aged students with special needs in public education. Sources cited will illuminate the challenges involved in starting a new music therapy program, and will also detail the experiences of implementing a music therapy program for students with special needs. The professional aspect of developing a program, and the relationships between music therapists and other staff members, will also be discussed.

Individuals with Disabilities Education Act (IDEA)

To be considered for therapeutic services in public schools, students need to be assessed and, if eligible, assigned an Individualized Education Program (IEP). Under IDEA, ten steps are required in this process:

1) The child is identified as possibly needing special education and related services
2) The child is evaluated
3) Eligibility is decided
4) The child is found eligible for services
5) An IEP meeting is scheduled
6) The IEP meeting is held and the IEP is written
7) Services are provided
8) Progress is measured and reported to parents
9) The IEP is reviewed
10) The child is reevaluated (U.S. Department of Education, 2007).

President George W. Bush signed the Individuals with Disabilities Education Improvement Act on December 3, 2004, reauthorizing the Individuals with Disabilities Education Act (IDEA). Both acts are generally known by the same name.

According to Adamek and Darrow (2010), IDEA was created so that all students could receive the support they need in schools. The six principles of IDEA are:

- Zero reject. No child may be denied a public education because of disabilities.
- Non-discriminatory and non-biased evaluation. Evaluations must be multi-factored and administered in the child's native language.
- A free and appropriate education (FAPE) based on the individual needs of the child as outlined in an IEP.
- Placement in the least restrictive educational environment. This means that to the maximum extent appropriate, children with disabilities are educated with children who are not disabled. Moving children to special classes or removing them from the regular educational environment occurs only when the nature or severity of their disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved adequately (Adamek & Darrow, 2010).
- Parental and student participation in the development of the IEP.
- Procedural due process. This includes parental consent for evaluations and placements, confidentiality of records, and the right to mediation or a due process hearing when parents disagree with decisions.

Music Education and Students with Special Needs

Wilson (2002) defined inclusion, or mainstreaming, as the placement of children with disabilities in classes with typically developing peers or in general education. Scott, Jellison, and Chappell (2007) interviewed 43 music teachers about their attitudes toward inclusion. They examined issues prevalent in previous studies, such as support services, resources, placements, and issues not previously studied, such as parental contact, and teacher advice regarding the effects of inclusion. Teachers generally had positive attitudes toward inclusion and were supportive of access to supports such as teacher assistants, Picture Exchange Communication System (PECS) boards, and other accommodations. Scott et al. (2007) suggested that this means music teachers could be supportive of music therapy as an additional resource for their programs.

Music teachers are under increased pressure to deliver instruction to special education students, often without preparation or support (Hourigan, 2011), but are not always prepared to work with students with disabilities. There is a considerable lack of coursework within teacher training programs to prepare music teachers for work with diverse student populations. Hourigan (2011) noted that when this training does exist, it is often offered in tandem with a music therapy program.

Hedgcoth (2014) noted that music education programs have been at risk throughout the history of music education in the United States, and that advocacy is needed to retain them. While there is often general public support for music education and recognition of the many benefits it offers, budget cuts make lay-offs and elimination of programs inevitable in some districts (Abril, 2006). This may pose a problem for music therapy programs as well, because districts may not want to hire a music therapist if there is no music education program, due to lack of funding.

Rampal (2013) believed music education has become too praxial, or focused on a final product. Students are required to demonstrate competency in Western musical practice, and rehearse towards a final performance. While the Orff method places a strong emphasis on musical experience, in some districts it may be superseded by a mandatory curriculum and performance schedule.

Rampal (2013) asserted that music therapy can provide an aesthetic outlet for students with special needs who do not benefit from the standard music education program alone, and that music therapy can elicit further expression and growth. Research in neurological functioning supports an association between music and cognitive development (Sze, 2006), for music organizes sound and silences in a flow of time, focusing attention and improving accuracy. Learning how to play an instrument can improve attention, concentration, impulse control, social functioning, self-esteem, self-expression, motivation, and memory (Sze, 2006).

Sanford (2009) used a mixed-methods design to determine teacher attitudes toward classroom supports for students with Autism Spectrum Disorder in public schools. A web-based survey of randomly-selected educators across the United States was coupled with follow-up interviews of a subsample of respondents. The survey included content-based subscales addressing autism classroom and instructional support, as well as personal and professional demographic items. The autism classroom supports reported most frequently included structured learning environments, visual supports, access to general education curriculum, behavior intervention plans, and curriculum designed to address core deficits.

Music Therapy and Special Education

Music educators often voice that they lack adequate training on the educational needs of students with disabilities, and have limited knowledge of effective teaching strategies to meet

those needs (AMTA, 2014b). Music therapists can fill this gap as consultants, direct service providers, and in-service educators. As consultants, they can help design and implement appropriate music experiences for students with disabilities. They can provide direct service by assessing the skills special education students need for successful participation in the general music education classroom, and by assisting in developing those skills. In the self-contained classroom, music therapists may work alone or in concert with a music educator. In some cases, individualized services will be needed outside the classroom to assist students in developing the skills needed to successfully participate in the classroom setting. The AMTA (2014b) also reports that music educators frequently call upon music therapists to help develop techniques and strategies that will lead to successful inclusion. This may include development of augmentative devices, adaptation of equipment and instruments, simplification of musical arrangements, and modification of teaching strategies.

Twyford (2012) studied the effect music therapy groups had on perceptions on inclusion among typically functioning students and adults. This qualitative study examined music therapy programs involving students aged five to10 years from eight mainstream primary schools in nine music therapy programs over a two-year period. Data were collected via open-ended questionnaires distributed to sixty music therapists at the end of their direct involvement in the programs. Twyford (2012) found that music therapy had a positive effect on growth and development in areas of students' new learning, overall well-being, relating to others, musical skills, and generalizing skills learned in music therapy. Sharing music making with special education students created opportunities for peers and adults to appreciate the students in a new way; discover new knowledge and understanding of them; have fun with them; and find it easier to relate to them both within the class sessions and in other settings (Twyford, 2012).

Autism Spectrum Disorder (ASD) is currently one of the most "prevalent exceptionalities of childhood" in the United States according to Reschke-Hernández (2011). From 1997 to 2007, the number of children ages 6 through 21 with autism who received services under IDEA increased five-fold. The rise in the prevalence of this disability has led to a related rise in demand for music therapy services (Reschke-Hernández, 2011).

