A SURVEY OF MUSIC THERAPISTS' EXPERIENCES SEEKING THERAPY

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A Thesis

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In Partial Fulfillment

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by

Claire Jean Kendrick

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ABSTRACT

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The purpose of this study was to investigate therapy-seeking behaviors of board-certified music therapists, specifically regarding the rate of past and present therapy attendance, type of therapy utilized, the reason(s) music therapists seek therapy, and the role of gender or theoretical orientation on rates of therapy-seeking. Music therapists were examined as both professional musicians and allied health professionals, potentially exposing them to both areas of occupational risk relating to psychological stress or illness.

This study was cross-sectional and descriptive in nature. A survey was created and sent to 8,493 board-certified music therapists, using an email list purchased from the Certification Board for Music Therapists. The survey contained questions that collected data on demographic information, professional characteristics, and information related to the research questions. Of the 8,493 email recipients, 945 individuals completed the survey. Qualitative and descriptive statistical analyses were used to organize and interpret the data.

Several findings were generated from this study. The majority of participants indicated that they have attended therapy or counseling at some point in time during their career. The most commonly utilized form of therapy was talk therapy or verbal counseling. Common reasons for therapy attendance were to seek personal insight, address a mental health concern, address feelings of stress from work, and to address a mental illness. There was no apparent difference in therapy-seeking dependent on gender,

but participants with theoretical orientations that emphasize the important of personal insight may have higher rates of therapy utilization. Implications from the findings of the study and recommendations for future research were discussed.

KEY WORDS: Music therapy, Therapy-seeking, Mental health, Allied health personnel

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CHAPTER I

Introduction

Statement of the Problem

Maintaining one's mental health is essential for the work of those in allied health professions. People in service-related and helping professions are at risk of burnout and compassion fatigue (Gooding, 2016; Maslach, Jackson, & Leiter 1996). Because of these sources of emotional strain, those in helping professions could be in a position of potential need for psychological therapy or counseling at some point in their career.

Professional musicians are also at risk for mental health concerns. Musicians experience higher rates of psychological stress, depression, and anxiety compared to the general population (Vaag, Bjørngaard & Bjerkeset, 2016a). Additionally, up to 93% of musicians can develop neuromuscular or skeletomuscular injuries in their lifetime, which are associated with an increased risk of depression (Kenny, Driscoll, & Ackermann, 2014; Kok et al, 2016). Therefore, the risk of mental health concerns for professional musicians puts them in a potential position of need for therapy.

Music therapists are allied health professionals and musicians (AMTA n.d.a; AMTA 2013). As allied health professionals, music therapists provide therapeutic services to address physical, emotional, cognitive, motor, and social goals within specific populations. As musicians, music therapists must possess a professional level of musicianship on multiple instruments in order to meet the needs of their clients.

As music therapists are both allied health professionals and musicians, they are potentially exposed to both areas of risk for mental health concerns. These concerns could lead to therapy-seeking, however there is currently no existing research regarding

therapy-seeking for music therapists. Therapy-seeking refers to intentional behaviors that are specific to seeking personal therapy, such as contacting a therapist to process feelings of anxiety. The perception, need, and utilization of therapy all relate to therapy-seeking. This research will attempt to address the gap in the research base regarding therapy-seeking behaviors for music therapists.

Need for the Study

Theoretical Relevance. Music therapists could be at high risk for mental illnesses and concerns as a result of their unique position as both an allied health professional and a musician. Music therapists may seek therapy to address psychological illnesses and concerns. This research can potentially expand knowledge of the utilization of therapy among music therapists, as well as reveal any shortcomings by way of investigating therapy-seeking behaviors.

Practical Relevance. Information on therapy-seeking behaviors for music therapists could reveal how many music therapists seek treatment, what difficulties or issues music therapists face, and potential barriers that prohibit therapy services. This information is relevant for employers because mental health issues, like anxiety and depression, have a significant negative impact on worker productivity (World Health Organization, 2019). Understanding how music therapists are engaging in therapy could provide employers information on how to best serve their employees. Information gathered from this study could also provide educators with information on some of the challenges that music therapists face and how they cope with those challenges. This would provide educators an opportunity to prepare students to anticipate occupational sources of stress and be aware of appropriate coping strategies. Additionally, this

information could be valuable for the American Music Therapy Association (AMTA) in regards to the therapy-seeking behaviors of the current workforce of music therapists.

Purpose of the Study

This study will answer the following questions:

1. What percentage of music therapists currently attend therapy as a client or patient?
2. What percentage of music therapists have attended therapy at any point in time during their career?
3. What types of therapies are music therapists are engaging in?
4. For what reasons are music therapists attending therapy?
5. Are there differences in therapy seeking behaviors dependent on gender or theoretical orientation?

CHAPTER II

Literature Review

This chapter reviews the research literature pertaining to therapy-seeking for music therapists. The first section reviews occupation sources of stress and mental health concerns, the second section reviews therapy-seeking behaviors, and the third section reviews barriers that prohibit treatment. In order to adequately examine these factors, research conducted in other allied health professions and professional musicians is reported. Each section is organized by reporting literature first on the general public or allied health professionals, then professional musicians, then music therapists.

Occupational Sources of Stress and Mental Health Concerns

Allied health professionals. This section will examine occupational sources of stress for allied health professionals. Music therapists are allied health professionals who work individually or in an interdisciplinary team to achieve goals related to social, emotional, cognitive, physical, and psychological functioning (AMTA, n.d.c). Allied health professionals are individuals who deliver health services using evidence-based practices and scientific principles, in a variety of settings. (Association of Schools Advancing Health Professions, n. d.).

Specific mental health concerns that allied health professionals face are compassion fatigue and burnout. Compassion fatigue is the experience of feelings of stress and exhaustion following exposure to those who have experienced trauma or are in distress. Those with compassion fatigue have less empathy and compassion for others (Cocker & Joss, 2016; Turgoose & Maddox, 2017). As allied health professionals spend a large portion of their time helping others, this lack of empathy or compassion can greatly

affect their experience while working. Compassion fatigue can lead to job absences, the lack of the ability to do work, and apathy towards one's job (Clements-Cortes, 2013). Additionally, there is a strong positive correlation between measures of compassion fatigue and burnout (Turgoose & Maddox, 2017).

Burnout is a syndrome consisting of three categories of symptoms: emotional exhaustion, depersonalization, and reduced personal accomplishment. Individuals suffering from burnout experience negative job attitudes, feelings of distress, physical exhaustion, as well as other negative symptoms (Gooding 2016; Chang, 2014; Clements-Cortes 2013; Shanafelt 2009). Burnout is serious and can lead to a lesser quality of patient care and career turnover as workers leave their jobs (Maslach, Jackson, & Leiter 1996). Developing coping skills and a better sense of self-understanding via counseling or therapy is one of the common recommendations for treating burnout (Maslach, 2016). Therefore, therapy attendance is a viable treatment for allied health professionals experiencing compassion fatigue or burnout.

Professional musicians. Music therapists engage in music performance as an integral part of the therapeutic process, and music therapists are trained musicians who can proficiently perform on piano, guitar, percussion, and voice, as well as other instruments (AMTA, 2013). Therefore, understanding the therapeutic needs of professional musicians to this study.

Professional musicians experience higher rates of psychological stress, depression, anxiety, and insomnia than the general population (Kenny, Driscoll & Ackermann, 2014; Vaag, Bjørngaard & Bjerkeset, 2016a; Vaag, Saksvik-Lehouillier, Bjørngaard, & Bjerkese, 2016). Additionally, up to 25% of professional musicians

experience music performance anxiety (MPA), a form of occupational stress that has been theorized to be a form of social anxiety or panic disorder (Barbar, de Souza Crippa, & Osório, 2014; Fernholz et al, 2019). MPA affects musicians prior to and during performance and symptoms include anxiety, fear, low self-esteem, and shame (Fernholz et al, 2019; Kenny, 2011a). These mental health concerns could lead to the need for therapy among musicians.

Professional musicians are also at a high risk for experiencing a playing-related musculoskeletal disorder (PRMD), and anywhere from 62 to 93% of musicians experience a PRMD at some time during their career (Kochem & Silva, 2018; Kok et al, 2016). PRMDs affect playing, causing symptoms of pain, weakness, numbness, tingling, or lack of muscle control (Zaza, Charles, & Muszynski, 1998). These symptoms often require rest and time off from work or a complete change in career if the injury is serious (Kochem & Silva, 2018; Stanhope, Tooher, Pisaniello, & Weinstein, 2019).

There is evidence of a statistically significant relationship between PRMDs and depression (Kenny & Ackermann, 2015). Additionally, pain, a major symptom of PRMDs, and depression frequently co-occur, and pain is also linked to severe burnout (Kroenke et al, 2011; Maslach & Leiter, 2016). The association of mental health concerns with PRMDs could indicate that a large percentage of musicians experience depression or other mental health concerns. This could lead to therapy-seeking behaviors in order to address these concerns.

Vocal injuries are another physical injury that have ramifications for musicians. Vocal injuries are injuries to the vocal folds that result in hoarseness, loss of range, breaks in the voice, and feelings of vocal fatigue (DeVore & Cookman, 2009). These

injuries often require vocal rest, and can necessitate surgery. Singers have an increased risk of vocal injury, which can affect their psychological health and sources of income (Latham et al, 2016). Similar to PRMDs, vocal injuries can result in mental health concerns such as depression, anxiety, and performance anxiety (Rosen, Heuer, Sasso, & Sataloff, 2017).

As professional musicians, music therapists rely on their ability to make music with a variety of instruments, and the inability to do so due to a PRMD, vocal injury, or MPA, could impact their income, job satisfaction, and efficacy of treatment. Resultant feelings of stress or a mental illness could lead to therapy-seeking.

Music therapists. Music therapists are at risk for specific sources of occupational stress due to the demands of their job, as well as the potential for the risks of allied health professionals and professional musicians. A stressor specific to music therapists is the potential for a lack of occupational support. This stressor consists of ongoing advocacy for the profession, a lack of professional recognition, and difficulty with referrals (Gooding, 2016).

Similar to those in other helping positions, music therapists are also at risk for compassion fatigue and burnout (Chang, 2014; Clements-Cortes, 2013; Gooding, 2016). Both compassion fatigue and burnout affect mental health and can increase therapy-seeking behaviors (Clements-Cortes, 2013). Burnout rates for music therapists may be within the average range of human service professions, as published by Maslach (Vega, 2010). However, music therapists with anxiety may experience higher rates of emotional exhaustion, a symptom tied to burnout, than the average mental health professional (Vega, 2010). Burnout for music therapists is associated with a variety of issues,

including lack of adequate pay, lack of self-awareness, professional role conflicts, work overload, personal issues, isolation, and anxiety (Chang, 2016; Clements-Cortes, 2013; Vega, 2010). Burnout is serious and can lead to career turnover. Underlying sources of stress that lead to burnout can be treated using cognitive or behavioral approaches provided by a professional therapist.

Additionally, music therapists are at risk of performance-related injuries. Yovich (1992) found that among 115 music therapists, 35% experienced pain during their career, with guitar-playing found to be most associated with pain and/or injury, followed by piano and voice. The voice incurred the most severe measures of pain when injured. As previously mentioned, pain is associated with depression, which could lead to therapy-seeking.

Vocal health is important for music therapists. Music therapists are professional voice users whose job performance could be jeopardized following a moderate vocal problem. Vocal fatigue is a common problem in professions similar to music therapists, such as teachers. Teachers have disproportionately higher rates of vocal disorders than that of the general population (Boyle & Engen, 2008). Music therapists may unknowingly engage in unhealthy voice use due to not adequately adapting their vocal volume to different environments, singing in an uncomfortable range to benefit a client, and singing with inadequate breath support or posture to accommodate client needs (Boyle & Engen, 2008; Gooding, 2018). Because vocal injuries are associated with depression, anxiety, and performance anxiety, music therapists may seek therapy to address mental health concerns related to vocal injuries.

Music therapists may also experience work related injuries due to awkward or unnatural posture, compression, sources of force, and repetitive movements (Gooding, 2018; Stack, Wilhelmsen & Ostrom, 2016). Music therapists could engage in unnatural posture when sitting with poor posture to accommodate a client who is bed-bound or utilizing a wheelchair, in repetitive movements or compression while playing an instrument such as guitar with incorrect hand position, or experience force if they are struck by instrument thrown by a client (Gooding, 2018; Yovich, 1992). Those who experience an occupational injury have an increased risk for developing anxiety and depression than those with non-occupational injuries, therefore these injuries could play a role in a music therapists' decision to seek therapy (Kim, 2013; Kendrick et al., 2016).

Overall, music therapists are at risk for injuries and phenomena that affect mental health. These include burnout and specific occupational stressors. Music therapists can also experience performance-related injuries, vocal injuries, and other physical injuries, all which are associated with depression. Music therapists could be in a position of therapy-seeking to address these sources of stress.

Therapy seeking

General population and allied health professionals. This section will explore prevalence rates and trends in therapy-seeking. An estimated 25-27% of Americans have received mental health services at some point in their life (Norcross & Guy, 2005). Individuals with health insurance have higher rates of mental health service utilization than those without insurance, and women are more likely to seek treatment compared to men (Centers for Disease Control and Prevention, 2015; Norcross & Guy, 2005).

