

CULTURALLY RELEVANT MUSIC THERAPY IN THE SOUTHWESTERN UNITED
STATES: AN INVESTIGATION OF MUSIC THERAPY WITH HISPANIC POPULATIONS

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DEDICATION

For Dillon and my family, who have always given me unwavering support and love.

ABSTRACT

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The purpose of this study was to investigate music therapists' current perceptions of culturally relevant music therapy with Hispanic clients. Information was sought to determine how and where music therapists received training for this competency, and the methods they employ in this practice. Thirty-two individual music therapists in the southwestern region of the United States participated in the online survey provided through the American Music Therapy Association, Southwestern Region's e-mail listserv. Results indicated most participants recognized the provision of culturally relevant music therapy as important for successful music therapy treatment despite a general lack of training given by both undergraduate/equivalency and graduate degree programs. Methods used to provide culturally relevant music therapy included discussion with the client and the client's family, research, discussion with other music therapists, and practicing self-awareness. Additional information provided by participants on culturally relevant music therapy interventions included Spanish pop song titles, artists, and genres. Due to the low response rate, generalization of results is limited. Implications from the study and suggestions for future research are discussed.

KEY WORDS: Culturally relevant music therapy, Multicultural music therapy, Hispanic, Culture, Southwestern Region

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CHAPTER I

Introduction

The Hispanic population comprises the nation's largest ethnic or racial minority. In 2015, Hispanics made up 17% of the national population at 56.6 million people. This group's projected population in 2060 is 119 million, or 28.6% of the population. In the United States (U.S.), over half of the Hispanic population come from a Mexican background (U.S. Census Bureau, 2016). In addition to making up a large portion of the US population, the Hispanic population in Texas is large and continues to grow each year. According to the 2010 Census, Hispanics represent 37.6% of Texans and are the largest ethnic group (Office of the Governor, 2015). In 2015, there were an estimated 10.7 million Hispanics in Texas (U.S. Census Bureau, 2016).

Despite its size, research indicates that the current Hispanic population's cultural, social, and communication needs may frequently go unmet in various health care settings (Cleveland, 2009; Cleveland & Horner, 2012; Denney et al., 2001; Hurst, 2004). This reported disparity in health care experienced by Hispanic individuals could be due to several factors. One such factor is that Hispanic Americans may often be treated by medical professionals who have a narrow view or understanding of their culture, which may lead to inequalities in health care (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004). Furthermore, although the Hispanic population consists of individuals from multiple countries of origin, health care providers may not differentiate these individuals in terms of their descent and instead may assume that the same cultural norms apply to all (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004).

Health care providers' categorization of all Hispanic Americans into assumed intercultural boxes can be problematic for several reasons. Research suggests that ignoring intracultural differences could lead to reduced health outcomes, which may also result in long-term financial burdens for the health care system (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004). Compounding this issue is the fact that Hispanics more often feel they are being treated unfairly by medical providers when compared to Caucasians (Peterson-Iyer, 2008), and perhaps as a result, use fewer health care services than white, non-Hispanic Americans (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004). Thus, Hispanics are potentially less likely than non-Hispanics to seek out and utilize necessary medical treatment.

Given this reported discrepancy between medical treatment of Hispanic and non-Hispanic individuals, differences may also exist in other therapeutic, educational, or health care settings, including those served by music therapists. The negative implications associated with culturally incompetent care are that these environments are not client- or patient-centered, and that Hispanic individuals are not receiving appropriate care simply because their heritage differs from that of non-Hispanic providers. In the realm of music therapy, professionals could provide a disservice rather than a service to Hispanic individuals by failing to incorporate important cultural elements, such as recognition of holidays or familial roles, or preferred Latin music genres or instruments (Peterson-Iyer, 2008; Prieto & Cervantes, 2016).

Need for the Study

The Professional Competencies and Standards of Clinical Practice set forth by the American Music Therapy Association (AMTA) are professional documents that detail

knowledge and skill areas necessary for the practicing music therapist. These skills include provision of culturally relevant music therapy and knowledge of “diverse cultural backgrounds” as essential to professional practice (AMTA, 2013, para. 7). Specifically, music therapists are expected to be familiar with characteristics of music “from various time periods and cultures” (AMTA, 2013, para. 5), acquire a repertoire of music “for age, culture, and stylistic differences” (AMTA, 2013, para. 17), explore clients’ cultures, and “include musical elements from the client’s culture as appropriate” (AMTA, 2015, para. 10). However, limited research currently exists that explicitly examines cultural competence or perceptions of culturally relevant music therapy among music therapists.

Due to the high percentage of Hispanic people in the Southwestern Region, it seemed appropriate to focus research efforts on this area. Thus, an investigation into perceptions of music therapists in this region on providing culturally relevant music therapy to the Hispanic population offered an initial profile of the issue. For the purposes of this study, the Southwestern Region was defined as Texas, Oklahoma, and New Mexico, as set forth by the American Music Therapy Association’s regional divisions. Results regarding if and how music therapists working with the Hispanic population provided culturally relevant music therapy revealed potential barriers to achieving this core competency and highlighted opportunities for improvements in doing so. Such an investigation had a number of theoretical and practical implications.

Theoretically, this study provided insight into participants’ perceptions of providing culturally relevant music therapy to Hispanic individuals. It assisted in recognizing if and how participants incorporate culturally relevant music into their sessions with Hispanic clients. This study also aimed to highlight the primary source(s) of

culturally relevant music therapy education and interventions. Because research suggests Hispanics may use fewer health care services than white, non-Hispanic Americans (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004), this study briefly explored whether that statistic applies in the music therapy field as well, and requested music therapists to report the number of Hispanic clients they had in their caseloads. Given this data, the researcher attempted to identify any possible gap in services that Hispanics receive from practicing music therapists in the Southwestern Region.

Practically, this study's results may help improve cultural awareness of Hispanic people in the Southwestern Region and could have inspired music therapists who participated to provide more appropriate and effective treatments. Increased cultural competence would help create a more familiar and comfortable environment for individuals receiving music therapy, and could subsequently result in heightened motivation for progress toward goals. This study revealed that some music therapists might exhibit deficits in providing culturally relevant music therapy to Hispanic individuals, so awareness of the problem may result in an improved music therapy practice and reduction of identified disparities. Information gathered from this study could assist in improving multicultural training programs within schools and continuing education programs, creating awareness for culturally competent care to Hispanic clients. Overall, some participants held negative perceptions and lack of awareness of culturally relevant music therapy, which suggested cultural conscientiousness could be further incorporated into music therapy curricula at universities in the region.

Purpose of the Study

The purpose of this study was to obtain perceptions of culturally relevant music therapy with the Hispanic population, and to examine whether music therapists provide Hispanic clients with culturally relevant music therapy services in the Southwestern Region. This study investigated whether music therapists in the region practice “culturally relevant music therapy,” what formal training they received on the topic, and whether they felt culturally relevant music therapy was pertinent to their clients’ success in reaching goals. Music therapists were asked to identify how they prepare for clients whose backgrounds and cultures differ from their own. Information was also gathered on the number of music therapists working in this region who were Spanish-speaking and familiar with Hispanic culture as a preliminary investigation into whether these variables led to better perceived music therapy care.

Definitions

Culturally relevant music therapy. “Culturally relevant music therapy” refers to awareness of cultural norms and values of the population; in this case, the Hispanic population (Cleveland, 2009). For the purposes of this study, “culturally relevant music therapy” is defined as music therapy methods or techniques that are informed by clients’ cultural identity or practices, rituals or beliefs. The racial descriptor “Hispanic” is defined as someone who identifies him- or herself as Mexican, Puerto Rican, Cuban, or of other “Hispanic, Latino, or Spanish origin” (U.S. Bureau of the Census, 2015).

Research Questions

The primary research question investigated was how do music therapists perceive culturally relevant music therapy in relation to the Hispanic demographic? The study

probed into whether music therapists were providing Hispanic individuals with culturally relevant music therapy in the Southwestern Region and, if so, how? Participants were asked to respond to a survey centered on the following broad questions:

1. What training did music therapists receive specific to culturally relevant music therapy and did they feel competent in providing culturally relevant music therapy to Hispanic clients?
2. What priority did clinicians place on providing culturally relevant music therapy to Hispanic clients?
3. In what ways did music therapists prepare for providing culturally relevant music therapy to Hispanic clients?
4. Did music therapists feel there was a correlation between culturally relevant music therapy and overall success in treatment with their Hispanic clients?

CHAPTER II

Review of Literature

In this chapter, research related to culturally relevant care in and out of music therapy is discussed. The first section investigates information regarding cultural awareness from a broader perspective of health care, in addition to the existing literature that supports awareness of cultural backgrounds, and the importance of language and clear communication when treating Hispanic individuals. The second section presents cultural competency in music therapists' training and education, and reviews literature regarding both culturally relevant music therapy practices and resources. The incorporation of cultural traditions into treatment is also included in this section, as well as literature that supports the use of patient preferred live music.

Cultural Awareness in Health Care

Given the current lack of music therapy-specific research and resources concentrated on culturally competent care, examining multicultural competence from a wider health care perspective may initially be useful. Within modern health care, awareness of Hispanic culture is important as is being mindful not to view Hispanics as a monolithic population with a single set of characteristics. Health care services may hinder health outcomes in Hispanic populations through ignorance of cultural backgrounds as evidenced by less frequent health care services sought by Hispanics than white, non-Hispanic Americans (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004).

A study conducted by Weinick et al. (2004) investigated these disparities in care given to Hispanic populations by running descriptive statistics and logistic regressions on data from the 1997 Medical Expenditure Panel Survey responses. Results showed that

Hispanic Americans are less likely to have ambulatory or emergency room visits, prescription medication, or hospital admissions than non-Hispanic whites. Additionally, Hispanics whose interviews were conducted in English were shown to have more hospital visits and prescription medication, and more instances of private insurance coverage, indicating the importance of language.

This study demonstrated the need for all health care providers to be mindful of diversity within the Hispanic population. Ignoring intracultural differences has the strong potential to lead to worsened health outcomes and even adverse financial implications for health care systems. Though this study used pre-existing survey information for statistical data, the inclusion of interviews with recipients of recorded care would have revealed more qualitative information on quantitative results. This study is supported by numbers and data but lacks interpersonal contact with the population they are researching. Conversations with the researched population might have provided more information on what specifically would help reduce a disparity in terms of care, and why they feel one currently exists.

Similarly, Peterson-Iyer (2008, para. 13) defends the need for “culturally competent care” in order to best understand patient behavior “in the context of larger cultural inclinations.” Undoubtedly, many music therapists recognize the need to understand clients as they relate to their larger familial and social networks. Gaining knowledge of their cultural background, beliefs, and practices will naturally lead to a better understanding and, thus, treatment. The descriptive article defines “culturally competent care” as sensitivity to “differing values and needs of cultural subgroups within our pluralistic society” (para. 1). Information about various clinical concerns to consider

when treating Hispanic clients is listed, including patient politeness, avoiding confrontation, the importance of amicable interpersonal interactions, displaying respect to authority, and a commitment to family. Despite the heterogeneity within the Hispanic/Latino culture, these values will provide a good foundation for health practitioners from which to begin treating individuals.

In this article, Peterson-Iyer (2008) briefly mentions potential patient behaviors and how health practitioners could understand them. For instance, a patient who avoids eye contact may do so out of respect for authority. The article provides a very broad description of some characteristics of Hispanic culture, but music therapists would benefit from more information related to musical traditions, relationships, and how mental and physical health issues are viewed by different Hispanic individuals.

A related exploratory study by Cleveland and Horner (2012a) also revealed some common themes regarding the care of Mexican-American infants. Mothers reported a need to make connections with the medical staff members who were caring for their infants as this helped ease their feelings of helplessness and displacement. Nurses who had knowledge of Mexican-American cultural values, such as symbolic objects left with the infant or the emphasis placed on family, tended to make more meaningful connections and relationships with the mothers. Nurses who were aware of Latino cultural values such as the importance of family and respect for mothers were viewed as better able to meet the needs of Mexican-American mothers and their infants in the Neonatal Intensive Care Unit (NICU) (Cleveland & Horner, 2012a). It would be constructive to know if the results from this study could generalize to the Hispanic population beyond mothers who have infants in the NICU.

The issue of a language barrier may also be at the forefront of any exigent disparity in health care for the Hispanic population. Denney et al. (2001) investigated the beliefs of immigrant Mexican families regarding the health care of their premature infants in the NICU. In a situation wrought with fear and uncertainty as to their infant's future, all parents indicated added stress came from the difficulty they faced in receiving information in Spanish.

In another case study, "Maria" described her experience as a Mexican-American mother who had an infant in the NICU (Cleveland, 2009). The situation that most bothered Maria during her stay in the NICU was inaccurate information and lack of communication provided to her by a social worker. Maria felt that the ability of the nurses to communicate with her helped relieve her anxiety and increase her trust in the care provided to her infant. Data pertaining to a child's length of hospital stay, anxiety levels in families, and overall evaluation of care received could uncover correlations between ease of communication and recovery rate in a hospital setting. Future research should include quantitative methods that support the need for culturally relevant care.

The results of this case study revealed a greater need for culturally relevant care for Maria, especially as it relates to language and communication (Cleveland, 2009). The provision of culturally relevant education to health care workers would assist in overcoming many barriers that prevent Hispanic individuals from receiving appropriate care.

