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Bongo Drums and a Misunderstanding:

A Study on the Constraints of Growing a Music Therapy Business in a Midwestern Community

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In partial fulfillment of the requirements for the degree of
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Bongo Drums and a Misunderstanding: An Exploratory Study on the Constraints of Growing a Music Therapy Business in a Midwestern Community

By

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Abstract

Quad Cities Music Therapy is a small business providing music therapy and music enrichment services in the Quad Cities. Despite an overall positive growth trajectory, QCMT has experienced disproportionate growth between its music enrichment and music therapy programs. This study sought to identify constraints to growing a music therapy business in the Quad Cities by exploring perception, awareness, and other potential areas that may prohibit growth. This study was also conducted with the desire to share results with the broader music therapy profession to help provide a framework for other MT-BCs to begin exploring these topics in their own communities. Our investigation used an exploratory design with a mixed methods approach. Data collection included content analysis, a community survey of perception, awareness, and constraints, and expert interviews with eight experienced Music Therapists – Board Certified. Our findings indicate that 1) the Quad Cities offers a robust market for the growth of a music therapy business, 2) respondents generally have a positive perception of music therapy but limited or inaccurate perception and awareness of music therapy practice with some statistically significant variance among different groups of independent variables; 3) the cost of music therapy may prohibit organizations from seeking services; 4) growing a music therapy business is a complex task that requires a diverse set of capacities. We recommended that QCMT 1) address perception and awareness in the Quad Cities market; 2) leverage the positive perception and untapped potential in the market by increasing strategic partnerships that can also provide diverse funding sources; and 3) determine areas of specialization aligned with feedback from the QCMT market.

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Organizational Context

Established in 2018, Quad Cities Music Therapy [QCMT] provides inclusive music environments for individuals of all ages and abilities. QCMT services the cities of Davenport and Bettendorf, Iowa, and Moline and Rock Island, Illinois, known as the Quad Cities. The organization serves individuals in the area who are interested in having access to meaningful music experiences. As a small, owner-operated business, QCMT was founded by a Music Therapist - Board Certified (MT-BC) with more than twenty years of experience who serves as the organization's executive director. The organization also employs one additional MT-BC and three accomplished elementary music teachers who serve as instructors for educational classes and lessons.

Programs at QCMT are divided into two distinct classifications: music education and enrichment services and music therapy services. Music education and enrichment services include an early childhood music program, general music lessons, private and group music instruction, and music enrichment programs. While music education and enrichment constitute the majority of program services and revenue, QCMT's music therapy program offers a unique value proposition that differentiates the organization from other music-related businesses. The American Music Therapy Association (2005) defines the practice of music therapy as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program."

QCMT's music therapy program serves children and adults with special needs such as autism spectrum disorder, developmental disabilities, cerebral palsy, Down syndrome, and neurological or genetic disorders that impact movement and cognition. Music therapy

aims to improve the following: attention, cognitive skills, communication, motor skills, self-awareness, sensory integration, and social skills (QCMT, 2022). Music therapy requires a credentialed music therapy professional who helps determine the client's strengths and weaknesses, develops a comprehensive treatment plan with specific goals for each session, tracks progress, measures outcomes, and realigns goals (QCMT, 2019; AMTA, 2005). In contrast, musicians can deliver music education and enrichment to learn to play an instrument or a music-related skill regardless of licensing or credentials.

Problem of Practice

QCMT's director reported that the organization has experienced rapid growth since its founding in 2018, increasing enrollment from 12 students to 220 students annually. Internal documents revealed that QCMT has increased revenue by over 100% yearly since 2020. While 220 students is a strong customer base for this small business, QCMT's director reported disproportionate growth between their music education and enrichment program compared to their music therapy program. While QCMT's rapid growth of the music education and enrichment program has increased the organization's presence in the community and created a revenue stream that sustains the business, QCMT's owner and director has a deep desire to increase their impact in the Quad Cities by growing the number of clients that specifically receive music therapy services.

QCMT's director reported that services are primarily provided to individuals at their brick-and-mortar location in Moline, IL., which is centrally located to all four of the Quad Cities (see Appendix A). This space has supported the continued growth of QCMT's music education and enrichment and music therapy programs since 2019. However, a single location also precludes the organization from reaching a broader client base. To expand services to more individuals in the Quad Cities, QCMT's director reported they are

interested in partnering with local organizations that serve children and adults with special needs to provide music therapy services to their clients. Since research consistently demonstrates the benefits of music therapy for this client population (Yinger & Gooding, 2014; Twyford, 2012; Brown & Jellison, 2012; Whipple, 2004), QCMT's director views creating service contracts with these organizations as a way to reach a broader base of their target population and deepen their impact in the community. This would involve a strategic growth initiative to expand QCMT from serving individuals primarily through music education and enrichment in their brick-and-mortar location to providing music therapy services to individuals in partnership with other community organizations. QCMT's director views collaborative partnerships as a natural extension of its organizational mission to provide a quality music experience in an inclusive music environment.

To date, the organization has secured four service contracts with local organizations that serve children or adults with special needs (M. Dais, personal communication, February 24, 2023). First, since 2020, QCMT has maintained a service contract with a local nonprofit that serves children with Down syndrome. Through this relationship, QCMT conducts therapeutic music classes for approximately 15 children in a group setting (M. Dais, personal communication, February 24, 2003). These therapeutic classes focus on attention span, dexterity, and range of motion. QCMT's director also reported a partnership with a local parks and recreation facility where they conduct one of their music education and enrichment programs, as well as a service contract with a senior living center to provide therapeutic drumming to help support improved movement, cognition, and coping for participants suffering from the beginning stages of dementia and Alzheimer's disease (M. Dias, personal communication, February 24, 2003). Most

recently, QCMT entered a service contract with a local public school to provide music therapy services for children with Individual Education Plans (IEPs).

Although QCMT has been able to establish service contracts with four organizations in the Quad Cities that serve their target population, QCMT's director reported that the organization has frequently encountered challenges related to public perception and lack of awareness regarding music therapy as a barrier to the growth of their music therapy program. For example, the organization's director reported a consistent pattern of interactions in the community where individuals believe that their child or family member is receiving music therapy; however, in reality, they are being provided music enrichment through lessons, group classes, or other forms of musical expression, rather than actual music therapy services (M. Dais, personal communication, February 24, 2023). Since the individual is not receiving specific music therapy interventions proven in the research to demonstrate clinical effectiveness, there is no assurance that these services will produce comparable benefits to those provided by an MT-BC.

This reality complicates the public's understanding of what constitutes evidence-based music therapy services. QCMT's director reported another example of misperception of music therapy by describing individuals who may watch a music therapy group and think clients are "just playing drums" when the reality is that this activity was created intentionally to help the client reach specific goals, such as improved movement, cognition, or coping (M. Dais, personal communication, February 24, 2023). The organization has also encountered recurrent situations where local musicians provide music groups on a volunteer basis, which makes it difficult for music therapists to compete when consumers do not fully grasp the difference between music performance and the

evidence-based nature of genuine music therapy services. Ultimately, without a universal understanding of music therapy as a clinical practice, individuals are missing out on the full benefits attributed to this form of treatment.

QCMT's director also reported that the cost associated with services is often a barrier for consumers since third-party pay sources do not consistently reimburse music therapy as they do with other therapeutic services (M. Dais, personal communication, February 24, 2023). QCMT's director reported that the organization has encountered this barrier on multiple occasions when trying to partner with non-profit organizations to serve their clients. Since QCMT is a for-profit entity, they are not eligible for most grant funding opportunities that pay for music therapy services. As a result, the organization is dependent on potential non-profit partners being able to secure grant funding, which serves as another barrier for organizations with limited resources. QCMT recently experienced this barrier while trying to partner with a local non-profit that serves medical populations. Without adequate grant funding for creative arts therapy, the partner organization could not move forward with providing music therapy services to clients (M. Dais, personal communication, February 24, 2023).

Music therapy research literature also notes the lack of widespread reimbursement through Medicaid or other private insurance providers as a consistent barrier to services (Sena Moore & Pebbles, 2020; AMTA, 2012). With minimal Medicaid or insurance coverage, clients often self-pay for music therapy, which is a deterrent for populations that already require extensive medical and therapeutic services (M. Dais, personal communication, February 24, 2023). For example, QCMT's director reported that the organization currently only has one music therapy student who receives reimbursement for services through a third-party respite waiver.

The American Music Therapy Association provided further evidence of funding as a barrier in their 2021 Workforce Analysis, which reported diverse funding sources for music therapy services. Table 1 outlines the funding sources identified as part of AMTA's report. As revealed in Table 1, music therapy services are not consistently funded by any one source; instead, funding is frequently determined on a case-by-case basis or organizational level.

Table 1

AMTA's 2021 Workforce Analysis Funding for Music Therapy Services

Funding Source	**%**	**Responses**
County Agencies	3.76	58
Don't Know	8.36	129
Endowments	4.02	62
Financed by Facility/Hospital Budget	18.02	278
Grants	14.00	216
Health Savings Accounts	1.69	26
IDEA/Special Education	6.61	102
Medicaid Waiver	8.49	131
Medicare Reimbursement	3.43	53
Private Insurance Plans	4.02	62
Private Pay	19.18	296
State Agencies (not Medicaid)	6.22	96
Traditional Medicaid	1.49	23
Tricare	0.45	7
Worker's Compensation	0.26	4
Total Respondents: 808		

Purpose of Inquiry

This study sought to identify constraints to growing a music therapy business in the Quad Cities community by exploring perception, awareness, and other potential areas that may prohibit growth. This study will seek to identify constraints within the Quad Cities market and offer recommendations to overcome them. The overarching goal is to provide reliable and valid data, equipping the director of QCMT to make reasonable and realistic plans for growth in the Quad Cities area. In collaboration with our partner organization, this study was also conducted with the desire to share results with the broader music therapy profession and help provide a study framework for other MT-BCs to begin exploring these topics in their own communities.

Review of Literature

Inquiry Methods

To guide our investigation, we reviewed the scholarly literature to better understand various elements of the music therapy profession. Using ProQuest as our primary database along with Google Scholar, we used Boolean phrasing to search the term "music therapy" with multiple combinations of the following terms: "profession," "effect," "market," "business," "private practice," "business expansion," "perception," "funding," and "reimbursements." Since our search produced minimal research regarding expansion or growth for music therapy private practices, we expanded our search to scan the business literature further using the following terms: "niche business expansion," "business expansion constraints," "business expansion theories," "small business growth," "integrative model small business," "SME (subject matter experts) niche business growth," and "Theory of Constraints."