Some allied health professionals are more likely to attend therapy than those in the general workforce. Around 72-75% of marriage and family therapists have received at least one session of treatment at some during their life (Deacon, Kirkpatrick, & Wetchler, 1999). Additionally, up 83-85% of social workers and mental health counselors have received personal therapy (Bike, Norcross, & Shatz, 2009). Other mental health professionals, including psychologists and counselors, have similar prevalence rates (Norcross & Guy, 2005).

People may seek out and engage in therapy for a variety of reasons. They might experience symptoms of a mental illness, such as depression, anxiety, substance abuse, or an eating disorder. Therapy is also a viable option to treat stress. Areas of stress include interpersonal stress, familial or relational stress, and occupational stress. People also seek out therapy to deal with trauma, grief, or phobias (Sherz, 2014).

People may also seek therapy to address burnout, an occupational source of stress. Burnout treatment consists of targeting sources of stress in the workplace, and pursuing self-care practices outside of work to decrease feelings of stress, which can include personal therapy (Maslach 2016; Maslach & Leiter, 2017; Clements-Cortes 2013). Cognitive, behavioral, and cognitive behavioral interventions have been shown to effectively decrease symptoms of burnout (Morse et al, 2011).

Overall, about one quarter of the general population have received some form of therapeutic treatment. As allied health care professionals, music therapists may have a higher rate of therapy attendance compared to the general population. Typical reasons people may seek therapy include mental health illnesses, and personal or professional sources of stress.

Professional musicians. There is some research regarding professional musicians seeking therapy as a treatment for occupational or personal sources of stress. Cognitive behavioral therapy is effective in decreasing symptoms of performance anxiety in professional musicians, however rates of attendance are not known (Fernholz et al, 2019; Kenny, 2011b). A case study of an undergraduate violinist found that the emotional pain accompanying a break from playing in order to heal a PRMD lead the student to seek help from a psychologist (Guptill & Golem, 2008).

In research investigating the mental health of Norwegian musicians, it was found that musicians suffer from higher rates of anxiety, depression, and insomnia than the general workforce. Norwegian musicians were also found to be three times more likely than the general workforce to seek psychotherapeutic treatment, and twice as likely to take psychotropic medication (Vaag, Bjørngaard & Bjerkeset, 2016a; Vaag, Bjørngaard & Bjerkeset, 2016b; Vaag et al, 2016). These high rates of therapy attendance among Norwegian musicians could be related to the publicly funded healthcare system of Norway. However this does indicate that musicians will seek therapy if a psychological concern is present and the resources are available to them.

Music therapists. Working with a mental health provider can be an important element in pursuing self-care and occupational health for music therapists. Goals might include increasing professional well-being, decreasing burnout, and treating PRMDs (Gooding, 2018). However, there is little research on the prevalence of music therapists' therapy seeking behaviors.

A qualitative study of eight US-trained music therapists from East Asian countries revealed that verbal counseling and music therapy provided personal and professional

benefits (So, 2017). Personal benefits included feelings of comfort, emotional expression, and personal insight. Professional benefits consisted of a better understanding of the experiences of clients, being more emotionally available, and having a better understanding of countertransference.

Six Canadian music therapists suffering from burnout sought out verbal counseling, guided imagery with music, massage therapy, and music therapy to address their symptoms (Chang, 2014). This utilization of therapy aligns with recommendations for treating burnout in music therapists (Clements-Cortes 2013). These findings indicate that personal therapy can address personal and profession concerns of music therapists. More research is needed to understand the prevalence of therapy attendance for music therapists. This survey will address this gap in the research literature.

Few music therapy educational programs require therapy as a part of their curriculum. Six of 41 respondents of music therapy university programs reported that therapy was a mandatory requirement of the program, however it is unclear if the 6 respondents were referring to experiential learning opportunities or solely personal therapy (Gardstrom & Jackson, 2012; Jackson & Gardstrom, 2011). Personal therapy is typically not a requirement for music therapy students because of ethical and legal concerns, concerns about overloading a full curriculum, adding a financial burden to students or the program, and because it is not required by AMTA (Gardstrom & Jackson, 2012).

It is worth noting that nearly one half of AMTA-approved university program coordinators reportedly encouraged their students to seek personal therapy if necessary (Gardstrom & Jackson, 2011). Recommendations were offered in response to personal

issues affecting the students' success, and to develop empathy for clients and understand the therapy process. This reveals that many music therapy program coordinators are aware of the benefits of personal therapy, and will advocate its' effectiveness. Additionally, personal therapy is recommended for professional growth as an element of self-assessment of one's music therapy skills, and universities often provide free psychotherapy or counseling services for their students (Wheeler, Shultis, & Polen, 2005). These factors could foster an encouraging outlook of therapy-seeking among music therapy students, which could encourage therapy-seeking behavior.

Overall, there is little research investigating the prevalence of therapy-seeking for music therapists regarding personal and occupational sources of stress. This study will attempt to address this gap in the research literature.

Barriers to therapy

General population and allied health professionals. It is important to consider barriers that prevent individuals from therapy-seeking behavior. Barriers are internal or external deterrents that prohibit individuals from seeking therapy when a need exists. This section will explore possible barriers to therapy.

People often do not attend therapy due to a lack of resources. These resources include a lack of money, time, and transportation (Mojtabai, 2011; Sareen et al, 2007). Related to a lack of money, access to health insurance is a barrier to seeking mental health treatment. Adults with health insurance are more than twice as likely to see a mental health professional compared to those without health insurance (Centers for Disease Control and Prevention, 2015). A lack of knowledge can be a barrier as well. Individuals might not seek treatment because they are unsure of how to find a qualified

therapist or counselor, or how to find a therapist or counselor with whom they feel comfortable with (Lindinger-Sternart, 2015).

People also do not attend therapy because of negative attitudes towards therapy or the therapeutic process. Those with mental illnesses often experience attitudinal barriers, and do not seek treatment or discontinue services because they want to handle the problem by themselves, they feel pressure from social stigmas against therapy, or they perceive therapy to be ineffective (Clement et al, 2015; Mojtabai, 2011). Additionally, men are less likely to seek therapy specifically due to stigma, especially non-white men (Hall & Sandberg, 2012; Kalkbrenner & Neukrug, 2018; Lindinger-Sternart, 2015).

Professional musicians. There is some documentation of barriers to treatment for musicians. Musicians report a "culture of silence", feelings of shame, or social isolation when discussing injuries with their coworkers (Bragge, Bialocerkowski, McMeeken, 2006; Guptill, 2011; Jessop, Neimann, Pratt, 1992). This stigma could also relate to seeking treatment for mental illnesses or concerns, but little is known about this relationship in regards to therapy-seeking.

Music therapists. There is no information in current research regarding specific barriers that affect music therapists' therapy-seeking behaviors. More research is needed to investigate possible barriers to treatment in the music therapy population. This survey will attempt to do so.

Summary of Literature Review

Throughout the review of literature, several areas of relevant research were investigated. First, occupational sources of stress and mental concerns were reviewed to identify possible reasons for therapy-seeking. Compassion fatigue and burnout are

common among allied health professionals. Depression, anxiety, and PRMDs, which are associated with depression and burnout, are prevalent among professional musicians. Music therapists are also at risk for compassion fatigue, burnout, and PRMDs, and could experience occupation stress as a result of a lack of occupational support.

Second, factors relating to therapy-seeking were discussed. Prevalence rates for therapy seeking were identified, with about a quarter of the general public having received personal therapy. The majority of mental health professionals in allied health have attended therapy, and professional musicians appear to seek therapy at a higher rate than that of the general workforce. Additionally, women and people with health insurance have high rates of therapy utilization. Potential reasons for therapy were identified, and include mental illness, interpersonal stress, occupational stress, trauma, grief, and burnout. Possible benefits of therapy for music therapists were also identified, and include personal insight and expression, professional growth, and treatment for burnout.

Finally, potential barriers that prevent therapy-seeking were investigated. Common reasons that people do not attend therapy include a lack of time, money, health insurance coverage, or knowledge of how to find a suitable therapist. Stigma can also preclude therapy-seeking, especially among men and people with a mental illness. Musicians may also be affected by stigma. There is no information regarding barriers to therapeutic treatment among music therapists.

CHAPTER III

Methods

Participants

All participants were board-certified music therapists (MT-BCs) who opted in to receive emails regarding research inquiries from the Certification Board of Music Therapists (CBMT). CBMT is the credentialing agency for music therapists in the United States of America. Inclusion criteria included board-certified music therapists with the ability to read, comprehend, and write in English.

Survey Instrument

This research is cross-sectional involving an original researcher-developed multi-question survey. The researcher used the Qualtrics survey platform to create and host the survey tool. Dissemination of the survey was done via email distribution of a link to the online survey. Taking the survey did not afford participants with any anticipated benefits, nor did doing so expose participants to any risks above minimal risk. Possible risks included feelings of emotional discomfort associated with answering broad questions relating to mental health and well-being. Other risks included invasion of privacy if the survey data was accidentally or unintentionally made available to unauthorized people, which could result in feelings of distress for the respondent.

Section 1: Demographic and Professional Characteristics

The survey included a section related to demographic information. Demographic questions included: AMTA geographic region, age, race, and gender identity. Professional characteristic questions included: years in the profession, theoretical orientation of music therapy practice (i.e. cognitive behavioral, holistic, humanistic), and

past recommendations of therapy during music therapy education. Demographic and professional questions were a combination of open-ended and pre-determined multiple choice questions, with an optional ‘not listed’ fill-in-the-blank section when appropriate.

Section 2: Therapy-seeking

The survey included a section related to therapy-seeking. The therapy-seeking section included information regarding the participants’ past and present involvement in therapy-seeking. Questions focused on if participants currently attend therapy, attended therapy in the past, reasons they receive or received therapy, what type of therapy they utilize(d), and why they stopped therapy (if applicable).

Qualtrics and participant experience

Qualtrics is a survey platform that allows users to create and distribute surveys and other measurement tools. The survey instrument for this research was created and disseminated on the Qualtrics platform. None of the questions required a response, and some questions could only be accessed if participants chose specific answer choices (i.e. display logic). Participants had the option of discontinuing the survey at any time. The last page of the survey provided links to self-help resources and mental health hotlines if needed.

Procedures

The researcher purchased an email list from CBMT that included 8,493 email addresses of board-certified music therapists. The list consisted of all MT-BCs at that time of the purchase that had opted in to receive emails for research inquiries. All music therapists were eligible to participate in the survey.

Prior to distribution, the survey and cover letter were reviewed and approved by the Institutional Review Board (IRB) at Sam Houston State University. The email sent via the distribution list included a cover letter that introduced the research topic to the recipient, included the anticipated time to complete the survey, informed consent information, privacy, potential risks associated participation, and the contact information of the researcher (see Appendix). At the end of the email there was an individual, unique link to the Qualtrics survey. On the first page of the survey, potential participants reviewed the purpose of the study, information on privacy, risks associated with participating, estimated time to complete the survey, and the contact information for the researcher. Potential participants were then prompted to read an informed consent statement and select either "I consent" to begin the survey, or "I do not consent" to exit the survey.

The researcher sent the initial invitation to fill out the survey on February 26th, 2020. A follow-up email was sent on March 2nd, 2020 to all participants, with a reminder to finish the survey to those that had not started or completed the survey, and a thank you message to those who already did so. The survey was closed on March 4th, 2020.

Data Analysis

Descriptive statistics and qualitative analysis were used to analyze the data. The researcher utilized Qualtrics, Excel, and SPSS for data analysis. Qualtrics provides frequency and percentage data of answer choices for survey questions with multiple choice answers, and a list of participant responses for fill-in-the-blank questions. Qualtrics also provides an Excel and SPSS compatible file download of all participant responses. The researcher used these data files with both Excel and SPSS. Excel was used

to organize data and conduct content analysis. SPSS was utilized to for descriptive statistical analysis.

CHAPTER FOUR

Results

Response Rate

Of the 8,493 emailed invitations sent to potential participants, 1,010 responses were collected, yielding a response rate of 11.89%. Of the 1,010 responses, 945 were used in data analysis. Unusable responses consisted of three instances of non-consent, and 62 partial responses that did not yield data relevant to the research questions. At the time of data collection, there were 8,650 total MT-BC's on file with CBMT. Therefore, the sample size for this survey was representative of 10.92% of the total population of MT-BCs at the time of data collection.

Demographic Information

Over half of the respondents identified as female (n = 823, 87.65%). The average age of respondents was 36 (min. 22, max. 76). For a question recording race, participants could choose as many responses as were applicable. The majority of respondents indicated their race as white/Caucasian (850, 87.36%). All AMTA regions were represented in survey responses as well as 3.6% international responses. A summary of demographic information is given in Table 1.