Cultural Competence in Music Therapy Training and Education

Music therapists are required to practice within the bounds of the American Music Therapy Association Professional Competencies, which the American Music Therapy

Association defines as current entry level skills for practicing clinicians (AMTA, 2013). Five professional competencies refer to culturally relevant music therapy: Professional Competency 1.2 states that music therapists are expected to identify “stylistic characteristics of music from various periods and cultures” (AMTA, 2013, para. 5), and Professional Competency 13.12 requires music therapists to “develop and maintain a repertoire of music for age, culture, and stylistic differences” (AMTA, 2013, para. 17). The Professional Competencies under the heading “Professional Role/Ethics” include 17.9, to “Demonstrate knowledge of and respect for diverse cultural backgrounds” (AMTA, 2013, para. 21); 17.10, which necessitates treating “all persons with dignity and respect, regardless of differences in race, ethnicity, religion, marital status, gender, gender identity” etc. (AMTA, 2013, para. 21); and 17.11, to “Demonstrate skill in working with culturally diverse populations” (AMTA, 2013, para. 21).

The Standards of Clinical Practice are “rules for measuring quality of services” in music therapy practice, also set forth by the American Music Therapy Association (AMTA, 2015, para. 5). Included under Standard II – Assessment, section 2.2 states the “music therapy assessment will explore the client’s culture. This can include but is not limited to race, ethnicity, language, religion/spirituality...and family experiences” (AMTA, 2015, para. 9). Interestingly, the Standards listed under “Implementation” (AMTA, 2015, para. 11) do not mention incorporation of the client’s cultural preferences and norms into actual services, which is likely where they would most frequently occur.

Despite the inclusion of cultural competence into Professional Competencies and Standards of Practice, existing research on the use of cultural considerations in music therapy treatment is currently minimal, but increasingly emerging in literature. More

recently, Hadley and Norris (2015) published an article regarding the importance of self-awareness when music therapists provide culturally competent music therapy. The term “cultural introspection” (p.136) is introduced, which is defined as the ways power, oppression, and privilege in our own culture might affect our interactions with others. In other words, before looking outward, we must look inward to understand our own motivations, thoughts, and behaviors. This will help us connect to and treat clients from any background that differs from ours. The authors mentioned how “recent racial tensions and national unrest throughout the United States...are indexical of historical cultural bigotry and demonization of difference” (p. 131). Therefore, providing a music therapy environment that does more than simply include music from a client’s culture is warranted. It is imperative to provide a safe environment that comprehensively supports the client’s background over that of the music therapist. Aside from “cultural introspection” and self-awareness, the article lacks suggestions on how music therapists can begin to successfully practice culturally competent music therapy.

In an article that further impresses the point of self-awareness, Brown (2002) mentioned the increasing need for music therapists to work in a variety of settings with diverse cultural populations. Brown (2002) suggested that changing job settings require music therapists to examine both their own world view and that of their client to be most effective. This practice prevents music therapists from attempting to explain client behavior from the music therapist’s world view. The author recommended ways in which we might learn more about clients’ cultures, such as if they come from a collectivist or individualistic society, if they are past-, present-, or future-centered, their age, their respect for the elderly or youth, and whether they have hierarchical or egalitarian

relationships. Further, suggestions for incorporating different cultural music into music therapy sessions were provided (Brown, 2002).

Darrow and Molloy (1998) used a mixed methods study to investigate the amount of attention paid to multicultural issues in music therapy by reviewing literature and surveying music therapists in diverse areas of the US. The authors compiled survey responses from music therapy professionals and students that probed into types of multicultural educational training and experiences received. Additionally, they reviewed inclusion of multicultural curricula in 25 music therapy university programs and found that universities primarily provide multicultural education through general education courses. Few university programs offered courses specifically designed for multicultural practice in music therapy. Surveys also revealed that music therapists received the bulk of their multicultural skills from professional experience, and that 50% felt cultural knowledge was important in their practice.

The authors suggest future research take into account client responses to culturally relevant music. Indeed, opinions of recipients of culturally relevant music therapy are central to improving as culturally conscious music therapists. Further information regarding subjects covered in educational courses or professional training would also be beneficial, in addition to data on treatment specific to client background.

Clinical Research and Resources for Practicing Culturally Relevant Music Therapy

While the American Music Therapy Association has set forth both Professional and Advanced competencies related to cultural awareness in music therapy, a dearth of information exists regarding how or if culturally relevant music therapy is practiced with any clinical population. Additionally, there are very few music therapy-specific resources

to assist music therapists in working effectively with Hispanic clients. Goelst (2016) created a manual of basic information on different cultural groups in order to assist music therapists providing multicultural counseling in their sessions. She provided insight into the cultural practices, populations, appropriate terminology, familial roles, religion/spirituality, and challenges with different cultural groups. These include African American, Latina/o, Asian American, Arab American, and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities. Although the manual is meant for use in music therapy counseling, much of the information could be helpfully consumed by any practicing music therapist to establish deeper understanding of their client. As the author suggests, understanding clients' cultural tendencies helps in building rapport (Goelst, 2016). Suggestions regarding the incorporation of these cultural practices into sessions would have been especially useful for music therapists.

Rilinger, (2011) potentially aware of the scarcity of helpful resources, gave an overview of cultural references, Mexican holidays, familiar music genres, and a brief list of popular and children's songs. She condensed information and suggestions for music therapists to better create culturally meaningful music therapy interventions for Mexican American children in order to help them adapt to American language and culture. Common social themes in Mexican culture, such as roles of males and the importance of family, are also briefly discussed, as well as broad characteristics of Mexican music.

Rilinger (2011) successfully highlighted the deficit music therapists face when searching for resources related to the Hispanic population. It is necessary for resources such as the aforementioned to grow in number for easier access to practicing music therapists. For increased effectiveness, future compilations of Hispanic culture traditions

should include songs specific to music genres, as well as music sorted by subject matter for the most advantageous application.

One example of the benefits associated with familiar music genres in music therapy is described in an article by Schwantes et al. (2011). The researchers implemented a songwriting intervention based on a traditional Mexican musical form, the “corrido”, to assist Mexican migrant farmworkers in coping with the loss of their co-workers who had died in a car accident. The authors emphasized the importance of incorporating clients’ cultures into music therapy for bereavement purposes. This qualitative study was structured in a way to best meet the needs of clients who participated in the group therapy sessions, using both an interpreter and a music therapist who had strong Spanish language skills. Four sessions were conducted during which a previously existing *corrido* was used for a piggyback songwriting intervention, and each group member was encouraged to participate at the level with which he felt most comfortable.

The culture-centered approach was noted to be successful in meeting needs of clients, encouraging closer relationships, and providing a method to cope with the loss of their coworkers. Positive results might have been even further supported and quantified if exit interviews were conducted with each participant, or if pre- post-test measures were taken. Participants of the bereavement group likely benefited from culture-centered music therapy sessions, but we are unaware of the extent or what specific aspects of the group they most valued.

Another article by Schwantes (2009) explores the impact of Latino children’s music on developing English language skills. Six Latino children were recruited to

compare the use of traditional Latino music with music from Western pop culture on learning and speaking English. The 5 year-old Mexican students were part of an ESL program at an elementary school in the US. The children attended half-hour weekly music therapy sessions for 12 weeks where all music used was from Mexico or Central America. Two teenagers attended group music therapy sessions for five weeks where both Western pop and Spanish language music were used. Results showed that using songs from Mexico resulted in better participation from the kindergartners. All participating students made progress in gaining both receptive and expressive English abilities. Vocabulary use increased, longer phrases were produced, and improved understanding and sequencing of events in stories was achieved. It was found that increasing or decreasing the tempi of songs prompted students to alter their rate of speech accordingly.

In this study, Schwantes (2009) demonstrates the effectiveness of culturally relevant music as it relates to both a previous and current cultural environment. The younger children were more receptive to music from Mexico whereas the teenagers achieved maximal results from a combination of music from both Mexico and the US. Further information from this study would be useful regarding the types of interventions used so that they might be replicated and further tested. Comparing music therapy interventions to non-musical interventions would benefit future research regarding language acquisition.

In reference to the use and effectiveness of culturally relevant music selections, Silverman, Letwin, and Nuehring (2016) conducted a review of literature to identify and analyze research where patient preferred live music was used as the primary intervention

for adult medical patients. Results across eight eligible studies showed patient preferred live music as an effective intervention for pain, nausea, and other physiological symptoms in adult cancer and transplant patients when it was administered by a trained music therapist. The researchers also note that patient preferred music may be used as an agent in which to imbed other therapeutic or educational strategies in a music therapy setting (Silverman, Letwin, & Nuehring, 2016). A similar study by Clark, et al. (2006) showed marked evidence that the more patients listened to their preferred music, the larger the reduction in treatment-related stress during radiation therapy. These results indicate the significance that familiar and preferred music can have on an individual's health and recovery. Hence, if patients in music therapy prefer music from Hispanic cultures, it is important that music therapists find a way to provide it to achieve best results.

Summary of Literature

A detailed search of the existing literature reveals a paucity of information related to music therapy and the subject of “multiculturalism” or “cultural relevance”. In fact, there are a very limited number of accounts where cultural awareness has been incorporated into music therapy sessions. Articles by Brown (2002) and Hadley and Norris (2015) make a case for the importance of culturally competent care and offer suggestions for how we can best understand our clients' backgrounds. Research by Rilinger (2011) and Darrow and Molloy (1994) explicitly investigate cultural competence as a means to be maximally effective in music therapy clinical work. Two articles refer to the importance of culturally relevant music therapy when working with a Latino population to develop academic or language skills (Schwantes, 2009; Rilinger, 2011).

Related research not specific to music therapy has delved deeper into the issue of multicultural competence for health care in general, in an effort to reduce existing health care disparities and improve overall health outcomes for both patients and caretakers (Peterson-Iyer, 2008; Weinick, Jacobs, Stone, Ortega, & Burstin, 2004; Doran & Downing Hansen, 2006; Schwantes, Wigram, McKinney, Lipscomb, & Richards, 2011; Forrest, 2014). Though increasing attention is being paid to cultural relevance in music therapy, a review of literature reveals that a greater need for culturally relevant care and knowledge of Hispanic values exists, and more research is needed to prove its clinical effectiveness.

CHAPTER III

Methodology

This study used a survey design to collect data and information on music therapists' perceptions of culturally relevant music therapy in relation to Hispanic culture and how participants' perceptions may have related to perceived quality of care and success in music therapy treatment. Inquiries into the extent to which music therapists received formal training on this competency were also made. The researcher contacted music therapists in the Southwestern region of the United States (U.S.) for their participation through an area e-mail listserv and a Facebook group. The listserv contains 471 subscribers, though an unknown number of these subscribers are students and music therapy interns (K. Coleman, personal communication, March 22, 2017). Participants were able to access the survey through a link provided in the e-mail and on the Facebook post.

Sample

The researcher used a convenience sample as the availability and willingness of participants in the region was needed to participate. The Southwestern Region, defined by the American Music Therapy Association as New Mexico, Oklahoma, and Texas (AMTA, 2016), was the area of focus due to the large number of Hispanic residents and Spanish-speaking clients. To obtain participants the researcher created an online survey and sent two electronic appeals to the Southwestern Region listserv. An additional e-mail list from the Southwest American Music Therapy Association was not requested due to time constraints. This would have allowed the researcher to send out individual e-mails to

music therapists in the area. One social media request for survey participation was posted to the Central Texas Music Therapy Association Facebook page.

In order to be included in the study, individuals were required to be at least 18 and a current music therapy professional. A sample of 50 to 100 music therapists was desired for maximum external validity. However, only 30 participants completed the survey. Results were expected to generalize to music therapists working with Hispanic clients in all parts of the country. Further generalization was hoped to be applied to other health care settings where treatment of Hispanic patients is frequent.

Instrumentation

The researcher used a survey of questions written in English to be completed and answered by participants. The total amount of time needed to complete the survey did not exceed 10 minutes and questions covered Demographic Information, Professional Training/Education, and Culturally Relevant Music Therapy Practice. Questions included a combination of a 5-point Likert scale, multiple choice, and short answer response. (See Appendix A for informed consent and Appendix B for survey.) The survey was reviewed by two Music Therapy professors and one professor in the Sociology department, all from Sam Houston State University. The use of a survey was expected to allow the researcher to gain a preliminary understanding of the perceptions of culturally relevant music therapy, tools made available to music therapists for cultural competence, and how frequently these are employed in practice. Responses were expected to reveal possible relationships between perceived importance of culturally relevant music therapy and the amount of formal education received on the topic and the degree of familiarity with Hispanic language or culture. Results also were presumed to demonstrate any relationship

between the provision of culturally relevant music therapy and the perceived success of Hispanic clients in treatment.

Procedures

The researcher made an appeal for survey participation through the Southwestern Region email listserv, and on one music therapy Facebook group. A link to the survey was included in all correspondence, as well as a brief description of the study and its relevance to the music therapy profession. The survey opened on January 18, 2017 and closed on February 17, 2017.

