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**EARLY CHILDHOOD EDUCATORS' UNDERSTANDING AND
PERSPECTIVES OF MUSIC THERAPY**

A Thesis Submitted to Molloy University
Music Department, Rockville Centre, NY

In Partial Fulfillment
of the Requirements for the
Degree

Master of Science
in
Music Therapy

by

Sophia G. Woods, MT-BC

May 2023

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Molloy University

A thesis committee of the has examined the thesis titled:

Early Childhood Educators' Understanding and Perspectives of Music Therapy

Presented by Sophia G. Woods

A candidate for the degree of Master of Science in Music Therapy

And hereby certify that the thesis was read and approved by the committee.



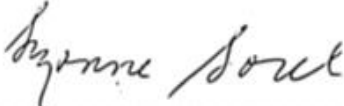
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ABSTRACT

Few research studies have explored early childhood educators' understanding and perspectives of music therapy. In this study, 28 early childhood educators were surveyed, answering open- and closed-ended questions relating to what they understand about and how they perceive the profession of music therapy. Descriptive statistics were used to analyze quantitative data and thematic analysis to analyze qualitative data. Quantitative data highlighted the little education provided to early childhood educators about music therapy and suggests that very few early childhood educators have worked with music therapists. The three participants who had worked with a music therapist reported that music therapy has been beneficial for their students. Thematic findings revealed that early childhood educators would like to see more collaboration between music therapists and early childhood educators as well as resources to learn more about music therapy. Additional research should be done to explore early childhood educators' understanding and perspectives of music therapy with a larger sample as well as learn in which parts of the country music therapy in early childhood education is most common and what resources would be most helpful in providing education about music therapy.

Keywords: music therapy, early childhood education, understanding of music therapy, perspectives of music therapy.

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CHAPTER 1: INTRODUCTION

Early childhood education provides young children with an opportunity to learn skills and reach developmental milestones that can benefit them later in life in social, emotional, academic, and physical domains (Black et al., 2017; Härkönen, 2003). Music therapy is often a resource for young children in early childhood education settings (Williams, 2018), yet there is little information about what early childhood educators understand about music therapy and the way that they perceive the profession. This study sought to explore early childhood educators' perceptions and understanding pertaining to music therapy in an early childhood education setting. In order to gain insight on this topic, the following research questions were developed for this study: 1) *What are early childhood educators' perceptions of music therapy?* and 2) *What are early childhood educators' understanding of music therapy?* Understanding these perceptions and understandings can offer insight towards unique ways to advocate for integrating music therapy services in this setting.

Personal Interest in This Topic

I loved music from a young age and during my formative years, music offered me a sense of comfort. Because of my attachment to music and desire to use music as an agent for change, I chose to go to college and study music therapy. Upon making this choice, it became clear to me how little so many people know about music therapy. When sharing my decision to become a music therapist with friends, extended family, and most people I knew from my hometown, there was confusion, attempts to discourage me from pursuing this work, and comments that were rude and offensive. This was upsetting to me at first because I felt so strongly about becoming a music therapist. Over time as I became confident in myself, in my education, and in my work, I grew to

recognize that these were all likely reactions from others that stem from a place of misinformation.

From May 2022 to November 2022, I was employed as a music therapist at a preschool. I was not the first music therapist who had worked at the preschool where I was employed, but I was their first full time music therapist. Yet, I still encountered professionals who did not fully understand music therapy. For example, when I began my job, I was met with questions such as, “Are you going to be teaching the kids how to play instruments?” or “Are you the music teacher?” I was also called “music lady” or “music teacher” and even after explaining that I am a music therapist, occasionally continued to receive these comments and questions. Therefore, I became interested in conducting a study that aimed to understand how people perceive and understand music therapy. Doing so could help music therapists understand how advocacy efforts can be most targeted.

This is an important topic in relation to the field as a whole. Music therapists must effectively advocate for the work that we do. But how can this be done if we do not have a clear picture of how people, in this case early childhood educators, understand music therapy? By asking people what their knowledge of music therapy is, music therapists can start creating tools to help advocate for our field in a way that meets the needs of those who have yet to learn about music therapy.

How I View the Role of Music Therapy in Early Childhood Education

I feel that music therapy is a crucial component of early childhood education. For children in an early childhood education setting who can be as young as two years old, providing resources that help them to work through certain challenges as well as express themselves emotionally is extremely important. Working through a humanistic lens, I see the value in

treating children as capable, complex, and unique human beings with their own personalities, strengths and challenges.

I could feel that I was different as early as preschool. I enjoyed engaging in conversations with adults, was very emotionally sensitive, and in elementary school began being bullied by my peers. This continued most of the way through my public education until I graduated high school. I have memories from preschool and early elementary school when I had expressed that I was hurt or upset by a peer's actions and on several occasions remember being told things such as "You look fine to me" or "Are you bleeding? No? Then everything is alright." In hindsight, I realize that in these small moments that may seem insignificant to some, my emotional well-being was not taken seriously. My concerns were invalidated before I was even given an opportunity to fully express them. Perhaps if I had resources such as music therapy, I would have felt empowered at that age to freely and effectively express my emotions. As a child who felt she had very little in common with her classmates and felt most comfortable striking up conversations with adults, music therapy may have also given me an opportunity to find ways to effectively and confidently engage with peers.

In addition to my experience as a young child, I have gained interesting insight from working with young children. Most of the children I worked with were 3-5 years old. These children may have had difficulty speaking and I was able to watch them develop verbal skills through singing. I saw children engage with their peers in music therapy through improvisation experiences that mimicked conversation, and watched them learn months of the year, days of the week, the alphabet, and their numbers through songs and other music interventions.

From my perspective, music therapy creates an environment in which confidence can be fostered. Music therapy may allow a child who typically does not speak an opportunity to sing. It

can create an environment for children to discover new sounds as they play instruments and give them the freedom to move their bodies to the music. For me, experiencing this as a music therapist feels incredibly rewarding. In these moments, it is clear to me just how effective music therapy can be in helping young children to achieve a variety of goals. While it is important to clarify my perspective of the role of music therapy within early childhood education, it can also be beneficial to understand the history and development of early childhood education, how music therapy functions in this setting, and how other professionals and family members perceive music therapy services.