Wigram and Gold (2006) performed a systematic review of case studies and randomized controlled trials to see if children and adolescents with ASD and other significant communication deficiencies responded positively to music therapy interventions. The review examined both active, improvisational music therapy methods and receptive music therapy approaches. Two randomized controlled trials were reviewed that examined short-term effects of structured music therapy intervention. Case studies were identified that examined the effects of improvisational music therapy where language development, emotional responsiveness, attention span and behavioral control improved over the course of music therapy intervention. Wigram and Gold (2012) found that musical activities with therapeutic objectives and outcomes facilitated increased motivation, development, sustenance of attention, communication skills, and social interaction; all these outcomes align with New York State education standards (NAfME, 2015).

Walworth (2007) evaluated the use of music therapy within the Social Communication Emotional Regulation Transactional Support (SCERTS) model, an approach to assessing children with ASD and identifying treatment goals for them. SCERTS uses a multidisciplinary team of clinicians and educators (Prizant, Wetherby, Rubin, Laurent, & Rydell, 2007) and the proven efficacy of music therapy in encouraging communication among the ASD population makes it a natural fit within this framework. Walworth's (2007) national survey of music

therapists working with clients diagnosed with ASD was designed to: (a) show the areas of the SCERTS assessment model that music therapists are currently addressing; (b) identify current music therapy activities that address SCERTS goals and objectives; and, (c) provide demographic information about settings, length of treatment, and tools used in music therapy interventions.

Kern, Rivera, Chandler, and Humpal (2013) evaluated music therapy practices among 328 professional members of the AMTA who worked with individuals with ASD, using a national cross-sectional survey. An online questionnaire was designed and distributed through email and social media. Kern et al. found there is now a wider age range of individuals with ASD being serviced in the home and community, and these make up a higher percentage of music therapists' caseloads than in the past. Furthermore, most interventions used by music therapists were evidence-based and aligned with the National Autism Center's (2009) recommended practices. Music therapists had a solid understanding of the services that are appropriate, but a lesser understanding of inclusion practices and the latest developments in ASD therapeutic practices. They would benefit from online training and improved information transmission, to help them stay informed of current ASD research. According to Kern et al., "As the profession continues to research the effectiveness of music therapy interventions, it is hoped that music therapy will be recognized as an evidence-based and viable intervention for individuals with ASD, and will be funded accordingly" (Kern, Rivera, Chandler & Humpal, 2013, p.301).

Kennedy and Scott (2005) investigated the effects of music therapy techniques on story retelling and speaking skills of English and Second Language (ESL) middle school students. Thirty-four students of Hispanic heritage, ages 10-12, participated in music therapy sessions for 12 weeks. Sessions included techniques such as movement and music, active music listening,

singing, rhythmic training, music and sign language, unison chanting, playing instruments, lyric analysis and musical games. All of the students in the experimental groups scored higher than the control groups on story retelling skills (Kennedy & Scott, 2005).

Attention-Deficit Hyperactivity Disorder (ADHD) has been receiving greater attention in professional circles, and Jackson (2003) asserted that its occurrence in the general population is growing. She conducted a survey to ascertain which music therapy methods were being used with children with ADHD diagnoses, how effective treatment was perceived to be, and the role that music therapy played relative to other forms of treatment. Music and movement was the method used most with this population, followed by instrumental improvisation, musical play, and group singing. Respondents reported that these methods addressed behavioral goals primarily, followed by psychosocial and cognitive goals. Overall, respondents felt the treatment outcome to be favorable (Jackson, 2003).

Music Therapy and Public Schools

There is little literature that specifically examines the prevalence of music therapy within public schools, or the outcomes that arise from its use. However, there is ample evidence of the positive effects music therapy has on children with special needs in different settings.

Students with special needs have been mainstreamed and included in classes with students without disabilities since the mid-1970s (Adamek & Darrow, 2010). Yet Wilson (2002) reported that researchers have frequently found that music educators feel inadequately prepared to teach these students. Music therapists can address this problem by adapting music materials, curriculum, or equipment to meet the specific needs of special education students, managing behavior and improving participation of students with difficult behaviors, and improving social integration (Adamek & Darrow, 2010).

There is little to suggest that music therapy would be unwelcome in public schools. Rather, it is a potentially complementary and necessary service that should be included alongside music education and other therapies.

Problem Statement

The present study sought to understand the experiences of music therapists developing music therapy programs in New York State public schools. The three research questions were:

1. What are the experiences of music therapists developing music therapy programs in New York State public schools?
2. What are the challenges faced by music therapists developing music therapy programs in New York State public schools?
3. What recommendations do music therapists have for other music therapists who are interested in developing music therapy programs in New York State public schools?

These interviews provided information on how to make this setting more accessible to music therapists and to inform how music therapists can be qualified to create their own position in public schools.

Method

Participants

Purposive sampling was used to recruit three participants who have experience developing a music therapy program in a K-12 public school setting in New York State. Through email, the researcher contacted potential participants. The following inclusion criteria were used in selecting participants: (a) They were board-certified music therapists with experience implementing music therapy programs in public schools in New York State; (b) They were willing to share their experiences openly; (c) They had to be able to recall and articulate their experiences fully; and, (d) They were willing to complete a 5-10 minute long demographic questionnaire, with a follow-up interview in person or via webcam (30 minutes). The study was reviewed and approved by the Institutional Review Board of Molloy College.

Design

In order to understand the participants' experiences working with music therapy in a public school, a qualitative research design was employed. Open-ended interview questions were used to gather data. Participants were asked to describe their experiences of being a music therapist in a New York State public school using the following prepared questions:

1. What are your experiences developing music therapy programs in New York State public schools?
2. What are the challenges faced by music therapists developing music therapy programs in New York State public schools?
3. What recommendations would you have for music therapists who are interested in developing music therapy programs in New York State public schools?

Researcher's History and Reflexivity

I am a music therapy intern and a New York State certified Music Educator. I have worked in the public school system as a music teacher for six years and have been involved in instruction of many students with special education needs. I have never worked in a school that has offered music therapy. As a music teacher, I have witnessed how children with special needs respond positively to music, and have often wondered whether or not some students would benefit from music therapy sessions. It is my belief that music therapy and music education are two separate entities and can complement each other in public schools. My experiences both create a bias and give me a greater sensitivity to the topic. During this study I employed bracketing and reflexivity to become more aware of personal values, assumptions, and biases that had potential to influence data collection and analysis.