Data Analysis

Results from this univariate descriptive study were analyzed using Qualtrics survey platform according to Likert-scale survey responses to gain a better understanding of how music therapists felt their cultural knowledge affected their clinical practice. The researcher reported demographic information related to location of music therapists, populations served, cultural training sources, number of years' experience, and their corresponding means and percentages. Responses regarding perceived importance of culturally relevant music therapy with the amount of formal education received and the knowledge of Hispanic culture and language was also discussed. Additionally, any relationship between perceived client success and the amount of culturally relevant music therapy provided by music therapists was reported.

CHAPTER IV

Results

The purpose of this research was to investigate perceived importance of culturally relevant music therapy with Hispanic populations and to identify any potential relationships between culturally relevant music therapy and overall success in music therapy. Thirty-two participants completed the online survey through an anonymous link provided through a mass e-mail or a Facebook post. Two participants failed to complete the entire survey so their partial responses were not included; thirty fully completed responses are the basis for this study's results. The survey consisted of Demographic questions, and questions regarding Professional Training and Education, and Culturally Relevant Music Therapy in Practice. Responses included use of a 5-point Likert Scale, multiple choice, and short answer response. The survey was available to participants to take at their convenience for a little over one month.

In this study, the variables investigated were perceptions of culturally relevant music therapy and amount of cultural knowledge gained from professional or formal education methods. Other variables included the preparation of music therapists who serve Hispanic clients, and perceived success of Hispanic clients in music therapy sessions. In this chapter, the researcher will discuss statistical analyses of results as they relate to each research question.

Demographic Results

Thirty board-certified music therapists practicing in the Southwestern Region completed the online survey and are included in the reported results. Twenty-nine participants reported practicing in Texas, ten in Dallas/Fort Worth, eight in Houston,

three in the Austin area, two in San Antonio, and six reported working in “Other” cities in the surrounding areas. One participant practiced in New Mexico, and no participants were practicing in Oklahoma. The majority of participants were female at 90% and 10% male, 27% reported to be of Hispanic origin, 77% Caucasian, 3% African American, and 3% Asian/Asian American. Twenty percent chose “Other” to identify themselves as “Hispanic” or of “European Descent.” Demographic information on participants is listed in Figure 1 and 2, and in Tables 1 and 2.

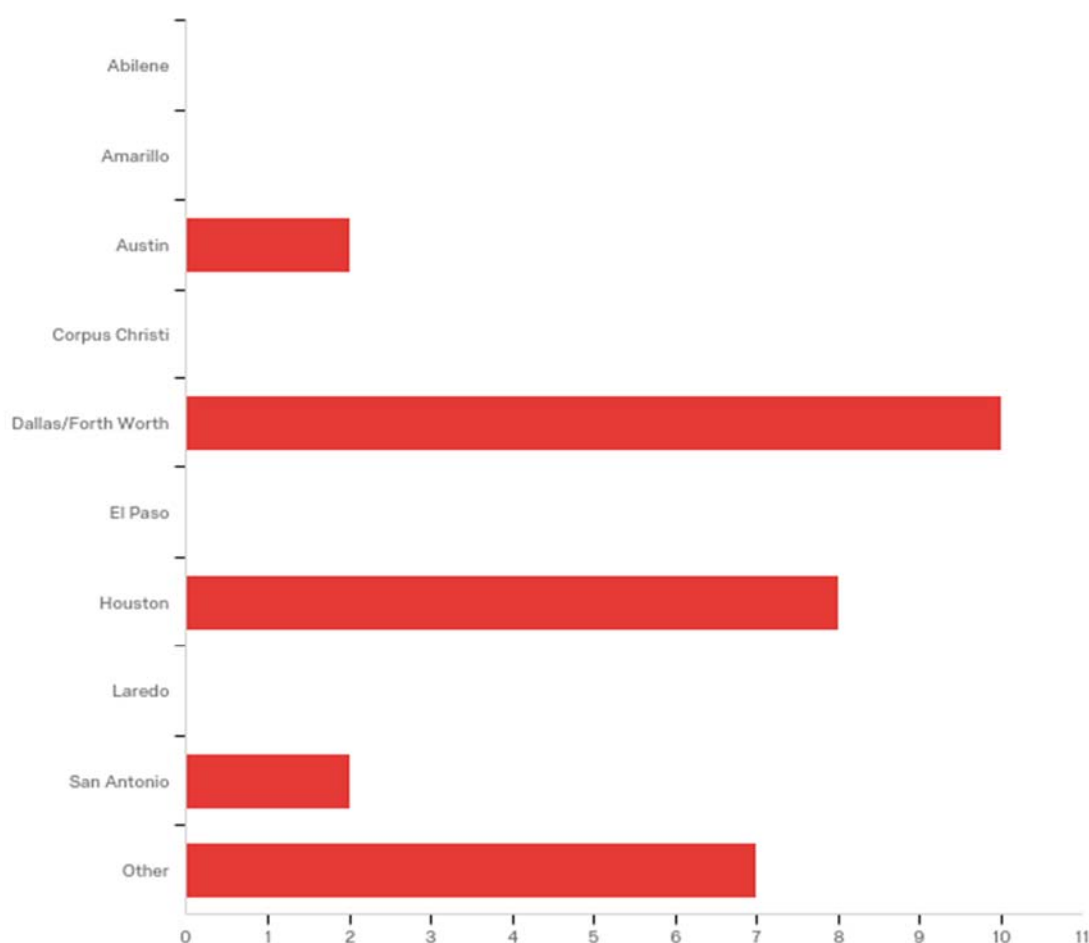


Figure 1. Cities in Texas where participants work.

Table 1

Frequency of Participants' Gender

Gender	Count
Male	3
Female	27
Total	30

Table 2

Frequency of Participants' Endorsement of Hispanic, Latino, or Spanish Origin

Hispanic?	Count
Yes	8
No	21
Prefer not to self-identify	1

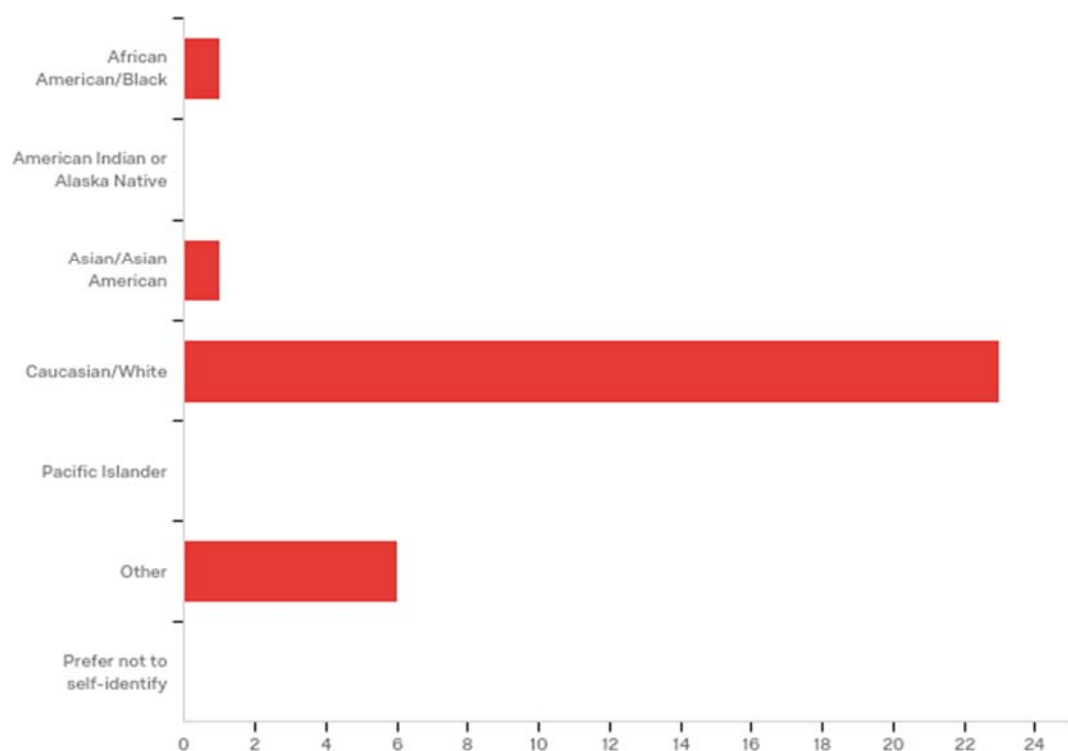


Figure 2. Race/Ethnicity of participants.

Two participants had been practicing less than a year, eight participants had been practicing between one and five years, eight between six and ten years, six between 11 and 20 years, and five had been practicing for more than 20 years. Participants primarily listed working with teens (72%), adults (66%), school-aged children (62%), and in early childhood settings (45%). The populations that were most often chosen as being treated in participants' regular practice were Developmentally Disabled (73%), Autism Spectrum Disorders (70%), Multiply Disabled (53%), School Age Population (50%), Speech Impaired (50%), Neurologically Impaired (47%), Learning Disabled (46%), and Physically Disabled (43%). The least common populations that music therapists reported working with included Abused/Sexually Abused (3%), AIDS (3%), Forensic (3%), Non-Disabled (3%), Eating Disorders (7%), Medical/Surgical (7%), Substance Abuse (7%),

and Chronic Pain (10%). Schools (K-12), Private Practice, Home Health Agencies, and Adult Day Care were the most common venues of employment. Fifty percent of participants did not feel they were conversational in Spanish, but 73% felt familiar with the culture and 63% felt familiar with Hispanic music. Information on populations, settings for employment, and knowledge of Hispanic culture is listed in Tables 3, 4, and 5 and in Figures 3, 4, and 5.

Table 3

Age Ranges of Participants' Clientele

Age	Percentage	Number
Infants (0-2)	6.90	2
Early childhood (3-4)	44.83	13
School-aged children (5-12)	62.07	18
Teens (13-19)	72.41	21
Adults	65.52	19
Geriatrics	31.03	9

Table 4

Populations Served by Participants

Population	Percentage	Number
Abused/Sexually Abused	3.33	1
AIDS	3.33	1
Alzheimer's/Dementia	23.33	7
Autism Spectrum Disorders	70	21
Behavioral Disorder	36.67	11
Cancer	13.33	4

(continued)

Population	Percentage	Number
Chronic Pain	10	3
Comatose	0	0
Developmentally Disabled	73.33	22
Dual Diagnosed	30	9
Early Childhood	33.33	10
Eating Disorders	6.67	2
Elderly Persons	26.67	8
Emotionally Disturbed	13.33	4
Forensic	3.33	1
Head Injured	20	6
Hearing Impaired	23.33	7
Learning Disabled	46.67	14
Medical/Surgical	6.67	2
Mental Health	26.67	8
Multiply Disabled	53.33	16
Music Education College Students	0	0
Music Therapy College Students	6.67	2
Neurologically Impaired	46.67	14
Non-Disabled	3.33	1
Other	0	0
Parkinson's	10	3
Physically Disabled	43.33	13
Post-Traumatic Stress Disorder	13.33	4
School Age Population	50	15
Speech Impaired	50	15
Stroke	16.67	5

(continued)

Population	Percentage	Number
Substance Abuse	6.67	2
Terminally Ill	10	3
Visually Impaired	40	12

Table 5

Settings of Employment

Setting	Percentage	Number
Adult Day Care	16.67	5
Adult Education	3.33	1
Assisted Living Facility	10	3
Child/Adolescent Treatment Center	0	0
Children's Day Care/Preschool	0	0
Children's Hospital or Unit	3.33	1
Community Based Service	10	3
Community Mental Health Center	0	0
Correctional Facility	0	0
Day Care/Treatment Center	0	0
Drug/Alcohol Program	3.33	1
Forensic Facility	0	0
General Hospital	6.67	2
Geriatric Facility	13.33	4
Group Home	3.33	1
Home Health Agency	16.67	5
Hospice/Bereavement Services	3.33	1
Inpatient Psychiatric Unit	10	3
Military Base	0	0
Music Retailer	0	0

(continued)

Setting	Percentage	Number
Oncology	0	0
Other	16.67	5
Outpatient Clinic	3.33	1
Physical Rehabilitation	3.33	1
Private Music Therapy Practice	23.33	7
School (K-12)	30	9
Self Employed/Private Practice	23.33	7
State Institution	3.33	1
Support Groups	0	0
University/College	3.33	1
Wellness Program	0	0

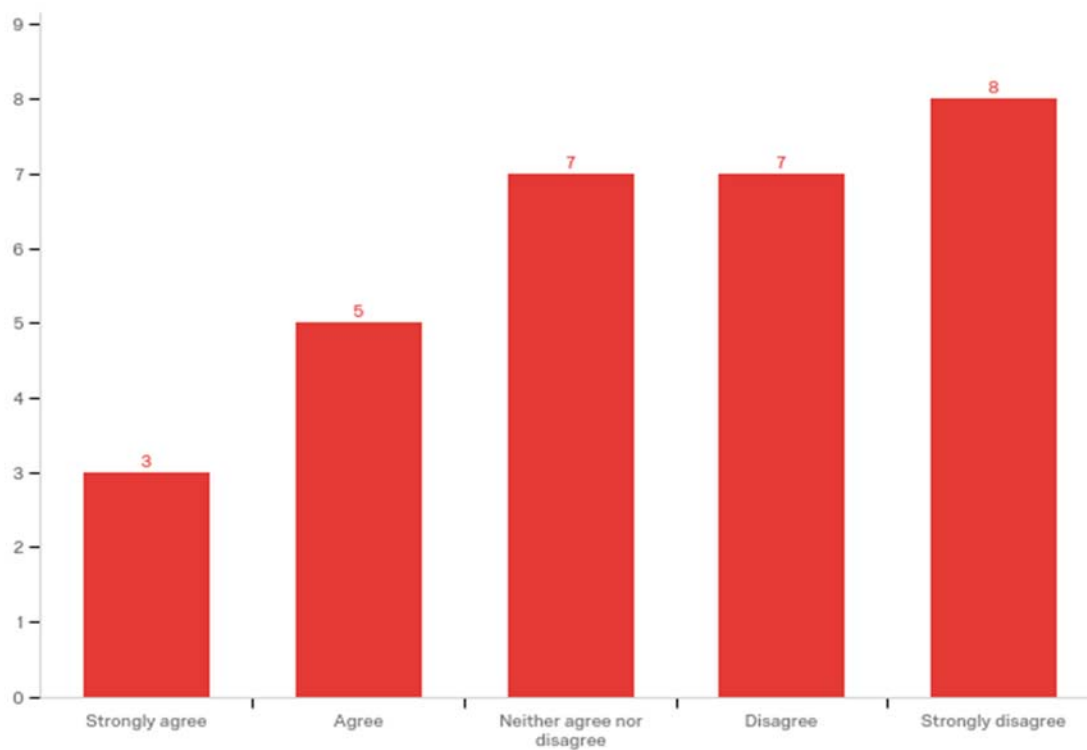


Figure 3. Participants' responses to the statement: I am conversational in Spanish.