CHAPTER 2: LITERATURE REVIEW

Early Childhood Education

Kamerman and Gatenio-Gabel (2015) provide an historical overview of early childhood education and childcare in the United States. Early childhood education can be traced back to as early as the 1830s in the United States. Childcare programs and childhood education both emerged at this time. The growth of childhood education programs throughout the 19th century was slow but saw a rapid increase in the 1960s and 70s. Starting in the late 20th century into the early 2000s, children's readiness to attend school became a topic of interest as research started to show the impact of early childhood education on success in school later in children's lives.

Härkönen (2003) is an early childhood education researcher who sought to define what early childhood education is within the current education landscape. Härkönen's reasoning for creating a new definition was to reflect the progress and changes made within early childhood education over the past 30 years. The researcher examined "early childhood education as a science, a practice and a subject" as well as how these three dimensions of the field can be integrated (Härkönen, 2003, p 1.). Härkönen highlights the continual need for a single definition for early childhood education despite it covering several different issues. Early education as a science relates to the original idea that early childhood education is a theory which is defined by the idea that "early childhood education as a science studies the process of education before the school age (Härkönen, 2003, p 2.). Early childhood education as a practice is described as being a process that encompasses the child's home life, their time in day care, as well as their time at preschool. Early childhood education as a subject speaks about this topic encompassing "care, education and teaching" (p. 2). Härkönen conceptualized these dimensions of early childhood

education as interconnected through systems theory. Härkönen's definition of early childhood education has helped guide me to better understand the topic in relation to my research.

Whereas Härkönen (2003) focused on defining early childhood education, Black et al. (2017) reviewed the broad topic of childhood development to understand what is known about the way these early stages of development impact the rest of a person's life. The review concludes that children who, prior to the age of five, live in low-income households, are at risk of not developing to their full potential. According to Black et al. (2017) this is because adversities such as poverty from the time of conception through the early stages of development can stunt brain development in children. Programming and policies that focus on health, socioeconomic, nutritional, and caregiving related needs of children have the potential to improve development and set children up for success in early childhood as well as later in life. Similar to Härkönen's (2003) work, this review emphasizes the importance of early childhood education and further defines what early childhood education can offer.

In order for early childhood education to be effective for children who require additional attention in certain developmental areas and to help interdisciplinary work happen in an organized fashion, goals and interventions must be individualized to meet the child where they are in their education. Individualized Education Programs (IEPs) are defined as "a written statement for each child with a disability that is developed, reviewed, and revised" (US Department of Education, n.d., para 1). Blackwell and Rosetti (2014) reviewed the history and development of IEPs as well as examined the benefits on IEPs and the direction of future IEP development. The review concludes the involvement of students in developing their own IEPs is a promising approach and that a better understanding of IEP development by families and educators is crucial to future development and progress relating to IEPs. Oftentimes music

therapists who are practicing in early childhood education settings rely on IEPs to help them understand the needs of their clients. Music therapists may also be a part of interdisciplinary teams involving teachers, occupational therapists, and physical therapists who will be responsible for communicating with one another and attending IEP meetings. In the interest of this study, understanding IEPs is incredibly important due to the significant role they play in music therapy in early childhood education.

Music Therapy in Early Childhood Education

Addressing self-regulation in music therapy can be a valuable goal area to work on in early childhood education settings, when children are still neurologically, emotionally, socially, and physically developing. Williams (2018) reviewed literature to understand how early self-regulation skills in children related to their success in school, their overall well-being, and how rhythmic movement may assist in the neurologic development of self-regulation skills. Williams explored research relating to musical training for children, music therapy and rhythmic entrainment, music relaxation activities and music participation with young children. Williams concluded that utilizing rhythmic movement is a promising approach to assisting children in attaining self-regulation skills and that these interventions must be specifically designed in order to reach certain goals.

Geist and Geist (2012) sought to further uncover the connections between neuroscience, music, and rhythm by reviewing how music has historically shown an ability to impact human behavior. Through reviews of previous research, the authors concluded that while music therapists are seeing improvements in attention and learning through the use of rhythm-based interventions with children in early intervention education settings, further research will be beneficial in understanding the connections between music and neuroscience. Understanding the

connection between music and neuroscience can help in the effort to advocate for music therapy by connecting it to the science aspect of therapy.

Continuing the explorations of music and neuroscience in young children, Houde (2018) explored how music education and music therapy impact children from birth to three years of age in early intervention settings. Houde's review showed the connections between music in early childhood and neuroscience, suggesting that music in early childhood can promote healthy development and the ability to confront issues effectively later in life. The review concludes that while more research regarding long term outcomes of music in early childhood is needed, the benefits seem promising.

For children who receive music therapy in schools, it may play a significant role in their development, and it is important to know how parents understand and feel about music therapy. Franco and Jimenez (2018) interviewed seven parents of children who had received music therapy services in their early intervention education program to address severe disabilities. The researchers wanted to understand the families' perspectives on the music therapy services their children received, their perceived benefits of music therapy, and the perceived impact on early childhood development. They found that the parents were able to understand what music therapy is and the benefits of music therapy; the parents placed significant value on music therapy and its impact on their children's development, specifically communication skills. Seeing that parents understand how music therapy can benefit their children shows potential for advocacy as this may lead them to feel compelled to advocate for the field as a whole. Because this study sought to understand teacher perspectives and their understanding of music therapy in order to achieve well targeted advocacy efforts, the study by Franco and Jimenez highlights types of understandings to explore.

Music therapists in early childhood education settings may work as part of an interdisciplinary team through IEPs, where the scopes of practice for each discipline must be well understood. Cassidy, Cumbia and Winter (2019) studied the collaborative work of speech-language pathologists and music therapists. The study revealed that there can sometimes be tension between these professions as professionals may be navigating certain boundaries between modalities which can be forgotten and ignored when one is attending to their own area of expertise. This tension however can be mitigated when boundaries are put in place by professionals, and they are able to work together within the scopes of their respective modalities. The researchers also suggest that this sort of interdisciplinary collaboration is not only beneficial for those who are being treated but also in building professional skills for both therapists.