Music Therapy as a Profession

According to music therapy historians, references to music as healing, health, and medicine date back to ancient times and often acted as a central component of religion, superstition, or science (Davis & Hadley, 2015; Horden, 2016). The emergence of music therapy as a formalized profession did not proliferate in the United States until 1950 with the founding of the National Association for Music Therapy (NAMT). Although some colleges began introducing training programs in the 1940s, NAMT was responsible for establishing professional standards related to education and certification, as well as research and advocacy for the profession (Sena Moore, 2015). As the organization entered the 1960s, NAMT increased advocacy efforts by starting the *Journal of Music Therapy to*

publish music therapy research and expand awareness of the profession (Sena Moore, 2015). Music therapy has continued to grow as a profession throughout the twentieth and early twenty-first century with the creation of other regulatory and advocacy groups: Urban Federation for Music Therapists, also known as the American Association for Music Therapy, founded in 1971, the Certification Board for Music Therapists (CBMT) founded in 1983, and ultimately the founding of the American Music Therapy Association in 1998 (AMTA), which developed as a merge of NAMT and AAMT (Sena Moore, 2015). These organizations propelled the profession from a general idea regarding the healing benefits of music to a credentialed health profession practiced in a wide range of physical and mental health care settings.

Music has been well-documented to have a therapeutic impact on various physiological factors such as stress, anxiety, and pain (Khalfa et al., 2003; Mallik & Russo, 2022; Peng et al., 2009; Lee, 2016). For example, Khalfa et al. (2003) reported that soothing music stopped the rise of cortisol following a stressful activity, improving recovery time. Mallik and Russo (2022) reported a reduction in somatic anxiety as an impact of music and auditory beat stimulation. Peng et al. (2009) reported that soft music and inhaling essential oils positively impacted cardiac autonomic balance.

Similarly, in a meta-analysis of 97 studies regarding the effects of music on pain, Lee (2016) reported a statistically significant benefit in the following areas: decreasing pain, emotional distress, anesthetic use, opioid intake, non-opioid intake, heart rate, systolic and diastolic blood pressure, and respiration rate. Literature on the positive effects of music is widespread in this regard and provides sufficient evidence to support the healing benefits of music. However, it is critical to note that these studies center on the

benefits of music alone, which does not include the full scale of direct interventions used in music therapy as a clinical practice.

If music alone is not considered music therapy by qualified professionals, then it is crucial to define the terminology and account for the differences. As noted earlier, the clinical practice of music therapy is formally defined by the American Music Therapy Association:

> Music therapy is the clinical and evidence-based use of music interventions to accomplish individual goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy interventions can address a variety of healthcare and educational goals: Promote Wellness, Manage Stress, Alleviate Pain, Express Feelings, Enhance Memory, Improve Communication, Promote Physical Rehabilitation, and more (2005).

In contrast to music as an art or form of entertainment, music therapy begins with a formalized relationship between the client and the practitioner for clinical assessment and treatment (Murray, 2022). Essentially, music becomes a treatment modality a Music Therapist- Board Certified (MT-BC) uses to treat a client for an identified purpose. Individuals may seek music therapy for the treatment of various physical, emotional, social, and psychological concerns that impact quality of life, including, but not limited to, depression, motor skills, memory, blood pressure, grief, loneliness, emotional expression, cognitive function, coordination, social skills, communication, muscle tension, self-regulation, pain, coping skills, and stress management (Murray, 2022; Parkinson, 2020; Cleveland Clinic, 2023). Following a thorough assessment, a music therapist will create a treatment plan that utilizes various elements of music as specific interventions to

help a client reach defined goals (Murray, 2022; AMTA, 2023). Some music therapy activities may include listening to music, creating music, songwriting, music games and lessons, and discussion of lyrics (Murray, 2022; Cleveland Clinic, 2023). Similar to other forms of therapy, music therapists also track outcome measures to determine when a client has achieved their therapeutic goals (AMTA, 2023).

The Certification Board for Music Therapists (CBMT) maintains governance of the profession by providing national certification for music therapists, resulting in the following credential: Music Therapist - Board Certified or MT-BC (CBMT, 2023). This credential indicates that a person has completed all the educational and clinical components required of music therapists and the required continuing education (CBMT, 2023). However, it is essential to note that the MT-BC credential is voluntary, and individual states ultimately maintain governance for title protection, registration, state certification, and licensure (CBMT, 2023).

Since QCMT serves clients in Illinois and Iowa, the organization is governed by the rules and regulations regarding music therapy as a clinical profession in each state. On May 27, 2022, Illinois entered SB 2243 into law, which created state licensure for music therapists (CBMT, 2023). This monumental event officially provided title protection for the profession, ensuring that individuals cannot use the term “music therapists” without completing the required education, clinical practice, and continuing education. Illinois is currently preparing application procedures to implement this law (CBMT, 2023). In Iowa, state licensure is not required (CBMT, 2023). However, state law HF 285 provides title protection for the profession, ensuring individuals cannot use the title of music therapist unless they have completed certification as a nationally recognized Music Therapist - Board Certified (CBMT, 2023).

Market for Music Therapy Services

The American Music Therapy Association (AMTA) 2021 Workforce Analysis provides an annual assessment of the current market for music therapists. Using a convenience sample, AMTA conducted an online survey to gather comprehensive data regarding the music therapy profession to generate a descriptive and statistical account for practitioners. With 1,081 respondents and an estimated response rate between 10.8% and 11.4%, AMTA presented data on numerous aspects of music therapy business practice: demographics, hours worked, caseloads, salary, employment type, training, business practices, professional activities, budgets, telehealth services, clients served, facilities, funding, and AMTA membership (AMTA, 2021). 97.34 % of respondents were credentialed as Music Therapists - Board Certified in the United States, 2.3% of respondents were not credentialed, and 0.37% were credentialed from a country other than the United States (ATMA, 2021).

From a market perspective, the music therapy profession is growing domestically and globally. AMTA (2021) reported that approximately 2 million people received music therapy services in 2020, with an increase in average salaries for music therapists in 22 states across America. They further reported that 66% of music therapy respondents in the US worked 30 hours or more a week, with an average weekly caseload of 35.6 clients and 263.1 clients annually (AMTA, 2021). Music therapists received an average annual salary of $58,973, with an expansive range between $20,000 and $450,000. Specific to our current area of inquiry, there were 130 AMTA members reported in Illinois, with 22 respondents and an average salary of $55,773 (AMTA, 2021). AMTA (2021) reported 48 AMTA members in Iowa, with eight respondents and an average salary of $54,500.

Per AMTA's 2021 Workforce Analysis, music therapists provide services primarily to clients with autism spectrum disorder, mental health disorders, behavioral disorders, hospice/palliative care, school-age population, Alzheimer's/dementia, elderly persons, neurologically impaired, dually diagnosed, early childhood, and cancer. The most frequent work settings were schools (k-12), inpatient psychiatric units, nursing homes/assisted living, and children's hospitals or units. 95% of music therapy businesses were reported as for-profit vs. 4.47% as non-profit (AMTA, 2021).

Further, a recent market analysis conducted by Skyquest (2022) reported that the global music therapy market was valued at 2.4 billion US dollars in 2021 with an estimated growth projection of 5.73 billion by 2030, which indicates an expected 9.1% growth rate for the industry (Skyquest, 2022). However, after looking more deeply at the analysis, it appeared that many of the organizations included in the review provide services that do not always fall within the scope of music therapy. Therefore, we could not determine the complete accuracy of the market value as reported by Skyquest.

It is reasonable to surmise that the music therapy profession is expanding, partly due to the growing body of evidence demonstrating the effectiveness of music therapy in numerous clinical settings, as well as advocacy efforts that have impacted legal and regulatory aspects of the profession. Published by the American Music Therapy Association, *The Journal of Music Therapy (JMT) and Music Therapy Perspectives (MTP)* are two peer-reviewed journals that contribute to disseminating music therapy-related research (Ferrer, 2018). Music therapy research has also been published in other health and psychology journals. For example, in 2020, the journal *Frontiers in Psychology* published a meta-analysis documenting thirty studies reporting a positive effect of music therapy on the psychological and physical well-being of cancer patients,

with an additional twenty-one studies documenting “small but significant effects” on psychological well-being, physical symptoms of distress, and quality of life (Kohler et al., 2020, p. 1). In 2022, the journal *Health Psychology Review* published a meta-analysis of 47 studies demonstrating a “medium-to-large effect” of music therapy on stress reduction (de Witte et al., 2022, p. 134). Another meta-analysis, published by the *Journal of Pain and Symptom Management,* analyzed 11 randomized controlled studies with a total of 969 participants to study the effectiveness of music therapy for terminally ill patients (Gao et al., 2019). This analysis reported a reduction in pain and improvement in quality of life for terminally ill patients receiving music therapy services (Gao et al., 2019). Meta-analyses reporting positive benefits of music therapy for physical and psychological ailments can be found throughout the scholarly literature. While researchers continue to conduct and publish research documenting the benefits of music therapy, music therapists can confidently point to a growing body of evidence to support using music as a medium in a professional therapeutic relationship with a client.

The American Music Therapy Association (AMTA) and Certification Board of Music Therapists (CBMT) also put forth formalized advocacy efforts as part of their strategic promotion for the music therapy profession (Sena Moore, 2015). Known as the “State Recognition Operational Plan (SROP),” AMTA and CBMT conduct annual activities to educate the public about the benefits of music therapy and promote efforts that impact music therapy-related state legislature (Sena Moore, 2015). As of May 2023, these efforts have resulted in laws protecting and recognizing the music therapy profession, to some extent, in seventeen states across the country (CBMT, 2023).

Public Perception and Awareness of Music Therapy

Public advocacy to increase understanding and awareness of the music therapy profession has been a component of NAMT and other music therapy organizations since the 1950s (Sena Moore, 2015). In a 2012 doctoral dissertation, Ferrer identified study respondents' frustration with the media's inaccurate depiction of music therapy as a profession. Ferrer (2012) reported a consensus among study participants that the media primarily focuses on the abstract idea that music has healing qualities rather than the professional and clinical elements of music therapy practice. This inaccurate perception supports the notion that music therapy is more about music than therapeutic, clinical intervention. For instance, a study participant highlighted the misconception of viewing a volunteer guitarist at a hospital as providing music therapy when they are merely performing music and creating a soothing atmosphere (Ferrer, 2012). This certainly does not qualify as music therapy despite the media's portrayal or the public's perception. Ferrer concurs that, despite the "misrepresentations" in the media, the increased exposure has benefited the profession (2012).

In a thesis for a master's degree in music education with an emphasis in music therapy, Bybee (2017) identified the professional struggles music therapists have with misperceptions and lack of awareness as "occupational oppression" (p. 118). Bybee defined occupational oppression as "the system of invisible barriers that professionals experience in the workplace that reduce their ability to perform their jobs at the highest level" (2017, p. 18). Using Young's five categories of oppression as a theoretical foundation, Bybee reported that 77.6% of study participants believe the music therapy profession is an oppressed occupation (Bybee, 2017, p. 96). Survey respondents reported frequent experiences of music therapy being viewed as less important or less clinical than other

therapeutic professions, as evidenced by sessions frequently being interrupted by other non-music therapy clinicians, unrealistic caseloads, inadequate space or equipment, and being perceived as someone providing social time or creative music experiences as opposed to a professional, clinical service (Bybee, 2017).