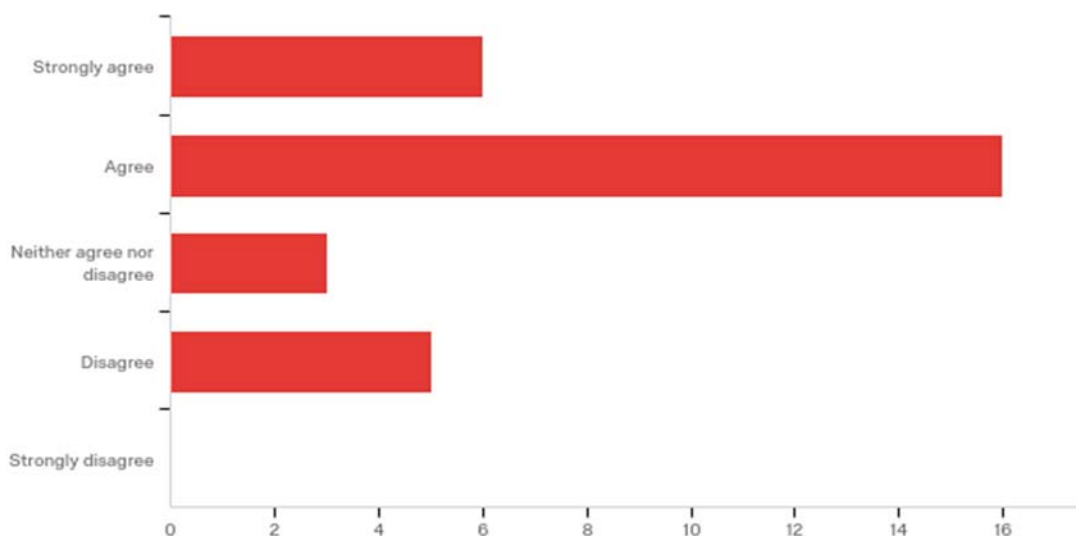


Figure 4. Participants' responses to the statement: I am familiar with Hispanic culture.

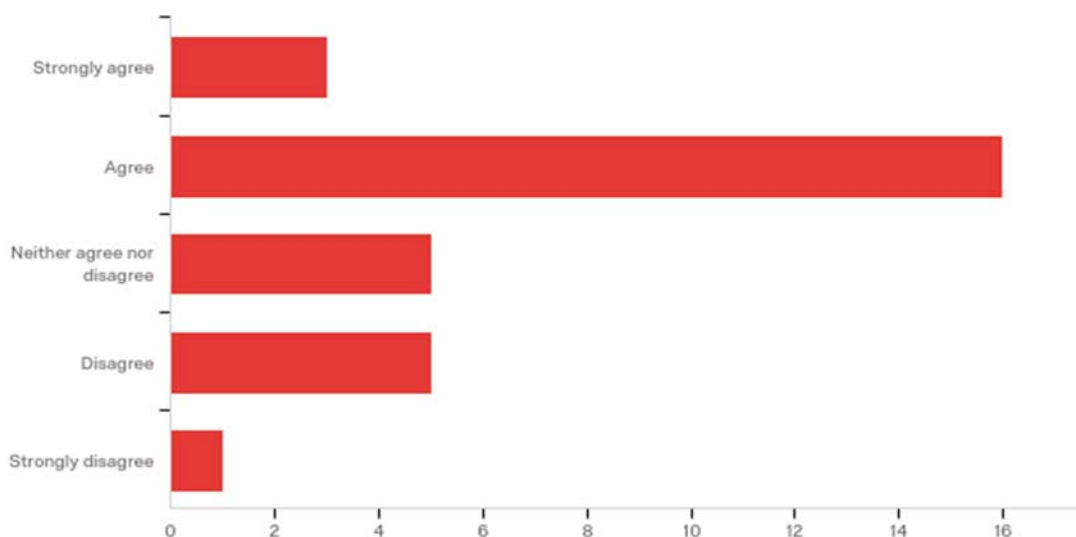


Figure 5. Participants' responses to the statement: I am familiar with Hispanic music.

Seventy-two percent of participants reported making an effort to incorporate elements from their clients' culture into sessions by talking to the client's family or caretakers (83%), talking to the client (73%), or research through the internet (53%). This data is reflected in Figure 6.

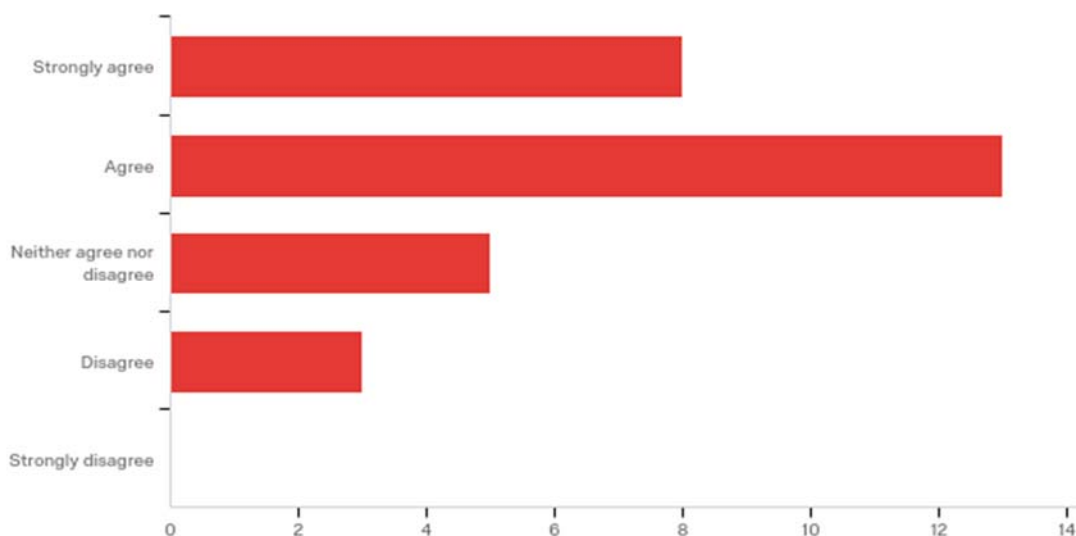


Figure 6. Participants' responses to the statement: I incorporate elements from my Hispanic clients' culture into sessions.

Research Question #1

The first research question explored culturally relevant music therapy training that music therapists received and how this translated to their personal clinical practice when treating Hispanic clients.

Descriptive Analysis. Of the participants in this study, 40% somewhat agreed that they had received culturally relevant music therapy training, 27% strongly agreed, 7% neither agreed nor disagreed, 23% disagreed, and 3% strongly disagreed. As far as training specific to Hispanic clients, only 7% strongly agreed, 27% somewhat agreed, 20% neither agreed nor disagreed, 17% somewhat disagreed, and 30% strongly disagreed. These numbers are reflected in Figures 7 and 8.

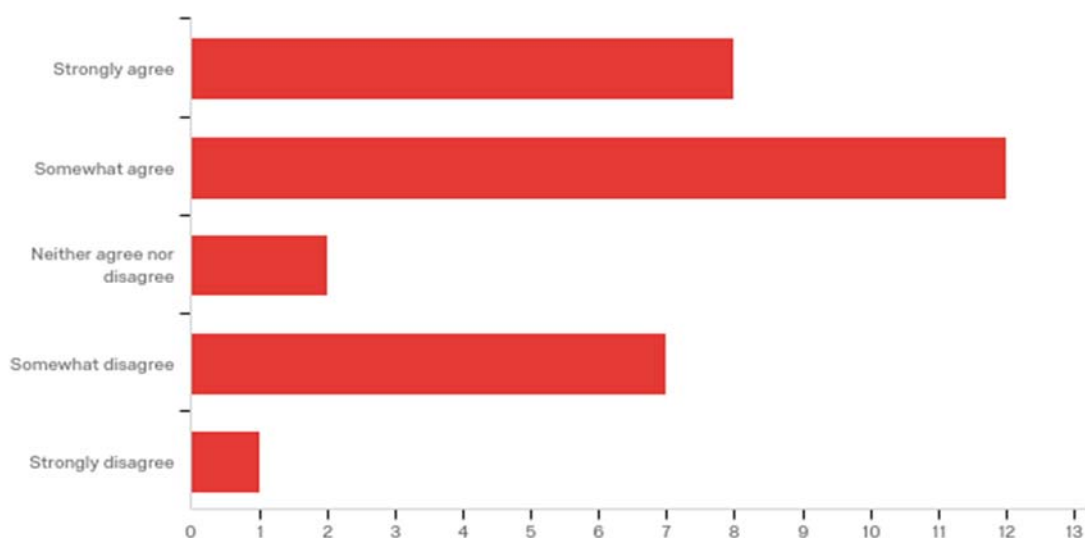


Figure 7. Participants' responses to the statement: I have received training on culturally relevant music therapy in general.

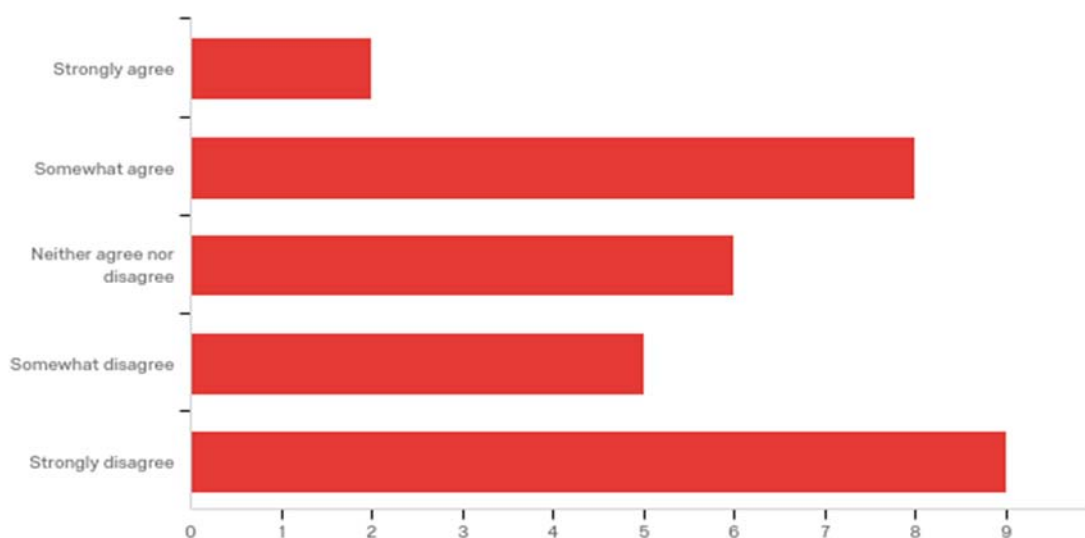


Figure 8. Participants' responses to the statement: I have received culturally relevant training specific to Hispanic clients.

Twenty-five music therapists received their undergraduate education in Texas, two in Pennsylvania, two in Kansas, and one in Indiana. Seventeen participants held only a bachelor's degree, twelve held a master's degree, and one held a doctoral degree. The majority of master's degrees were obtained in Texas (77%), and the single doctoral

degree was received in Pennsylvania. Sixty-seven percent agreed (somewhat or strongly) that they received some training on culturally relevant music therapy in general, but only 33% felt that their training in culturally music therapy was specific to Hispanic clients. Two participants reported their undergraduate education to have prepared them to provide culturally relevant music therapy to their clients, and 12 felt neutral (neither agreed nor disagreed) about their undergraduate training. As far as advanced degree programs which provided training on culturally relevant music therapy for Hispanic clients, three agreed, four neither agreed nor disagreed, and five disagreed. Data on education and training is listed in Figures 9, 10, and 11.