Table 1

Participant Demographics

Question	No. of responses	Frequency	Percent
Gender	939		
Female		823	87.65%
Male		102	10.86%
Trans man		1	0.11%
Nonbinary		11	1.17%
Other/not listed		2	0.21%
Age group	920		
22-29		351	38.15%
30-39		293	31.85%
40-49		116	12.61%
50-59		77	8.37%
60-69		74	8.04%
70-76		9	0.98%
Race/Ethnicity	938		
Caucasian/White		850	87.36%
Hispanic		43	4.42%
Asian/Asian American		38	3.90%
Black/African American		20	2.06%
Middle Eastern or North African		12	1.23%
Other/Not listed		10	1.03%
Location	945		
Great Lakes		245	25.93%
Mid-Atlantic		215	22.75%
Midwestern		79	8.36%
New England		43	4.55%
Southwestern		79	8.36%
Southeastern		140	14.81%
Western		110	11.64%
Outside		34	3.60%

Professional Characteristics

A nearly equal amount of participants had a bachelor's (n = 451, 47.83%) or master's (n = 445, 47.19%) degree as their highest degree obtained. Participants could choose multiple theoretical orientation answer selections, and the most common

theoretical orientations chosen were humanistic (582, 32.21%) and cognitive behavioral (404, 22.36%). The majority of participants had 2-10 years of experience in the field of music therapy. Nearly half (*n* = 439, 47.87%) of participants currently perform as a musician outside of their music therapy career. More than half (*n* = 547, 58.82%) of participants were recommended or encouraged to attend therapy as a student, during their music therapy coursework. A summary of professional characteristics data is given in Table 2.

Table 2

Professional Characteristics

Question	No. of responses	Frequency	Percent
Degree	943		
Bachelor's		451	47.83%
Master's		445	47.19%
Doctoral		47	4.98%
Theoretical Orientation	939		
Cognitive Behavioral		404	22.36%
Holistic		281	15.55%
Humanistic		582	32.21%
Existential		84	4.65%
Neuroscience		187	10.35%
Psychodynamic		165	9.13%
Other/not listed		104	5.75%
Years in the profession	934		
≤1		121	12.96%
2-10		511	54.71%
11-20		152	16.27%
21-30		81	8.67%
31-40		60	6.42%
41-50		9	0.96%
Performs as a musician	917		
Yes		439	47.87%
No		452	49.29%
Other/not listed		26	2.84%
Faculty recommended therapy	930		
Yes		547	58.82%
No		383	41.18%

Research Question 1: What percentage of music therapists currently attend therapy as a client or patient?

The majority (*n* = 574) of participants indicated that at the time of survey completion, they do not currently attend therapy. Out of 932 participant responses, 38.21% (*n* = 358) do attend therapy and 61.59% (*n* = 574) do not attend therapy. Of the participants who do not attend therapy, 48.95% (*n* = 281) of participants indicated that they want to receive therapy. There was an average of 1.56 reasons for not attending therapy chosen per participant. Primary reasons selected for not attending therapy include "too expensive/not covered by insurance," (*n* = 170) and "not enough time" (*n* = 163) (Figure 1). Notable themes within fill-in-the-blank participant responses from the "other/not listed" category were feeling overwhelmed (*n* = 6), having an unsuccessful previous attempt with therapy (*n* = 3), and having moved (*n* = 3).

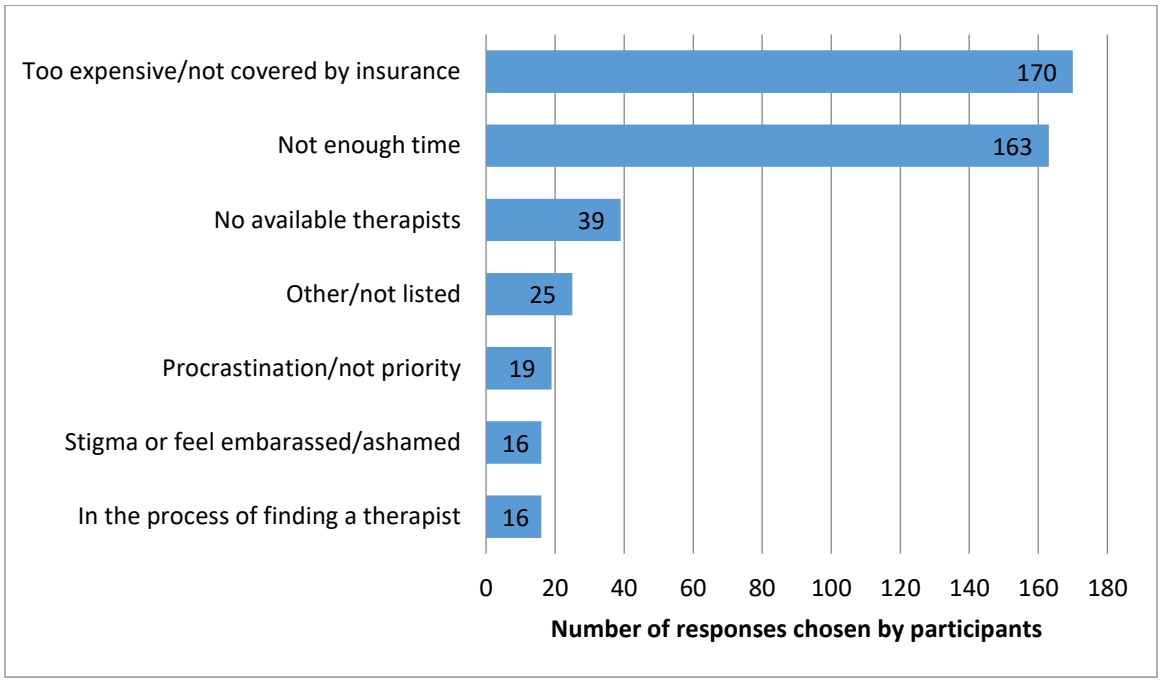

Figure 1. Reasons that participants do not currently attend therapy

Research Question #2: What percentage of music therapists have attended therapy at any point in time during their career?

Out of 931 participant responses, 65.52% (*n* = 610) indicated that they received therapy in the past (not related to current therapy attendance). Of those who have no past therapy attendance, 44.86% (*n* = 144) of participants indicated that there was a time that they wished that they had received therapy services. The primary reasons selected for not receiving therapy included "too expensive/not covered by insurance" (*n* = 91) and "not enough time" (*n* = 82). Notable themes within fill-in-the-blank participant responses from the "other/not listed" category were identified as general personal problems (*n* = 4), procrastination (*n* = 9), other means of addressing issues (*n* = 4), and unaware of the need at the time (*n* = 2). Figure 2 displays the information for nonattendance in the past.

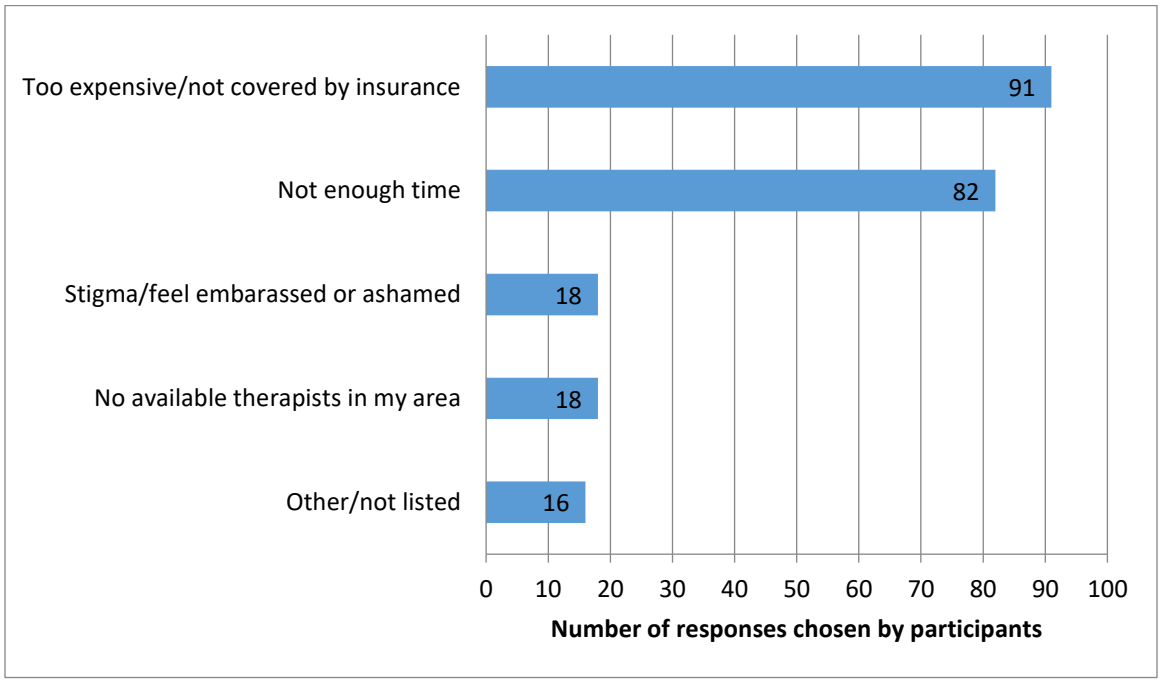

Figure 2. Common reasons that participants did not receive therapy services in the past

Research Question #3: What types of therapies are music therapists are engaging in?

The survey questions that collected information on present and past therapy usage allowed participants to fill in the blank for their answer. There were a total of 353 participant responses for present therapy usage. The participants' answers were organized into common categories. In total, six categories emerged from unique respondent answers based on modality of therapy. The categories are "talk therapy and counseling," "creative arts therapies," "family, couple, and relationship counseling," "religious/spiritual-based therapy," "massage therapy," and "not enough information." The section with the highest frequency of participant responses is "talk therapy and counseling". All of the information is in Table 3. The section titled "not enough information" includes responses from three participants who did not clearly align with one of the six groups due to vague or incomplete information.

Two groups contain subcategories, the "talk therapy and counseling' section, and the "creative arts therapies" section. In the talk therapy category, the most common therapies were "talk therapy and counseling," "psychotherapy," and "cognitive behavioral therapy." In the creative arts therapies category, the most common therapies were "music therapy" (specifically the Bonny Method of Guided Imagery in Music), "music therapy (unspecified)," and "art therapy." More information on these subsections can be found in Figures 3 and 4, respectively.

Table 3

Current types of therapy

Type of therapy	Frequency	Percent of total responses (n = 418)
Talk therapy and counseling	334	79.90%
Creative arts therapies	58	13.88%
Family, couples, and relationship counseling	16	3.83%
Religious/spiritual-based therapy	4	0.96%
Massage therapy	3	0.72%
Not enough information	3	0.72%

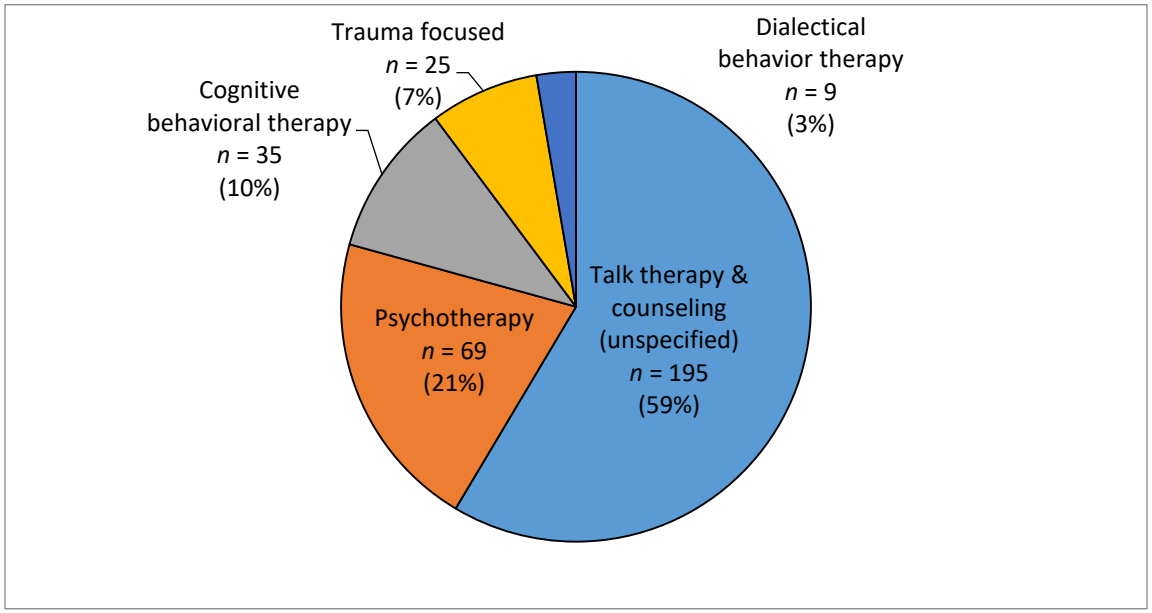

Figure 3. Types of individual therapies and counseling that participants currently utilize