In another thesis for a master's degree in music therapy in the United Kingdom, Morgan et al. (2020) studied public awareness and perceptions of the music therapy profession. Survey responses from 359 non-music therapists were analyzed to provide a descriptive analysis of the respondents' perception of music therapy (Morgan et al., 2020). Results indicated that 84.4% of respondents had heard of music therapy; however, 66.9% reported a limited understanding. Respondents also believed that music therapy can impact cognitive, social, behavioral, and physical factors, with nearly 95% of respondents reporting an impact on emotion (Morgan et al., 2020). Respondents reported language, speech, and musical functions as less likely to be impacted by music therapy. However, over 70% of respondents still reported "yes" to music therapy potentially impacting these areas (Morgan et al., 2020).

Interestingly, respondents reported that listening to pre-recorded music and musical improvisation were the most likely events to be observed during a music therapy session, with lyrical analysis coming in as the least likely, with only 38.2% of respondents indicating this as an expected event to be observed (Morgan et al., 2020). The following activities were reported as likely to be observed by the identified percentage of respondents: therapeutic discussion (73.3%), instruments played by non-musicians (73%), lyrical creation (61.3%), disorganized sounds (56.5%), song-writing (56.3%), and recording music (44.3%) (Morgan et al., 2020). These results presented a varied perception of what occurs during music therapy sessions.

More than 80% of respondents reported that being a skilled musician, being able to write songs, and having previous experience playing music was not a requirement for participating in music therapy (Morgan et al., 2020). However, only 66% of respondents reported that it was not a prerequisite to be willing to perform music to an audience (Morgan et al., 2020). The following themes were identified from the qualitative data: "music itself is innately therapeutic," "music as personal vs. professional therapy," and "I don't really understand what music therapy is" (Morgan et al., 2020, p. 20-21). Overall, study results indicated a high level of awareness coexisting with possible misinterpretations or misunderstandings of what occurred during music therapy sessions. This study also noted that respondents were accurately aware of many of the "fundamental aspects" of music therapy but had a less clear understanding of specific details of the profession (Morgan et al., 2020, p. 24).

Private Practice

Data indicates a rising trend of music therapists entering private practice (Silverman & Hairston, 2005; Wilhelm & Knight, 2021). The terminology "private practice" indicates that the music therapist is self-employed and operates a small business (Pizzi, Audio podcast, 2011). In a study of private practice in music therapy, respondents reported increased salary, flexible work schedule, and lack of established job opportunities as the top reasons for choosing private practice (Silverman & Hairston, 2005). Private practitioners most often work with the following populations: special education, the elderly, and the developmentally disabled (Silverman & Hairston, 2005). As a small business, private practice music therapists contend with many hurdles. Insufficient funding, lack of widespread reimbursement, and inadequate public awareness constitute the most commonly reported difficulties in growing a successful music therapy private

practice (Wilhelm & Knight, 2021; Silverman & Hairston, 2005). These impediments will be explored more thoroughly in a later section.

In 2004, Wilhelm wrote about the business aspect of private practice for music therapists. While reporting on the "financial viability and marketing" of the profession, Wilhelm noted that business skills and business management were not emphasized as key elements of the traditional music therapy curriculum (2004, p. 68). Building upon the 2004 study, Wilhelm and Knight published updated financial and marketing recommendations in 2021 for music therapists providing services through private practice. In a survey of music therapists who were either in private practice or identified as self-employed, 193 respondents made the following recommendations: take business classes, consult with business experts, diversify funding, diversify service options, diversify populations served, and connect with music therapists and non-music therapists in the community (Wilhelm & Knight, 2021). Wilhelm and Knight (2021) also recommended creating a marketing database to maintain contact with prospective clients and using various marketing materials to make your presence known in the community.

Private practice music therapists often supplement their income by providing services outside the scope of traditional music therapy practice (Wilhelm & Knight, 2021). For example, some private practitioners may offer music education classes, adaptive music lessons, consulting services, or music performances to provide additional revenue streams for their business (Wilhelm & Knight, 2021). Service contracts with other organizations, such as hospitals, schools, or senior living facilities, also boost revenue for private practice music therapy businesses (Wilhelm & Knight, 2021).

Finally, Wilhelm and Wilhelm (2021) also explored ethical issues related to private practice for music therapy business owners and highlighted the importance of adhering to

ethical standards associated with business and healthcare. In their study, Wilhelm and Wilhelm (2021) identified themes that provided insight into how ethics impact client welfare, business relationships and operation, as well as ways to avoid ethical dilemmas.

Funding and Reimbursements

The inability to acquire adequate funding or revenue was also reported as a primary barrier for private practice music therapists; this problem is often attributed to music therapy not being consistently funded by third-party reimbursement methods (Wilhelm & Knight, 2021; Silverman & Hairston, 2005; Bybee, 2017). This makes it difficult for music therapists to compete in a market with other allied health professions that experience optimal reimbursement levels. Sena Moore (2021) and Sena Moore & Pebbles (2020) reported that third-party reimbursement is specific to each state; therefore, private practice providers are confronted with different reimbursement practices based on their geographic location. Both Sena Moore (2021), Sena Moore & Pebbles (2020), and AMTA (2012) reported the following as potential reimbursement options: Medicare Partial Hospitalization Programs (PHP), Medicare Prospective Payments Systems (PPS), Medicaid Waivers, and private insurance companies. The Current Procedural Terminology (CPT) code 97530 “Therapeutic Activities, one-on-one, each 15 minutes” was reported as the most commonly reimbursed CPT code for music therapy services (Sena Moore, 2020). The following revenue codes were reported for documentation on in-patient claim forms: 0940 “Other Therapeutic Services-General Classification” and 0949 “Other Therapeutic Services” (AMTA, 2012). AMTA (2012) also reported the following ICD-9-CM Procedure Codes for documentation of services: Category 93, “Physical Therapy, Respiratory Therapy, Rehabilitation, and Related

Procedures," Code 93.8, "Other rehabilitation therapy," and 93.84, "Music Therapy," which may be used by inpatient facilities providing music therapy.

Ferrer (2012) connected funding to the importance of being able to translate your clinical skills as a qualified music therapist into a paid profession. Ferrer expounded on this idea by noting that one study participant reported a lack of training in music education programs on "professional development" and "how to get paid and how to stay in the field and get paid" (2012, p. 132). Further, Wilhelm and Knight (2021) reported reimbursements as the lowest known form of payment for music therapists in private practice. AMTA (2021) identified private pay as the highest form of funding for music therapy services. AMTA also advocated for the importance of understanding and securing any potential reimbursement opportunities. As there are no clear avenues for universal reimbursement, funding remains a concern for the growth and expansion of music therapy businesses. The idea of music therapists struggling to grow their business without adequate funding and a lack of reimbursements is often tied back directly to the public perception and lack of awareness of music therapy as a credentialed, clinical field.

Music Therapy Business Growth

Our search yielded minimal research literature to inform how music therapists can grow their businesses. Kyle Wilhelm, MA, MT-BC, was identified in our literature review as one of the most prolific researchers on business elements of music therapy practice, with published research on private practice, financial viability, marketing, and ethics for music therapists (2004, 2021, 2021). In his first report on the topic, Wilhelm (2004) presented a list of music therapists with published accounts of their own private practice experience: Behnke (1996), Knoll, Henry, & Reuer (1999, 2000), O'Brien & Goldstein (1985), Oliver (1989), and Reuer (1996). According to Wilhelm (2004), these accounts

were all published from a personal perspective to relay experiential knowledge and recommendations for other music therapy professionals to consider in their private practice. Some highlights of these accounts included recommendations in the following areas: public education, relationship marketing, business acumen, diversified funding streams, interpersonal skills, and business planning (Wilhelm, 2004).

Reuer (2007), CEO and Founder of MusicWorx, a consulting agency specializing in music therapy, published another personal account of her business expansion success to share her experience as an entrepreneur. Reuer credits Public Law 94-142, passed in 1975, as one catalyst for the growth of the music therapy profession. This federal law provided legal protection for children with disabilities by ensuring their right to public education (Reuer, 2007). As a result, music therapists were presented with the opportunity to advocate their services as a way of supporting children with special needs while in the public school system. This was evidenced by Reuer being selected to help test a model for "mainstreaming" children with disabilities in the Dubuque School District in Iowa (2007, p. 109). Reuer also presented the following personal recommendations for music therapists in private practice: read the book *Starting from Scratch* (Moss, 2005) and take note of the "Hunt Steps," which include having a clear vision of the future, committing to your long-term vision, building partnerships, creating personal branding, paying attention to trends, and "be[ing] willing to change in response to those trends" (Reuer, 2007, p. 108, p. 113).

Expanding from personal experience alone, Wilhelm (2004) noted the work of Gfeller (2002), who presented the following recommendations obtained from 13 entrepreneurial music therapists: develop a team of music therapists or other professionals with specific specialties, prioritize marketing through various means, use

presentations to educate potential customers, develop diverse funding streams, provide competitive fees.

Although not explicitly isolated towards growing a music therapy business, Ledger et al. (2013) used "narrative inquiry, ethnography, and arts-based research" to conduct a study that examined the experience of 12 music therapists who had introduced music therapy services to established health care organizations. This study applied a change management perspective to help gain a deeper understanding of how implementing music therapy in a new setting parallels elements of change management (Ledger et al., 2013). According to Ledger et al. (2013), the sample of music therapists in this study reported similar difficulties implementing music therapy services in an already established setting as the literature on management theory reported for commercial businesses implementing their organizational change.

This change management perspective afforded the researchers an opportunity to apply change management concepts to the complex struggles experienced by music therapy professionals; a number of interesting findings resulted (Ledger et al., 2013). For example, researchers found that building relationships with "gatekeepers" was critical in developing music therapy as a meaningful service for the organization (Ledger et al., 2013, p. 720). Music therapists in the study reported connections and relationships with "well-respected," "important," and "influential" people within the organization that helped facilitate the successful integration of services (Ledger et al., 2013, p. 720).

Communication and collaboration were also revealed as necessary elements of change management reflected in the data collected from study participants. For example, the study reported that "nearly all" participants expressed the importance of building relationships, networking, and collaborating with others in the organization (Ledger et al.,

2013, p. 726). Further, their research concluded that providing opportunities for others to witness firsthand what occurs in a music therapy session and see the benefits of services increased the acceptance of music therapy among non-music therapy workers (Ledger et al., 2013), essentially promoting the notion that you have to see it to appreciate it.