An example of how music therapy may closely link with speech-language pathology is that music therapists can support speech development. Grob, Linden, and Osterman (2010) sought to discover the impact of music therapy on speech development in children with significant speech delays. A group of 18 children ranging from 3.5 to 6 years old were separated into two separate groups. One group received music therapy and the other did not receive treatment. Data was collected using speech developmental tests, non-verbal intelligence tests, and music therapy assessment scales. The researchers found that music therapy is an effective method for improving speech development which can lead to other improvements in children's lives, such as social engagement. Many of the children I worked with were already in speech-language and occupational therapy working toward achieving goals pertaining to speech and language development and social engagement. These are goals that are also supported in music therapy, and we can reinforce what other therapists are working on with children. Understanding

how early childhood educators understand our unique as well as our interdisciplinary roles as music therapists is important to learn about for advocacy efforts.

Perceptions of Music Therapy

Music therapy exists within many institutions and understanding the perceptions of other professionals can be helpful in targeting advocacy efforts. Since many families are very invested in their child's growth, understanding the way that parents view music therapy can provide useful insight. A study by Allgood (2005) focused on families of children with autism spectrum disorder. The families engaged in family-based group music therapy sessions with their child at a school specifically for children with autism spectrum disorder. Family-based music therapy sessions occurred over the course of seven weeks. Parents were then interviewed about their perceptions of the music therapy experience. The study found that parents began to view music therapy as an important part of their time together as a family. For families with multiple children music therapy seemed to improve interactions between siblings. In addition to this, music therapy helped families learn more about their child and for some, it helped them to learn more about themselves as parents.

Healthcare workers may have a certain amount of exposure to music therapy as it can play a role in patient care. A study by Khan et al. (2016) sought to understand geriatric healthcare workers' perceptions and attitudes relating to music therapy. Through interviews with the team of healthcare workers, the study found that these healthcare workers found music therapy to be beneficial in patients' emotional expression, interactions with peers and achievement of social, cognitive, psychological, physical and emotional goals. Some of the staff said that music therapy helped them to better understand and empathize with their patients and some even felt that music therapy within their specific institution should be expanded.

Ropp et al. (2006) focused their research on an education setting. Special education administrators were surveyed regarding their “knowledge and perceptions” of music therapy. Results of the study showed that 36.4% of participants had previously experienced music therapy within a special education setting, 18.2% agreed that music therapy was a topic they had learned about during their undergraduate studies, 10.7% agreed that they had learned about it during their graduate studies, and 57.5% reported that within the previous year they had not learned anything about music therapy. The study found that administrators who had learned about music therapy in their graduate programs perceived music therapy in a positive way and that personal experience with music therapy could have an impact on these perceptions as well. There are few studies of this nature and it is mentioned by the researchers that they hoped it would be the first of many studies of its kind. Within education settings, administrators are responsible for disseminating information to teachers and are oftentimes in charge of establishing or approving funding for services like music therapy. Therefore, what administrators know may impact what educators understand about music therapy.

As evidenced, there is a lack of research specifically exploring early childhood educators' understanding and perspectives of music therapy. Music therapy in any setting, especially a school setting, requires collaboration between the therapist, educators, and administrators. In order to advocate for music therapy in early childhood education, educators must understand what the field entails, how it can benefit their students, and what the educational requirements, licensure, and professional competencies are that music therapists must uphold. This study examined how early childhood educators understand music therapy in order to achieve an understanding of how to advocate for the profession. The research questions guiding the study included:

1. What are early childhood educators' perceptions of music therapy?
2. What are early childhood educators' understanding of music therapy?

CHAPTER 3: METHODOLOGY

Research Worldview

My research worldview is rooted in a constructivist framework with critical theory influences. The idea of constructivism is “to gain understanding and reconstruct construction that people hold” (Guba & Lincoln, 1994, p. 302). Constructivism acknowledges that each person’s reality is influenced by their experiences. Because of this, there are different “constructed meanings” that shape each individual’s perspective on the world. I am aware that my lived experiences have shaped me into the person I am and have an impact on the way I see the world. I believe this is true for everyone. I realize that though each person who participated in this survey answered the same questions, the way they answered the questions depended on how their experiences have shaped their perspectives and understanding of music therapy.

At the very core of critical theory is a desire to not only study and understand the world but to challenge the status quo (Doucet et al., 2010). As stated before, the purpose of this study was to understand what early childhood educators know about, and how they view music therapy in early childhood education. I also sought to understand how music therapy advocacy efforts can be properly targeted. Therefore, I sought to understand how music therapy is understood and viewed in order to challenge the way advocacy currently exists. I examined through a critical lens the way that educators perceive and understand music therapy. The survey questions sought to not only understand this but to challenge the way the child’s growth and the purpose of education is viewed. I believe that in the education system, the focus should be on the whole child. It is insufficient to only focus on academic learning within early childhood education. To truly foster growth, educators must focus on the emotional, social, communicative, and cognitive well-being of the child. Across the board, education tends to focus on specific outcomes and

achieving certain developmental milestones. By asking about music therapy outcomes pertaining to areas aside from academic learning, it challenges the status quo and encourages educators to take into consideration the many things that are important to a child's growth, education, wellbeing and development.

Method

Study Design

This study utilized an online questionnaire-based survey of closed-ended, multiple choice questions as well as two open-ended questions. The survey items included demographic questions and Likert-type questions to assess perceptions and understanding of what participants know about music therapy as a profession, how it has impacted their students, and what music therapy has looked like as a service in their school. There were also two short open-ended questions in an effort to collect qualitative data. To clarify, this was not a mixed methods survey since there was no integration of quantitative and qualitative data sets (Creswell & Plano Clark, 2017). Rather, open-ended questions were provided in addition to the closed-ended questions in order to provide more nuanced data. Survey development was guided by studies by Geist and Geist (2012), Williams (2018), Grob et al., (2010) and Allgood (2005). The following research questions guided the development of the survey:

1. What are early childhood educators' perceptions of music therapy?
2. What are early childhood educators' understanding of music therapy?