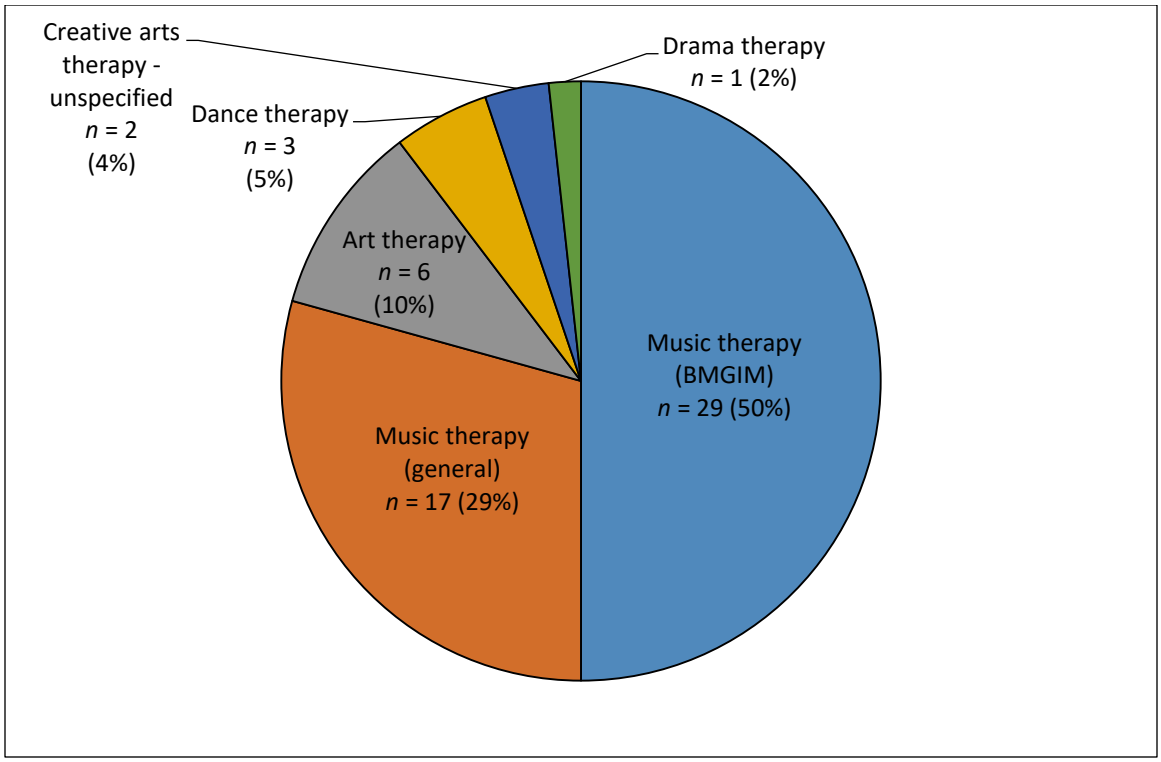

Figure 4. Types of creative arts therapies that participants currently utilize

A total of 541 participants gave responses for types of therapy received in the past. Mentions of group therapy with no other identifying information necessitated a new category, as these responses did not fit with the criteria of the previous six groupings. Similarly, mentions of life coaching and nutrition counseling lead to the creation of two new respective categories. Table 4 summarizes data for types of therapy reported by respondents.

"Talk therapy and counseling," and the "creative arts therapies" section have subsections. In the talk therapy group, the most common therapies were "talk therapy and counseling," "psychotherapy," and "cognitive behavioral therapy." In the creative arts therapies group, the most common therapies were "music therapy (specifically the Bonny

Method of Guided Imagery in Music),” “music therapy (unspecified),” and “dance therapy.” See Figures 5 and 6 for more information.

Table 4

Past types of therapy

Type of therapy	Frequency	Percent of responses (n = 699)
Talk therapy and counseling	504	72.1%
Creative arts therapies	103	13.74%
Family, couples, and relationship counseling	51	7.3%
Group therapy (unspecified)	16	2.29%
Not enough info	14	2.0%
Massage therapy	4	1.57%
Religious/spiritual-based therapy	3	0.43%
Life coaching	3	0.43%
Nutrition counseling	1	0.14%

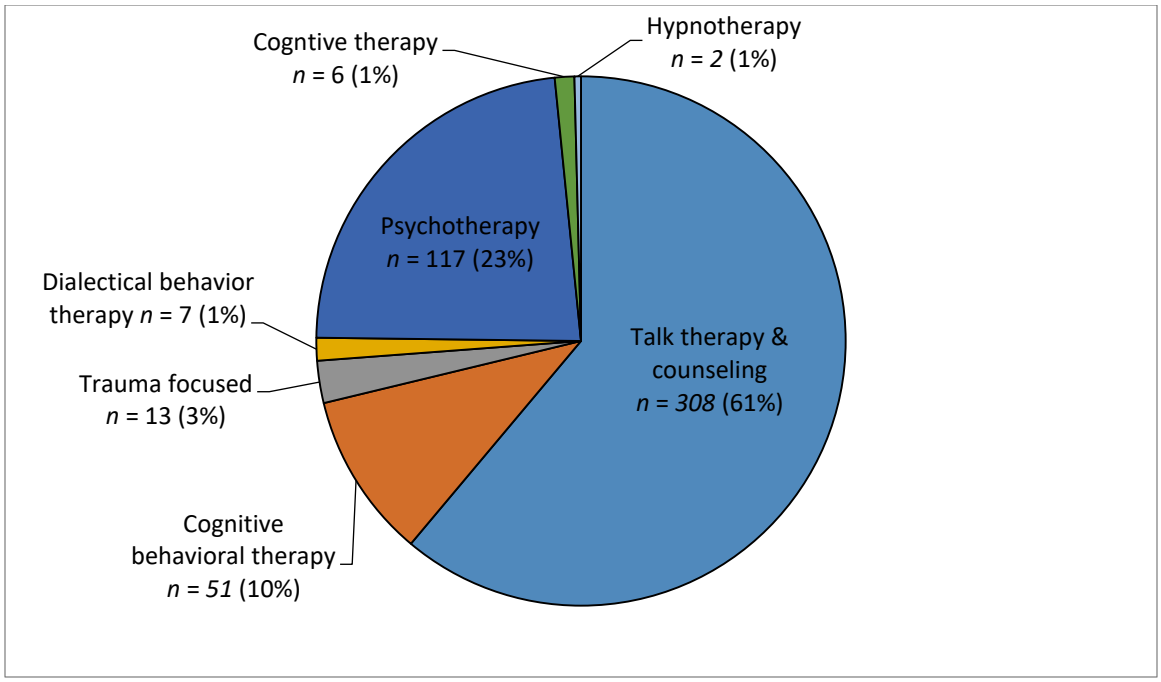

Figure 5. Types of individual therapies and counseling that participants utilized in the past

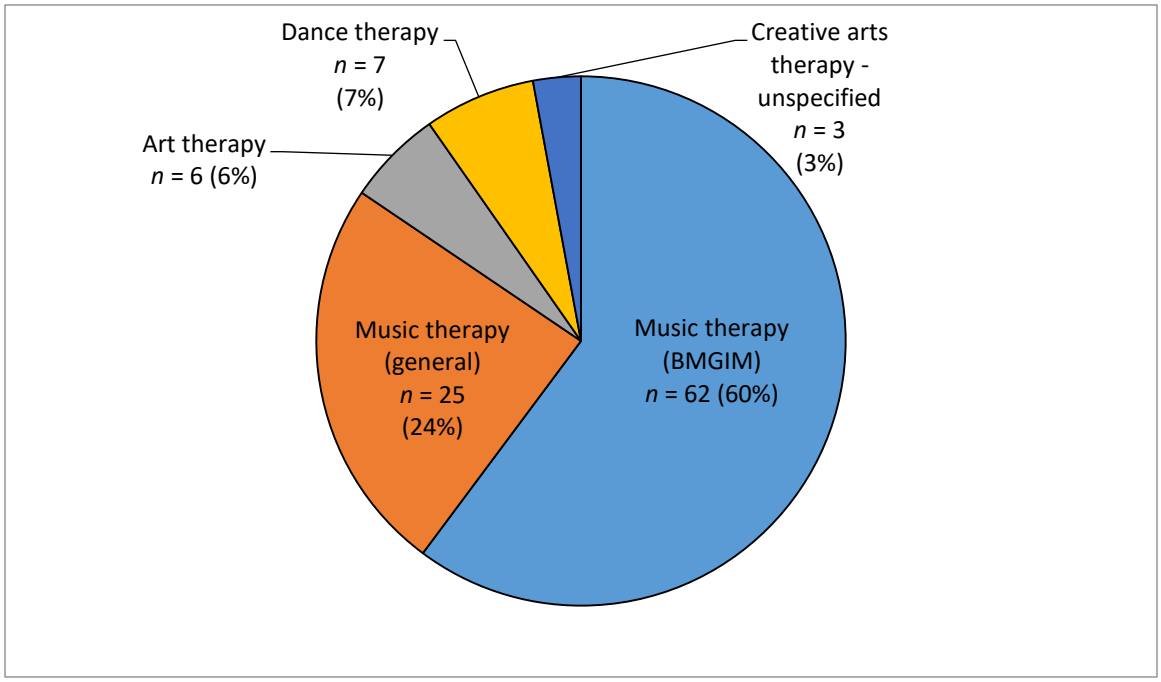

Figure 6. Types of creative arts therapies that participants utilized in the past

Research Question #4: For what reasons are music therapists attending therapy?

Participants who attended therapy at the time of the survey indicated their reasons for doing so. Participants could choose as many answer choices as they desired. Out of 351 participant responses, there were 1340 answer choices chosen, averaging 3.82 reasons chosen per participant. The most commonly reported reasons for attending therapy were to "develop personal insight," "manage [a] mental health concern," and "feeling stressed from work." Fill-in-the-blank responses from the "other/not listed" participant responses were grouped by common theme to form the categories "general personal problems," and "trauma." Other themes that emerged on a small scale within the "other/not listed" responses were issues with identity (*n* = 4), and illness or pain (*n* = 7). Other specific responses include having to attend therapy as a training requirement (*n* = 1), and self-harm (*n* = 1). Figure 7 displays all of the data regarding reasons for current therapy attendance.

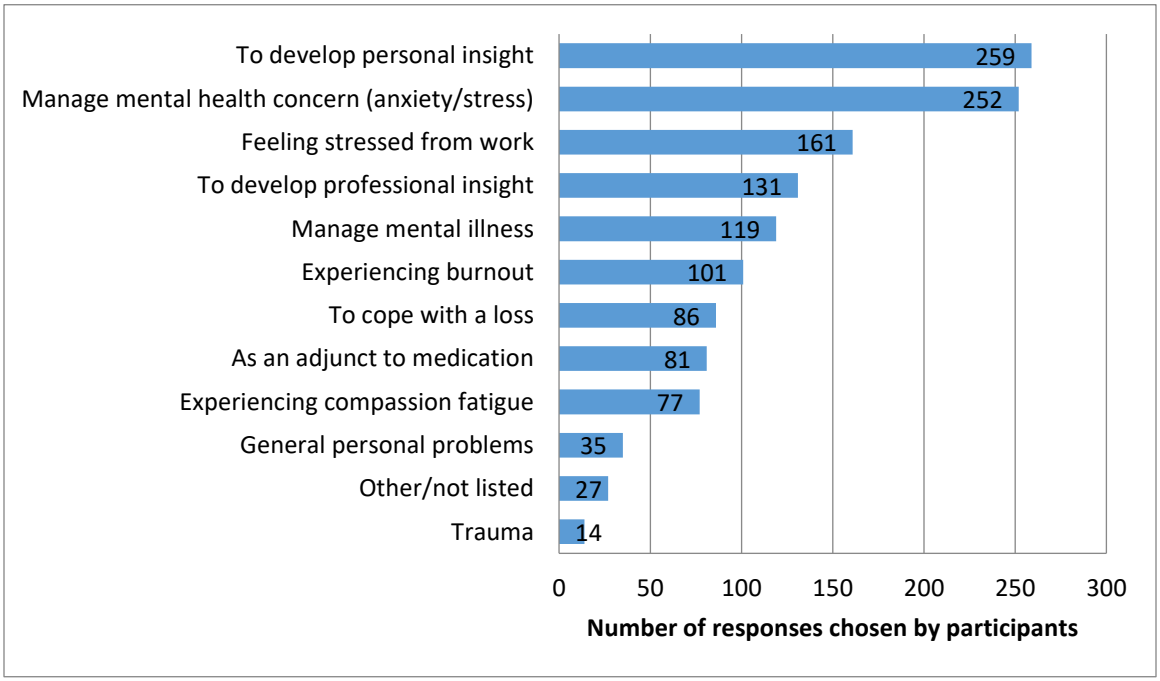

Figure 7. Reasons for current therapy attendance.

Participants also recorded their reasons for attending therapy in the past. Out of 532 participants, there were 1647 reasons chosen, with an average of 3.09 reasons chosen per participant. The most common reasons for past therapy attendance were to "manage mental illness," "to develop personal insight," and to "manage [a] mental health concern" (Figure 8). Fill-in-the-blank responses from the "other/not listed" participant responses were grouped by common theme to form the categories "general personal problems," and "trauma." Other themes that emerged on a small scale are issues with identity (n = 4), illness of the participant (n = 4), and having to attend therapy as a training requirement (n = 3).