Data Collection Procedures

After participants gave informed consent, they completed a brief demographic questionnaire (see Appendix D) and were asked to begin thinking about their experiences with music therapy in public schools. Individual appointments were made for interviews with each participant, and these interviews took place in person or via webcam. The total interview time was about 45 minutes per person. A digital recorder was used to record the interview and safely store the data. The participants were asked to describe their experiences building a music therapy program in a public school, and to elaborate on specific challenges and aspects that were interesting or unclear. During the interview, nonverbal expressions including facial expressions, gestures, and body language were observed and notated.

First, the participants were asked to describe their experience of working in a public school. During the description, the researcher helped the participant clearly articulate her

experience as the conversation unfolded. If anything about the description was unclear, the participant was asked to clarify. Verbal techniques such as amplification, redirection, probing, reflection, and summarization were utilized. At the end of the interview, each participant was asked if there was anything that she would like to add to the description.

After the interview, member checking was utilized. Participants were sent transcripts of the interviews for accuracy, and were contacted via email or phone if further clarification was needed. After all the confirmations and corrections from the participants were received, data were analyzed.

Materials

For this study, a digital recorder was used. Data were stored on a password-protected computer.

Data Analysis

The data in this study consisted of the demographic questionnaire and the transcripts of the interviews. The following qualitative data analysis steps of inductive coding were adapted from Kim (2008):

- The transcripts were read several times in order for the researcher to get a general sense of the whole statement.
- The transcripts were culled by examining them in terms of the questions being researched. Any reflective, interpretive, or descriptive dialogue and any repetitive statements not directly related to the research questions were eliminated.
- Individual case summaries for the transcripts were prepared. To reveal the essence of the experience, the participants' own words in the descriptions were used as much as possible.

- The individual case summaries were sent to the participants to confirm their accuracy.
- From the original transcripts and the individual case summaries, essential themes across all the cases were extracted.
- From the original transcripts, excerpts, which will be examples of the essential themes, were prepared in order to reveal common experiences among the personal experiences.
- Based upon the main topics of the findings from this study, the essential description was produced.
- Both the original transcripts and the essential description were read to ensure that there were no contradictions in either, and that they are in agreement with each other.

Results

All three participants discussed their answers to the three research questions at length. The themes that emerged after analysis of the data were: (a) beginning in public schools, (b) setting, (c) assessment process, (d) relationships with staff members, (e) obtaining funding, and (f) advocacy.

Demographic Information

Participant A is a 27-year-old female who had been a music therapist less than five years. She works in a public school in Western New York, where her main instruments are voice and guitar. She divides her time between working in public schools and a private practice with other music and art therapists and educators. She has a humanistic orientation, and in public schools has worked with students of all ages. She has collaborated with music educators.

Participant B is a 36-year old female who has practiced music therapy for over five years. She was on staff at a public school in Western New York at the time of the interview. Her main instrument is trombone, but she also uses guitar in her sessions with children and adolescents with developmental disabilities. She has an eclectic orientation and is a certified music educator, and has worked in public schools for more than ten years. At one time her position was part-time music educator and part-time music therapist, but now she focuses solely on music therapy. She sometimes collaborates with music educators.

Participant C is a 36-year-old female who has been a music therapist working in public schools in Central New York for over ten years. Her main instruments are voice and keyboard. She divides her time between public schools and a private practice, working with children and adults with a range of developmental disabilities. She uses behavioral and Nordoff-Robbins

philosophical orientations, and, in contrast to the other participants, has not collaborated with many music educators in the public school setting.

Experiences in Developing Music Therapy Programs in Public Schools

Beginning in public schools.

Participant C and Participant A reported that they are independent contractors. Participant A is a sole proprietor, and was given her first contract in a school district from her internship supervisor, who was unable to commute to the district due to scheduling restrictions. Her caseload has grown in that school ever since. Participant A works in schools part time.

Participant C works in five different school districts. She began her first job after replying to a job listing on the AMTA website. She started within that district with three students, and now has close to thirty. As independent contractors, Participants A and C have a contract for each student, and specified times for sessions.

Participant B is a part-time public school music therapist, and is a staff member in her district. Participant B was formerly the music educator in her building. Students in her school previously received music therapy contracted through their local Board of Cooperative Education Services (BOCES). Participant B estimated that educating them off-site was costing the district $25,000-40,000 per student. When district administrators decided to bring students back they realized they were going to need more service providers, including music therapists. Since Participant B was already in the district as a music teacher and was certified in music therapy she was asked to do part-time music therapy and part-time teaching. Now she is a part-time music therapist for the district. She sees all of the students that receive music therapy district-wide, traveling to three elementary schools, the middle schools, and even to the homes of

medically fragile children. Like the other participants, she sees most of her students in her office or in any available classroom.

When Participant B was both a music educator and a music therapist, she had to divide her time between the two positions. Managing two complicated schedules was difficult, especially because of the massive amount of paperwork. She said, "The paperwork you do as a music educator is completely different from the paperwork as a music therapist. Now with all the APPR stuff and everything, that would make that job very big." APPR is the Annual Professional Performance Review for teachers and principals across New York State, which produces a number grade at the end of every year representing their effectiveness (Capital Region BOCES, n.d.). Participant A noted some music therapists might be wary of working in public schools because of the high volume of paperwork and the focus on quantitative instead of qualitative results.

Setting. All three music therapists described the need to be creative in finding space to work in their schools. Since transitions and changes are difficult for many students with special needs, the music therapists all try to use a consistent space, but each reported that this is not always possible. They find spaces by sharing rooms with other therapists, seeking out empty classrooms and hallways, and even using the stage when it is quiet. All participants wished for a more permanent location in their buildings. On a positive note, all three appeared optimistic about their work, and reported that the number of students they serve is rising.

Sessions are typically held once or twice a week, and last from 30 minutes to 60 minutes. The therapists see students both individually and in group settings; group sizes range from two to 10 children. The participants in this study make use of improvisation, receptive music listening, song writing, lyric discussion, and music performance using a variety of instruments. The

students range from elementary to high school age, and hold a variety of classifications including, but not limited to, speech and language delay, autism spectrum disorder, cerebral palsy, and Down syndrome.

Evaluation Process. Evaluation requests are received from the district and the IEP team, from IEP meetings and students' annual reviews. When new students are referred, the Special Education Music Therapy Assessment Process (SEMTAP) is used to determine a child's eligibility. Developed by Betsey King Brunk and Kathleen Coleman, SEMTAP acknowledges each child's distinctive educational profile, conforms to current special education law, and results in recommendations that can be justified to both parents and administrators (Brunk, 2000). Participants A and B administer the SEMTAP themselves; Participant C contacts a music therapist who works in a hospital setting who does the assessment. This allows for a line of separation between the assessment and service provider.