Offering another perspective on the growth of the music therapy business, Pizzi (2020) published an article in the journal *Music Therapy Perspectives*. This article encouraged music therapists to use AMTA's Code of Ethics as a framework for expanding their music therapy business (Pizzi, 2020). Pizzi stressed that the profession's Code of Ethics should play a role in providing structure and sound business practice for music therapy private practice since it specifically addresses a wide range of activities including, but not limited to, remuneration for services and materials, announcing services, advocacy, market competition, subcontractors, and professional behavior (2020). Pizzi also highlighted changes to the most recent Code of Ethics that eliminated some prior issues, such as marketing services, profit from selling equipment or materials, and other aspects of the code that directly violated federal business law. Overall, Pizzi (2020) encouraged music therapists to take advantage of the wisdom provided in the Code of Ethics to facilitate healthy business expansion.

Small Business Growth Beyond Music Therapy

Although this investigation focused on growing a music therapy business, we found minimal research explicitly addressing the business aspect of the music therapy profession. Therefore, since QCMT is a small, owner-operated business, we felt it was reasonable to widen the scope of our literature review to scan for research related to growing a small business, removing "music therapy" as a part of the search criteria. Although our review of the general business literature was not as comprehensive as our

review of the music therapy business literature, we identified the following key points of interest: social media usage in small businesses, social networking through business-to-business relationships, strategic partnerships, and the theory of constraints as a framework for small business growth.

Social Media and Social Networking

First, we discovered that a focus on the role of social media and social networking in small business development appeared prominently in the small business literature in recent years. He et al. (2017) used a case study method to explore social media use in small businesses. By conducting semi-structured interviews with 27 owners or managers of small businesses, He et al. (2017) found that 20 out of the 27 small businesses utilized social media, with Facebook being the primary platform used by these organizations. Social media was used in various ways by these organizations. For example, organizations "actively posted daily specials, promotions, recipes, event announcements, achievements, and interesting stories and/or pictures" (He et al., 2017, p. 153). They also found that less than half of the businesses promoted their social media presence (He et al., 2017).

Interview participants reported that Facebook was a "free and easy" way to promote and grow their small businesses (He et al., 2017, p. 154). Of the 20 businesses that used social media to promote and grow their business, only one utilized a third-party marketing company to manage their social media presence (He et al., 2017). This study also noted that businesses not interested in growth were less likely to employ social media to promote their business (He et al., 2017). Based on the results of their study, the authors concluded the following recommendations: small businesses should promote their social media accounts to gain followers or "likes," build relationships with customers to "increase trust and brand recognition," actively engage with users through social media, and collect

email addresses from followers for subsequent marketing efforts through email (He et al., 2017, p. 157).

A 2016 study by Webb and Roberts reported that although most businesses used social media, only 39% of these companies were updating their social media "as needed" (p. 66). With a sample of n=515 small businesses, survey respondents reported the following company social media usage: LinkedIn 79%, Facebook 74%, Twitter 45%, Company blog 39%, Google+ 37%, and YouTube 28% (Webb & Roberts, 2016). Other social media applications with a reported 11% or less use by respondents included Instagram, Pinterest, Craigslist, Forums/review sites, Podcasts, and Other (Webb & Roberts, 2016). A 5-point Likert scale was used to ask respondents if they believed social media could help increase the company's "sales/business," with a mean response of M=4.04, indicating that most respondents either agreed or strongly agreed social media benefited their business in this area (Webb & Roberts, 2016, p. 77).

In another study on social media business use, Broekemier et al. (2015) explored the topic with a slightly different emphasis, focusing on business-to-business (B2B) efforts rather than business-to-consumer (B2C) organizations. Broekemier et al. (2015) noted that social media allows business-to-business organizations to leverage the benefits of a growing social network. With a sample of n=81 respondents completing a survey on their B2B organization's use of social media, Broekemier et al. (2015) found that company users who reported a higher level of experience with social media had a statistically significant association between their level of experience and their perceived effectiveness. In other words, the more experience the user had with social media, the more likely they were to report a higher level of effectiveness for using social media in their business.

In an exploratory study, Boling et al. (2014) explored the topic of social networking for small businesses in north Georgia. In their study, Boling et al. (2014) found that 100% of the n=15 sample size had an internet presence, indicating an awareness that building a social network online was beneficial; however, it was reported that most businesses were underutilizing this resource and failed to progress "beyond a passive presence" (p. 122).

Strategic Alliances and Partnerships

Another concept that emerged from the literature on small business growth centers on developing strategic alliances through partnerships with other businesses. Zhao (2014) theorized strategic alliances as an integral part of entrepreneurship where businesses can increase their overall capacity through partnerships with other businesses. Drawing from social network theory, Zhao (2014) posited that small-to-medium enterprises (SMEs) could enhance their growth potential in competitive markets by forming strategic alliances with other businesses augmenting their resources to gain a competitive edge.

Similarly, Dobbs and Hamilton (2006) used the term "collaborative relationships" to highlight how extending business connections through relationships with businesses or groups in the broader market can promote growth by acquiring increased resources, information, and talent. Participation with other groups or businesses, rather through joint ventures or a wide range of other corporate associations, essentially expands the availability of resources to small businesses that often struggle with limited resources (Dobbs & Hamilton, 2006).

Todeva and Knoke (2005) further corroborate the importance of strategic partnerships by concluding that such alliances are often mutually beneficial and increase access to various forms of capital for each business. In a multiple case study investigating small business strategies for long-term sustainability, Warren and Szostek (2017) further

supported the benefit of strategic partnerships for the "expansion of services, recruitment of talent, increase of customers, and access to alternative funding."

Theory of Constraints

Finally, our literature review identified the Theory of Constraints as a theory of interest for businesses looking to grow or expand. Theory of Constraints (TOC) is a management philosophy focusing on the weakest link in the chain of expansion to improve overall systemic performance (Goldratt, 1990; Rahman, 1998; Mabin & Balderstone, 2000; Simsit et al., 2014). TOC is a simple concept with profound implications: the path to expansion is a series of interconnected processes (Rahman, 1998). Each process is connected like rings in a chain, and one process must flow into the next. According to the Theory of Constraints, bottlenecks in the rings prohibit a smooth flow toward business expansion (Rahman, 1998).

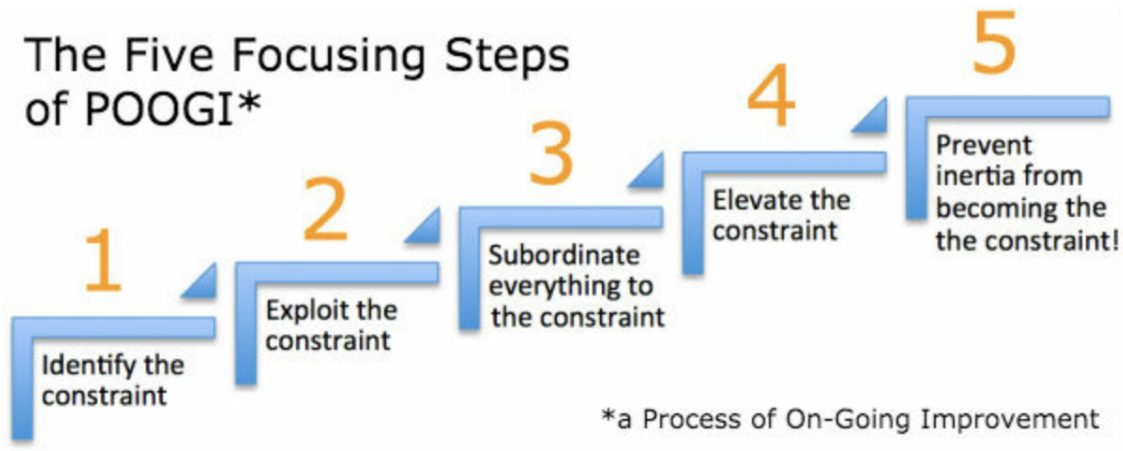
According to Dallery and Gershwin, the Theory of Constraints naturally lends itself to applying the Five Focusing Steps (1992). The Five Focusing Steps include the following: 1) Identify the system's constraint, 2) Exploit the constraint, 3) Subordinate everything else to the constraint, 4) Elevate the constraint, and 5) Prevent inertia from becoming the constraint (Goldratt, 1990). These steps enable businesses to identify bottlenecks and address the constraints that systemically prohibit growth. The theory further contends that constraints should be considered opportunities to improve organizational processes and performance (Rahman, 1998).

Rahman also noted that the Five Focusing Steps are a continuous process where organizations always seek constraints to exploit to maximize output from all aspects of the organization (1998). Essentially, TOC assumes that all systems have at least one area prohibiting optimum growth (Simsit et al., 2014). If a business can identify this area,

known as the constraint(s), and focus on finding ways to overcome it, it can successfully grow (Rahman, 1998; Simsit et al., 2014). Figure 1 provides a graphic representation of these five steps (Theory of Constraints Institute, 2021).

Figure 1

The Five Focusing Steps (Process of Ongoing Improvement - POOGI)



Conceptual Framework

Bringing together the literature review with the theory of constraints, we identified the following key concepts that impact the music therapy profession and thus may influence the growth of music therapy businesses: market (AMTA, 2021; Skyquest, 2022), perception and awareness (Sena Moore, 2015; Ferrer, 2012; Bybee, 2017; Morgan et al., 2020), and funding (Wilhelm & Knight, 2021; Silverman & Hairston, 2005; Sena Moore & Pebbles, 2020; Sena Moore, 2021; AMTA, 2012; Ferrer, 2012). The literature review also highlighted internal organizational attributes that impact small music therapy businesses, such as marketing, financial viability, and knowledge of business skills (Wilhelm & Knight, 2021). We have identified the following key concepts for our investigation: market, perception and awareness, and other constraints. This investigation was designed to collect data related to these concepts among organizations in the Quad Cities market that serve children and adults with special needs to identify what constraints may impact the growth of a music therapy business in this target location.

Defining Key Concepts

For our investigation, the Quad Cities market is defined as organizations in the Quad Cities that serve children and adults with special needs who are not currently receiving music therapy services or partnering with QCMT. For this investigation, we used a broad definition of “special needs” to include those with varying levels of exceptionalities, neurodiversities, and developmental, physical, medical, or mental health needs. Perception and awareness will be defined by how respondents from the potential organizations in the local market understand music therapy when presented with a survey on perception and awareness. For this investigation, we used TOC’s definition of

constraints as “anything that limits a system from achieving higher performance versus its goal” to identify additional constraints present that may impact QCMT’s growth in the Quad Cities market (Goldratt, 1988, p. 453; Rahman, 1998). For our investigation, “exploiting” constraints will be defined as recommendations that seek to maximize output in the identified area of constraint to ensure it is “as effective as possible” (Rahman, 1998, p. 337). Table 2 represents each key concept and its operational definition for the inquiry.