Participants

To be eligible to participation in this study, individuals needed to meet the following criteria:

1. Currently works as an early childhood educator.

2. Has worked in an early childhood education setting for at least one year.
3. Must have a computer, phone, tablet or other device on which to complete the survey.
4. Must hold a master's degree in education
5. Must hold their state's required certification to teach.
6. Must be 21 years of age or older.

Data Collection Procedures

After receiving Institutional Review Board approval (Appendix A), I sourced potential participants by posting a flyer on the LinkedIn pages for the groups NY Early Childhood Professional Development Institute, Early Childhood Education at Charter Oak State, ECE Early Childhood Education and Child Care Forum for Professionals And Parents and Early Childhood Education Network and the Facebook group Early Childhood Professionals and Educators (See appendix A for flyer). The flyer was also posted to a Facebook group for music therapists, Music Therapist's Unite! in hopes that music therapists working with early childhood educators would share the survey with their colleagues. All of these social media groups are either public groups or groups of which I am a member, which allowed me to post the flyer within these groups.

The survey was designed in Google Forms (see Appendix B for complete survey). Inclusion criteria for the study were listed on the opening page of the study, where the educators were required to indicate whether or not they met study eligibility. Educators that did meet eligibility were directed to a consent form page that needed to be acknowledged prior to beginning the survey (see Appendix C for consent form language). If educators did not meet the eligibility criteria, they were redirected to a page thanking them for the interest. It was estimated that the survey would take approximately 5-15 minutes to complete.

Data Protection Procedures

The link for the survey was distributed by the researcher through a private link connected to a password protected, university issued Google account. Only the researcher and the thesis advisor had access to the Google Form and the survey link. All data were collected in an anonymous fashion with no identifying information obtained. Data will be stored for three years after study completion, following Molloy University's IRB auditing requirements.

Data Analysis

Data were recorded through Google Forms and closed-ended questions were analyzed using descriptive statistics (Wheeler, 2016). Below, I have presented closed-ended questions through tables and graphs. Open-ended questions were analyzed using thematic analysis. I followed Braun and Clarke's (2016) six-step method for analyzing qualitative data through thematic analysis. This first involved familiarizing myself with the data by reading and rereading it to identify some initial themes or ideas. I then began coding features of the data. After this, I searched for themes in the data. I then reviewed the themes, making sure they worked in relation to the codes I developed. This was then followed by the defining and naming of themes. At this point, my thesis advisor reviewed my theme and subtheme descriptions and we met to dialogue about our impressions of each reviewing the data. Themes and subthemes were organized and clarified further through this dialogue before creating a formal report of my findings.

CHAPTER 4: RESULTS

Participants

The online survey for this study was completed by a total of 28 participants. All 28 participants completed the survey in its entirety and all responses were analyzed fully. Table 1 displays the gender, age, racial, ethnic profile and geographic location of participants.

Table 1

Gender, Age, Race and Ethnicity and Location of Participant Sample (N=28)

Variable	<i>n</i>	%
Gender**a		
Female	27	96.4%
Male	1	3.6%
Age		
21-29	5	17.9%
30-39	9	32.1%
40-49	2	7.1%
50-59	10	35.7%
60-69	1	3.6%
70 and over	1	3.6%
Race/Ethnicity**b		
Asian/Asian American	1	3.6%
Black/African American/African Descent	3	10.7%
Latinx(o/a)/Hispanic/Spanish	1	3.6%
White/European Descent	20	71.4%
Multi-racial/multi-ethnic	1	3.6%
Other ^c	2	7.1%
Location		
Northeast	19	67.9%
Southeast	4	14.3%
Midwest	1	3.6%
Southwest	0	0%
West	4	14.3%

*Questions in this section permitted participants to select more than one answer. All participants identified themselves with only one gender and all participants identified with only one racial race or ethnicity. ^a Transgender, gender queer, gender non-conforming, non-binary, agender, and

prefer to not disclose were all offered as options, but no participants identified as or chose these options.

^b Native American/Alaska Native, Native Hawaiian/Pacific Islander, and prefer not to disclose were offered as options, but no participants identified as or chose these options.

^c Other options submitted for race/ethnicity included Latinx/white and human.

Quantitative Outcomes

On a scale from one to five (*1=strongly disagree, 5=strongly agree*) participants rated to what degree they identified with statements relating to their understanding and perspectives of music therapy. Participants' responses are presented Table 2.

Table 2

Rated Responses to Understanding of Music Therapy (N=28)

Statement	Strongly Disagree <i>n</i> (%)	Disagree <i>n</i> (%)	Neutral <i>n</i> (%)	Agree <i>n</i> (%)	Strongly Agree <i>n</i> (%)
“I learned about music therapy during my undergraduate studies.”	8 (28.6%)	14 (50%)	2 (7.1%)	1 (3.6%)	3 (10.7%)
“I learned about music therapy during my graduate studies.”	7 (25%)	10 (35.7%)	1 (3.6%)	6 (21.4%)	4 (14.3%)
“I understand the difference between music therapy and music education.”	3 (10.7%)	1 (3.6%)	2 (7.1%)	18 (64.3%)	4 (14.3%)
“I can clearly define music therapy.”	2 (7.1%)	6 (21.4%)	7 (25%)	10 (35.7%)	3 (10.7%)
“I feel that music therapy is beneficial for children in early childhood education programs.”	1 (3.6%)	0 (0%)	1 (3.6%)	9 (32.1%)	17 (60.7%)

“I feel that a music therapist plays an important role on an IEP team.”	0 (0%)	1 (3.6%)	4 (14.3%)	13 (46.4%)	10 (35.7%)
“I feel that music therapy should be more widely available in early childhood settings.”	0 (0%)	0 (0%)	2 (7.1%)	9 (32.1%)	17 (60.7%)
“I feel that it is important for me as an early childhood educator to advocate for music therapy in schools.”	0 (0%)	0 (0%)	3 (10.7%)	13 (46.4%)	12 (42.9%)

Participants were also asked to answer whether or not they worked with a music therapist on an IEP team. For participants who responded with “yes,” more questions about their experiences working with music therapists followed. For participants who answered “no,” they were taken directly to the open-ended questions at the end of the survey. Three participants (10.7%) responded that they had worked with a music therapist on an IEP team while 25 participants (89.3%) reported they had not.