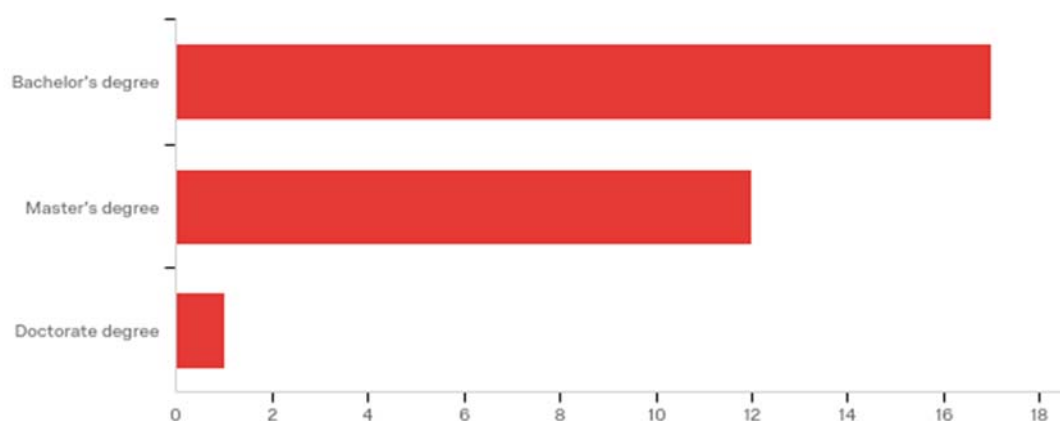


Figure 9. Participants' reported education level.

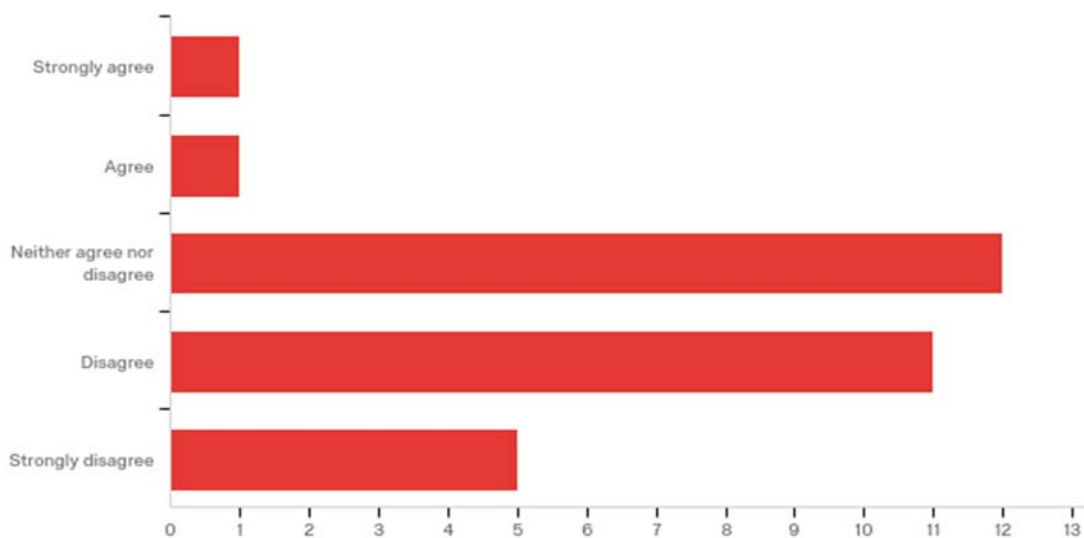


Figure 10. Participants' responses to the statement: my undergraduate or equivalency degree program prepared me to provide culturally relevant music therapy to Hispanic clients.



Figure 11. Participants' responses to the statement: my advanced degree program prepared me to provide culturally relevant music therapy to Hispanic clients.

Five participants mentioned the inclusion of at least one course targeted toward multicultural or culturally relevant music therapy: two reported taking this class during

their master's programs in Texas, two completed a multicultural course through their advanced degree programs in Pennsylvania, and one reported taking a targeted class during bachelor's coursework in Indiana. Seventy percent of participants agreed that culturally relevant training should be included in undergraduate/equivalency programs, 60% have pursued additional training on culturally relevant music therapy with Hispanic populations, and 90% place a high priority on having knowledge of cultural differences. General attitudes regarding provision of education for culturally relevant music therapy are displayed in Figures 12 and 13.

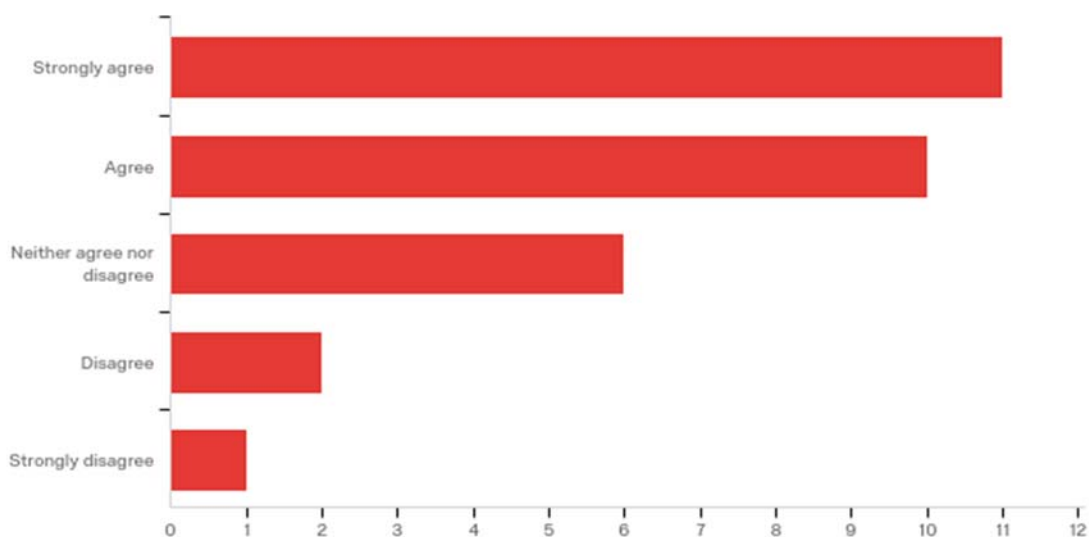


Figure 12. Participants' responses to the statement: culturally relevant music therapy training/education for Hispanic populations should be included in undergraduate/equivalency degree programs.

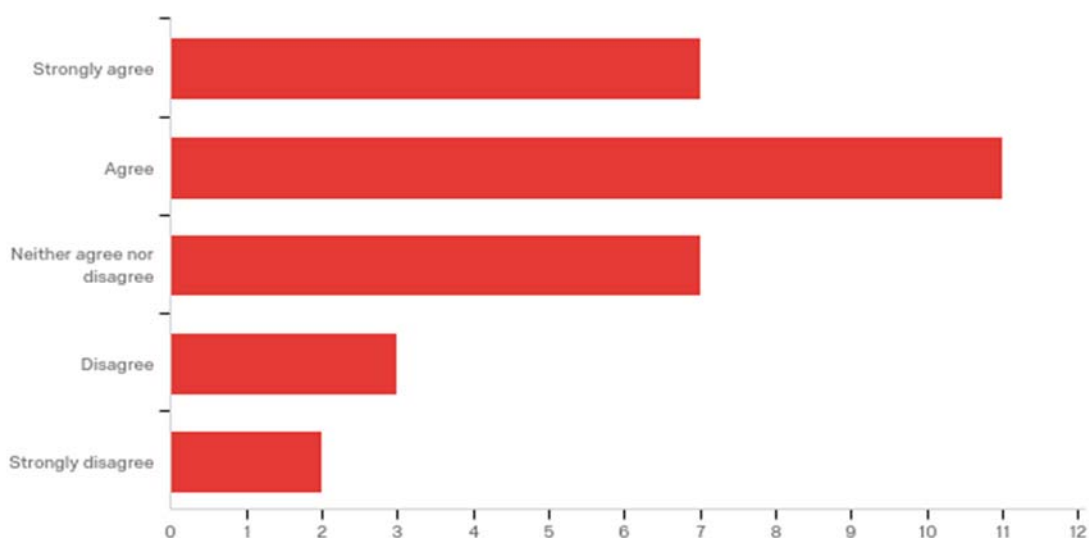


Figure 13. Participants' responses to the statement: I have pursued additional training on culturally relevant music therapy for the Hispanic population.

Research Question #2

The second research question examined the priority music therapy clinicians place on providing culturally relevant music therapy to Hispanic clients.

Descriptive Analysis. Sixty-three percent of participants either agreed or strongly agreed that culturally relevant interventions were a priority in their clinical practice. Additionally, 90% also reported placing a high priority on knowledge of cultural differences. Forty-three percent of participants who received some training in culturally relevant training also agreed that culturally relevant interventions for Hispanic clients are necessary in their practice. Only 6% of those who received training in culturally relevant music therapy felt that it was unnecessary in their clinical practice. Thirty-one percent reported that the number of Hispanic clients in their caseload increased since first beginning to practice. Figures 14, 15, and 16 illustrate the priority placed on culturally relevant knowledge.

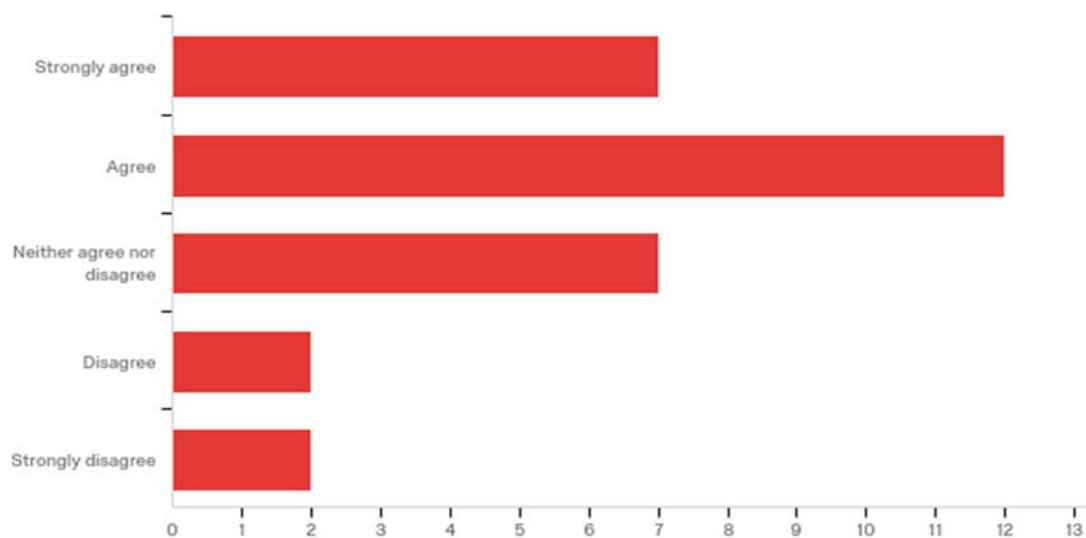


Figure 14. Participants' responses to the statement: culturally relevant interventions for Hispanic clients are necessary in my clinical practice.

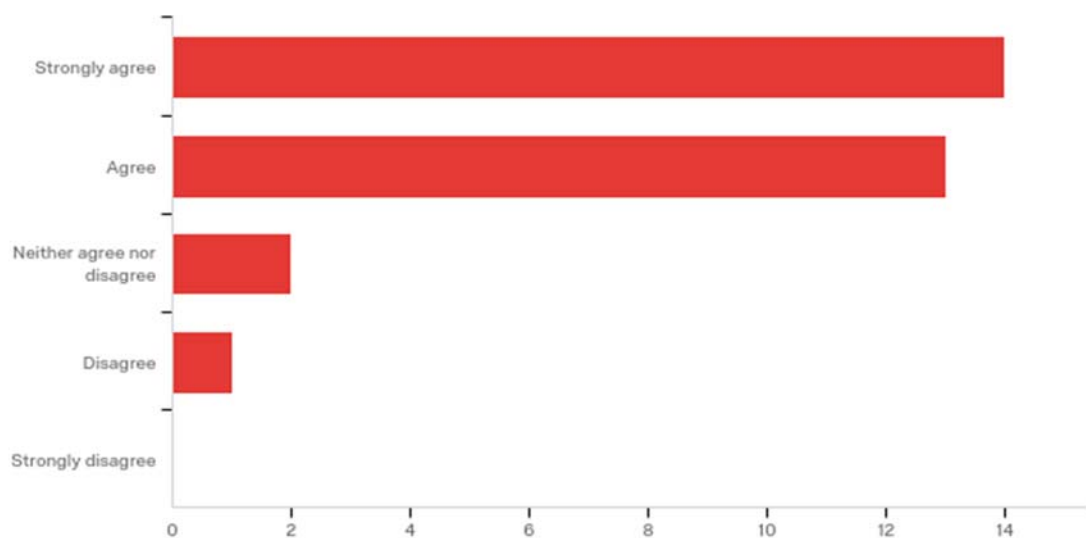


Figure 15. Participants' responses to the statement: As a music therapist, I place a high priority on having knowledge of cultural differences.