Table 2

Defining Key Concepts

Concept	Definition
QuadCities Market	Organizations in the cities of Davenport and Bettendorf, Iowa, and Moline and Rock Island, Illinois, known as the Quad Cities that meet the following criteria: serve children and adults with special needs; are not currently receiving music therapy services; are not currently partnering with QCMT; report interest in learning more about music therapy services through QCMT.
Children and Adults with Special Needs	For the purpose of this investigation, we used a broad definition of the term “special needs” to include those with varying levels of exceptionalities, neurodiversities, and developmental, physical, medical, or mental health needs.
Perception	How respondents from the potential partner organizations identified in the QCMT market understand music therapy when presented with a survey on perception. For the purpose of this investigation, we used the Oxford English Dictionary definition 1.5.b. of the term “perception” as follows: a direct recognition of something; an intuitive insight; an understanding. Also: an interpretation or impression based upon such an understanding; an opinion or belief.
Awareness	How respondents from the potential partner organizations identified in the QCMT market understand music therapy when presented with a survey on awareness. For the purpose of this investigation, we used the Oxford English Dictionary definition of the term “awareness” as follows: The quality or state of being aware, consciousness; (also) the condition of being aware (of something or that something is).
Constraints	“Anything that limits a system from achieving higher performance versus its goal” (Goldratt, 1988, p. 453; Rahman, 1998).
Exploiting constraints	making recommendations to ensure output from the identified area of constraint is maximized and that the constraint is “as effective as possible” (Rahman, 1998, p. 337).

While the theory of constraints originated to support the growth of manufacturing businesses with a comprehensive framework of strategy tools and logic diagrams, it has been applied in a multitude of industries and business settings since its inception (Kim et al., 2008; Gupta & Boyd, 2006; Draman et al., 2002; Simsit et al., 2014). Using the Theory of Constraints (TOC) as a guide, this investigation employed rationale from steps one and two of TOC's Five Focusing Steps (Goldratt, 1988; Rahman, 1998).

Step one was to determine if there is evidence that the market or perception and awareness of music therapy within the market are constraints for the growth of QCMT's music therapy program. We also collected data to determine what other constraints may be evident for this organization. Once we identified the applicable constraints, step two was to make recommendations for exploiting these constraints (Goldratt, 1988; Rahman, 1998). We propose that by implementing the process of identifying constraints, making recommendations for exploiting those constraints, and QCMT implementing these recommendations, QCMT will maximize its prospective growth trajectory, as depicted in the conceptual frameworks below. Figure 2 provides a graphic representation of our overall theory of action for this investigation and its results. Figure 3 further illustrates the key concepts that will be explored throughout this investigation.

Figure 2

Theory of Action for this Study and Its Results

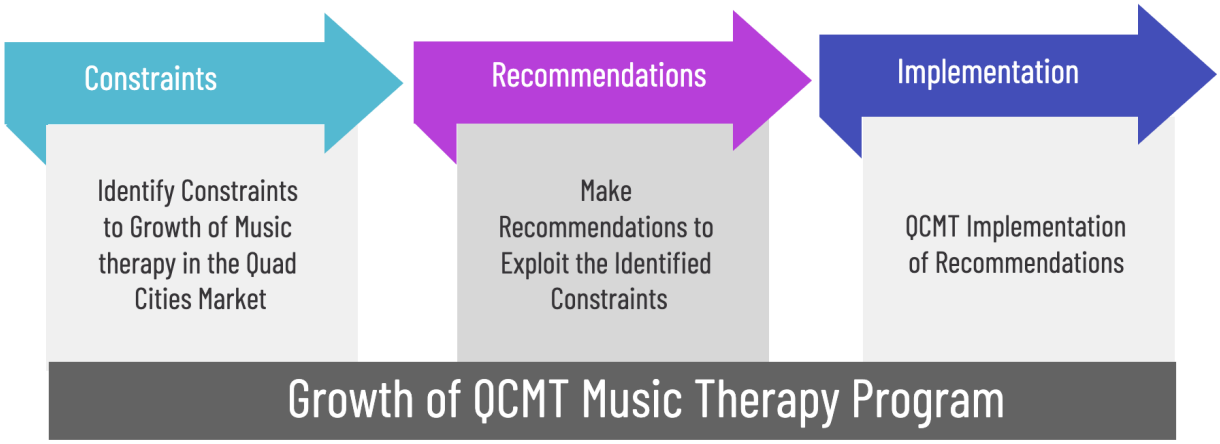
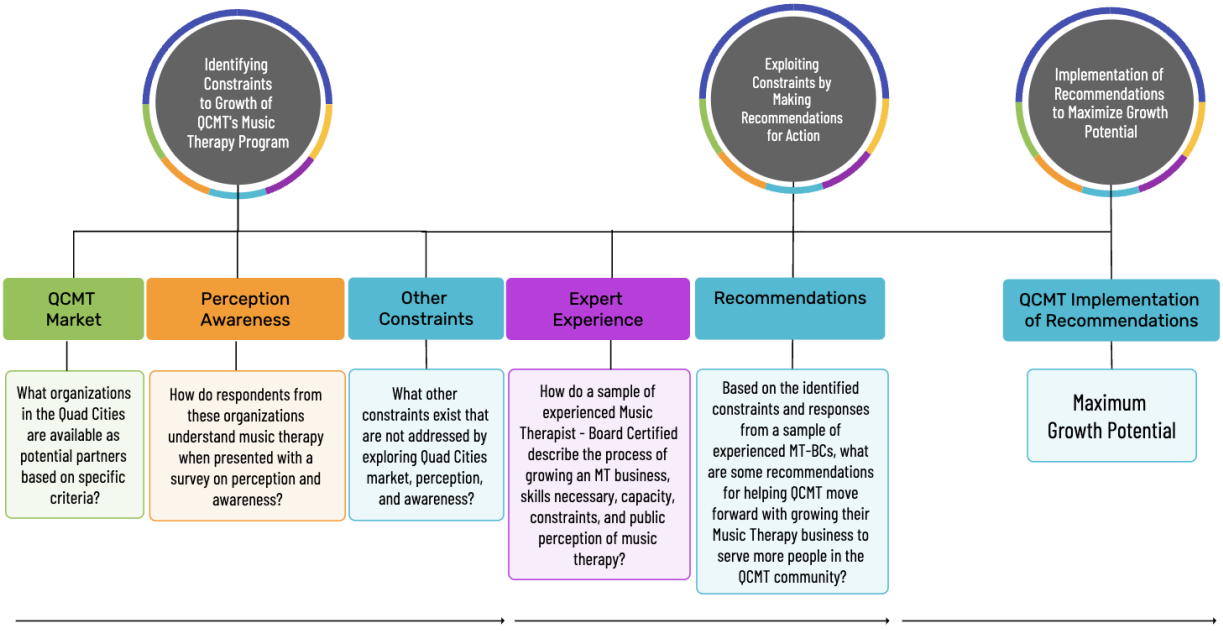


Figure 3

Conceptual Framework



Research Questions

To identify constraints to growth for a music therapy business and make recommendations for exploiting the identified constraints, this investigation asked the following questions:

RQ1: What organizations in the Quad Cities a) serve children and adults with special needs, b) are not currently receiving music therapy services, c) are not currently partnering with QCMT?

RQ2: How do respondents from the organizations identified in question 1 understand music therapy when presented with a survey on perception and awareness of music therapy services?

RQ3: What other constraints exist that are not addressed in research questions 1 and 2?

RQ4: In what ways do a sample of experienced MT-BCs a) describe the process of growing a music therapy business or describe the skills necessary to grow a music therapy business, b) describe the organizational capacity needed to grow, c) describe constraints that may restrict the growth of a music therapy business, and d) describe the public perception of music therapy?

Design

Purpose

This study aimed to understand what constraints exist within the Quad Cities market that may impact the growth of QCMT's music therapy program. The results of this study will provide QCMT's director with a deeper understanding of the local community's perception and awareness of music therapy. It also explored if other constraints might hinder the uptake of music therapy services and identified any trends in organizations that were interested in learning more about music therapy.

Following the exploratory nature of our research design, we also obtained data from experienced MT-BCs on public perception and elements of business growth, skills, capacity, and potential constraints to growth based on their expertise and knowledge of music therapy practice. Finally, we made recommendations based on the combination of data from surveys, interviews, and our literature review for ways QCMT can move forward with growing its music therapy program to serve more people in the QCMT community. In collaboration with our partner organization, this study was also conducted with the desire to share results with the broader music therapy profession and help provide a framework for other MT-BCs to begin exploring these topics in their own communities.

Data Collection

For our study, we used an exploratory design with a mixed methods approach to collect quantitative and qualitative data to answer our research questions. Data collection included content analysis, a survey of perception and awareness, and semi-structured interviews. The following section describes the data collection tool, rationale, and sampling method we used to answer each research question.

Content Analysis

RQ1: What organizations in the Quad Cities a) serve children and adults with special needs, b) are not currently receiving music therapy services, c) are not currently partnering with QCMT?

To answer RQ 1, we used content analysis to explore the Quad Cities market to identify what organizations were available as potential partners for growth of QCMT's music therapy business. Babbie (2017) explained that content analysis is a form of unobtrusive research used to examine "recorded human communications," which can help researchers better understand "social life" (pp. 332-333). Rather than interviewing or surveying every organization in the target location to determine if they met the defined criteria to be a potential partner organization, we used content analysis to help us best understand what information organizations communicated to the public through written online documents. For this research, written documents included information on the internet in the form of websites, resource lists, and social media posts.

Since our conceptual framework focuses on identifying constraints, we wanted to look at the external Quad Cities market to determine if there were a sufficient number of possible partner organizations and identify these organizations in the target location. By operationalizing the Quad Cities market as organizations in the cities of Davenport and Bettendorf, Iowa, and Moline and Rock Island, Illinois, using the criteria identified in RQ1, we conducted content analysis using a Google search of the following terms: "organizations in (city, state) serving children with special needs," "organizations in (city, state) serving adults with special needs," "organizations in the Quad Cities serving children with special needs," and "organizations in the Quad Cities serving adults with special needs." The director of QCMT also provided us with a verbal list containing the names of organizations they were familiar with that served children and adults with

special needs in the area and the names of specific diagnoses QCMT treats through their music therapy program.

Using the names of specific diagnoses, we expanded our content analysis using a Google search of the following terms: "organizations that serve (children, adults) with autism in (city, state, Quad Cities)," "organizations that serve (children, adults) with Down syndrome in (city, state, Quad Cities), and "organizations that serve (children, adults) with Asperger's in the (city, state, Quad Cities)." Our google search identified specific organizations, advocacy groups, support groups, and coalitions that provide online resource lists of organizations in the target location serving the target population. Our search also led us to social media sites for many of these groups where we identified additional organizations that met the criteria in RQ1.