The SEMTAP contains the following steps after a formal request for assessment: a review of current IEP/records, direct observation of progression toward IEP-related goals and objectives, interviews and discussion with parents and relevant staff, direct assessment using music therapy interventions, a written report, and then a presentation of the report to the treatment team. If music therapy has enabled progress toward IEP goals or there is clear indication that it is likely to provide such progress, the service is recommended. If the treatment team (including parents) agrees with the report, then music therapy is written into the student's IEP.

If music therapy has not helped a student progress on IEP goals in an assessment, the child is not eligible to receive services. Most students referred for evaluation do qualify for music therapy services. There were a few cases where Participant A determined a student was not a candidate:

> They might love music, that's great, but in terms of music therapy being a necessary support in the school setting, it's not necessary for them to succeed. Of course when you see the joy that it brings a student just to have a musical break in the day, I wish that I could just give them that opportunity, but particularly in schools you have to be able to rationalize why you're recommending for services.

Participant B also recommends music therapy for only some of the students she is asked to assess using SEMTAP. She said, "Some kids I've recommended, some I haven't. Some kids have received music therapy for a year or two, some have received it for eight years. It totally depends on the kid. Some just come in it with it on their IEP already, like kindergarteners." When kindergarteners already have music therapy on their IEP it is because they had services in preschool.

The length of time per week that students receive music therapy depends on their individual assessments. Participant C said that most students in her districts who had music therapy in elementary school generally retain services into middle school. She reported that services generally start in kindergarten. Participant A voiced the opinion that therapy should not be a lifelong endeavor, because eventually the student should develop enough coping strategies to manage independently.

Relationships with staff. The three therapists all started under different circumstances, in different settings, but all felt comfortable with how they were perceived in the schools, and all felt they were given freedom to run their sessions as they saw fit.

The participants all strive to be as accessible as possible to the treatment teams, in order to be involved in team decisions. They felt a bit disconnected from their buildings, which they attributed to splitting their time between locations. Participant A said that she has been fortunate

to have great experiences working with the music educators in her schools. She said, "Music education is so important. That's where I developed my love for music, and then I discovered music therapy in college and that's where the two kind of merged." She noted that as a music therapist she is not there to work on musical skills, but uses music to work on non-musical skills. She frequently reinforces this idea, pointing out that therapists and teachers should support each other, since they provide as complementary services. When there is a problem with another therapist or staff member, Participant A reiterates her message of the need for mutual support because it can be a challenge to differentiate between the two music jobs.

Sometimes Participant B consults with the music educator and participates in class as a teacher's aide, to help a student find success in the regular class setting. For many of her students, "It's just trying to get them to show the skills the staff knows they have, in a group of peers that they're not used to." She is often there to support them and to modify instructions or make accommodations that help them succeed. Using redirection and hand over hand are two examples of how she does this. Participant B also pre-teaches music education material so that her students have heard songs several times before entering the classroom. She ensures there is dialogue with the music teacher, and they exchange ideas of what will or will not be successful for particular students.

Participant B was working in her district as a music educator when she became the staff music therapist, and thus found it easy to join in staff meetings. She reported:

> I think they are welcoming to have me on the team, but I don't think that I'd be the first person they think of when they are going to have a meeting or to let me know about things like that. I think they're always welcoming but you always have to just not let them forget that you're there and that you might have some good insight into things going on.

She noted that in Rochester there are at least three non-BOCES school districts that have music therapists on staff. They are welcoming to her, and she stays in regular communication with them to offer her services. She tries to attend a lot of team meetings within her own district. Participant A also makes an effort to interact with as many staff in her school as possible, in order to keep an open dialogue and to show she is approachable.

Another challenge involving working with other staff members, that only Participant B discussed, was scheduling:

> I think the challenge is just trying to find time for music therapy in addition to all of their other services. One of my students who has autism and is blind gets so many services in a given week, that he gets pulled out so much, and basically has no time in the general education classroom.

With other therapies (e.g. speech therapy, occupational therapy, physical therapy) also occurring weekly, scheduling services can be challenging, especially for a therapist working in multiple locations.

In contrast, Participant C has not recently worked with the music educators or other teachers in her buildings. She feels that music therapy is often the last resort for services.

> I always wish we were not last. Especially in the pre-school age, where they wait until the students are three and a half to try a music therapy assessment, and we only get six months with a student before they get to school-age, and we're not allowed to see them anymore.

Most years she feels disconnected from the schools she works in, while other years there is more cohesion. In districts where classrooms have changed buildings it is more challenging to get to know the staff.

When she started, Participant C had a student who was interested in drum lessons. She approached the music educator to help him pursue this interest:

> I asked the music teacher to come in and help with an assessment to see if drums would be possible for him to do. Sadly, that music educator wasn't special-education friendly and the student ended up moving on to a different program.

The general education classes do not affect Participant C directly, and she does not know the music teachers in the buildings because her work is spread across so many schools.

Obtaining funding. All participants agreed that the largest hurdle in developing a program is obtaining funding. Participant B was able to save money for her district since they no longer had to send students to BOCES. Participant A spoke of how districts look for quantitative data to justify spending money on new programs.

Participant C noted that once funding is obtained and the music therapist is working, the benefits become evident. Participant B echoed this, saying, "You have to do a little sleuthing. It's easier to find a district that is already getting music therapy through a contract situation. You can say to them 'Hey, if I was a district employee I could save you "x" amount of dollars'." She felt that talking about saving money yields promising results. However, if the districts do not already have music therapy in place, music therapists are faced with the challenge of selling a new service, and that is a harder task.

Advocacy. The top recommendation from all of the participants was to advocate to start new programs, and to keep broadcasting what you are doing to maintain and grow the music therapy program. Participants recommended that therapists new to schools should put together a job proposal to advocate for new programs to inform administrators about music therapy. Participant A advised that new therapists should present themselves to districts by describing

what they do, and showing them a portfolio of what music therapy entails. Participant C said she wished she could provide free, demonstration sessions just so districts could see the effects music therapy can have. Many school administrators are unaware of what music therapy is and what it can do, and therefore are hesitant to fund it.