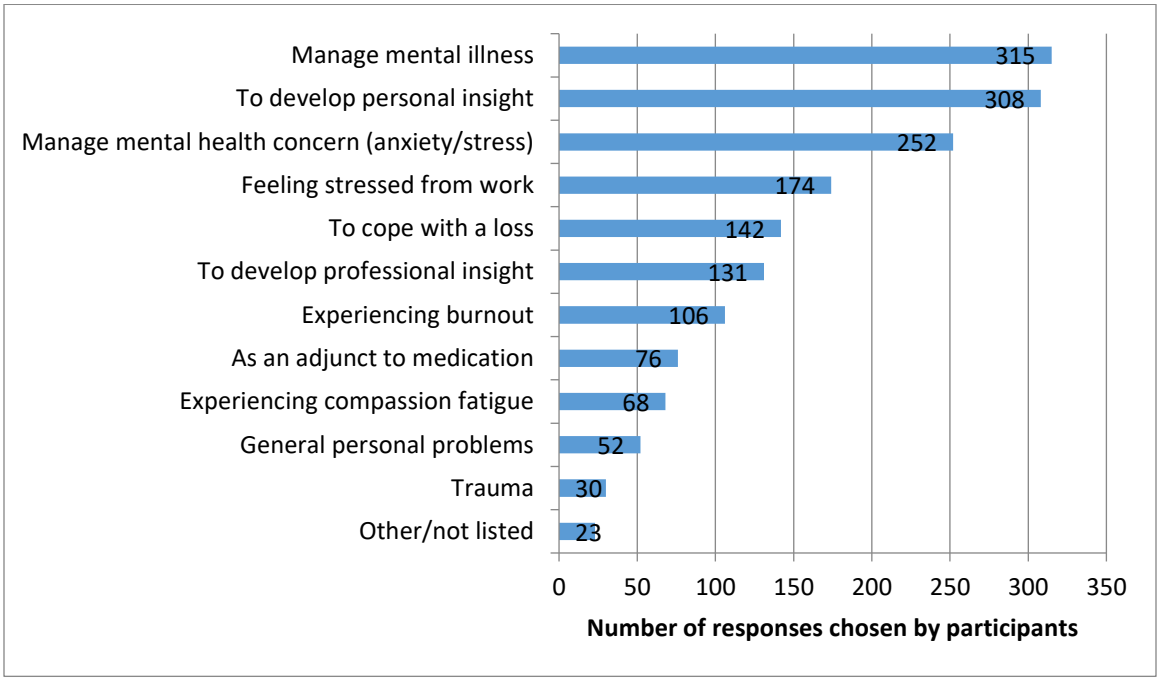

Figure 8. Reasons for past therapy attendance

Participants who do not currently attend therapy but wish to do so recorded their reasons for wanting to attend therapy. A total of 281 participants recorded answers with 939 responses, averaging 3.34 reasons chosen per participant. The most common reasons were to "manage [a] mental illness," "develop personal insight," and to "manage [a]

mental health concern." Fill-in-the-blank responses from the "other/not listed" participant responses were grouped by common theme to form the categories "general personal problems," and "trauma." Other themes that emerged on a small scale are issues with identity (*n* = 4), illness of the participant or their family members (*n* = 7), and wanting to experience the therapeutic process (*n* = 3). See Figure 9 for more information.

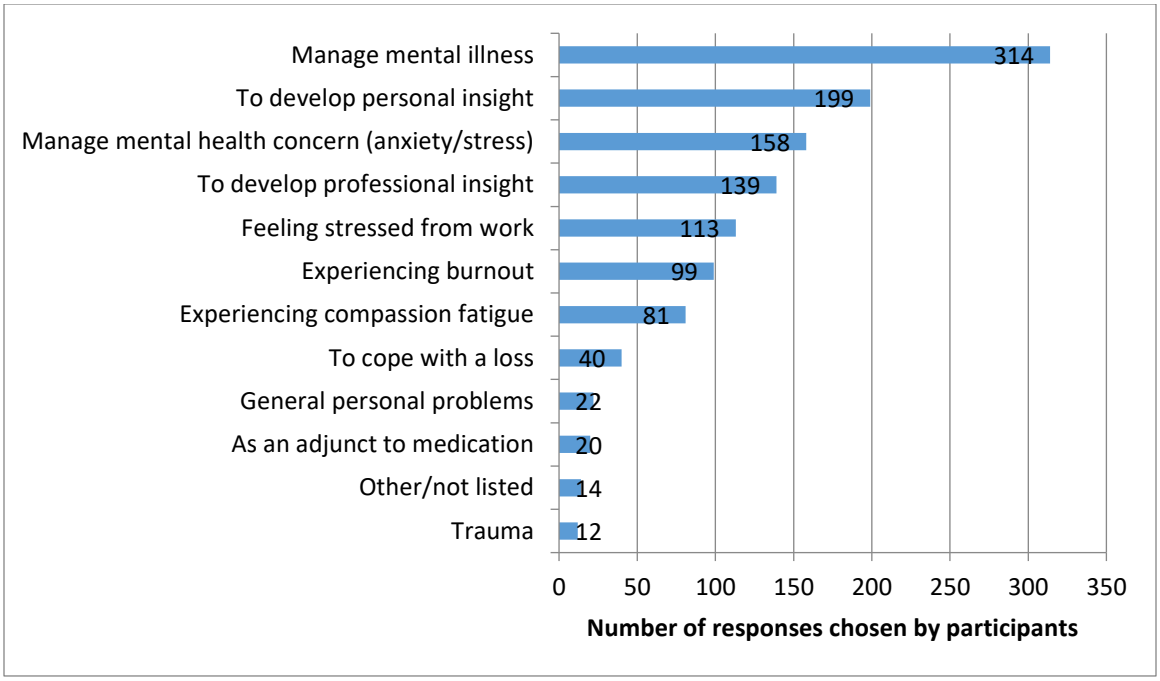

Figure 9. Participants' reasons for wanting to attend therapy

Participants (*n* = 564) recorded their reasons for stopping therapy services in the past, if applicable. There was an average of 1.45 responses chosen per participant. One-third (*n* = 285) indicated that they stopped attending therapy because they no longer had a need. Fill-in-the-blank responses from the "other/not listed" participant responses were grouped by common theme to form the categories "therapist became unavailable," "participant/therapist terminated therapy," and "intentionally short-term treatment." Information on why participants stopped attending therapy is found in Figure 10.

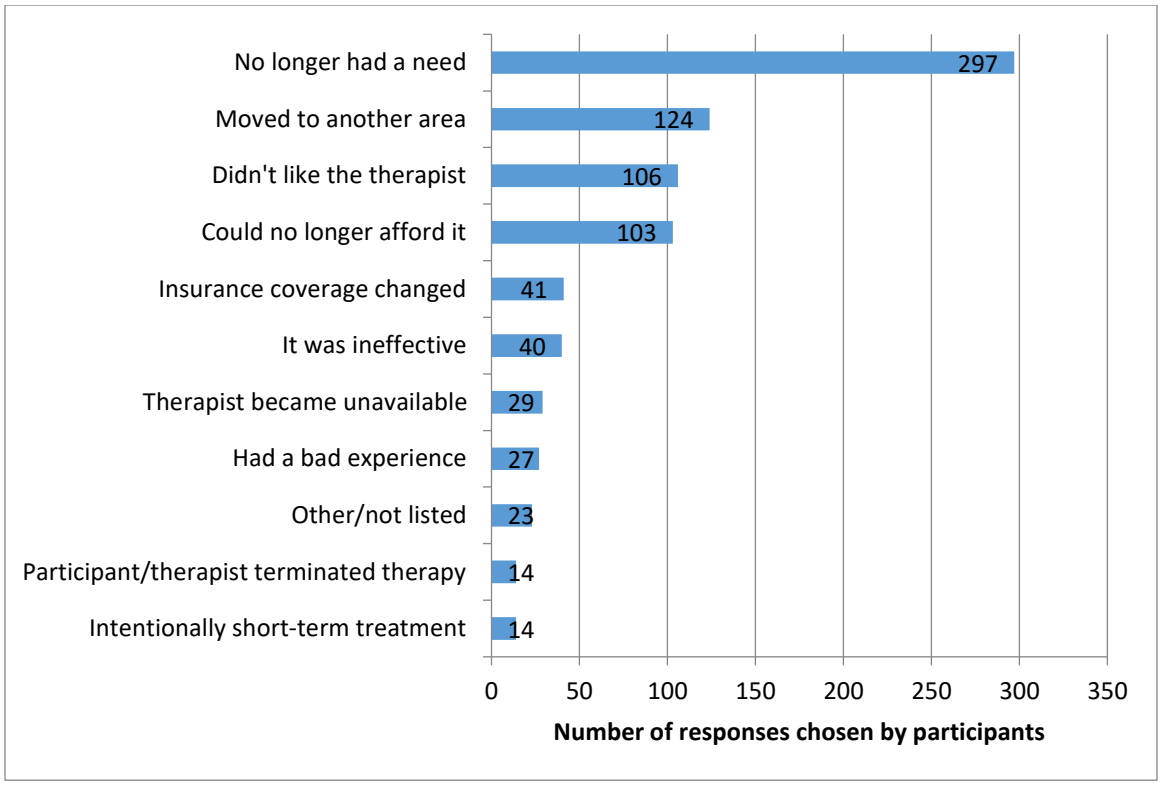

Figure 10. Reasons that participants stopped attending therapy

Research Question #5: Are there differences in therapy seeking behaviors dependent on gender or theoretical orientation?

The overall rate of current therapy attendance for all participants was 38.41%. Those who identify with a gender minority (nonbinary or transgender) have the highest rate of therapy attendance at 83.33%, followed by women (37.84%), and men (38%).

The overall rate of past therapy attendance for participants is 65.52%. Participants with a gender minority again have had the highest incidence rate of therapy attendance (90.91%), followed by women (65.48%) and men (61%). Tables 5 and 6 display the information regarding gender identity and therapy attendance.

Table 5

Present therapy attendance organized by gender

Gender	No. of responses	Currently attends therapy (%)	Does not currently attend therapy (%)
All respondents	932	358 (38.41)	574 (61.59)
Female	814	308 (37.84)	506 (62.16)
Male	100	38 (38)	62 (62)
Gender minorities	12	10 (83.33)	2 (16.67)

Table 6

Past therapy attendance organized by gender

Gender	No. of responses	Attended therapy in the past (%)	Did not attend therapy in the past (%)
All respondents	931	610 (65.52)	321 (34.48)
Female	811	531 (65.48)	280 (34.53)
Male	100	61 (61)	39 (39)
Gender minorities	12	11 (91.67)	1 (8.33)

Participants could choose as many theoretical orientations as they wished. Therefore, the numbers shown demonstrate a general trend rather than exact percentages. The theoretical orientations with the highest rates of current therapy attendance are existential (n = 41, 50.62%), humanistic (n = 257, 44.54%), and psychodynamic (n = 67, 47.86%). The group with the lowest rate of current therapy attendance is neuroscience (n = 56, 33.53%). The theoretical orientations with the highest rates of past therapy attendance are existential (n = 66, 80.49%), psychodynamic (n = 115, *77*.18%), and other/not listed (n = 76, 76.77%). The group with the lowest rate of past therapy

attendance is neuroscience (n = 111, 60.99%). More information can be found in Tables 7 and 8.

Table 7

Present therapy attendance organized by theoretical orientation

Theoretical orientation	No. of responses	Currently attends therapy (%)	Does not currently attend therapy (%)
All theoretical orientations	932	358 (38.41)	574 (61.59)
Cognitive behavioral	400	141 (35.25)	259 (64.75)
Existential	81	41 (50.62)	40 (49.38)
Holistic	279	117 (41.94)	162 (58.06)
Humanistic	577	257 (44.54)	320 (55.46)
Neuroscience	167	56 (33.53)	111 (66.47)
Psychodynamic	140	67 (47.86)	73 (52.14)
Other/Not Listed	95	41 (43.16)	54 (56.84)

Table 8

Past therapy attendance organized by theoretical orientation

Theoretical orientation	No. of responses	Attended therapy in the past (%)	Did not attend therapy in the past (%)
All theoretical orientations	931	610 (65.52)	321 (34.48)
Cognitive behavioral	406	251 (62.75)	155 (38.75)
Existential	82	66 (80.49)	16 (19.51)
Holistic	278	187 (67.27)	91 (32.73)
Humanistic	575	386 (67.13)	189 (32.87)
Neuroscience	182	111 (60.99)	71 (39.01)
Psychodynamic	149	115 (77.18)	34 (22.82)
Other/Not Listed	99	76 (76.77)	23 (23.23)

Additional comments

The last question of the survey allowed participants to write-in any comments they wished to disclose to the researcher. The majority of the responses contained comments relating to the participants' personal opinions regarding therapy. Two common themes emerged when reviewing the responses.