Survey

To answer RQ2, we used a survey to gather written responses to open-ended questions, as well as Likert scale responses, on the perceptions and awareness of music therapy from respondents working in organizations that serve children and adults with special needs in the Quad Cities area as defined in our conceptual framework. Since perception and awareness of music therapy were identified as potential constraints based on interviews with QCMT's director, expert consultation with an MT-BC with a Ph.D. of Music Education, Music Therapy, and our literature review, we used a survey to help us determine if there was evidence that these potential constraints may also be present in the Quad Cities market. Survey design and sampling are described below. To collect additional data to answer RQ3, the survey also

RQ2: How do respondents from the organizations identified in question 1 understand music therapy when presented with a survey on perception and awareness of music therapy services?
RQ3: What other constraints exist that are not addressed in research questions 1 and 2?

explored respondents' interest in learning more about music therapy services and asked questions regarding other possible constraints for the uptake of music therapy among individuals working in specific positions in these organizations. According to Babbie (2017), surveys can be helpful in exploratory studies to better understand a large population's attitudes or opinions. They are often frequently used in the social sciences to make observations among a sample of respondents (Babbie, 2017).

Survey Design. For survey design, we looked to the scholarly literature to determine if there was a standardized tool that had been previously tested to measure these variables in prior research. This led us to a survey designed and used by Sarah Morgan, MA, as a requirement for a master's degree in music therapy, with Dr. Jane Humphreys, MA, MSc, PhD and Dr. Catherine Warner, MA, PhD serving as academic advisors (2020). This study explored the public perception of music therapy among a sample of 385 non-music therapist participants with the following demographics: female 72.7%, Male 25.9%, Other 1.4%; UK residence 46%, USA residence 18.1%, Netherlands residence 11.1%, and Rest of the World 24.8%. Morgan et al. used objective validation of survey questions by obtaining consultation and review from two non-participating, qualified music therapists (2020). Using Qualtrics software, a pilot version of the survey was tested with 38 participants, and modifications were made to the wording of some of the questions (Morgan et al., 2020). The final survey was then distributed electronically through multiple routes. Full details of this survey and its subsequent results can be found in the published article by Morgan et al., which is cited in our reference list (2020).

Although this survey focused specifically on the public perception of music therapy among individuals, we determined that it provided a strong foundation for our exploratory investigation of the same topic among those working in organizations

identified in RQ1. After obtaining permission from Morgan to use and modify the survey, we designed a modified version with an expanded focus on the organizations the respondents worked for in combination with the demographics and responses of individual respondents. For example, we added a question that asks, “Which of the following best describes/categorizes the services provided by your agency/organization?” Another example of expanding the survey to include organizational information includes the addition of questions that state, “My organization serves clients of the following age ranges: (select all that apply), and “My organization serves the following clinical populations.”

Similar modifications throughout the survey expanded the focus from the “individual” to the “individual within an organization.” Although these modifications do not provide generalizability to the beliefs of all individuals within an organization, they allowed us to look for trends in survey responses that might help us better understand the perception, awareness, and other constraints that might be present in the Quad Cities market. Also, since the original survey was designed in the UK, some language and spelling were changed to represent verbiage more prominently used in the United States. For example, the educational term “A-Level/AS-Level” from the original survey was changed to “Certificate/AA/AS,” and the spelling of “behavioural” was changed to “behavioral,” which is more widely used in the United States.

In some cases, we amended or revised questions to gather additional data regarding respondents' perceptions, awareness, interest, and other constraints. One of the most significant modifications made for the new survey was the addition of Likert scales throughout to allow us to run inferential statistics during data analysis. While most of our survey collected quantitative data, we included six open-ended questions to obtain

qualitative data. Survey Q7 asked respondents to list the name of their employer organization. Survey Q14, Q29, Q30, and Q32 collected qualitative data regarding the key concept of perception. Survey Q24b collected qualitative data regarding the key concept of awareness. Survey Q31 collected qualitative data regarding the respondent's interest in learning more about music therapy. To support face validity, we included the following experts in the survey modification process: QCMT's Director, MT-BC; an MT-BC with a Ph.D. in music education, music therapy and more than ten years working in the music therapy profession; and two Vanderbilt University faculty members with expertise in research methodology and design. The full survey can be found in the appendix (see Appendix B).

Survey Sampling. Once the survey design was complete, the survey was sent to participants by email using Qualtrics online software. Using nonprobability, purposive sampling, we surveyed persons working within the organizations identified in RQ1, with an emphasis on individuals serving in the following roles: "administrative," "provider/practitioner," "financial/billing," "leadership," and "other." Purposive sampling identifies and selects participants based on specific characteristics or knowledge related to the study's purpose (Babbie, 2017). Respondents could remain anonymous or self-identify if they were open to possible follow-up communication.

As part of the survey, we also used a Likert scale to ask respondents to identify their openness to learning more about music therapy through a local provider. While individual responses could remain anonymous, we asked people to identify their organization's name and role within the organization if they were interested in receiving subsequent information from a local music therapy provider. This question was added to the original survey to help identify potential partner organizations to further develop the

answer for RQ1. We then used this information to provide QCMT with a targeted list of potential partner organizations to direct future advocacy, education, and marketing efforts. We provided approximately four weeks to collect survey responses. We sent follow up emails through Qualtrics reminding participants of the survey weekly for each of these four weeks.

Semi-Structured Interviews

To answer RQ4, we conducted semi-structured interviews to obtain qualitative data from a sample of eight experienced MT-BCs with high-level positions in either academia or professional practice. These interviews also provided additional data to help us formulate a comprehensive answer to RQ3. Although RQ4 may be deemed uncommon for an empirical study, the results of the literature review on growing a music therapy business were limited; therefore, we felt it was necessary to include an exploratory question to better understand the lived experience of professional MT-BCs. We also determined that data from experts in the field would be a key component for providing appropriate recommendations for QCMT and other MT-BCs on how to grow their music therapy business since the scholarly literature provided limited data on this area of practice.

RQ3: What other constraints exist that are not addressed in research questions 1 and 2?
RQ4: In what ways do a sample of experienced MT-BCs a) describe the process of growing a music therapy business or describe the skills necessary to grow a music therapy business, b) describe the organizational capacity needed to grow, c) describe constraints that may restrict the growth of a music therapy business, and d) describe the public perception of music therapy.

Interview Sampling. We used a nonprobability, mixed-method process of purposive and snowball sampling. To identify a sample of experienced MT-BCs, we first used purposive sampling to search for MT-BCs in leadership positions in music therapy

businesses, music therapy professional organizations, or those serving in academia due to the foundation of knowledge required for these positions. We then contacted these individuals through a participant recruitment email to request participation in an interview regarding their music therapy experience. Once we identified interview participants through purposive sampling, we used snowball sampling to acquire recommendations for additional participants who fit the purposive sampling criteria.

Our sample included eight expert music therapists with an average of 19 years of experience in music therapy. The sample range for years of experience was ten years to 27 years. As music therapy only has approximately 10,000 active practicing therapists, our pool of candidates lacked demographic diversity. However, we sought to include diverse practices, experiences, and geographic locations in our sample population. Four of our participants work in academia and have expertise in training future music therapists. Interviewing members of academia was important to help us better understand how future MT-BCs are prepared, if at all, to operate a music therapy business. The next two participants include a successful music therapy business owner and a co-founder and executive director of another successful business providing music therapy services. The final two experts hold leadership roles in larger business systems, such as a music store providing music therapy services and a hospital setting.

Interview Process and Questions. We conducted interviews virtually using Zoom between August 21, 2023, and September 22, 2023. We recorded each interview using Otter software, which provided an automated transcript after each interview. An interview consent was read verbally at the beginning of each interview, and participants provided recorded verbal consent of their participation and their approval for being recorded. We subsequently emailed the consent form to participants so they could have an

electronic copy and confirm that all information would be anonymous for any potential publication unless otherwise specified in the consent (see Appendix C).

Due to the professional expertise of our sample set and their high-level positions in music therapy organizations and academia, we concluded that the interview participants are well-known and respected among other music therapy professionals. Despite participants being from different locations across the country, many reported knowing or recommended we interview an MT-BC who was already a part of our investigation. This led us to recognize that the data provided in their interviews would be influential for other MT-BCs in practice. As a result, we gave each participant the option for their quotes to be cited by name in the findings and recommendations section of any future publications if elected.

To start each interview, we asked the participant to name their organization, the title of their current position, and describe their educational and professional background. After obtaining the requisite background information, we asked respondents the following interview questions related to their personal expertise and experience as an MT-BC:

1. How would you describe the process of growing a music therapy business?
    a. What skills do you believe are necessary to grow a music therapy business?
2. What organizational capacity do you believe is needed to grow a music therapy business?
3. What constraints do you believe may restrict the growth of a music therapy business?
4. How have you countered or worked within those constraints in your own music therapy experience?
5. What is your opinion on public perception of music therapy?

6. What advice would you give other music therapists for building a solid music therapy business within their own community?

Following the second interview, we added question 1a because we determined that participants had varying levels of experience with the process of growing a music therapy business; however, all participants were able to provide data on the skills they believed were necessary to grow a music therapy business based on their expertise and experience working in the field as either a private practitioner or within a business that provided music therapy services. The semi-structured interview questions are located in the appendix (see Appendix D).

Data Analysis

To analyze our data, we used a combination of descriptive and inferential statistics for survey data and thematic analysis of interview data. Due to the exploratory nature of our study, we used a mixed-methods approach that allowed us to cross-reference data from the survey with the data obtained through interviews that recorded the personal experiences of our sample expert MT-BCs to help us best answer our research questions and subsequently formulate recommendations.

Content Analysis

Our content analysis identified websites, resource lists, and social media posts for organizations throughout the Quad Cities area. To organize this information, we reviewed content for information regarding the services each organization provided and the populations the organization served. Each organization's name was logged into a spreadsheet using Google Sheets. The content was then analyzed to obtain the following information: web address, address, city, state, zip code, and general phone number.

Next, we searched content for the names of individuals in specific roles for each organization. Roles were categorized as follows: Administrative, Provider/Practitioner, Financial/Billing, Leadership, Other-please list. Once we identified individuals in these roles, we logged their names, contact email, and contact phone numbers into our spreadsheet. If we could not identify an individual in one of these positions, we obtained a general email contact from the "contact us" site of the webpage, published community resource lists, or social media posts. The resulting spreadsheet served as the purposive sample set for our survey. Once our study is complete, it will also serve as a contact list for our partner organization.