Participant A also advised letting the districts know what neighboring districts are offering because "That's strangely very motivating, the idea that everyone else is doing it. It's the power of peer decisions." Also, school administrators want to see research, numbers, and statistics. Therefore, Participant A suggested that when presenting a case for music therapy it is important to show evidence as well as speak about qualitative factors.

Participant B noted that media can be used for advocacy in a presentation; using videos available online is helpful in showing people what music therapy is, and makes the service less abstract.

Participant C recommended getting a support system of music therapists. When she started, she printed out AMTA fact sheets and sent them to schools. AMTA's mission is to advance public awareness of the benefits of music therapy and to increase access to quality music therapy services (AMTA, 2015a). Participant C also received support from related service providers, such as a speech therapist who shared her observations of how music therapy helped a student by offering a different approach. Occupational and physical therapists have also publicly shared their positive observations of the impact of music therapy. Participant C felt that asking professionals in other well-established therapies to advocate for you is beneficial.

Lastly, Participant A said it is helpful to make one's presence known and to cultivate opportunities that demonstrate the skills students have gained in music therapy. Currently, she is coordinating an inclusive concert at one of her middle schools, so she is collaborating with the

entire music education team. She is featuring one self-contained classroom on drums and percussive instruments, and contacted the chair for the Committee on Special Education to propose her idea. The best way to advocate, she noted, is to show the community what you are doing.

The techniques participants recommended for securing funding for music therapy were demonstrating effectiveness via quantitative research, emphasizing ease of implementation, and citing results. Preparing fact sheets, showing video clips, creating a job proposal, and referring to scholarly research are compelling approaches when proposing music therapy services in a public school.

Discussion

It was a challenge to find participants, since there are limited resources and profiles of music therapists who work in public schools. School websites rarely listed music therapy services specifically, which suggests that music therapists in New York State public schools are primarily working as contractors instead of on staff.

The three therapists interviewed were all female and under the age of 40. This was not surprising, since 90% of music therapists reported in the AMTA Membership profile are women, and 63% percent are under the age of 40 (Certification Board for Music Therapists, 2014).

Although music therapy appears to be established in all of the schools where the participants worked, it is surprising that no participant had a steady or permanent room for providing sessions. Participant A shared that a significant number of public schools have music therapy in Western New York due to the close proximity of music therapy programs at local colleges. Even so, the settings in which the therapists see the students vary greatly day to day.

Ropp (2008) stressed the importance of providing potential employers with the opportunity to observe music therapy in progress. Participant B used technology to do this, showing online videos to demonstrate how interventions can be effective in meeting educational goals. Administrators are key players in supporting music therapy services for students, and understanding their perceptions is critical to developing and sustaining music therapy in schools (Ropp, 2008).

Participant A's first contract was as a sole proprietor working within a school district and the position was given to her by a colleague. She is not a staff member, but a contractor. Since she is not on staff, presumably this means that she does not receive benefits such as health insurance, tenure, or a regular salary. This could be a deterrent to many practitioners. Being in

the building part-time sometimes leads to a feeling of disconnect. Staff members share emails and attend faculty meetings, and without these links to the overall system, contractors may not be as informed about the children or the facility as they would be if they were on staff. This makes it harder to establish relationships with the rest of the treatment team.

Participant B's district brought students who were being educated off-site back to the home district. This resulted in cost savings of $25,000-40,000 per student, and the district chose to hire therapists to provide therapy in the public schools instead. Some of the benefits this offers to music therapists involves greater job security and benefits. Music therapists looking to enter this field might consider approaching school districts which bus students to BOCES programs.

Participant C replied to a job listing on the AMTA website. As of May 20th 2015, the website for the Mid-Atlantic Region of the AMTA listed no job postings in public schools. This might be due to a lack of created positions, or perhaps because school districts post on job openings on different websites. Alternately, such positions may be filled in the way that Participant A got her job, via personal contacts.

None of the therapists initiated their music therapy programs, and thus none had to approach a school board and make a case for beginning music therapy in their district. The jobs for Participants A and C already existed, and the decision to go in-house had already been made when B was offered her job. However, Participants A and C both expanded their programs, and now serve considerably more students than when they started. They spoke of the need to provide quantitative data, and to create a job description when advocating for new music therapy programs in public schools.

Music therapists work on developing a child's self-awareness, confidence, readiness skills, coping skills, and social behavior. The participants in this study actively explored the

styles of music, techniques and instruments were most effective or motivating for each child in the way that the AMTA (2014d) described. They used experiences such as improvisation, receptive music listening, song writing, lyric discussion, and music performance, all of which are techniques that Hanser (1999) listed. Each works with children in one-on-one sessions as well as in small groups of two to 10 children. Participant A was the only participant to describe a musical performance where her students performed in a drum circle, but all three participants agreed that is important to showcase what is happening in music therapy.

The three therapists all felt they were viewed positively in the schools for their work, confirming the findings of Scott et al. (2007), who noted that music educators and staff appreciated music therapy as a related service. Music therapists offer support services for music educators in the form of direct service with students, consultation, or in-service training (AMTA, 2014b). When she works as a consultant, Participant B noted that some teachers initially felt uncomfortable having a specialized therapist in the room, but that ultimately she is viewed as providing complementary support.

Not surprisingly, challenges arise while working with other staff members. Participant C had an experience with a music educator who was not comfortable accommodating a student with special needs, and the student ended up moving on to a different program. This type of discomfort may be due to insufficient or absent teacher instruction on how to involve mainstreamed special education students into their performing groups, an area of concern the AMTA has noted (2014b). A music therapist on staff could assist in this type of education by providing direct consultation, giving an in-service presentation, or showing research done on the topic. More awareness, from both the music therapists and music educators, regarding

mainstreaming can influence the work of both professions and create visible successes that make programs more budget-cut resistant.

Music therapists need to educate school staff members about the unique benefits music therapy offers. Music reaches students who may be unreachable through other means. According to Humpal and Colwell (2006), students who may not respond to traditional teaching methods may have sensitivity to pitch, or rhythm, and can learn through melodic tones and songs. Music helps all people move and develop, but it resonates especially well for those with special needs in school settings (Humpal & Colwell, 2006). Music therapy can also be used as a holistic approach to develop language comprehension, dissolve cross-cultural barriers, and enhance specific knowledge. This is done using the structure provided by repeated rhythmic assignment of information, using verbal and non-verbal communication (Kennedy & Scott, 2005).