The most commonly occurring theme (n = 60) was the belief that personal therapy is helpful, needed, or necessary in order to be an effective music therapist. Participants made the following comments related to their beliefs about therapy:

> "It is extraordinarily helpful for understanding oneself, which, allows you to be a pillar for others. I truly believe that you must do your own work in therapy in order to be a great therapist for your clients. It is also really important to know what it feels like to be the client. It allows your empathy and understanding to grow. It is a humbling and important experience for all therapists to undergo."
>
> "Therapists need therapy too! We must walk the walk."
>
> "My experience in therapy has been transformative, both personally and professionally. It has allowed me to further develop my resiliency, in turn learning more about myself and the human experience to then better inform my work as a clinician. I tell all of my colleagues and coachees that being a therapist in therapy has been an incredible experience."

Another theme (n = 37) was that therapy was a positive, helpful, or beneficial experience for participants' personal lives.

> "It was always a very positive, enriching experience."

“Best experience I ever did - if anything, made my work as a music therapist more fulfilling to me.”

“I believe that finding the right therapist can provide so much opportunity for personal growth and awareness, as well as to receive support where needed.”

CHAPTER FIVE

Discussion

This study was conducted to gain insight into the therapy-seeking behaviors of music therapists. Data were collected from music therapists via an electronic survey. In this chapter, discussions of the results are organized by research question.

Research Question #1: What percentage of music therapists currently attend therapy as a client or patient?

The current findings suggest that there is low current therapy attendance among music therapists but a high desire to attend therapy. The combination of those that attend therapy and those that desire to attend therapy represent 69% of the sample population. This could indicate that there is a prevalent need for therapy in the music therapist population.

The primary barriers that preclude therapy-seeking are “too expensive or not covered by insurance,” and “not enough time.” These barriers have also been identified as common issues that preclude therapy-seeking in members of the general population (Mojtabai, 2011). Therefore, participants faced similar barriers to therapy-seeking as non-music therapists. However, there are elements specific to the music therapist profession that relates to these issues.

The majority of music therapists are employed at business institutions or entities, which typically provide health insurance. However, nearly half of music therapists report part-time work (AMTA, 2019). This, combined with the finding that not enough money is the primary barrier of therapy-seeking, could indicate that music therapists do not receive health insurance due to part-time work, or they do not have health insurance plans

that do not cover mental health services. Additionally, the lack of time barrier could be, in part, due to work overload or working long hours. This phenomenon is well documented in the music therapy profession (Clements-Cortes, 2013; Gooding, 2018; Murillo, 2013; Silverman, 2014).

Employers of music therapists should evaluate their business practices to address these issues related to a lack of time or money. Businesses can reevaluate the workload of music therapists on staff to address work overload. The addition of Employee Assistance Programs or insurance coverage of mental health services can address a lack of money as a barrier to therapy-seeking. These measures would benefit the company or business overall, as money invested in the treatment of common mental health disorders provides a fourfold monetary return by way of increased employee productivity (World Health Organization, 2019).

Stigma was chosen the least amount of times as a reason for not attending therapy. Interestingly, stigma has been implicated as one of the key factors that has a negative impact on help-seeking in the general population (Sareen et al, 2007; Vogel et al., 2017). This could indicate that the effect of stigma against seeking mental health treatment is not as significant in the music therapist population. This might be due in to the fact that music therapists are therapists, and they understand the value of seeking help when there is a need. Additionally, the majority of participants indicated that therapy attendance was recommended or emphasized as an important part of the educational process by professors during their music therapy education. It is possible that these favorable comments about therapy positively affected participants' attitudes towards

pursuing therapy. However, this study did not investigate factors that could influence therapy-seeking. More research is needed in this area.

Research Question #2: What percentage of music therapists have attended therapy at any point in time during their career?

The majority of participants indicated that they attended therapy in the past. A cross-examination of the results of research questions one and two found that 74.01% of participants have attended therapy at some point in time during their career. These findings are important as they indicate that the majority of the sample population has utilized therapy at some point during their career. It appears that there is high utilization of therapy or mental health services in the music therapist population.

The findings of total therapy attendance are much higher than the presumed rate of mental health service utilization for the general workforce (25-27%), and is similar to that of professional musicians (three times higher than the general workforce) and mental health professionals (72-75%) (Deacon, Kirkpatrick, & Wetchler, 1999; Norcross & Guy, 2005; (Vaag, Bjorngaard, & Bjerkeset, 2016). Therefore, it appears that therapy utilization of music therapists is similar to that of both professional musicians and allied health professionals.

Research Question #3: What types of therapies are music therapists engaging in?

Results indicate that participants utilize many different types of therapy; however talk therapy, counseling, and psychotherapy emerged as the most prominent form of therapy selected by participants. This is true for past and present therapy usage. Therefore, participants predominantly use “traditional” forms of therapy, rather than the therapy that they themselves practice. This is interesting because, of anyone, music

therapists should understand the efficacy of music therapy. There are several reasons why music therapists may not engage in music therapy themselves. Participants may avoid music therapy as a client because there is a lack of available music therapists in their area. They may also avoid music therapy because they anticipate that they will critique the methods used within the session and will not be able to focus solely on the therapeutic process as a client. Additionally, participants may avoid music therapy as treatment to avoid crossing boundaries with a colleague or someone with whom they have close professional ties.

Creative arts therapies were the second most commonly reported type of therapy that participants use, and music therapy accounted for the majority of responses for present and past creative arts therapy utilization. It is worth noting that music therapists must complete their own personal BMGIM sessions when trained in the Bonny method (Cohen, 2018). It is possible that this requirement lead to therapy utilization that would not have been sought out if the training did not occur. With this in mind, it appears that while music therapy is utilized more than other creative arts therapies, it is not commonly utilized by participants in comparison to other therapeutic modalities.

Research Question #4: For what reasons are music therapists attending therapy?

Potential reasons for seeking therapy were explored in the literature review, and include occupational stress, burnout, compassion fatigue, personal insight, and mental illness. All of these reasons were identified by participants as factors that lead to therapy-seeking. Participants chose, on average, 3.82 reasons for currently seeking therapy, and 3.09 reasons for seeking therapy in the past. This could indicate that participants attend therapy for a variety of reasons or to address multiple needs.

With that in mind, several answer choices were consistently chosen at a high frequency. The top three reported reasons for currently receiving therapy include, “to develop personal insight,” “manage [a] mental health concern (anxiety/stress),” and “feeling stressed from work.” Participants who received therapy in the past cited the same reasons with the addition of “manage [a] mental illness” as the top reason for seeking therapy. The high rate of participant responses in these areas could indicate that these are common needs for therapy among music therapists.

The most commonly chosen answer for past therapy was “manage [a] mental illness.” This is interesting, as this answer choice was chosen at a much lower rate for current therapy attendance. Additionally, managing a mental illness was also the most commonly chosen answer for participants who would like to currently attend therapy but do not. More research is needed in order to identify a potential relationship between experiencing a mental illness and the perceived need for therapy in the music therapist population.

It is worth noting that from a fill-in-the-blank comment question at the end of the survey, the most common theme found in the responses related to the idea that therapy is helpful or even necessary in order to be an effective music therapist. However, “gain professional insight” was not one of the most commonly reported reasons for attending therapy in the past or present. It is possible that individuals who attended therapy for non-professional reasons experienced professional insight as an unintentional benefit. It is also possible that participants who sought therapy to address areas of professional insight were more likely to comment about the importance of personal therapy. More research is

needed is investigate the reasons that music therapists seek therapy, as well as the perceived benefits from those therapies.

Participants also indicated why they stopped attending therapy in the past. Many participants stopped because they "no longer had a need." Unfortunately, about one fifth of responses indicated that participants had unsatisfactory experiences, which lead to the termination of services. These response categories include "didn't like the therapist," "it was ineffective," and "had a bad experience." Future research should address this topic as there appears to be a high need for therapy in the music therapist population, and the formerly mentioned negative experiences hinder therapy utilization.

Research Question #5: Are there differences in therapy seeking behaviors dependent on gender and theoretical orientation?

Gender. There does not appear to be a discernible difference in the rate of therapy attendance between genders. This is true for past and present rates of therapy attendance. This finding deviates from previous research which indicates that women are typically more likely to seek professional help than men (Addis & Mahalik, 2003; Norcross & Guy, 2005).

Participant who identified as nonbinary or transgender have higher rates of therapy attendance than those who identify as male/female, however these participants only accounted for 1.29% of the total sample size. The high rate of therapy attendance could be due to minority stress. Those who are not cisgender may experience minority stress and be more likely to seek out mental health care than individuals who are cisgender (Cohn, Casazza, & Cottrell, 2018). More research is needed to investigate therapy-seeking behaviors of music therapists with minority gender identities.

Theoretical orientation. It is worth noting that when participants marked their theoretical orientation, most participants chose more than one answer. Therefore, the percentages in the results section do not represent the exact percentage of past and present therapy attendance by theoretical orientation, but rather a general trend.

Many theoretical orientations in the music therapy profession are based on psychological models. The theoretical orientations with higher apparent trends in the rate of therapy attendance (existential, humanistic, and psychodynamic) are those that are directly related to psychological modalities that emphasize the importance of personal therapy or personal insight of the practitioner (Langdridge, 2012; Norcross & Guy, 2005). This finding corresponds to research regarding therapy attendance for mental health professionals, with higher rates of therapy attendance reported by insight-oriented mental health professionals, and lower rates of therapy attendance reported by professionals with cognitive and behavioral theoretical orientations (Bike, Norcross, & Schatz, 2009; Norcross & Guy, 2005; Orlinsky, Botermans & Ronnestad, 2001). It is possible to infer that participants with theoretical orientations that traditionally emphasize the importance of person therapy or insight may be more likely to attend therapy than those whose theoretical orientations do not outwardly promote personal therapy.

Implications

This study's findings have theoretical and practical implications for music therapists. In regards to theoretical relevance, the results address a dearth in research regarding therapy-seeking rates and practices of music therapists. Practically, the results provide music therapists, music therapy educators, and the employers of music therapists insight into the therapy-seeking practices of music therapists.

Theoretical significance. The researcher investigated the therapy-seeking behaviors of MT-BCs. The findings of this research address the gap in the research base regarding therapy-seeking for music therapists. This study serves as a starting point for understanding different elements related to therapy-seeking for music therapists, including rates of therapy attendance, types of therapies utilized, reasons for therapy attendance, and trends relating to therapy attendance and gender, and therapy attendance and theoretical orientation.

Practical significance. The findings from this study have practical relevance. All music therapists can use the results of the survey, such as the rate of therapy attendance and reasons for therapy attendance, to reflect on their own experiences regarding personal therapy. All music therapists can use the findings to have a better understanding of how members of their profession interact with therapy. Additionally, employers of music therapists can use the results to better serve their employees. For example, they can use the results that indicate participants do not attend therapy due to issues related to the workplace (a lack of time possibly due to high workload, and a lack mental health services coverage in health insurance plans) to examine how to best serve their employees. The findings from this study benefit music therapy educators as well. All of the findings can be used by educators and supervisors to inform themselves on the current trends of therapy-seeking for music therapists, in order to prepare their students and interns for professional success. Lastly, the findings of this study can benefit AMTA. There is a lack of research in this area of study, and findings can be used to inform the association and related committees of problems related to therapy utilization in the music therapy professional community.

Limitations

There are several limitations in this survey. The first limitation is the possibility of sampling bias. It is possible that individuals with a personal history of therapy-seeking were more likely to respond to the research inquiry email than those who do not have a history of therapy-seeking.

The second limitation is a mistake used in the demographic section regarding gender identity. Two answer choices described biological sex (male/female) and not gender (man/woman). The words “male” and “female” were used throughout the results and discussion section for consistency, however in the future wording specific to gender identity should be used for accuracy and inclusion.

The third limitation is confusion over the wording of one of the questions in the test instrument. In the question measuring past therapy attendance (not related to any current or ongoing therapies), 45 participants indicated in later questions that they answered this question incorrectly. Some participants answered this question and subsequent questions regarding past therapy in regards to therapy they received as a student, not a working music therapist. Others indicated that they had graduated but had yet to begin working. However, the majority of participants answered this question with their current form of therapy in mind. The 45 responses were recoded and the numbers and percentages presented in chapter four include these corrections. Future research should use repetition and clear wording in order to prevent confusion.

Future Research

This study provides information regarding therapy-seeking for music therapists. However, no strong correlations can be drawn from the data, and replication is needed in

order to validate the findings of this study. Future research should be used to further examine the topics investigated by the researcher, including rates of therapy attendance, types of therapies used, reasons for therapy utilization, and trends in relation to gender and theoretical orientation.

Other topics that emerged during the interpretation and organization of the results should also be investigated. These topics include the relationship between health insurance and therapy attendance for music therapists, reasons that music therapists choose their specific modality of personal therapy, reasons that termination of services occur, barriers to seeking treatment, the perceived effects or benefits of therapy services, factors that positively influence therapy-seeking, and information specific to therapy-seeking for music therapists with minority gender identities.

It is also worth noting that the survey data was collected between February 26th, 2020 and March 4th, 2020. This time frame occurred before the COVID-19 virus was declared a worldwide pandemic, and massive shutdowns of businesses and social distancing efforts began in an attempt to curb the spread of the virus. Therefore, the findings of this study draw upon participant responses unaffected by potential stress or negative mental health effects caused by the COVID-19 pandemic. The time at which participant responses were collected in relation to the pandemic should be seriously considered when interpreting the findings of this study.