Survey Analysis

Our survey software, Qualtrics, provided descriptive statistics for our survey responses. Privitera (2018) describes descriptive statistics as a way to help "organize and summarize" information to help bring meaning to the information obtained through data collection (p. 3). For our study, we summarized a portion of quantitative data using descriptive statistics to provide a general understanding of the demographics of survey respondents and the organizations they work for, as well as how respondents answered survey questions. For example, descriptive statistics provided a clear picture of what percentage of our respondents know or were aware of a music therapist and what percentage were aware of a music therapy provider in the target location. This type of analysis provided findings related to RQ2, which explored awareness. While descriptive statistics do not identify statistical significance between groups, they help the reader interpret a broad range of responses into more easily consumable information (Privitera, 2018).

Once we summarized a general account of the data through descriptive statistics, we analyzed our quantitative data deeper through inferential statistical analysis. Inferential statistics provides researchers with a way to analyze the observations of a sample to infer what observations may also be observed in the larger population (Privitera, 2018). For our investigation, we used R software to perform one-way analysis of variance (ANOVA) tests to determine if there was a statistically significant difference between the means of multiple groups. For example, we looked at the education of the respondents to determine if there was a statistically significant difference in how respondents answered survey questions based on their education: Certificate/Associates Degree or low, Undergraduate Degree, Masters Degree, Doctorate. We also used one-way ANOVA to test for statistical significance based on the following independent variables: role in the organization, knowing a music therapist, profit vs. non-profit business, familiarity with other therapeutic disciplines, and population of clients served by the organization. In addition, we conducted post hoc tests on items that showed statistical significance to help us further determine which levels of individual groups had a statistically significant variance in means. Finally, we used the Chi-Square test to determine if there was a relationship between two categorical variables for questions that did not fit the criteria for inferential testing using ANOVA. Questions that were analyzed using Chi-Square are identified in the subsequent tables reporting our results.

While most of our survey asked questions using a Likert scale for responses, we included six open-ended questions to gather qualitative data from respondents using their own words. We designed survey questions Q14, Q29, Q30, and Q32 to collect each respondent's own words regarding their perception of music therapy. We designed survey question Q24b to collect the names of any music therapy organizations the respondent

was familiar with, which further informed our findings regarding awareness of music therapy. We designed survey Q31 to collect data regarding the respondent's interest in learning more about music therapy from a local provider. We used thematic analysis with deductive coding of the following apriori codes to analyze data obtained from these questions: perception, awareness, and other constraints. Our apriori codes are described below.

Semi-Structured Interviews - Analysis

For the data generated from semi-structured interviews, we first used thematic analysis with deductive coding to create the following apriori codes deduced from key concepts identified in our literature review and conceptual framework: perception, awareness, and other constraints. We used definitions of these apriori codes consistent with the definitions of these key concepts in our conceptual framework.

Table 3

Apriori Codes and Definitions

Apriori Codes	Definition
Perception	Interview responses that described how the respondent believes the public recognizes or understands music therapy, as well as what respondents believe the public's opinion is regarding music therapy.
Awareness	Interview responses that described how the respondent believes the public is aware or conscious of music therapy.
Constraints	Interview responses that described anything that limits a music therapy business from growing.

To organize our data, we reviewed the transcripts from all eight of our interviews and sorted the participants' responses to each question into a spreadsheet using Google Sheets. This allowed us to compare and contrast responses for each question from each individual with the responses from the rest of the participants. Since we designed our

survey questions to align with our apriori codes, we first analyzed responses concerning perception, awareness, and other constraints using thematic coding. After completing this analysis, we uploaded the participant's answers to each question in ChatGPT 4.0 to use artificial intelligence (AI) to help us search the overall responses from all participants for further thematic analysis. Through this process, we identified the following additional themes: navigating public perception through advocacy, specialization of practice, understanding sources of funding or revenue, and increasing knowledge not only in music therapy but also in business management.

Findings

Finding 1

The Quad Cities offers a robust market for the growth of a music therapy business; the Quad Cities market is not a constraint for the growth of a music therapy business.

RQ1: What organizations in the Quad Cities a) serve children and adults with special needs, b) are not currently receiving music therapy services, and c) are not currently partnering with QCMT?

By way of content analysis, we identified 164 organizations in the Quad Cities market that communicate information to the public on the internet through websites, resource lists, or social media posts indicating they serve children and adults with special needs as defined in our conceptual framework and thus fit criteria to be accounted for as a potential partner organization. We also excluded any organizations that reported the provision of music therapy services. Then, we excluded any organizations that have current partnership agreements with QCMT. Our final total accounts for individual organizations as "1" and not for all the locations an individual organization may operate. Therefore, the number of potential partner organizations would increase if we accounted for multiple locations.

Organizations varied greatly by type providing a wide range of services to children and adults with special needs as defined in our conceptual framework. The following list provides an example of the broad scope of organizations identified in the Quad Cities market: schools; childcare organizations; advocacy groups; early learning support; those serving children and adults with autism, down syndrome, dyslexia, other special needs, exceptionalities, and neurodiversities; medical businesses; mental health organizations; parks and recreation; civic organizations; special education; therapeutic services; camps;

and community health. It is important to note that this search was limited due to using the internet as our primary means of data collection; time constraints also limited our findings. Although we concluded our search when we reached data saturation, more extensive data mining may reveal additional potential partner organizations. This further supports our conclusion that the Quad Cities offers a robust market for the growth of a music therapy business.

Forty-one individuals from these organizations completed our survey in its entirety. Twelve individuals failed to complete the entire survey or were deemed “super speeders" by completing the survey in less than one minute, resulting in an overall sample size of n=29. We included demographic and organizational data for all 41 respondents for Q1 - Q8, resulting in a sample size of n=41 for these questions. Respondents self-reported the names of 25 organizations in the Quad Cities market. The name of 5 of these organizations was self-reported more than once. All 41 respondents answered question Q8: "Which of the following best describes/categorizes the services provided by your agency/organization (choose all that apply).” Since we asked respondents to “choose all that apply,” the final choice count was 55, accounting for organizations that provide multiple services or programs. Table 4 provides descriptive statistics that reveal the scope of services among respondent organizations.

Table 4

Which Best Describes/Categorizes the Services Provided by Your Agency/Organization?

Description/category	Average	Choice Count
Child care	12.73%	7
Child welfare	0.00%	0
Community services	14.55%	8
Health care	9.09%	5
Hospice	0.00%	0
Faith-based organization	0.00%	0
Mental health	9.09%	5
Private school	1.82%	1
Public school	21.82%	12
Senior living	5.45%	3
Therapy services	10.91%	6
Recreation	3.64%	2
Other	10.91%	6
Total Choice Count		**55**

Although we cannot draw conclusions from the organizations that responded "other," all other categories are known to serve the target population in one way or another. Therefore, we concluded that these organizations could all be deemed as part of the market as potential partner organizations, which provided further evidence of a robust market. Twenty-nine respondents answered Q31, which asked them to select a response based on a 5-point Likert scale that measured their level of agreeability to the following statement: My organization would be interested in hearing from a local MT-BC to learn more about music therapy services. Table 5 below depicts these results.

Table 5

Agreeability to Hearing from a Local MT-BC to Learn More About Music Therapy

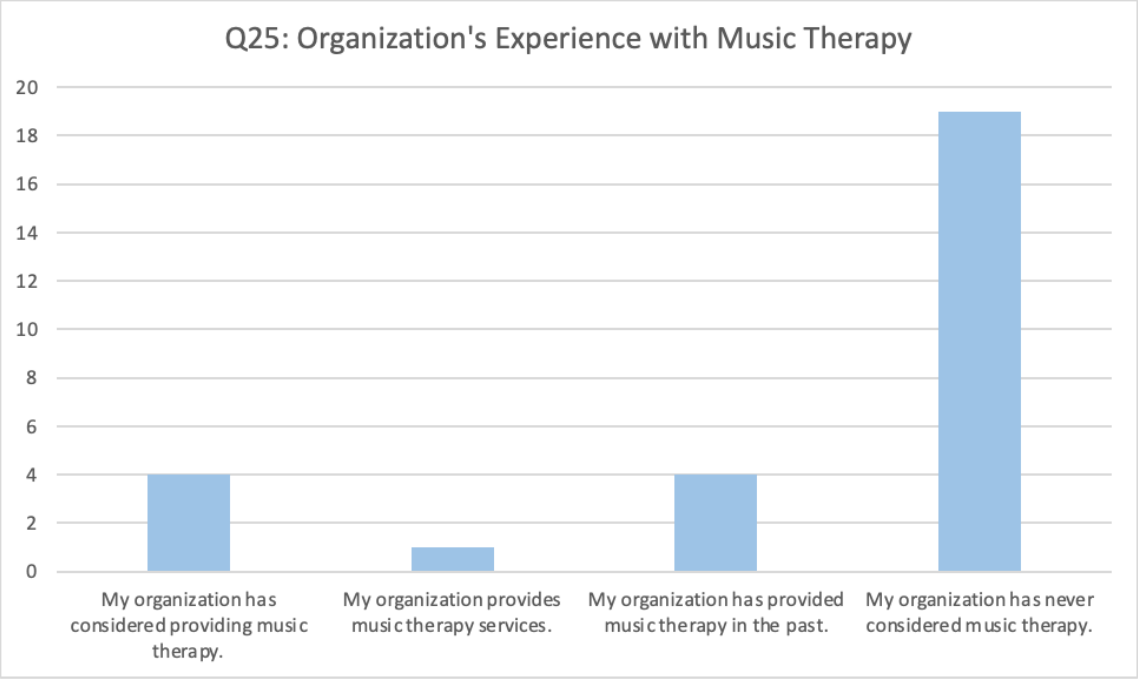
Likert Scale Response	Average	Choice Count
Strongly agree	6.9%	2
Somewhat agree	27.59%	8
Neither agree nor disagree	44.83%	13
Somewhat disagree	6.9%	2
Strongly disagree	13.79%	4

Six respondents self-reported their name and contact information in response to Q31 which asks respondents to provide this information if they would like to receive more information about music therapy in their area. Twenty-eight respondents provided answers to Q25, which asked them to select the most accurate response regarding their organization and music therapy services.

Interestingly, 67.86% of respondents selected "My organization has never considered music therapy." This indicates untapped potential for partner organizations in the Quad Cities market. Figure 5 reports the responses to question Q25.

Figure 4

Q25: Organization's Experience with Music Therapy:



The evidence from survey responses indicates there is a wide range of organizations present in the Quad Cities market that a) serve children and adults with special needs, b) are not currently receiving music therapy services, c) are not currently partnering with QCMT. Therefore, we determined that the Quad Cities market is not a constraint for the growth of a music therapy business.

Finding 2

RQ2: How do respondents from the organizations identified in question 1 understand music therapy when presented with a survey on perception and awareness of music therapy services?