The participants all reported an occasional feeling of being disconnected from their districts, and all endeavored to be as involved as possible with families, the treatment team, and the educational team. Integration with the educational team is especially important, since the rationale for music therapy in public schools is to help students meet educational goals (AMTA, 2015a). Good communication with staff improves the music therapist's ability to address concerns, leverage knowledge of other concerns about the child, modify treatment accordingly, and correct misconceptions about what music therapy can do. It also presents an opportunity to implicitly advocate for music therapy as an effective modality in helping special education students achieve IEP targets. It is therefore beneficial for music therapists to be assertive, proactive, and to follow through on attending team meetings.

All three music therapists used the SEMTAP to evaluate a student's need for services. Not every child evaluated qualifies for music therapy, and established tools such as the SEMTAP

provide a consistent framework for evaluation. The SEMTAP directly compares IEP goal-related behavior with the use of music therapy and without music therapy interventions. Students need to perform significantly better on an IEP goal-related behavior when music therapy interventions are used during the assessment to justify inclusion of music therapy on an IEP (Humpal & Colwell, 2006). Use of standard evaluation tools may also help administrators and parents see music therapy as evidence based.

Lastly, all three interviewees discussed funding, a huge issue for school districts. Ropp (2008) found that music therapists seeking to enter the world of special education need to help potential employers see how music therapy actually works, so that decision makers have a personal understanding of how this modality is different than others. Buy-in from key administrators is needed, and presentations that center on fiscal responsibility, research-based practice, and the effectiveness of music therapy are more likely to succeed (Ropp, 2008). Participants recommended that in addition to showing videos of sessions, therapists new to schools should put together a job proposal to send to other districts, since many school administrators are unaware of what music therapy is, and therefore are hesitant to fund it. Arguments for cost-cutting may yield promising results, as in the example of students being brought back from BOCES programs. Other ways to influence administrators could include making presentations at conferences or board meetings, developing a video illustrating the benefits of music therapy in educational settings, and tapping into the resources of organizations like autism advocacy groups, who may be eager to advocate for music therapy services.

Participant C noted that "selling a district on adding music therapy is challenging." She wished she could provide free demonstration sessions just so districts could see the effects music therapy can have. The techniques participants recommended for securing funding for music

therapy were demonstrating effectiveness via quantitative research, emphasizing ease of implementation, and citing results. Distributing fact sheets, showing video clips, creating a job proposal, and referring to scholarly research are compelling approaches when proposing music therapy services in a public school.

The AMTA offers many resources for music therapy advocates: information on government relations, how to contact your own state legislature, updated resources involving music therapy and healthcare, and music therapy and education. In the members-only section of AMTA.org there are many additional journal articles, opportunities for networking, and research to use when advocating for new programs. Exploring this site is a valuable asset for a music therapist advocating for new programs (AMTA, 2015b).

Future Directions

Music therapists seeking to work in public schools need to advocate for new programs. New therapists need to present themselves to districts by describing what they do, offering to show video clips and a portfolio of what music therapy entails. Administrators tend to be swayed more by quantitative evidence than by anecdotes, so school board presentations should involve the research, numbers, and statistics of successful programs. Since many administrators and teachers are unaware of what music therapy can look like in a public school, showing video examples makes music therapy less abstract. Making them aware of similar services offered in neighboring districts can also be an advantage.

Music therapy professors can help by continuing to assist future MT-BC's create portfolios and mock presentations that help students advocate for music therapy. These should make use of the resources on the AMTA site, and include evidence-based research.

Future research can explore how and why school districts add music therapy. Investigating the decision factors, process, and budget concerns from the perspective of administrators could yield helpful information. Researching how music therapists find positions in public schools might be an interesting area to explore, as well. Lastly, future research could probe how to effectively educate classroom teachers on how to teach in an inclusive classroom, and effective education of classroom teachers on what music therapy is and does.

Limitations

This study discussed the experiences of three music therapists. Future research can gather data from larger numbers of music therapists working in New York State public schools. Examining the paths which have led to the creation of music therapy programs in public schools would be another topic to explore that would help future music therapists advocate for new positions.

A second limitation to this study is that all of the participants self-reported their information. There is no information from other staff or administrators in their districts, and no interviews with school board members or administrators who would be approached about new programs. Also, all of the participants were females within the same age range. While their age and gender do represent the profile of the majority of practicing music therapists, involving males and older females could broaden the findings of the research.

Conclusion

This research study demonstrated that it is difficult to obtain information about music therapy programs in public schools, but with persistence, success is possible. Participant A stated, "You have to be a shark as a parent of a student with special needs to get everything that they need to be successful." I believe that statement applies to music therapists looking to begin

work in public schools as well. Music therapists who wish to enter this field need to understand the federal and state laws governing the provision of related services, be able to articulate the effectiveness of music therapy in achieving IEP goals, present their case for funding to administrators using quantitative evidence and experiential means, and distinguish music therapy from other musical activities.

The data implied that music therapy is a small, but potentially growing field in public schools, and that music therapists need to advocate strongly in order to build more programs in New York State. It is not surprising that the biggest limitations to creating these programs are funding and lack of awareness of what music therapy can do. Expanding music therapy programs in the public school system requires, I believe, showing quantitative data and first-hand success. Once district administrators are educated and supportive, money is more likely to be allocated to fund new programs.

References

Abril, C. R. (2006). The state of music in the elementary school: The principal's perspective. *Journal of Research in Music Education, 54*(1), 6-20.

Adamek, M. S., & Darrow, A. A. (2010). *Music in special education.* Silver Spring, MD: American Music Therapy Association.

American Music Therapy Association. (2014a). "Music therapy and Autism Spectrum Disorder (ASD)." Fact sheet. Retrieved from http://www.musictherapy.org/assets/1/7/MT_Autism_2014.pdf

American Music Therapy Association. (2014b). "Music therapy and music education." Fact sheet. Retrieved from http://www.musictherapy.org/assets/1/7/MT_Music_Ed_2006.pdf

American Music Therapy Association. (2014c). "Music therapy and young children." Fact sheet. Retrieved from http://www.musictherapy.org/assets/1/7/MT_Young_Children_2006.pdf

American Music Therapy Association. (2014d). "Music therapy and special education." Fact sheet. Retrieved from http://www.musictherapy.org/assets/1/7/MT_Special_Ed_2006.pdf

American Music Therapy Association. (2013, September 25). *NYSED clarifies music therapy as a related service.* News release. Retrieved from http://www.musictherapy.org/nysed_clarifies_music_therapy_as_a_related_service/

American Music Therapy Association (2015a). *AMTA Standards of Clinical Practice.* Web article. Retrieved from http://www.musictherapy.org/about/standards/