For the three participants who had worked with a music therapist, when asked if they were provided with resources to inform them about music therapy at their place(s) of employment, two responded that they received “some resources but not a lot” while one participant said they received “no resources at all.” Table 3 details more responses about their experiences and perceptions working with music therapists.

Table 3*Rated Responses About Working with Music Therapists (N=3)*

Statement	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)
“When a music therapist has worked with my students, I have communicated with them about my students’ needs, goal areas and background.”	0 (0%)	0 (0%)	0 (0%)	1 (33.3%)	2 (66.7%)
“Music therapy has helped my students express their emotions.”	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3%)	0 (0%)
“Music therapy has helped my students with verbal/language skills.”	0 (0%)	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3%)
“Music therapy has improved my students’ confidence/self-esteem.”	0 (0%)	0 (0%)	1 (33.3%)	1 (33.3%)	1 (33.3%)
“Music therapy has helped my students achieve learning goals such as counting, learning letters, identifying colors, etc.”	0 (0%)	0 (0%)	0 (0%)	1 (33.3%)	2 (66.7%)
“Music therapy has improved the way my students interact with their peers.”	0 (0%)	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3%)
“Music therapy has had a positive impact on my students’ cognitive functioning.”	0 (0%)	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3%)
“Music therapy has helped improve my students’ communication skills.”	0 (0%)	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3%)
“Music therapy has helped improve my students’ self-regulation skills.”	0 (0%)	0 (0%)	1 (33.3%)	1 (33.3%)	1 (33.3%)

“Music therapy has helped my students sustain attention.”	0 (0%)	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3%)
“Students’ parents have provided positive feedback regarding music therapy.”	0 (0%)	0 (0%)	0 (0%)	1 (33.3%)	2 (66.7%)
“Students’ parents have provided negative feedback regarding music therapy.”	0 (0%)	3 (100%)	0 (0%)	0 (0%)	0 (0%)
“Students’ parents rarely provide feedback about music therapy.”	0 (0%)	2 (66.7%)	1 (33.3%)	0 (0%)	0 (0%)
“Music therapy has helped you better understand your students.”	0 (0%)	0 (0%)	1 (33.3%)	2 (66.7%)	0 (0%)
“Music therapy has helped you better empathize with your students.”	0 (0%)	0 (0%)	1 (33.3%)	2 (66.7%)	0 (0%)
“I feel that the music therapist at my place of employment was/is considered an equal part of a multidisciplinary team.”	0 (0%)	2 (66.7%)	0 (0%)	0 (0%)	1 (33.3%)

Qualitative Findings

Participants were asked to respond to two open-ended, qualitative survey questions: 1) Please describe anything else you would like to share about your experience working in a school that has music therapy. 2) What do you feel would help you better understand the field of music therapy?

Of the 28 participants, only three had worked with a music therapist. These particular participants added responses to the first short answer question relating to the general absence of music therapists in early childhood education settings. One respondent shared that their school did not view their music therapist as “an important and equal addition to the special ed team.” In addition to this, these respondents expressed a desire to have access to “all the information

available” about music therapy and opportunities to “meet specifically with the music therapist at a school or facility to talk to them and learn about what exactly music therapy does for students.”

25 of the 28 participants reported that they have never before worked with a music therapist. Two of these participants, in response to the second open-ended question, shared that while they have not worked with a music therapist, they recognize that children love music, that music can impact all people regardless of age and that they use music as a tool for learning in the classroom. Other participants shared that they have a genuine interest in music therapy despite not working with a music therapist before. One participant shared that while they don’t feel that many people know about or understand music therapy as a profession, they wanted to learn more about it themselves. Some participants shared that they feel it would be beneficial to their understanding of music therapy to observe a music therapy session as it takes place.

Some participants shared that they have not been provided with resources that would help them better understand the field of music therapy. One participant stated that having classes about music therapy in undergraduate or graduate school would have been useful. Four participants reported a lack of exposure to music therapy or a desire to be exposed to music therapy. One participant expressed that they do not fully understand the difference between music therapy, music education, and teachers’ everyday use of music in the classroom. Participants desired to have resources about music therapy provided by their employers. One participant suggested a “crash course” about music therapy for educators, and a few participants stated that any information or resources, such as articles or podcasts, would be beneficial to better understand the profession.

For some participants, there was a desire for more collaboration between early childhood educators and music therapists. Given that the majority had never worked on an IEP team with a

music therapist, one person shared that administration should become more aware of the benefits of music therapy while another shared that meeting individually would be beneficial to students and their understanding of music therapy.

CHAPTER 5: DISCUSSION

This study examined early childhood educators' understanding and perspectives of music therapy. The quantitative data suggest that very few early childhood educators work with music therapists. The data also suggest that those who do work with music therapists do not have a complete understanding about the profession, have not worked on IEP teams with a music therapist, and require additional education about and exposure to music therapy. Overall, the three participants who have worked with a music therapist suggested that music therapy has been beneficial for their students and that parents have provided positive feedback about music therapy. These data about feedback from parents is consistent with the findings from studies by Allgood (2005) and Franco and Jimenez (2018), both of which explore parent and family perspectives of music therapy. For these studies, parents reported that music therapy was beneficial in terms of child development and they also had a clear understanding of music therapy as a profession (Allgood, 2005; Franco & Jimenez, 2018).

The three early childhood educators that had worked with music therapists all reported positive outcomes, such as positive feedback from students' parents regarding music therapy and a variety of goals being achieved through music therapy interventions. These positive results could be improved even more by the collaboration of music therapists with other trained professionals on a treatment team. For example, Grob et al. (2010) highlighted positive impacts with speech development in early childhood education, where therapists could more intentionally collaborate with speech language pathologists. Interdisciplinary collaboration could allow for the development of treatment goals which can be worked toward by a variety of professionals. Integration of music therapists into IEP teams may also improve communication between music

therapists and early childhood educators. This integration across disciplines is something that participants expressed may help them better understand music therapy.