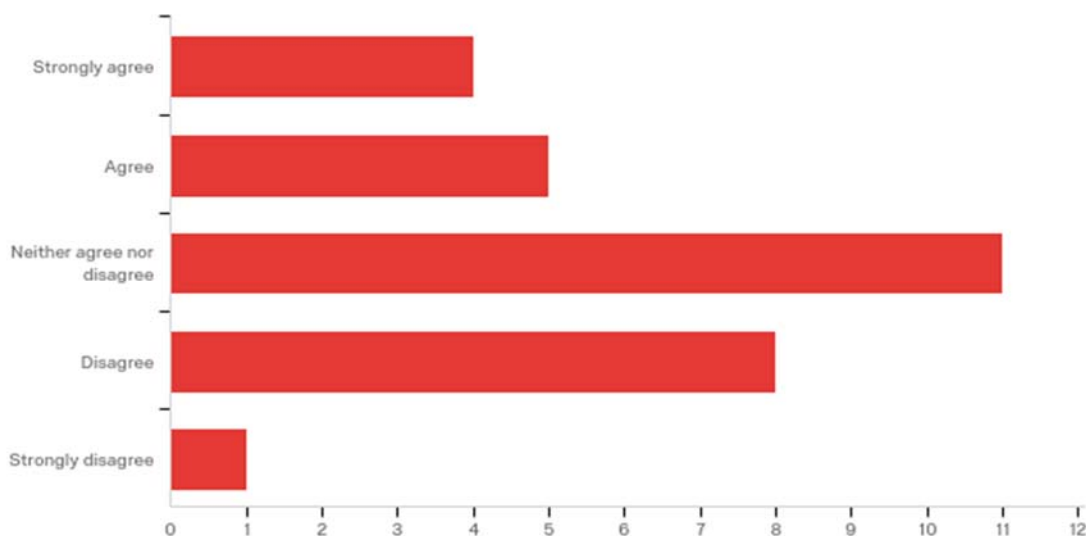


Figure 16. Participants' responses to the statement: Since first beginning clinical work, the number of Hispanic clients in my caseload has increased.

Research Question #3

The third research question investigated techniques music therapists employ in preparing to provide culturally relevant music therapy to Hispanic clients.

Descriptive Analysis. Participants were able to choose more than one option for this question. Of the options provided in the survey, 83% reported that they talk with the client's family and/or caretakers to prepare, 73% reported talking to the client, 53% use research through the internet, 50% practice self-awareness, 43% discuss options with other music therapists, and 3% reported they do not prepare in any way for culturally relevant music therapy. Three individuals chose "Other" to report that they use "Supervision" as a method to prepare, or that they do not currently have any clients of Hispanic origin. When choosing elements that are incorporated into their culturally relevant music therapy sessions, 73% reported cultural songs, 67% use family values, 53% integrate cultural or religious events, 47% reported using cultural practices or beliefs, and 17% chose "Other," which included free responses such as "communication

styles,” and “patient’s view of their culture.” Techniques and methods used by music therapists to provide culturally relevant music therapy are listed in Figures 17 and 18.

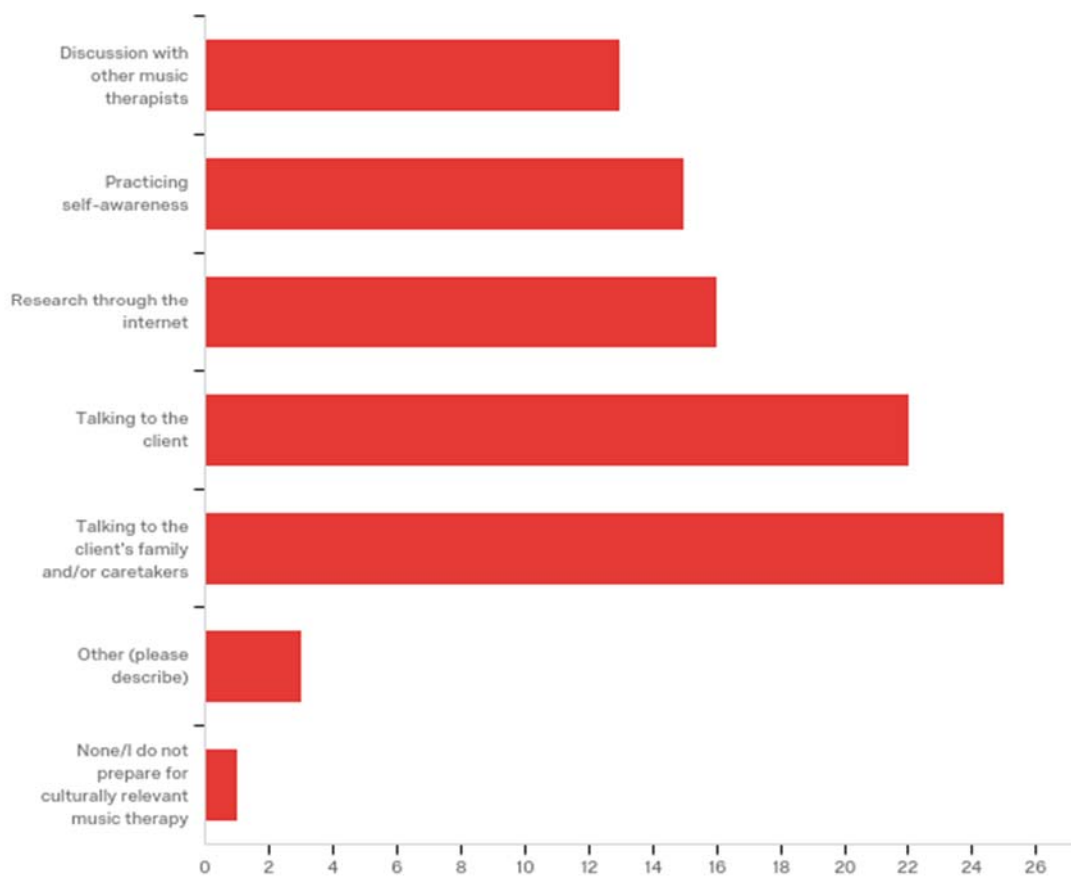


Figure 17. Methods used by participants to prepare treatment for clients of Hispanic origin.

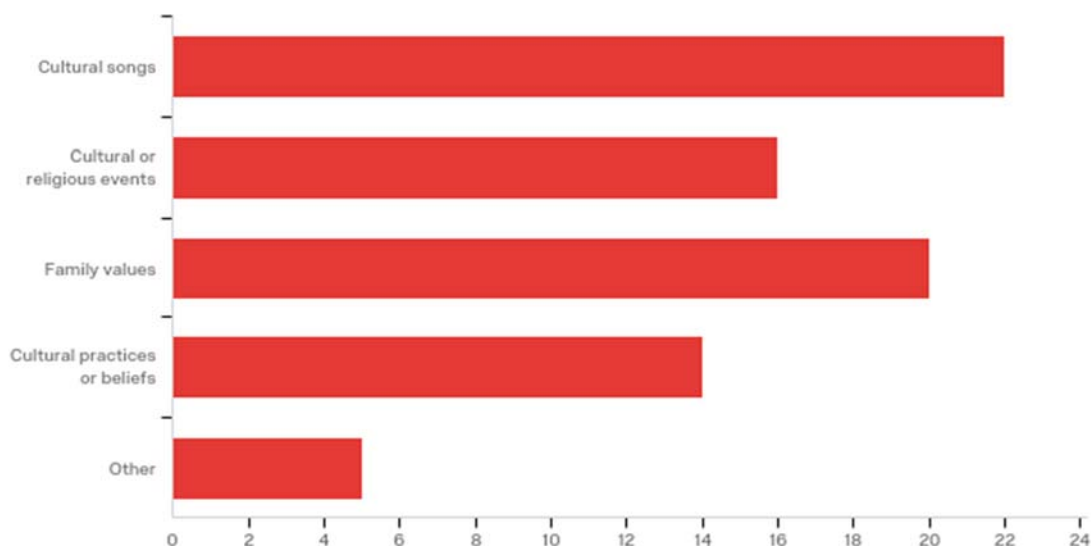


Figure 18. Elements participants include in culturally relevant music therapy with Hispanic populations.

Research Question #4

The fourth research question aimed to investigate any perceived relationship between culturally relevant music therapy and overall success of Hispanic clients in treatment.

Descriptive Analysis. When treating Hispanic clients, the majority of survey participants reported a perceived correlation between the provision of culturally relevant music therapy and client success. Thirty-eight percent of participants strongly agreed with this view, 41% agreed, 14% neither agreed nor disagreed, and 7% disagreed. No participants strongly disagreed with this perception. These perceptions are reflected in Figure 19.

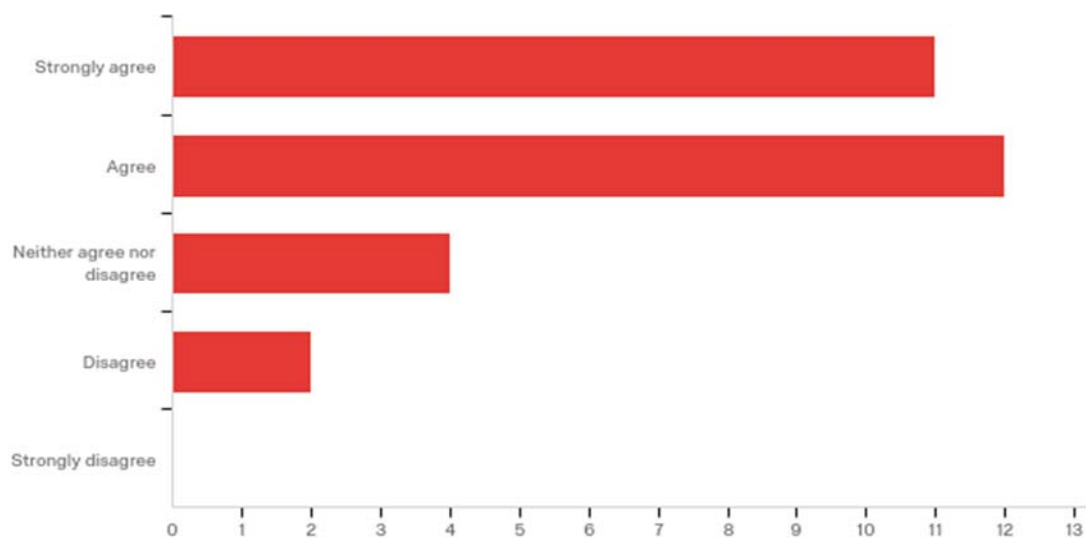


Figure 19. Participants' responses to the statement: I believe culturally relevant music therapy directly relates to my Hispanic clients' success in treatment.

CHAPTER V

Discussion

The purpose of this study was to investigate current perceptions of culturally relevant music therapy by certified music therapists in the Southwestern Region of the American Music Therapy Association (AMTA) and how these translate to success of Hispanic clients in treatment. This research was also designed to gain an initial understanding of whether music therapists in the Southwestern Region are providing Hispanic individuals with culturally relevant music therapy, and if so, the methods they employ in this practice. Thirty-two individuals participated in the online survey provided through a regional e-mail listserv.

In this study, the investigated variables included music therapists' perceptions of culturally relevant music therapy and the amount of cultural knowledge gained through educational or professional methods. Additional variables were preparation for culturally relevant music therapy sessions and perceived success of Hispanic clients in music therapy sessions.

In this chapter, the researcher will discuss results of the survey organized by research question. Results will be compared to previous studies to determine novel or repeat information. Other feedback provided by participants in relation to this study will also be discussed. The researcher will identify limitations of the study, provide recommendations for future research, and consider both theoretical and practical implications of results.

Discussion of Research Questions

Culturally relevant music therapy training. The first research question investigated culturally relevant music therapy training that music therapists received and how this translated to their personal clinical practice when treating Hispanic clients. Participants were asked to identify their level of education (bachelor's, master's, or doctoral degrees), the state where they received each degree, and whether they received any training for culturally relevant music therapy, and if so, from which degree. Participants were also asked whether they received culturally relevant music therapy training as it specifically relates to Hispanic individuals. A free response question probed into methods that were employed to train participants in culturally relevant music therapy. Additionally, participants were asked how they feel culturally relevant music therapy relates to the success of their Hispanic clients in treatment, and how necessary culturally relevant interventions are in their clinical practice.

The majority of participants (83%) reported to have completed their undergraduate or equivalency coursework in Texas. One individual out of those 25 participants felt that their undergraduate or equivalency training program in Texas prepared them to provide culturally relevant music therapy to Hispanic clients. Of the 12 participants whose highest education was reported as a master's degree, 10 received that education in Texas and two felt that the advanced education they received in Texas provided them with tools to provide culturally relevant music therapy to Hispanic clients. This may be an indication that both undergraduate/equivalency programs and master's programs in Texas could incorporate more culturally relevant music therapy training within their curricula.

Two participants whose highest education was a bachelor's degree received their education in Kansas. Both reported that they neither agreed nor disagreed that they were provided training on culturally relevant music therapy for Hispanic clients. Two participants were educated in Pennsylvania, one who received a bachelor's degree and one who received a PhD. The participant who received a bachelor's degree in Pennsylvania neither agreed nor disagreed, but the PhD recipient strongly agreed that their advanced degree program provided culturally relevant training. One individual received a bachelor's degree in Indiana and felt neutral about the program's training on cultural relevance, and one individual who received a master's from Colorado neither agreed nor disagreed that they were provided culturally relevant training.