American Music Therapy Association (2015b). *Policy and Advocacy.* Web article. Retrieved from http://www.musictherapy.org/policy/

American Orff-Schulwerk Association (2015). *The teaching process.* Web Article. Retrieved from http://aosa.org/about/what-is-orff-schulwerk/the-teaching-process/

Autism Speaks. (n.d.). *Melodic Based Communication Therapy.* Web article. Retrieved February 10, 2015, from https://www.autismspeaks.org/autism-apps/melodic-based-communication-therapy

Bethpage Union Free School District. (n.d.). *Special education.* Web article. Retrieved from http://www.bethpagecommunity.com/departments/special_education

Brunk, B. K., & Coleman, K. A. (2000). Development of a special education music therapy assessment process. *Music Therapy Perspectives, 18*(1), 59-68. doi:10.1093/mtp/18.1.59

Bruscia, K. E. (1998). *Defining music therapy.* Gilsum, NH: Barcelona Publishers.

Bunt, L. (2003). Music therapy with children: A complementary service to music education? *British Journal of Music Education, 20*(2), 179-195.

Capital Region BOCES. "Frequently Asked Questions about APPR - Capital Region BOCES." Albany, NY. (n.d.). FAQ. Retrieved from http://www.capregboces.org/APPR/FAQs.cfm

Certification Board for Music Therapists (n.d.). "MT-BC Fact Sheet." Fact Sheet. Retrieved from http://cbmt.org/fact-sheets/mt-bc-fact-sheet/

Certification Board for Music Therapists. (2014) *State recognition for New York.* Web article. Retrieved from http://www.cbmt.org/state_recognition/ny

Elliott, D. J. (1995). *Music matters: A new philosophy of music education.* New York: Oxford University Press.

Hammel, A., & Hourigan, R. M. (2011). *Teaching music to students with special needs: A label free approach.* New York, NY: Oxford University Press

Hanser, S. B. (1999). *The new music therapist's handbook.* Boston: Berklee Press.

Hedgcoth, D. H. (2014). What history is teaching us: 100 years of advocacy in Music Educators' Journal. *Music Educators Journal, 100*(4), 54-58.

Hess, K., Morrier, M., Heflin, L., & Ivey, M. (2008). Autism treatment survey: Services received by children with Autism Spectrum Disorders in public school classrooms. *Journal of Autism & Developmental Disorders, 38*(5), 961-971.

Humpal, M. E., & Colwell, C. (2006). *Effective clinical practice in music therapy: Early childhood and school age educational settings.* Silver Spring: American Music Therapy Association.

Institute on Disability (Fall, 2011). *Special education students ages 6-21 served under IDEA-Part B by select diagnostic categories.* Table. Retrieved from http://www.disabilitycompendium.org/compendium-statistics/special-education/11-3d-special-education-students-ages-6-21-served-under-idea-part-b-by-select-diagnostic-categories

Jackson, N. A. (2003). A survey of music therapy methods and their role in the treatment of early elementary school children with ADHD. *Journal of Music Therapy, 40*(4), 302-323.

Kennedy, R., & Scott, A. (2005). A pilot study: The effects of music therapy interventions on middle school students' ESL skills. *Journal of Music Therapy, 42*(4), 244-261.

Kern, P., Rivera, N., Chandler, A. & Humpal, M. (2013). Music therapy services for individuals with autism spectrum disorder: A survey of clinical practices and training needs. *Journal of Music Therapy, 50*(4), 274-303.

Kim, S. (2008). The supervisee's experience in cross-cultural music therapy supervision. In S. Hadley (Ed.), *Qualitative inquiries in music therapy,* Volume 4 (pp. 1-44). Barcelona Publishers Gilsum, NH.

Mid-Atlantic Region of the American Music Therapy Association (n.d.). *Employment.* Web article. Retrieved from http://www.mar-amta.org/opps/jobs.html#NewYork

National Autism Center (2009). *National Standards Report.* Web article. Retrieved from http://dlr.sd.gov/autism/documents/nac_standards_report_2009.pdf

National Association for Music Education (2015). *Standards.* Web article. Retrieved from http://www.nafme.org/my-classroom/standards/

New York State Education Department. (2014, December 23). *NYSED: School district website directory.* Retrieved from http://www.oms.nysed.gov/oas/directory.html

New York State Education Department. (2014, September 5). *Individuals with Disabilities Education Improvement Act 2004.* Web article. Retrieved from http://www.p12.nysed.gov/specialed/idea/

New York State School Music Association. (n.d.). *About us.* Web article. Retrieved from http://www.nyssma.org/information/about-us/

Paul, P. M. (2008). Elementary-aged children's aesthetic experiences with music. *Journal of Music Therapy, 45*(2), 135-146.

Prizant, B., Wetherby, A., Rubin, E., Laurent, A., & Rydell, P. (2007, December 12). *The SCERTS® model.* Retrieved from http://www.scerts.com/index.php?option=com_content&view=article&id=2&Itemid=2

Rampal, M. (2013). *Hidden inequalities in music education.* (Unpublished Dissertation). New York University, New York, NY.

Reschke-Hernández, Alaine E, MA, MT-BC. (2011). History of music therapy treatment interventions for children with autism. *Journal of Music Therapy, 48*(2), 169-207. Retrieved from http://search.proquest.com/docview/873589140?accountid=28076

Ropp, C. R. (2008). *Special education administrators' perceptions of music therapy: A national perspective.* Retrieved from http://search.proquest.com.molloy.idm.oclc.org/docview/304607028?accountid=28076

Sanford, C. A. (2009). *Available classroom supports for students with autism spectrum disorders in public schools* (Unpublished doctoral dissertation). George Mason University, Fairfax, VA.

Scott, L. P., Jellison, J. A., & Chappell, E. W. (2007). Talking with music teachers about inclusion: Perceptions, opinions and experiences. *Journal of Music Therapy, 44*(1), 38-56.

Sze, S. (2006). Empowering students with disabilities through music integration in the classroom: Music therapy on student. *Academy of Educational Leadership Journal, 10*(2), 113-118.

Texas Womens' University. (2013, October 21). *2013 AMTA member survey and workforce analysis*. Retrieved February 17, 2015, from http://www.twu.edu/downloads/music/AMTA13WorkforceAnalysis.pdf

Twyford, K. (2012). Getting to know you: Peer and staff perceptions of involvement in inclusive music therapy groups with students with special educational needs in mainstream school settings. *New Zealand Journal of Music Therapy, 10*, 39-73.