Similar to the findings of studies by Williams (2018) and Houde (2018), participants in this study reported that they see benefits of music therapy in early childhood education. The three participants who had worked with a music therapist reported that they feel music therapy should be more widely available in schools. They shared that music therapy has helped students improve verbal and language skills, improve self-esteem, achieve different learning goals, improve peer interaction, communication skills, and cognitive functioning. The study by Williams (2018) emphasized specifically the use of music interventions such as rhythmic movement to encourage self-regulation skills in children. The results from this survey study support the idea of music therapy helping with the development of self-regulation skills along with several other skills areas.

Based on the quantitative findings from my study, there is a need for increased education and resources for early childhood educators about music therapy. When reporting on whether they learned about music therapy in degree seeking programs, 79% of participants had not learned about it in undergraduate studies, and 65% had not learned about it in graduate studies. These findings are consistent with those of the study by Ropp et al. (2006), which surveyed special education administrators. Similar to my study, most participants in the Ropp et al. (2006) study reported that they had not learned about music therapy during their undergraduate or graduate studies, and that only 36.4% of participants had previous experience working with a music therapist. Thus, introducing music therapy in early childhood education undergraduate and graduate curricula would benefit overall awareness.

Limitations and Considerations for Future Research

Inclusion criteria for this study was met by a total of 28 participants. This is a relatively small sample size and limits the ability to generalize the findings. In addition to this, 96.4% of participants identified as female, 67.9% of participants were white or of European descent, and 67.9% worked in the Northeast region of the United States. This could result in potential biases in the data based on gender, race, and demographics. In future studies, it may be beneficial to seek out organizations involving a more diverse group of early childhood educators.

Recruiting participants for this study was a difficult process. I was in contact with several early childhood education organizations across the United States in hopes of acquiring mailing lists to reach out to individual educators via email. None of the organizations that were contacted were willing or able to comply. Instead, I utilized groups within different social media platforms by posting my flyer and survey. While this was effective in getting some participants, email may have been more effective as some social media groups did not approve my request to join in the time needed for data collection. Further, it is easy to scroll past a post about a survey on a social media platform while receiving an email may be a more direct method for study communication. Future studies can provide sufficient time identifying and obtaining organizational email lists, approval for promotion in closed social media groups, and on-site recruitment in school settings to enhance sample sizes in this clinical setting.

There was also a time constraint as far as receiving survey results. The survey was open from March 14, 2023, to March 30, 2023, due to this study being tied to the academic semester and needing to complete all data collection, analysis, and write-up within one spring term. Had the survey been available for more than sixteen days, it is likely that there would have been several more responses. In the future, this sort of survey may require a longer amount of time to allow participants to complete the survey.

While only three early childhood educators in this study had worked with a music therapist, most participants viewed music therapy as something that has the potential to positively benefit their students. Based on these results and the lack of existing studies of this nature, it seems that additional studies need to take place in order to fully grasp what early childhood educators understand and how they perceive music therapy. Furthermore, in order to optimize the information shared with early childhood educators about music therapy in early childhood education, music therapists should consider administering a survey similar to the one in this study. If music therapists find out what their colleagues understand and how they perceive music therapy uniquely at their site, it will allow them an opportunity to tailor the information they share to meet the needs of the early childhood educators at their place of employment.

Implications for Clinical Practice and Program Development

Based on the results of this study, early childhood educators perceive music therapy as a valuable and important tool within the early childhood education setting. They reported the benefit it has for children as well as positive feedback from parents. While the sample size for this study was small, this research showed trends of a willingness to learn more about music therapy, a lack of collaboration between music therapists and other early childhood educators, and lack of understanding about music therapy as a whole. These findings may help expand or grow existing early childhood education music therapy programs due to the expressed need for education and resources about music therapy and communication between music therapists, educators, and IEP teams. If these elements can be integrated into music therapy programs in early childhood education settings, it may result in a more robust understanding of the profession, advocacy for the profession by early childhood educators, and better outcomes for children receiving music therapy services.

Many early childhood educators reported not fully understanding music therapy and had not received effective resources in helping them better understand the profession. This issue could be addressed by further advocacy from music therapists and music therapy organizations. Music therapists could provide in-service presentations for their colleagues and administrators, offering a definition of music therapy, information about different approaches to music therapy, an outline of what a music therapy session may look like, a case study example, and information about the specific music therapist's approach and theoretical orientation. Having these presentations at the beginning of the school year could be a productive use of staff development time and could increase referrals at sites where music therapists may already be working.

CHAPTER 6: CONCLUSION

This study examined early childhood educators' understanding and perceptions of music therapy. Participants completed a survey where they were asked to answer a series of closed- and open-ended questions. The results showed that most early childhood educators find music therapy to be a useful tool, but they had difficulty differentiating between music therapy, music education, and the general use of music in the classroom. Three participants who had worked with a music therapist before reported that they have gotten positive feedback from parents about music therapy. In addition to this, music therapy has helped their students achieve an array of goals. The majority of participants (25 of 28) had not worked with a music therapist before. They reported that they require additional resources to better understand music therapy as a profession and increased collaboration between early childhood educators and music therapists. Such resources could inform advocacy efforts in creating or improving music therapy programming in early childhood education facilities. In addition, music therapists should be integrated into IEP teams at schools in order to increase collaboration between music therapists and early childhood educators and better inform treatment goals for students receiving music therapy services. Future studies of this nature are needed to further explore early childhood educators' understanding and perceptions of music therapy. Conducting such research can create opportunities for the advocacy of music therapy which can lead to increased access to music therapy in early childhood education settings.