Based on the results, 47% of those whose highest education is a bachelor's degree and 75% of those with master's degrees felt they were not educated on providing culturally relevant music therapy to Hispanic clients. Thus, it is evident that a deficiency in culturally relevant education could exist in both undergraduate and advanced degree programs for these participants. The issue is not adequately represented in states other than Texas, but the limited results of those who studied in other states suggest that those programs may or may not provide culturally relevant training, regardless of undergraduate or advanced degree program.

The free response question asked participants to briefly describe how culturally relevant music therapy was included in their university's degree plan. Responses included consideration of clients' music preferences and cultural background, discussion of songs with Spanish lyrics, understanding cultural influences in interactions, and how to adapt to different backgrounds and languages. Five participants were provided specific

courses on multicultural or culturally relevant music therapy within their degree plans, but they were not all catered specifically to clients of Hispanic origin. These results highlight the general lack of coursework dedicated to multicultural or culturally relevant training within programs. While many participants mentioned the discussion of culturally relevant music and interventions in their coursework, the majority did not receive comprehensive training.

Seventy-seven percent of participants felt that the success of their clients in therapy directly correlated with culturally relevant interventions. Of those participants, 65% held bachelor's degrees, and 35% held advanced degrees, 65% had received training on culturally relevant music therapy in general, and 39% had received training specific to Hispanic cultures. Overall, 6% disagreed that culturally relevant interventions were related to clients' success and of these, both held master's degrees. However, one participant who disagreed reported to have no Hispanic clients in their caseload, which might justify the lack of emphasis in culturally relevant music therapy. Seventeen percent felt neutral. These results suggest that the majority of participants relate the success of their clients to how well their treatment is individualized, regardless of education or training. Those who reported that culturally relevant interventions were not related to the success of their clients may not have had any Hispanic clients

Participants were asked to rate how necessary they felt culturally relevant music therapy for Hispanic clients was in their practice. Results show that 63% felt it was very relevant, 13% felt it was not relevant, and 23% felt it was neither relevant nor irrelevant. Those who felt neutral or strongly disagreed with this statement may have responded this way due to a lack of Hispanic clients in their practice. Because a follow-up question was

not posed to determine this, it remains unknown whether these participants feel culturally relevant music therapy is not applicable to their Hispanic clients, or if they were not currently treating any Hispanic clients.

These responses are consistent with the opinion set forth by Weinick et al. (2004), that ignoring cultural differences may lead to worsened health outcomes. It appears that most participants acknowledge the benefits of providing culturally relevant care in their practice. Consistent with survey results from Darrow and Molloy (1998), responses from the current survey also demonstrate how few universities offer courses specifically designed for multicultural practice in music therapy. Darrow and Molloy (1998) reported that 50% of those they surveyed placed importance on cultural knowledge whereas the current survey showed 90% agreed on the importance of multicultural awareness. Though the current study contained fewer participants, this increase hopefully signifies an upsurge in the number of music therapists providing culturally informed therapy, or at least indicates growing awareness of the issue.

Priority placed on the provision of culturally relevant music therapy to Hispanic clients. The second research question examined the priority music therapy clinicians place on providing culturally relevant music therapy to Hispanic clients. Participants used a Likert-scale to rank the priority they place on having knowledge of cultural differences in music therapy, and also to indicate the extent to which they have pursued opportunities to gain additional training on culturally relevant music therapy for the Hispanic population. In conjunction with these questions, participants were then asked to rank the effort they put into incorporating elements from clients' culture into sessions.

Of the participants who held bachelor's degrees, 82% placed a high priority on having knowledge of cultural differences, and 5% (one individual) reported to not place a high priority on knowledge of cultural differences. All of the participants with master's or doctoral degrees (100%) reported placing a high priority on knowledge of other cultures in their practice. Out of the 21 participants who reported to have received some degree of training on culturally relevant music therapy, 90% agreed that they place a priority on having knowledge of other cultures, while 75% of those who received no training still felt that they place a high priority on cultural awareness. Based on these results, it seems those with advanced degrees tend to be slightly more mindful of the issue. However, the majority of those who claim to have received no training on other cultures still recognize the importance of culturally relevant music therapy.

Ninety percent of participants agreed that they place a high priority on having knowledge of cultural differences and participants chiefly reported (72%) that they do make an effort to incorporate elements from clients' cultures into their sessions. The slight disparity in these two results may be due to lack of Hispanic clients in some participants' current practices.

The trend from these results suggests some music therapists with advanced degrees may prioritize cultural knowledge and multicultural training slightly more than those who do not have advanced degrees. Additionally, those who have training in culturally relevant music therapy continue to prioritize its use. However, in these results, there is not much of a disparity between those who have received training and those who have not, and their perceptions of the importance of culturally relevant music therapy. Despite the lack of training provided in educational programs, participants appeared

largely aware of differing cultures and how this translates to the individualization of music therapy.

The incorporation of cultural elements into sessions relates to Cleveland and Horner's (2012b) findings that knowledge of Mexican-American cultural values assists in making more meaningful connections, or therapeutic alliances. Though no articles in the literature review reported the priority placed on cultural knowledge, this study indicates increasing attempts to avoid viewing Hispanic individuals as a monolith. In accordance with the Professional Competencies and Standards of Practice set forth by the American Music Therapy Association, results from this research question indicate the awareness and priority music therapists place on "knowledge of and respect for diverse cultural backgrounds" (AMTA, 2013).

Techniques used by music therapists to provide culturally relevant music therapy. The third research question investigated techniques music therapists employ in preparing to provide culturally relevant music therapy to Hispanic clients. Participants were allowed to choose more than one of the following options: discussion with other music therapists, practicing self-awareness, research through the internet, discussion with the client, and discussion with the client's family and/or caretakers. A free response field was offered for those who desired to write in a response that was not provided. Participants were then asked to identify the cultural elements they include into sessions, including songs, cultural or religious events, family values, and practices or beliefs. Additionally, an option for free response was provided for participants who include elements that were not provided in the above list.

Responses favored discussion with the client's family/caretakers (83%) as well as talking to the client (73%), indicating the likelihood that most music therapists are aware the best way to provide individualized music therapy begins with the client and client's family. Research through the internet (53%) and practicing self-awareness (50%) were also deemed important. A definition of "self-awareness" was not given in the survey, but the practice of self-awareness generally includes being aware of one's own biases and personal preferences. The practice of self-awareness when working with clients is undeniably part of the provision of culturally relevant music therapy. Results suggest that many music therapists are aware of this view. Discussion with other music therapists was viewed as important (43%), and a free response included the use of "supervision," which could also provide important feedback when working with different populations.

Elements most often incorporated into sessions included all of the options provided, with cultural songs (73%), family values (67%), cultural or religious events (53%), and cultural practices or beliefs (47%). A free response by a participant mentioned the inclusion of communication styles that vary among Spanish-speaking cultures. These results suggest that music therapists are aware of, and often incorporate, culturally relevant components into their sessions.

In solidarity with Brown's (2002) suggestion that music therapists learn more about client's cultures, music therapists reported using all of the provided methods, and more, to achieve this knowledge. The inclusion of self-awareness into treatment harkens back to Hadley and Norris's (2015) article as a way to understand our own thoughts and beliefs that will help us connect to and treat clients from other cultural backgrounds.

When treating others, these results suggest participants in this survey place priority on supporting the client's background over their own.

Perceived correlation between culturally relevant music therapy and client success in treatment. The fourth research question investigated any perceived correlation between culturally relevant music therapy and overall success of Hispanic clients in treatment. Participants were asked to rate their agreement that culturally relevant music therapy positively affects treatment outcomes. In addition, participants were asked to indicate their familiarity with both the Spanish language and Hispanic culture and music.

The majority of participants (79%) agreed with the idea that culturally relevant music therapy produces positive outcomes in treatment. A small number of participants felt neutral (14%) or disagreed with this statement completely (7%). The participants who responded in an impartial manner may not have been treating Hispanic clients at the time of this survey, which could have affected their ability to agree with the statement. Though these results do not guarantee a relationship, it is possible that a positive correlation exists between treatment outcomes and the provision of culturally relevant music therapy. Additionally, 60% of those who reported a link between cultural relevance and success also reported familiarity with Hispanic culture. These results may suggest those who are already versed in Hispanic culture or who have Hispanic clients are more inclined to see a relationship between culturally conscious therapy and results from provision of this therapy.

Approximately half of the participants reported that they were not conversational in Spanish, and 27% felt comfortable speaking Spanish. However, 73% reported feeling

comfortable with Hispanic culture, and 63% felt familiar with Hispanic music. These results are an indication that lack of fluency in a language does not always equate to lack of knowledge with the related culture. Because music therapists are expected to retain an ever-increasing amount of knowledge, the acquisition of other languages may not be completely necessary when treating individuals of differing backgrounds.

This study's results recall the suggestion by Weinick et al. (2004) that health outcomes in Hispanic populations could be related to health care provider's awareness of Hispanic culture and the way that translates to treatment. Additionally, the provision of culturally relevant care in this study supports Peterson-Iyer's (2008) argument that knowledge of a client's cultural background leads to a better understanding of them, and thus more effective treatment.

Other participant feedback. At the end of the survey, participants were asked to give a brief description of any culturally relevant interventions they had used with Hispanic clients. Responses primarily consisted of songs, including "Bidi Bom Bom," "La Reina," "Las Mañanitas," "Cielito Lindo," "Besame Mucho," "Dios Esta Aqui," and "Feliz Navidad." The artists that participants mentioned as popular among clients included Juanes, Carlos Vives, Selena, Prince Royce, and Romeo Santos. Preferred genres were "Salsa music," "Rancheras," and "Latin music," and other suggestions were "Spanish hymns" and songbooks by Jose Luis Orozco.

Some participants reported attempting to speak Spanish to communicate, learning about family or cultural events, using bilingual songs, translating songs from English to Spanish, using children's Spanish books, or asking students for help in identifying Spanish words. One participant reported that conversing with clients about preferred

music is important because, even if they do identify as Hispanic, they often still prefer American pop music. Additional participants mentioned the use of American pop music with Hispanic clients. One participant wrote that “learning a Spanish song really doesn’t make it relevant,” and another participant reported that it is important to be aware of the language barrier.

Given the free responses provided by participants, it is possible that some assume the use of Spanish language songs constitute cultural relevance. In fact, Spanish songs might be suitable for a client, but it is always important to base those decisions on individual preferences and needs, regardless of race or ethnicity. It is important to be aware of culture-specific music and practices if they are pertinent to the client’s holistic care. Simply playing a cliché Spanish song regardless of its relevance to the Hispanic client being treated is not considered culturally relevant music therapy.

Study Limitations and Recommendations for Future Research

Results from this study suggest general awareness of culturally relevant music therapy for Hispanic clients by practicing music therapists in the Southwestern Region. However, there are limitations to this study that should be considered when interpreting results, including a small number of participants, incomplete representation of the Southwestern Region, lack of information on particular training programs, inclusion of music therapists who may not have had any Hispanic clients, and unclear definitions of the terms “Hispanic” and “culturally relevant.”

The first limitation was the small number of participants who completed the survey. Despite seeking responses through a listserv that reaches hundreds of music therapists in the region, only 30 music therapists participated, 29 from Texas, one from

New Mexico, and none from Oklahoma. Additionally, those who responded may have been drawn to the words in the title of the study, including “culturally relevant” or “Hispanic.” Results may be skewed if those who responded already possessed an interest in this specific area. Because the number of participants does not reflect a proportional sample of music therapists in Texas, New Mexico, or Oklahoma, the generalizability of results is limited. Future research should attempt to reach more participants through individual outreach methods for maximum participation.

Another limitation of the study was the lack of information pertaining to music therapy undergraduate, equivalency, and advanced degree programs. Responses from program directors in the region were not sought to maintain anonymity of all participants, thus not all regional programs were represented or investigated to determine the level of culturally relevant education they provide. Results from this study do not completely reflect curriculum related to multiculturalism in the region. Interviewing program directors individually would give better insight into each program’s view of culturally relevant music therapy, as well as methods they employ to educate students in this area of practice.

In the request for participation, the researcher did not specify that only music therapists with Hispanic clients in their caseload should participate. Thus, four participants who reported to have no Hispanic clients responded, which might have slightly slanted their responses and their view of culturally relevant music therapy. If replicated, only those who currently see Hispanic clients should be included in the study.

Lastly, the researcher’s definitions of both “Hispanic” and “culturally relevant music therapy” may have been confusing for some participants, leading to inaccurate

responses. “Hispanic” is defined by the US Census Bureau as someone who identifies him- or herself as Mexican, Puerto Rican, Cuban, or of other “Hispanic, Latino, or Spanish origin” (US Bureau of the Census, 2015). However, in the survey provided, “Hispanic” was defined as “an individual of Latin American descent or an individual who identifies as Hispanic.” One participant replied that the terms “Latino” and “Hispanic” are “actually different, applying to different populations of Spanish speakers.” For the purposes of this study, the term “Hispanic” was meant to encompass all identities of Latin American origin, which may not have been clear to participants. Additionally, this broad scope includes varying rituals, traditions, beliefs, etc. of each country, which also may have been confusing to participants. Future research should clearly define and possibly list nationalities of the target population.