U.S. Department of Education. (n.d.) *Building the legacy of IDEA 2004.* Web article. Retrieved from http://idea.ed.gov/explore/home

U.S. Department of Education (March 3, 2007). *A Guide to the Individualized Education Program.* Retrieved from http://www2.ed.gov/parents/needs/speced/iepguide/index.html

Walworth, D. (2007). The use of music therapy within the SCERTS model for children with autism spectrum disorder. *Journal of Music Therapy, 44*(1), 2-22.

Wheeler, B. L. (2005). *Music therapy research.* Gilsum, NH: Barcelona.

Wigram, T., & Gold, C. (2006). Music therapy in the assessment and treatment of autistic spectrum disorder: Clinical application and research evidence. *Child: Care, Health & Development, 32*(5), 535-542.

Wilson, B. L., & American Music Therapy Association. (2002). *Models of music therapy interventions in school settings*. Silver Spring, MD: American Music Therapy Association.

Appendix A: IRB Approval Letter

Molloy College

Date: December 9, 2014
To: Michelle Kovacs/Suzanne Sorel
From: Kathleen Maurer Smith, PhD
Co-Chair, Molloy College Institutional Review Board Veronica D. Feeg, PhD, RN, FAAN
Co-Chair, Molloy College Institutional Review Board

SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS
Study Title: The Experiences of Music Therapists Building Music Therapy Programs in New York State Public Elementary Schools

Approved: December 9, 2014

Dear Professor Sorel/Michelle Kovacs:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

Kathleen Maurer Smith

Kathleen Maurer Smith, PhD

Veronica D. Feeg

Veronica D. Feeg, PhD, RN, FAAN

Appendix B: Invitational Email and Informed Consent

Dear Music Therapist,

My name is Michelle Kovacs. As part of the requirement for my music therapy graduate thesis course at Molloy College, I am conducting a research study called *The Experiences of Music Therapists Building Music Therapy Programs in New York State Public Schools.*

The purpose of my study is to examine the experiences of music therapists who have worked within public schools, focusing on their challenges, successes, recommendations, and qualifications.

If you are receiving this email, you have been referred to this study by an academic chair or by your profile on the AMTA website. The criteria for participating in the study are as follows:

- You are a board certified Music Therapist (MT-BC)
- You live in New York State
- You have experience creating a music therapy program in a K-12 public school setting

If you meet these criteria, I invite you to participate in my study. In this survey, participation entails completing a demographic questionnaire and meeting with me (in person or via webcam) for an interview about your music therapy experience. The survey should take 5-10 minutes and the interview will take an additional 30 minutes. All names and locations will be changed to keep all of your responses confidential and anonymous. After the study is finished, transcriptions of the interviews will be sent to you for confirmation.

Due to the nature of a qualitative interview study, there are very minimal risks to the participants. If the music therapists who fit the participant criteria do not consent, they will simply not be interviewed.

If you wish to receive the results of the study, please contact me below.

Please note that participation in this study is completely voluntary. You can withdraw from the study at any time by contacting me, and you can choose to not answer any question (i.e., if it intrudes upon a personal subject). Please email me if you would like to hear more about participating in the study. You may also email me or my faculty advisor, Dr. Kim, if you have any questions. This study was reviewed and approved by the Molloy College Institutional Review Board.

Thank you for your time and consideration,

Michelle Kovacs
Molloy College - mkovacs@lions.molloy.edu

Faculty Advisor: Seung-A Kim, PhD, AMT, LCAT, MT-BC
Molloy College Tel: 516-678-5000, ext. 6348 skim@molloy.edu

Appendix C: Audio Recording Consent Form

AUDIO/VIDEO RECORDING PERMISSION FOR:

Title: The Experiences of Music Therapists Building Music Therapy Programs in New York State Public Schools

Researcher: Michelle Kovacs
631-375-1570
michellehcim14@gmail.com

Advisor: Seung- A Kim, PhD, AMT, LCAT, MR-BC
Associate Professor, Music Department, Molloy College
Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11570
561-678-5000 ext. 6348
skim@molloy.edu

I give .....Michelle Kovacs.....permission to audio record an interview session at Molloy College for Music Therapy.

This recording will be used only for research purpose. I have already given written consent for the participation in this study.

I give permission for the videotapes to be used from February 2015 to May 2015.

I understand that I can withdraw my permission at any time. Upon my request, the recordings will no longer be used.

If I want more information about the recordings, or I have any questions or concerns at any time, I can contact the researcher and advisor at the numbers provided at the top of this page. I understand that my signature below indicates my voluntary consent for the supervision to be videotaped. I understand that I will be given a copy of the signed form.

Name: _____
Signature: _____
Date: _____

Appendix D: Demographic Questionnaire

DEMOGRAPHIC INFORMATION QUESTIONNAIRE
(Research Tool)

1. Your Gender: M/F

2. Your Age: _____

3. Number of years MT-BC:
   - ❑ 0-5
   - ❑ 5-10
   - ❑ 10+

4. Are you currently working in a public school?
   - ❑ Yes
   - ❑ No

5. Geographic Region of your employment?
   - ❑ Long Island
   - ❑ Western New York
   - ❑ Northern New York
   - ❑ Central New York
   - ❑ Capital District
   - ❑ Hudson Valley

6. Main Instrument(s) _____

7. Current Population(s) serving:
   - ❑ Adult-Inpatient Psychiatric
   - ❑ Adult- Outpatient Psychiatric
   - ❑ Adult-Medical
   - ❑ Veterans Hospital
   - ❑ Adolescents
   - ❑ Rehabilitation Facility
   - ❑ Nursing Home
   - ❑ Hospice
   - ❑ Developmentally Disabled
   - ❑ Drug and Alcohol Program
   - ❑ Children- School
   - ❑ Children-Medical
   - ❑ Correctional Facility
   - ❑ Private Practice
   - ❑ GIM

8. What is the philosophical orientation?

- ❑ Nordoff-Robbins
- ❑ Behavioral
- ❑ Psychodynamic
- ❑ Humanistic
- ❑ Bio-Medical
- ❑ Music-Centered
- ❑ GIM
- ❑ Eclectic

9. How many years have you worked in a public school?
   - ❑ 0-3
   - ❑ 3-6
   - ❑ 6-9
   - ❑ 10+

10. Have you collaborated with any music educators in public school?
    - ❑ Yes
    - ❑ No