Conclusion

The purpose of this study was to explore issues related to therapy-seeking of music therapists. Five research questions were investigated in the study through the use

of an online survey, and nearly 11% of all MT-BCs were surveyed at the time of data collection.

Several major findings were discovered from this survey. First, the majority of participants sought out personal therapy at some point during their career. The most commonly chosen therapy was talk therapy or counseling. Additionally, participants largely attended therapy to develop personal insight, manage a mental health concern like anxiety or stress, relieve stress specifically from work, and to address a mental illness. Participants do not attend therapy primarily because it is too expensive, not covered by insurance, or they do not have enough time. There was little difference found between rates of therapy-seeking for men versus women. Lastly, there may be a relationship between therapy-seeking and music therapists with a theoretical orientation that emphasizes personal therapy or personal insight.

REFERENCES

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5–14. doi:10.1037/0003-066X.58.1.5

American Music Therapy Association (2013). AMTA professional competencies. Retrieved from https://www.musictherapy.org/about/competencies/

American Music Therapy Association (n.d.a). What is music therapy? Retrieved from https://www.musictherapy.org/about/musictherapy/

American Music Therapy Association (n.d.c). A career in music therapy. Retrieved from https://www.musictherapy.org/careers/employment/#A_CAREER_IN_MT

American Music Therapy Association (2019). A descriptive statistical profile of the 2019 AMTA membership and music therapy community. Retrieved from https://www.musictherapy.org/assets/1/7/19WorkforceAnalysis.pdf

Association of Schools Advancing Health Professions (n. d.). What is allied health? Retrieved from http://www.asahp.org/what-is

Barbar, A. E. M., de Souza Crippa, J. A., & de Lima Osório, F. (2014). Performance anxiety in brazilian musicians: Prevalence and association with psychopathology indicators. *Journal of Affective Disorders, 152*, 381–386.

Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training, 46*(1), 19–31. https://doi-org.ezproxy.shsu.edu/10.1037/a0015139

Boyle, S. R., & Engen, R. L. (2008). Are music therapists at risk for voice problems? Raising awareness of vocal health issues in music therapy. *Music Therapy Perspectives, 1*(46).

Bragge, P., Bialocerkowski, A., McMeeken, J. (2006). Understanding playing-related musculoskeletal disorder in elite pianists: a grounded theory study. *Medical Problems of Performing Artists*, *21*(2) 71+

Centers for Disease Control and Prevention (2015). Quickstats: percentage of adults aged 18-64 who have seen or talked with a mental health professional in the past 12 months, by health insurance status and age group - national health interview survey, United States, 2012-2013. *Morbidity and Mortality Weekly Report*. Retrieved from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6407a12.htm

Chang, K. (2014). An opportunity for positive change and growth: Music therapists' experiences of burnout. *Canadian Journal of Music Therapy*, *20*(2), 64–85. Retrieved from http://ezproxy.shsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=107773205&site=eds-live&scope=site

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., . . . Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11-27. doi:http://dx.doi.org.ezproxy.shsu.edu/10.1017/S0033291714000129

Clements-Cortes, A. (2013). Burnout in music therapists: work, individual, and social factors. *Music Therapy Perspectives*, *31*(2), 166–174. Retrieved from http://ezproxy.shsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=107886833&site=eds-live&scope=site

Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: a systematic Review. *International Journal of Environmental Research and Public Health, 13*(6). doi:10.3390/ijerph13060618

Cohen, N. S. (2018). *Advanced methods of music therapy practice: Analytical music therapy, the Bonny method of guided imagery and music, Nordoff-Robbins music therapy, and vocal psychotherapy.* Jessica Kingsley Publishers.

Cohn, T. J., Casazza, S. P., & Cottrell, E. M. (2018). The mental health of gender and sexual minority groups in context. In K. B. Smalley, J. C. Warren, & K. Nikki Barefoot (Eds.) *LGBT health: meeting the needs of gender and sexual minorities*. (161-180) Springer Publishing

Cornally, N., & McCarthy, G. (2011). Help-seeking behaviour: A concept analysis. *International Journal of Nursing Practice, 17*(3), 280–288. doi:10.1111/j.1440-172X.2011.01936.x

Deacon, S. A., Kirkpatrick, & D. R., Wetchler (1999). Marriage and family therapists' problem and utilization of personal therapy. *American Journal of Family Therapy, 27*(1), 73–92.

DeVore, K., & Cookman, S. (2009). *The Voice Book : Caring for Protecting, and Improving Your Voice* (1). Chicago, Ill: Independent Publishers Group.

Fernholz, I., Mumm, J. L. M., Plag, J., Noeres, K., Rotter, G., Willich, S. N., Strohle, A., Berghofer, A. & Schmidt, A. (2019). Performance anxiety in professional musicians: A systematic review on prevalence, risk factors and clinical treatment effects. *Psychological Medicine*, *49*(14), 2287-2306.

Gardstrom, S. C., & Jackson, N. A. (2011). Personal therapy for undergraduate music therapy students: A survey of AMTA program coordinators. *Journal of Music Therapy, 48*(2), 226-255.

Gardstrom, S., & Jackson, N. A. (2012). Personal therapy in music therapy undergraduate education and training in the USA: Prevalence and potential benefits. In K. E. Brucia (Ed.) *Self-experiences in Music Therapy Education, Training, and Supervision* (183-202) Barcelona Publishers

Gooding, L. (2016). Occupational health and well-being: Hazards, treatment options, and prevention strategies for music therapists. *Music Therapy Perspectives*. doi:10.1093/mtp/miw028

Gooding, L. G. (2018). Work-life factors and job satisfaction among music therapy educators: a national survey. *Music Therapy Perspectives 36*(1), 97–107, https://doi.org/10.1093/mtp/mix015

Guptill, C. (2011). The lived experience of working as a musician with an injury: A phenomenological inquiry. *Work, 40*(3), 269-280. doi: 10.3233/WOR-2011-1230

Guptill, C., & Golem, M. B. (2008). Case study: musicians' playing-related injuries. *Work, 30*(3), 307-310.

Hall, C., & Sandberg, J. (2012). "We shall overcome": a qualitative exploratory study of the experiences of african americans who overcame barriers to engage in family therapy, *The American Journal of Family Therapy, 40*(5), 445-458, doi: 10.1080/01926187.2011.637486

Jessop, S. G., Niemann, B. K., & Pratt, R. R. (1992). Performance-related disorders among music majors at Brigham Young University. *International Journal of Arts Medicine, 1*(2), 7–20.

Kalkbrenner, M. T., & Neukrug, E. S. (2018). Identifying barriers to attendance in counseling among adults in the United States: Confirming the factor structure of the revised fit,

Ssigma, & value scale. *Professional Counselor, 8*(4), 299–313. https://doi-org.ezproxy.shsu.edu/10.15241/mtk.8.4.299

Kenny, D. (2011a). *The psychology of music performance anxiety* (47-82). Oxford University Press.

Kenny, D. (2011b). *The psychology of music performance anxiety* (167-232) Oxford University Press.

Kenny, D. & Ackermann, B. (2015). Performance-related musculoskeletal pain, depression, and music performance anxiety in professional orchestral musicians: A population study. *Psychology of Music, 43*(1) pp 43-60. doi:10.177/0305735613493953

Kenny, D., Driscoll, T., & Ackermann, B. (2014). Psychological well-being in professional orchestral musicians in Australia: A descriptive population study. *Psychology of Music, 42*(2), 210-232

Kendrick, D., Kelllezi, B., Coupland, C., Maula, A., Beckett, K., Morriss, R., … Christie, N. (2017). Psychological morbidity and health-related quality of life after injury: multicentre cohort study. *Quality of Life Research, 26*(5), 1233–1250. doi:10.1007/s11136-016-1439-7

Kim, J. (2013). Depression as a psychosocial consequence of occupational injury in the US working population: findings from the medical expenditure panel survey. *BMC Public Health 13*(1) 1-10. doi:10.1186/1471-2458-13-303

Kochem, F. B., & Silva, J. G. (2018). Prevalence of Playing-related Musculoskeletal Disorders in String Players: A Systematic Review. *Journal of Manipulative and Physiological Therapeutics*, 41(6), 540–549. doi: 10.1016/j.jmpt.2018.05.001

Kok, L., Huisstede, B., Voorn, V., Schoones, J., & Nelissen, R. (2016). The occurrence of musculoskeletal complaints among professional musicians: A systematic review. *International Archives of Occupational & Environmental Health, 89*(3), 373–396.

Kroenke, K., Wu, J., Bair, M. J., Krebs, E. E., Damush, T. M. & Tu, W. (2011). Reciprocal relationship between pain and depression: a 12-month longitudinal analysis in primary care. *Journal of Pain, 12*(9), 964-973.

Langdridge, D. (2012). Existential counselling and psychotherapy. SAGE Publications. Retrieved from https://ebookcentral.proquest.com

Latham, K., Messing, B., Bidlack, M., Merritt, S., Zhou, X., & Akst, L. M. (2017). Vocal health education and medical resources for graduate-level vocal performance students. *Journal of Voice, 31*(2), 251.e1-251.e7. doi:10.1016/j.jvoice.2016.07.011

Lindinger-Sternart, S. (2015). Help-seeking behaviors of men for mental health and the impact of diverse cultural backgrounds. *International Journal of Social Science Studies, 3*(1). doi:10.11114/ijsss.v3i1.519

Maslach, C. (2017). Finding solutions to the problem of burnout. Consulting Psychology *Journal: Practice & Research,* 69(2), 143–152. https://doi-org.ezproxy.shsu.edu/10.1037/cpb0000090

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Maslach Burnout Inventory manual (3rd ed.). Palo Alto, CA: Consulting Psychologists Press

Maslach, C. & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry 15*(2), 103-111. doi:10.1002/was.20311

Morse, G., Salyers, M. P., Rollings, A. L., Monroe-DeVita, M., Pfahler, C. (2011). Burnout in mental health services: A review of the problem and its remediation. *Administration and*

Policy in Mental Health and Mental Health Services Research, 39(5) pp 341-352 https://doi.org/10.1007/s10488-011-0352-1

Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., … Kessler, R. C. (2011). Barriers to mental health treatment: Results from the National Comorbidity Survey Replication. *Psychological Medicine 41*(8), 1751-1761. doi:10.1017/S0033291710002291

Murillo, J. H. (2013). A survey of board-certified music therapists: Perceptions of the profession, the impact of stress and burnout, and the need for self-care (Master's thesis). Retrieved from ASU Library Digital Repository: https://repository.asu.edu/items/20897

Norcross, J. C., & Guy, J. D. (2005). The prevalence and parameters of personal therapy in the United States. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky (Eds.), The psychotherapist's own psychotherapy: *Patient and clinician perspectives,* 165–176. New York, NY: Oxford University Press.

Rosen, D. C., Heuer, R. J., Sasso, D. A., Sataloff, R. T. (2017). Psychological aspects of voice disorders. In R. T. Sataloff (Ed.) *Vocal Health and Pedagogy: Science, Assessment, and Treatment* (427-457). Plural Publishing.

Sareen, J., Jagdeo, A., Cox, B. J., Clara, I., Have, M. t., Belik, S.-L., de Graaf, R., & Stein, M. B. (2007). Perceived barriers to mental health service utilization in the United States, Ontario, and the Netherlands. *Psychiatric Services, 58*(3), 357-364.

Shanafelt, T. D. (2009). Enhancing meaning in work: A prescription for preventing physician burnout and promoting patient-centered care. JAMA: *Journal of the American Medical Association, 302*(12), 1338.

Sherz, J. (2014). *How to succeed in therapy: navigating the pitfalls on the path to wellness.* Rowman & Littlefield Publishers.

Silverman, M. J. (2014). A descriptive analysis of supervision in psychiatric music therapy. *Music Therapy Perspectives, 32*(2), 194-200. doi:10.1093/mtp/miu021

Stack, T., Ostrom, L. T., & Wilhelmsen, C. A. (2016). Occupational Ergonomics : A Practical Approach. John Wiley & Sons, Incorporated.

Stanhope, J., Tooher, R., Pisaniello, D. & Weinstein P. (2019). Have musicians' musculoskeletal symptoms been thoroughly addressed? A systematic mapping review. *International Journal of Occupational Medicine and Environmental Health, 32*(3), p 291-331 https://doi-org.ezproxy.shsu.edu/10.13075/ijomeh.1896.01340

So, H. (2017). US-trained music therapists from East Asian countries found personal therapy during training helpful but when cultural disconnects occur these can be problematic: A qualitative phenomenological study. *The Arts in Psychotherapy*, 55, 54–63.