For the purposes of this study, "culturally relevant music therapy" was defined for participants as “methods or techniques that are informed by clients' cultural identity or practices, rituals, or beliefs”. A further clarification should have been made that this could include practices that are not specific to their cultural or ethnic background, such as the preference for American pop music. Some participants reported that their Hispanic clients preferred American referents in their sessions, which would still constitute the term “culturally relevant” as that is the culture they most identify with. Further, one participant noted that focusing on “...culturally relevant interventions rather than what is needed to accomplish...the session goal is NOT always the therapeutic thing to do.” The definition of “culturally relevant music therapy” given by the researcher was meant to encompass all aspects of the client’s identity, including those which may not have been specific to the client’s ethnic or racial background.

Study Implications

The results from this study have several associated theoretical and practical implications regarding culturally relevant music therapy with Hispanic populations. Theoretically, this study has offered an initial look into the general perceptions of providing culturally relevant music therapy to Hispanic individuals. More information has also been gained on training and education, and methods used by music therapists to provide culturally relevant music therapy. Practically, results from this study offer more insight into the importance of cultural relevance in music therapy, and outline the need for more training and awareness.

Theoretical implications. The results from this study suggest that many practicing music therapists possess a positive opinion of culturally relevant music therapy with Hispanic clients. Those who responded also generally view culturally relevant music therapy as important in clinical practice. Most participants reported having at least two Hispanic clients, but were not provided training in their degree plan(s). Thus, a disparity in the treatment between Hispanic and non-Hispanic individuals could exist. Though this study suggests some Hispanic individuals may not receive culturally competent treatment, lack of data and sufficient participants cannot confirm this.

Practical implications. Participants reported implementing various methods to provide culturally relevant music therapy, including discussion with the client and caretakers, research, and self-awareness. However, when asked to describe a culturally relevant intervention, most participants listed the incorporation of pop songs or pop artists. This suggests that music therapists are aware of the potential benefits of providing culturally relevant music therapy, and many have access to the appropriate resources, but

may not have adequate training to implement a culturally relevant intervention for maximum effectiveness.

Responses revealed that, regardless of undergraduate/equivalency or advanced degree programs, universities in general may lack sufficient coursework on culturally relevant or multicultural music therapy. Positive perceptions and awareness of culturally relevant music therapy is not lacking, but the training to provide appropriate treatment may not be sufficient for all. The results from this study suggest that more classes and training opportunities dedicated specifically to multiculturalism in university settings are possibly needed.

Summary and Conclusions

The purpose of this study was to determine perceptions of culturally relevant music therapy with the Hispanic population, whether music therapists received training on culturally relevant music therapy, how they incorporated these methods into their practice, and whether they felt these practices were vital to the success of their Hispanic clients in therapy.

Results indicate that many music therapists possess positive perceptions of, and are aware of the need for culturally relevant care, even though they may not have been provided adequate training or resources to do so. Additionally, music therapists are aware of various techniques to learn more about their clients' cultural background and offer interventions that are culturally informed. Most participants do feel that these practices lead to better success of their Hispanic clientele in music therapy.

Due to the small number of participants in this study, a disparity in treatment for Hispanic individuals could not be determined. The majority of participants indicated a

lack of training in this field. Despite this, however, participants largely indicated they acknowledge the importance of culturally relevant music therapy, so it is also possible that no disparity in care does currently exist. In an increasingly diverse world, it is uplifting that music therapists are attempting to accommodate the individual and culture-specific needs of their clients.

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APPENDIX A



Informed Consent

My name is Annie Vandervoort, and I am a graduate student of the Music Therapy Department at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study of culturally relevant music therapy with Hispanic clients in the Southwestern region of the American Music Therapy Association. I am conducting this research under the direction of Dr. Carolyn Dachinger. I hope that data from this research will encourage awareness of cultural differences when treating Hispanic clients. You have been asked to participate in the research because I would like your input on how you cater to Hispanic clients and if/how you were provided education on culturally relevant music therapy.

The research is relatively straightforward, and I do not expect the research to pose any risk to any of the volunteer participants. If you consent to participate in this research, you will be asked to take an online survey consisting of multiple choice and short answer questions. Any data obtained from you will only be used for the purposes of this study. Under no circumstances will you or any other participants who participate in this research be identified. In addition, your data will remain confidential. 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/>.

This research will require about 5 to 10 minutes of your time. Participants will not be paid or otherwise compensated for their participation in this project.

Participation is voluntary. If you decide to not participate in this research, your decision will not affect your future relations with Sam Houston State University. Also, if at any point during the research you decide to withdraw, or do not wish to, participate in the remainder of the research you are free to withdraw your consent and to discontinue participation at any time without affecting that relationship. If you have any questions, please feel free to ask me using the contact information below. If you are interested, the results of this study will be available at the conclusion of the project.

If you have any questions about this research, please feel free to contact me, Annie Vandervoort or Dr. Carolyn Dachinger, using our contact information below:

<i>Annie Vandervoort</i> Music Therapy Sam Houston State University Huntsville, TX 77341 Phone: (512) 914-0339 E-mail: aev010@shsu.edu	<i>Dr. Carolyn Dachinger</i> Music Therapy Sam Houston State University Huntsville, TX 77341 Phone: (936) 294-1366 E-mail: cdachinger@shsu.edu
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APPENDIX B

Select the state where you work.

- ☐ New Mexico
- ☐ Oklahoma
- ☐ Texas

Choose the city/cities in New Mexico where you work.

- ☐ Albuquerque
- ☐ Farmington
- ☐ Las Cruces
- ☐ Roswell
- ☐ Santa Fe
- ☐ Other _____

Choose the city/cities in Oklahoma where you work.

- ☐ Edmond
- ☐ Lawton
- ☐ Norman
- ☐ Oklahoma City
- ☐ Tulsa
- ☐ Other _____

Choose the city/cities in Texas where you work

- ☐ Abilene
- ☐ Amarillo
- ☐ Austin
- ☐ Corpus Christi
- ☐ Dallas/Fort Worth
- ☐ El Paso
- ☐ Houston
- ☐ Laredo
- ☐ San Antonio
- ☐ Other _____

Select your gender

- ☐ Male
- ☐ Female
- ☐ Prefer not to self-identify

Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Prefer not to self-identify

Which of the following best identifies you?

- ☐ African American/Black
- ☐ American Indian or Alaska Native
- ☐ Asian/Asian American
- ☐ Caucasian/White
- ☐ Pacific Islander
- ☐ Other _____
- ☐ Prefer not to self-identify

How many years have you practiced as a board-certified music therapist?

With what age range(s) do you primarily work? (Choose all that apply)

- ☐ Infants (0-2)
- ☐ Early childhood (3-4)
- ☐ School-aged children (5-12)
- ☐ Teens (13-19)
- ☐ Adults
- ☐ Geriatrics
- ☐ N/A

With what populations do you currently work? (Choose all that apply)

- ☐ Abused/Sexually Abused
- ☐ AIDS
- ☐ Alzheimer's/Dementia
- ☐ Autism Spectrum Disorders
- ☐ Behavioral Disorder
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Comatose
- ☐ Developmentally Disabled
- ☐ Dual Diagnosed
- ☐ Early Childhood
- ☐ Eating Disorders
- ☐ Elderly Persons
- ☐ Emotionally Disturbed
- ☐ Forensic
- ☐ Head Injured
- ☐ Hearing Impaired
- ☐ Learning Disabled
- ☐ Medical/Surgical
- ☐ Mental Health
- ☐ Multiply Disabled
- ☐ Music Education College Students
- ☐ Music Therapy College Students
- ☐ Neurologically Impaired
- ☐ Non-Disabled
- ☐ Other _____
- ☐ Parkinson's
- ☐ Physically Disabled
- ☐ Post Traumatic Stress Disorder
- ☐ School Age Population
- ☐ Speech Impaired
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Terminally Ill
- ☐ Visually Impaired

In what setting(s) do you work? (Choose all that apply)

- ☐ Adult Day Care
- ☐ Adult Education
- ☐ Assisted Living Facility
- ☐ Child/Adolescent Treatment Center
- ☐ Children's Day Care/Preschool
- ☐ Children's Hospital or Unit
- ☐ Community Based Service
- ☐ Community Mental Health Center
- ☐ Correctional Facility
- ☐ Day Care/Treatment Center
- ☐ Drug/Alcohol Program
- ☐ Forensic Facility
- ☐ General Hospital
- ☐ Geriatric Facility
- ☐ Group Home
- ☐ Home Health Agency
- ☐ Hospice/Bereavement Services
- ☐ Inpatient Psychiatric Unit
- ☐ Military Base
- ☐ Music Retailer
- ☐ N/A, not currently working in any settings
- ☐ Oncology
- ☐ Other _____
- ☐ Outpatient Clinic
- ☐ Physical Rehabilitation
- ☐ Private Music Therapy Practice
- ☐ School (K-12)
- ☐ Self Employed/Private Practice
- ☐ State Institution
- ☐ Support Groups
- ☐ University/College
- ☐ Veterans' Affairs
- ☐ Wellness Program

For the purposes of this study, "culturally relevant music therapy" is defined as methods or techniques that are informed by clients' cultural identity or practices, rituals, or beliefs. Training in "culturally relevant music therapy" includes activities such as discussion of cultural differences, or methods to deliver, research, or be mindful of culturally informed treatment.

In which state did you receive your undergraduate music therapy degree or equivalency training?

What is your current level of education?

- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree

In what state did you receive your Master's degree?

In what state did you receive your Doctorate degree?

I have received training on culturally relevant music therapy in general.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

I have received specific training on culturally relevant music therapy as it relates to Hispanic clients.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

My undergraduate music therapy degree program or equivalency training program prepared me to provide culturally relevant music therapy to Hispanic clients.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

My advanced degree program prepared me to provide culturally relevant music therapy to Hispanic clients.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Briefly describe how culturally relevant music therapy was included in your university's degree plan(s) (e.g., if it was part of general education courses or music therapy-specific courses, or if you were taught specific songs or interventions).

I believe culturally relevant music therapy training/education for the Hispanic population should be included in undergraduate/equivalency degree programs.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

I have pursued opportunities to gain additional training on culturally relevant music therapy for the Hispanic population.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

If working in a clinical setting, approximately how many Hispanic clients do you currently see? [For the purposes of this study, "Hispanic" is defined as an individual of Latin American descent or an individual who identifies as Hispanic.] If not applicable, write "N/A".

As a music therapist, I place a high priority on having knowledge of cultural differences.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

I believe culturally relevant music therapy directly relates to my Hispanic clients' success in treatment.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

Culturally relevant interventions for Hispanic clients are necessary in my clinical practice.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

I prepare for culturally relevant music therapy when seeing a client of Hispanic origin in the following ways (choose all that apply):

- ☐ Discussion with other music therapists
- ☐ Practicing self-awareness
- ☐ Research through the internet
- ☐ Talking to the client
- ☐ Talking to the client's family and/or caretakers
- ☐ Other (please describe) _____
- ☐ None/I do not prepare for culturally relevant music therapy

When seeing a Hispanic client, I make an effort to incorporate elements from the clients' culture into sessions.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

The elements I include into culturally relevant music therapy for the Hispanic population are clients' (choose all that apply):

- ☐ Cultural songs
- ☐ Cultural or religious events
- ☐ Family values
- ☐ Cultural practices or beliefs
- ☐ Other _____

I consider myself to be conversational in Spanish language.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

I am familiar with Hispanic culture.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

I am familiar with Hispanic music.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Since first beginning clinical work, the number of Hispanic clients in my caseload has increased.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

Please give a brief description of any culturally relevant intervention (including songs) you have used with Hispanic clients.

Thank you for participating in this survey regarding culturally relevant music therapy with Hispanic clients. Your involvement in the study will contribute to the growing body of research in this area, as well as overall awareness of culturally relevant music therapy. Your time is greatly appreciated. If you have any questions regarding this research, or if you would like a copy of the results after it is completed, please contact:

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VITA

Annie Vandervoort

EDUCATION

Master of Music student in Music Therapy at Sam Houston State University, August 2014 – present.

Thesis title: “Culturally relevant music therapy in the southwestern United States: an investigation of music therapy with Hispanic populations.”

Bachelor of Arts (December 2008) in Music, University of Texas, Austin, Texas.

EMPLOYMENT

Independent Contractor in Music Therapy, Austin, Texas, August 2016 – present. Responsibilities include: leading individual and group music therapy sessions for children, teens, and adults with special needs and providing a therapeutic atmosphere in which progress can be made.

INTERNSHIP

Intern with Ana-Alicia Lopez Music Therapy Services, LLC in Austin, Texas, January 2016 – July

2016. Duties included: preparing for and leading individual sessions for children and young adults with developmental or intellectual disabilities.

PRESENTATIONS

Vandervoort, A., and Chun, J. Music therapy in assisted living facilities. The Lexington Center, Huntsville, Texas, May 2015.

Vandervoort, A. and Chun, J. Huntington’s disease and music therapy. Sam Houston State University, Huntsville, Texas, November 2014.

ACADEMIC AWARDS

Recipient of the Central Texas Music Therapy Association Scholarship Award, Austin, Texas, March 2016.

PROFESSIONAL MEMBERSHIP

American Music Therapy Association

Central Texas Music Therapy Association