REFERENCES

- Allgood, N. (2005). Parents' perceptions of family-based group music therapy for children with autism spectrum disorders. *Music Therapy Perspectives*, 23(2), 32-99.
<https://doi.org/10.1093/mtp/23.2.92>
- Black, M. M., Walker, P. S., Fernald, L. C. H., Andersen, T.C., DiGirolamo, M.A., Lu, C., McCoy, C. D., Fink, G., Shawar, R.Y., Shiffman, J., Devercelli, E.A., Wodon, T.Q., Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early childhood development coming of age: Science through the life course. *The Lancet*, 389(10064), 77-90.
[https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7)
- Blackwell, W. H., & Rossetti, Z. S. (2014). The development of individualized education programs. *SAGE Open*, 4(2). <https://doi.org/10.1177/2158244014530411>
- Cassidy, C., Cumbia, S., & Winter, P. (2019). An interprofessional early childhood training program: speech-language pathology and music therapy student outcomes and reflections. *Journal of Interprofessional Care*, 34(6), 819-822
<https://doi.org/10.1080/13561820.2019.1696761>
- Creswell, J. W., & Plano Clark, V. (2017). *Designing and conducting mixed methods research* (3rd Ed.). Sage.
- Doucet, S. A., Letourneau, N. L., & Stoppard, J. M. (2010). Contemporary paradigms for research related to women's mental health. *Health Care for Women International*, 31(4), 296–312. <https://doi.org/10.1080/07399330903518509>
- Franco, V., & Jimenez, S. (2018). Music therapy in early intervention-A family perspective. *Advances In Sciences Research Journal*, 5(4), 180-192.
<https://doi.org/10.14738/assrj.54.4420>

- Geist, K., & Geist, E. (2012). Bridging music neuroscience evidence to music therapy best practice in the early childhood classroom: Implications for using rhythm to increase attention and learning. *Music Therapy Perspectives*, 30(2), 141-144.
<https://doi.org/10.1093/mtp/30.2.141>
- Grob, W., Linden, U., & Ostermann, T. (2010). Effects of music therapy in the treatment of children with delayed speech development - results of a pilot study. *BMC Complementary and Alternative Medicine*, 10(39). <https://doi.org/10.1186/1472-6882-10-39>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage Publications, Inc.
- Härkönen, U. (2003). Defining early childhood education through systems theory. *Scientific Articles of the 3rd International Conference Person. Color. Nature. Music.*, 77–88. Daugavpils University.
- Houde, M. (2018). A literature review of the influence of early childhood music education and music therapy on child development. *Canadian Journal of Music Therapy*, 24, 27-39.
- Kamerman, S. B., & Gatenio-Gabel, S. (2007). Early childhood education and care in the United States: An overview of the current policy picture. *International Journal of Child Care and Education Policy*, 1, 23-34. <https://doi.org/10.1007/2288-6729-1-1-23>
- Khan, W. U., Mohamad Onn Yap, I. A., Moss, H., & O'Neill, D. (2016). Perceptions of music therapy for older people among healthcare professionals. *Medical Humanities*, 42, 53-56.
<https://doi.org/10.1136/medhum-2015-010778>

- Ropp, C. R., Caldwell, J. E., Dixon, A. M., Angell, M., & Vogt, P. W. (2006). Special education administrators' perceptions of music therapy in special education programs. *Music Therapy Perspectives*, 24(2), 87-93. <https://doi.org/10.1093/mtp/24.2.87>
- Williams, E. K. (2018). Moving to the beat: Using music, rhythm, and movement to enhance self-regulation in early childhood classrooms. *International Journal of Early Childhood*, 50, 85-90. <https://doi.org/10.1007/s13158-018-0215-y>

Appendix A – IRB Exemption Form

1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
www.molloy.edu



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Patricia A. Eckardt, PhD, RN, FAAN
Chair, Molloy University Institutional Review Board
Professor, Barbara H. Hagan School of Nursing and Health Sciences
E: peckardt@molloy.edu
T: 516.323.3711

DATE: March 10, 2023

TO: Sophia Woods
FROM: Molloy University IRB

PROJECT TITLE: [2009588-1] Early Childhood Educators' Perceptions and Understanding of Music Therapy

REFERENCE #:

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: February 22, 2023

REVIEW CATEGORY: Exemption category # 2

Thank you for your submission of New Project materials for this project. The Molloy University IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

You may proceed with your project.

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy University IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN

Chair, Molloy University Institutional Review Board

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Molloy University IRB's records.

Appendix B - Social Media Flyer Invitation

CALLING ALL EARLY CHILDHOOD EDUCATORS!

Researchers at Molloy University are interested in learning about your understanding and perceptions of music therapy within early childhood education.

Are you eligible?

1. currently working as an early childhood educator,
2. have worked in an early childhood education setting for at least one year,
3. have a computer, phone, tablet or other device on which to complete the survey,
4. hold a master's degree in education, and
5. hold your state's required certification to teach.
6. 21 years of age or older

What's involved?

Complete an online survey that will take 5-15 minutes.

If interested, please follow [this link](#) or scan the QR code below.



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Questions? Please email
Sophia Woods, MT-BC (swoods1@lions.molloy.edu) or
Dr. Kate Myers-Coffman, PhD, MT-BC (kmyers-coffman@molloy.edu)

Appendix C – Survey Questionnaire

Participants will answer multiple choice questions. For questions 1-4, participants will select an answer or answers from the list provided. Questions 5-30 will be answered based on a scale of 1-5 (1 = strongly disagree, 5 = strongly agree). Questions 31 and 32 are open ended.

1. What gender do you identify as? Please select all that apply:
 - Female
 - Male
 - Gender Queer/Gender Non-conforming/Non-Binary
 - Transgender
 - Agender
 - Prefer not to disclose
 - Different identifier (please specify)

2. Please identify your age range from the options below
 - 21-29
 - 30-39
 - 40-49
 - 50-59
 - 60-69
 - 70 and over

3. What race/ethnicity do you identify as? Please select all that apply:
 - Asian/Asian American
 - Black/African American/African Descent
 - Latinx(o/a)/Hispanic/Spanish
 - Native American/Alaska Native
 - Native Hawaiian/Pacific Islander
 - White/European Descent
 - Multi-racial/multi-ethnic
 - Different identifier (please specify)
 - Prefer not to disclose

4. In which region of the United States do you work:
 - Northeast (Massachusetts, Rhode Island, Connecticut, Vermont, New Hampshire, Maine, Pennsylvania, New Jersey, New York)