Turgoose, D., & Maddox, L. (2017). Predictors of compassion fatigue in mental health professionals: A narrative review. *Traumatology, 23*(2), 172-185. doi:10.1037/trm0000116

Vaag, J., Bjorngaard, J. H., & Bjerkeset, O. (2016a). Symptoms of anxiety and depression among Norwegian musicians compared to the general workforce. *Psychology of Music, 44*(2), 234–248. https://doi-org.ezproxy.shsu.edu/10.1177/0305735614564910

Vaag, J., Bjorngaard, J. H., & Bjerkeset, O. (2016b). Use of psychotherapy and psychotropic medication among Norwegian musicians compared to the general workforce. *Psychology of Music, 44*(6), 1439–1453.

Vaag, J., Saksvik-Lehouillier, I., Bjørngaard, J. H., & Bjerkeset, O. (2016). Sleep difficulties and insomnia symptoms in norwegian musicians compared to the general population and workforce. *Behavioral Sleep Medicine, 14*(3), 325–342.

Vega, V. P. (2010). Personality, burnout, and longevity among professional music therapists. *Journal of Music Therapy,47*(2), 155-179. doi:10.1093/jmt/47.2.155

Vogel, D. L., Strass, H. A., Heath, P. J., Al-Darmaki, F. R., Armstrong, P. I., Baptista, M. N., Brenner, R. E., Goncalves, M., Lannin, D. G., Liao, H.-Y., Mackenzie, C. S., Mak, W. W. S., Rubin, M., Topkaya, N., Wade, N. G., Wang, Y.-F., & Zlati, A. (2017). Stigma of seeking psychological services: Examining college students across ten countries/regions. *Counseling Psychologist, 45*(2), 170–192. doi:10.1177/0011000016671411

Wheeler, B., Shultis, C. & Polen, D. (2005). *Clinical training guide for the student music therapist* (179-188). Barcelona Publishers

Wilkinson, H., Whittington, R., Perry, L., Eames, C. (2017). Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout Research, 6,* 18-29 https://doi.org/10.1016/j.burn.2017.06.003

World Health Organization (2019). Mental health in the workplace. Retrieved from https://www.who.int/mental_health/in_the_workplace/en/

Yovich, A. G. (1992). The occurrence of performance-related injury in music therapists. (Master's thesis). Texas Woman's University.

Zaza, C., Charles, C., & Muszynski, A. (1998). The meaning of playing-related musculoskeletal disorders to classical musicians. *Social Science & Medicine, 47*(12), 2013-2023

APPENDIX

Hello Board-Certified Music Therapist,

My name is Claire Kendrick, I am a graduate student at Sam Houston State University. My faculty sponsor is Dr. Carolyn Moore. You are invited to participate in a survey concerning personal therapy-seeking behaviors as a board-certified music therapist. This survey is part of a research study being conducting at Sam Houston State University to fulfill my thesis requirements for the Master of Music in Music Therapy degree.

Your contact information is being used with permission from the Certification Board for Music Therapists. The survey is hosted on Qualtrics, a secure site that does not track nor store your email address. The information you provide will remain anonymous, and responses will not be attached to your email address. The researcher will not have access to contact information of those who do or do not participate in the study, and the researcher will not have the ability to link e-mail addresses to responses unless this information is voluntarily provided by respondents. Future use of the anonymous data will be included the researcher's master's thesis, and the study may be submitted for publication and presentation at AMTA conferences.

All participation and disclosure of contact in this survey is voluntary, and there are no consequences if you decline to participate or decide to discontinue participation at any time. The survey should take about 10 minutes to complete. This survey has more than minimal risk due to survey questions relating to the personal reasons for past and present experiences in therapy. Questions are general and non-specific, and resources will be presented at the end of the survey for anyone in need. You can choose to respond to all, some, or none of the questions.

Questions and concerns may be directed to Claire Kendrick at cjk026@shsu.edu. or Carolyn Moore at cxd042@shsu.edu

By submitting responses to the survey, you are consenting to participate and acknowledge that you are at least 18 years old and have read the above information. If you are willing to participate, you can access the online survey by following the link below. You will be directed to a consent form before starting the survey.

Hello, my name is Claire Kendrick and I am a graduate student in the Music Therapy department at Sam Houston State University (SHSU). I am conducting a study under the direction of Dr. Moore to explore therapy-seeking for Board-Certified Music Therapists. I am asking all music therapists to complete a survey, your experiences are extremely valuable regardless of your attendance or reasons for attending therapy. The results will be reported in a thesis that I will complete as a requirement of my graduate program.

The following survey includes questions that ask you to describe your and present experiences regarding personal therapy. You will also be asked to describe your reasons for attending or not attending therapy in the past and present. The survey also includes demographic questions about your age, gender identity, current region, and theoretical orientation. It will take about 10-15 minutes of your time to complete the survey. To qualify for this study, you must be over the age of 18 and be a board-certified music therapist.

Your participation in this study is voluntary. Your survey responses will be kept confidential to the extent of the technology being used. Qualtrics collects IP addresses for respondents to surveys they host; however, the ability to connect your survey responses to your IP address has been disabled for this survey. That means that I will not be able to identify your responses. You should, however, keep in mind that answers to specific questions may make you more easily identifiable. The security and privacy policy for Qualtrics can be viewed at https://www.qualtrics.com/security-statement/.

If you have any questions regarding this survey, please contact me at cjk026@shsu.edu. If you have any questions regarding your rights as a human subject

and participant in this study, or to report research-related problems, you may call the Institutional Review Board at SHSU for information, at (936) 294-4875, or irb@shsu.edu.

If you wish to take the survey, click "I agree". If you do not wish to complete the survey, click "I do not agree".

- ○ I agree
- ○ I do not agree

Skip To: Q2 If Hello, my name is Claire Kendrick and I am a graduate student in the Music Therapy department at... = I agree

Skip To: End of Survey If Hello, my name is Claire Kendrick and I am a graduate student in the Music Therapy department at... = I do not agree

Demographic questions:

What is your age?

_____

What is your ethnicity? (Select all that apply)

☐ African American/Black

☐ Asian/Asian American

☐ Caucasian

☐ Hispanic/Latinx

☐ Native American

☐ Pacific Islander

☐ Middle Eastern or North African

☐ Not listed _____

What is your gender identity?

- ○ Male
- ○ Female
- ○ Trans woman
- ○ Trans man
- ○ Nonbinary
- ○ Not listed _____

What is your highest level of education (in any discipline)?

- ○ Bachelor's degree
- ○ Master's degree
- ○ Doctoral degree

What is your professional credential?

- ○ MT-BC
- ○ RMT
- ○ CMT
- ○ ACMT
- ○ Other _____

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

_____

What is your theoretical orientation or model of practice? (Select all that apply)

☐ Cognitive Behavioral

☐ Holistic

☐ Humanistic

☐ Existential

☐ Neuroscience

☐ Psychodynamic

☐ Other/not listed (please specify below)

_____

In which region do you currently reside?

○ Great Lakes Region (Illinois Indiana, Michigan, Minnesota, Ohio, Wisconsin)

○ Mid-Atlantic Region (Delaware, District of Columbia, Maryland, Nebraska, New Jersey, New York, Pennsylvania, Virginia, West Virginia)

○ Midwestern Region (Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Wyoming)

○ New England Region (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)

○ Southwestern Region (New Mexico, Oklahoma, Texas)

○ Southeastern Region (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee)

○ Western Region (Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah, Washington)

○ I currently reside outside of the United States.

Page Break

Therapy can have different meanings for different people. In this survey, use your personal definition of the word “therapy” when answering questions regarding therapy-seeking for mental health.

During your music therapy education, did faculty members ever emphasize therapy for music therapists as a part of the education process i.e., pursuing personal therapy as an educational experience?

- ○ Yes
- ○ No
- ○ Can't remember
- ○ Other/not listed _____

Did faculty members/clinical supervisors ever personally recommend for you to seek therapy while you were enrolled in your music therapy degree(s) training program?

- ○ Yes
- ○ No
- ○ Can't remember
- ○ Other/not listed _____

Page Break

Have you ever been prescribed therapy?

- ○ Yes
- ○ No
- ○ Other/not listed _____

Do you currently attend therapy (to address mental health concerns)?

- ○ Yes
- ○ No

Display This Question:

If Do you currently attend therapy (to address mental health concerns)? = No

Do you want to receive therapy services?

- ○ Yes
- ○ No

Display This Question:

If Do you want to receive therapy services? = Yes

For what reason(s) do you want to attend therapy? (Select all that apply)

- [ ] Feeling stressed from work
- [ ] Feeling burnout out
- [ ] Feeling compassion fatigue
- [ ] Managing mental illness
- [ ] As an adjunct to medication
- [ ] Managing mental health concern (like feelings of anxiety or stress)
- [ ] Develop personal insight
- [ ] Develop professional insight
- [ ] Coping with a loss
- [ ] Other/not listed _____

Display This Question:

If Do you want to receive therapy services? = Yes

For what reason(s) are you not currently receiving therapy services? (Select all that apply)

- ☐ Not enough time
- ☐ It's too expensive/not covered by insurance
- ☐ No available therapists in my area
- ☐ Stigma/feel embarrassed or ashamed
- ☐ Other/not listed _____

Display This Question:

If Do you currently attend therapy (to address mental health concerns)? = Yes

What type of therapy or therapies do you currently attend?

_____

Display This Question:

If If What type of therapy or therapies do you currently attend? Text Response Is Not Empty

For what reason do you attend this therapy/these therapies? (Select all that apply)

- ☐ Feeling stressed from work
- ☐ Experiencing burnout
- ☐ Experiencing compassion fatigue
- ☐ Managing mental illness
- ☐ As an adjunct to medication
- ☐ Managing mental health concern (like feelings of anxiety or stress)
- ☐ To develop personal insight
- ☐ To develop professional insight
- ☐ To cope with a loss
- ☐ Other/not listed _____

Page Break

The next set of questions will ask you about other experiences in therapy in the past. This refers to therapy services that you no longer receive. Please answer all questions in reference to past therapy experiences EXCEPT for the type of therapy you currently receive.

Have you received any therapy services in the past (at least one session) during your career as a music therapist?

- ○ Yes
- ○ No

Page Break

Display This Question:

If Have you received any therapy services in the past (at least one session) during your career as... = No

Has there been a time while working as a music therapist that you wished to receive therapy services but did not?

- ○ Yes
- ○ No

Display This Question:

If Has there been a time while working as a music therapist that you wished to receive therapy servi... = Yes

For what reason(s) did you not receive therapy services? (Select all that apply)

- ☐ Not enough time
- ☐ It's too expensive/not covered by insurance
- ☐ No available therapists in my area
- ☐ Stigma/feel embarrassed or ashamed
- ☐ Other/not listed _____

Display This Question:

If Have you received any therapy services in the past (at least one session) during your career as... = Yes

What type of therapy/therapies did you attend?

_____

Display This Question:

If If What type of therapy/therapies did you attend? Text Response Is Not Empty

For what reason do you attend this therapy/these therapies? (Select all that apply)

- [ ] Feeling stressed from work
- [ ] Experiencing burnout
- [ ] Experiencing compassion fatigue
- [ ] Managing mental illness
- [ ] As an adjunct to medication
- [ ] Managing mental health concern (like feelings of anxiety or stress)
- [ ] To develop personal insight
- [ ] To develop professional insight
- [ ] To cope with a loss
- [ ] Other/not listed _____

Display This Question:

If Have you received any therapy services in the past (at least one session) during your career as... = Yes

For what reason did you stop receiving therapy services? (Select all that apply)

☐ No longer had a need

☐ Could no longer afford it

☐ Moved to another area

☐ Insurance coverage changed

☐ Didn't like the therapist

☐ Had a bad experience

☐ It was ineffective

☐ Other/not listed _____

Page Break

Do you currently perform as a musician, outside of leading music therapy sessions?

- ○ Yes
- ○ No
- ○ Other/Not listed _____

Page Break

Is there anything else you would like the researcher to know about this survey or your experiences with therapy as a client?

_____

The survey is over. Thank you very much for your time.

If you feel distressed or need to talk to someone, please contact one of these resources:

Find a mental health professional near you: https://locator.apa.org/ or helpwhenyouneedit.org

National Suicide Prevention Hotline: 800-273-8255

National Domestic Violence Hotline: 1−800−799−7233

Treatment and referral helpline for substance abuse and mental illness: 1-800-662-HELP

Trauma and Dissociation helpline: 410-825-8888

VITA

Claire Kendrick MT-BC

Education

Master of Music, Major in Music Therapy at Sam Houston State University, August 2018 - Present. Thesis title: A Survey of Music Therapists' Experiences Seeking Therapy

Bachelor of Music, Major in Music Therapy at Sam Houston State University, Minor in Psychology, Summa Cum Laude with Honors, May 2018.

Awards

Dean's List, Sam Houston State University, Eight Consecutive Semesters, Fall 2013 - Spring 2017

President's List, Sam Houston State University, Spring 2015 & Spring 2016 - Spring 2017

The Who's Who in American Colleges and Universities, 2016 & 2017

Organization

American Music Therapy Association (AMTA)

Employment

Self-Employed Music Therapist, July 2018 - Present.

Graduate Teaching Assistant, Music Therapy Department, Sam Houston State University, August 2018 - May 2020.

Music Therapy Intern, Heart & Harmony Music Therapy LLC, January 2018 - June 2018.