- Southeast (Washington DC, Georgia, North Carolina, South Carolina, Virginia, West Virginia, Kentucky, Tennessee, Mississippi, Alabama, Delaware, Maryland, Florida, Louisiana, Arkansas)
 - Midwest (Minnesota, Wisconsin, Illinois, Ohio, Indiana, Michigan, Missouri, Iowa, Kansas, Nebraska, North Dakota, South Dakota)
 - Southwest (New Mexico, Arizona, Oklahoma, Texas)
 - West (California, Colorado, Nevada, Hawaii, Alaska, Oregon, Utah, Idaho, Montana, Wyoming, Washington)
5. I learned about music therapy during my undergraduate studies.
 6. I learned about music therapy during my graduate studies.
 7. I understand the difference between music therapy and music education.
 8. I can clearly define music therapy.
 9. I feel that music therapy is beneficial for children in early childhood education programs.
 10. I feel that a music therapist plays an important role on an IEP team.
 11. I feel that music therapy should be more widely available in early childhood education settings.
 12. I feel that it is important for me as an early childhood educator to advocate for music therapy in schools.
 13. I have worked on an IEP team with a music therapist. (Branching logic. If “yes,” respond to all following questions; if “no,” respond to question 28 only).
 14. I was provided with resources to inform me about music therapy at my place(s) of employment.
 - Yes, adequate resources.
 - Some resources but not a lot.
 - No resources at all.
 - I never worked with a music therapist at any place of employment.
 15. When a music therapist has worked with my students, I have communicated with them about my students’ needs, goal areas, and background.
 16. Music therapy has helped my students express their emotions.

17. Music therapy has helped my students with verbal/language skills.
18. Music therapy has improved my students' confidence/self-esteem.
19. Music therapy has helped my students achieve learning goals such as counting, learning letters, identifying colors, etc.
20. Music therapy has improved the way my students interact with their peers.
21. Music therapy has had a positive impact on my students' cognitive functioning.
22. Music therapy has helped improve my students' communication skills.
23. Music therapy has helped improve my students' self-regulation skills.
24. Music therapy has helped my students sustain attention.
25. Students' parents have provided positive feedback regarding music therapy.
26. Students' parents have provided negative feedback regarding music therapy.
27. Students' parents rarely provide feedback about music therapy.
28. Music therapy has helped you better understand your students?
29. Music therapy has helped you better empathize with your students?
30. I feel that the music therapist at my place of employment was/is considered an equal part of a multidisciplinary team.

Potential Open-ended question:

31. In a few words, please describe anything else you would like to share about your experience working in a school that has music therapy.
32. What do you feel would help you to better understand the field of music therapy?

Appendix D – Informed Consent Form

Title of Study:

Early Childhood Educators' Perceptions and Understanding of Music Therapy

This study is being conducted by:

Sophia Woods, MT-BC (Principal Investigator), swoods1@lions.molloy.edu

Kate Myers-Coffman, PhD, MT-BC (Faculty Advisor) kmyers-coffman@molloy.edu

Key Information about this study:

This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however, you can find more detailed information later on in the form.

This study will be surveying early childhood educators on their perceptions and understanding of music therapy.

You are eligible to participate if you

1. Are currently working as an early childhood educator.
2. Have worked in an early childhood education setting for at least one year.
3. Have a computer, phone, tablet or other device on which to complete the survey.
4. Hold a master's degree in education
5. Hold your state's required certification to teach.
6. Are 21 years of age or older

You will be asked to provide responses to survey questions related to your perceptions and understanding of music therapy within early childhood education. This survey will take 5-15 minutes to complete. Participation in this study is voluntary and you will have the opportunity to withdraw from the study at any time. Anonymity will be maintained throughout the study and the data will be destroyed three years after the study is completed. There are no perceived risks linked to the participation of this study.

Why am I being asked to take part in this study?

You are being asked to participate in this study because you meet the eligibility criteria. We seek your input to better understand how early childhood educators perceive and understand music therapy. The responses you provide may help inform the future of advocacy within the field of music therapy as well as services

that are provided to children enrolled in early childhood education programs.

What will I be asked to do?

You will be invited to complete a questionnaire-based survey online. You will be asked to provide responses to survey questions related to perceptions and understanding of music therapy within early childhood education. This survey will take about 10-15 minutes to complete. Participation in this study is completely voluntary. You will have no obligation to complete the survey and will be provided the option to withdraw at any point throughout the study. Anonymity will be maintained throughout the study.

Where is the study going to take place, and how long will it take?

This study will take place online through Google Forms. You will be provided with a survey link that will lead you to a questionnaire-based survey that will take about 5-15 minutes to complete.

What are the risks and discomforts?

There are no perceived risks linked to the participation in this study. Participants will not be obligated to complete the survey and are free to withdraw at any point throughout the study.

What are the expected benefits of this research?

There are no anticipated individual benefits of completing this research.

Do I have to take part in this study?

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

What are the alternatives to being in this study?

Instead of being in this research, you may choose not to participate.

Who will have access to my information?

Anonymity of all participants will be maintained throughout the duration of the study. All anonymously collected data will be securely stored on password-protected, University affiliated Google Forms server. Only the researcher and thesis advisor will have access to the data. The data will be saved and stored for a three-year period in order to comply with IRB auditing requirements, at which point they will be destroyed.

How will my information be used?

After receiving survey responses, the closed-question data collected will be analyzed

using tools provided by Google Forms that will develop crosstabulation reports. The open-ended data will be thematically analyzed. The resulting closed-ended data will be presented through graphs and tables while thematic data will be presented narratively.

To ensure that this research activity is being conducted properly, Molloy University's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

Can my participation in the study end early?

Participants are not obligated to complete the survey and will be provided the option to withdraw from this study at any point.

Will I receive any compensation for participating in the study?

There is no compensation available for participation in this study.

What if I have questions?

Before you decide whether you'd like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Sophia Woods, MT-BC at swoods1@lions.molloy.edu, or Dr. Kate Myers-Coffman, PhD, MT-BC at kmyers-coffman@molloy.edu.

What are my rights as a research participant?

You have rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect your rights and welfare.

If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB contact the The Molloy IRB Chair, Dr. Patricia A. Eckardt at peckardt@molloy.edu or Molloy IRB office at irb@molloy.edu or call 516 323 3000.

Documentation of Informed Consent: You are freely making a decision whether to be in this research study. By clicking on the "Agree" button below, you acknowledge that:

- 1. you have read and understood this consent form**
- 2. you have had your questions answered, and**
- 3. after sufficient time to make your choice, you have decided to be in the study.**

[AGREE] [DISAGREE]