Respondents generally have a positive perception of music therapy but limited or inaccurate perception and limited awareness regarding many aspects of music therapy practice. We also identified a statistically significant variance in perception and awareness among different groups of independent variables. Our analysis suggests that perception and awareness may be a constraint to the growth of music therapy businesses among different populations in the Quad Cities market.

Positive Perception

Using thematic analysis of open-ended questions on our survey, we identified a theme we coded as "positive perception." We then coded positive perception for all responses that described a perceived benefit of music therapy through language such as "support," "help," "improve," "treat," "accomplish," and "heal." For example, twenty-two respondents answered question 14: "In your own words, please describe what you believe music therapy is." The collective responses regarding music therapy reflected a profound appreciation for its broad spectrum of therapeutic benefits. For example, one quote described music therapy as "therapy to support an individual's sensory and/or motor needs." Another response described music therapy as "help[ing] individuals manage emotions and trauma."

According to the gathered perspectives, respondents deem music therapy as a versatile "therapeutic tool" that taps into music's intrinsic properties to bolster language acquisition, enhance movement, and hone various skills aimed at "improve[ing] cognition, health and well-being." Its role in facilitating expression is underlined; as one respondent

noted, music helps “individuals express and process their thoughts and emotions,” effectively reducing anxiety and increasing relaxation. Some respondents relayed that both active participation in music-making, or simply being an audience to it, is therapeutic. One respondent described it as a way of “using music including songs and instruments to help treat maladaptive life struggles,” which provides a structured yet flexible avenue for therapy. Other respondents pointed out the multifaceted nature of music therapy by portraying it as a method for “playing/listening to music to connect to emotions” or targeting “academic, behavior, or social skills,” which addresses different areas of development through its application.

Responses also illustrated a consensus that music therapy aids in “emotional regulation” and can serve as “anti-anxiety therapy or visualization,” making it a useful tool for addressing mental health needs. Other respondents reported that music therapy helps individuals manage “stress, explore emotions, [and] improve communication,” among other benefits that touch on physical and emotional health. One respondent depicted music therapy as a process where “clients [can] process their emotional and physical wellbeing.” In another response, music therapy was also equated to the “healing nature of music,” a concept that was also highlighted in the scholarly literature on perception and understanding of music therapy as a therapeutic practice.

Overall, the open-ended survey responses from Q14 portrayed music therapy as a positively impactful, multifunctional tool capable of fostering significant improvements in individual and collective well-being. Further, 54% of respondents also identified a master’s degree as the minimum academic training to practice as an entry-level music therapist, which indicates that most respondents view music therapy as a profession that requires a high level of academic training at the master's level.

Limited or Inaccurate Perception

Although respondents' answers in the open response section of the survey presented a positive perception of music therapy, they also represented a broad range of perceptions, or understanding, regarding what music therapy is, what it is used for, and what benefits it produces. This broad range of perceptions revealed some inaccurate information and a limited understanding of the true nature of music therapy as a clinical practice. For example, music as "healing," "calming," and "relaxation" were common themes throughout the body of responses. Interestingly, 14 responses reported a focus on "music," "instruments," or "songs." However, none of the responses identified a music therapist as a component of music therapy. This supports the results of our literature review that indicate that music therapy may be understood as less clinical than other therapeutic disciplines.

For research question 2, we identified the potential challenge of limited or inaccurate perception as a constraint for the growth of a music therapy business in the Quad Cities. This challenge is based on data suggesting that MT-BC professionals may frequently need to advocate for themselves to help community members better understand the benefits of their services. This advocacy would involve educating the community about the clinical benefits of music therapy services, which is crucial for enhancing their impact in the community.

There were numerous examples of inaccurate or limited perception throughout our survey responses. For example, for Q16 more than 89% of respondents reported that music therapists were "somewhat likely" or "extremely likely" to work with all identified age groups: infants, early childhood, adolescents, young adults, older adults, and seniors. This data indicated an accurate perception of music therapy. However, when breaking

down the descriptive statistics even further, only 41.38% reported it was extremely likely for music therapists to work with infants in comparison to 75.86% for early childhood, 82.76% for adolescents, 79.31% for young adults, 75.86% for older adults, and 72.41% for seniors. This led us to believe that respondents were less confident that music therapy was used with infant populations. Interestingly, music therapy in a neonatal intensive care setting is a widely-respected, evidence-based treatment that has been shown to reduce length of stay and medical costs for neonates (Standley & Gutierrez, 2020). Descriptive statistics also provided another example of inaccurate or limited perception, with only 60.71% of respondents agreeing that music therapy can impact spirituality. However, music therapists often address the spiritual needs of clients in settings such as end-of-life care (Potvin et al., 2020; Moss, 2019).

Further, we see evidence of limitations and inaccuracies in perception based on the different groupings of independent variables once we get to Q17. Using ANOVA to test for the variance of means and a p-value of less than 0.05, along with Chi-Square test as indicated, we found statistical significance for how respondents answered four or more survey questions based on different levels of the following independent variables: education of the respondents, whether the organization serves children in a medical population, respondent's role in the organization, whether the respondent knows a music therapist, whether the organization serves children in a mental health population, or serves children with special needs. This report will provide a thorough description of all independent variables that demonstrated statistically significant variance in means on four or more survey questions.

We also found statistical significance for how respondents answered 1 to 3 questions based on the following: respondent's familiarity with other therapeutic

disciplines, whether the organization serves adults with special needs, serves adults in a mental health population, serves elders, serves elders with dementia or serves hospice/end of life. We found no statistical significance for how respondents answered survey questions based on profit vs non-profit status or organizations that serve adults in medical populations. For the purpose of this report, we will exclude descriptions of independent variables that only demonstrated a statistically significant variance in means on 0 to 3 survey questions.

Education of the Respondents. The educational level of respondents demonstrated the greatest impact on survey responses resulting in a statistically significant variance in means as tested by ANOVA, or Chi-Square test as indicated, and a p-value of less than 0.05 for how survey respondents answered 11 questions. For example, there was a statistically significant difference in how respondents reported the requirements to participate in music therapy based on their educational level for the following: be a trained musician p-value = 0.016, be capable of writing music p-value = 0.001, be willing to perform music for an audience, p-value = 0.046. Respondents with a Certificate/AA/AS and lower had a higher level of agreeability to these statements than respondents with a higher level of education, indicating that education has a statistically significant impact on perception in this aspect of music therapy. This is an essential distinction for music therapy organizations trying to identify target populations to market services to since it provides data that informs our understanding of how specific populations perceive different aspects of music therapy as a clinical practice. Figures 5 through 7 depict the variation in means based on the respondents' educational level.

Figure 5

Education / Agreeability That Clients Need to Be a Trained Musician

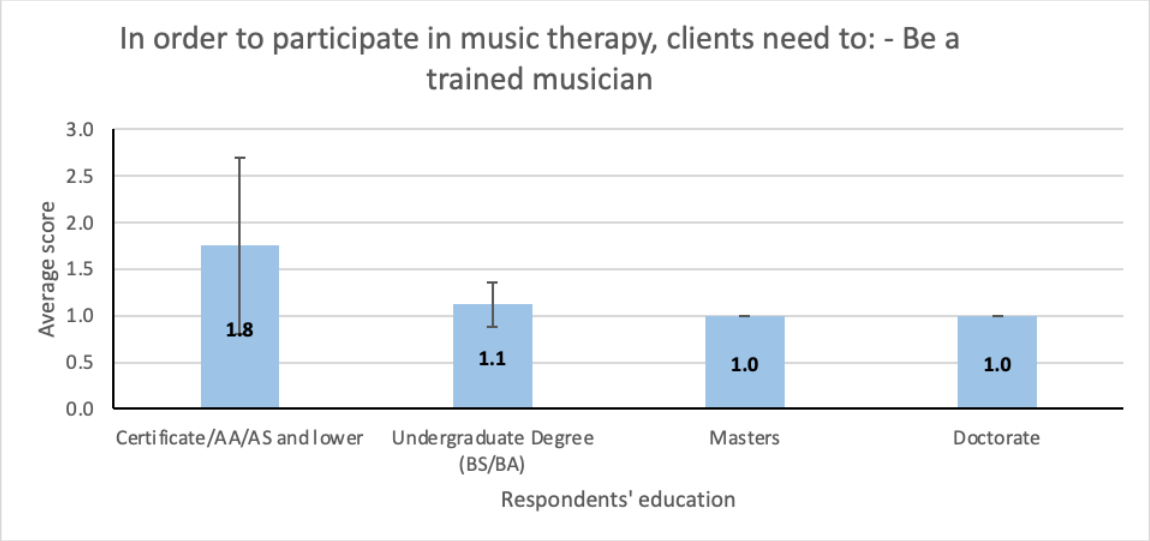


Figure 6

Education / Agreeability That Clients Needs to Be Capable of Writing Music

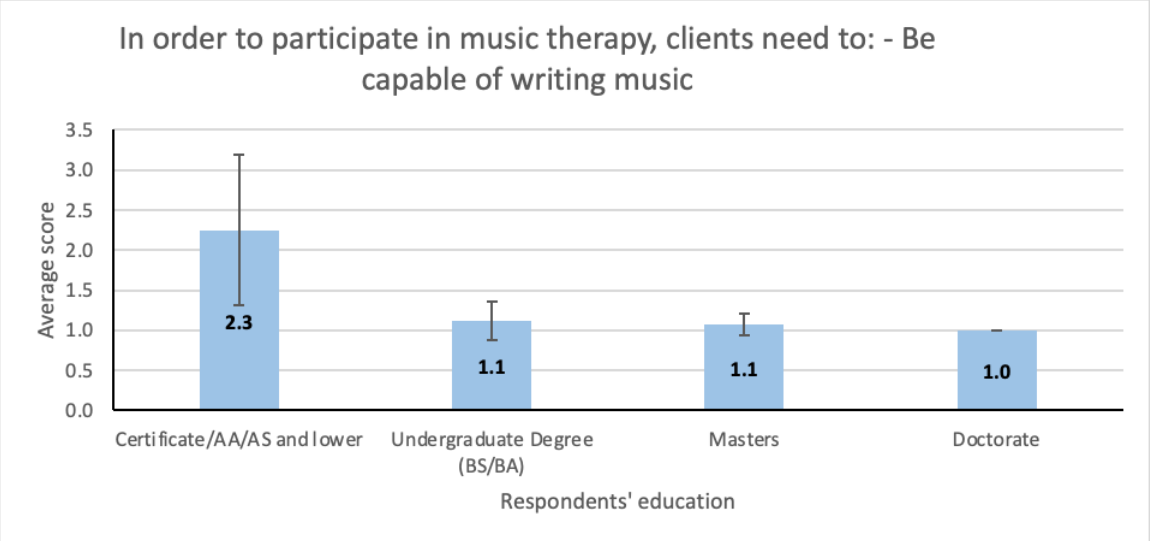
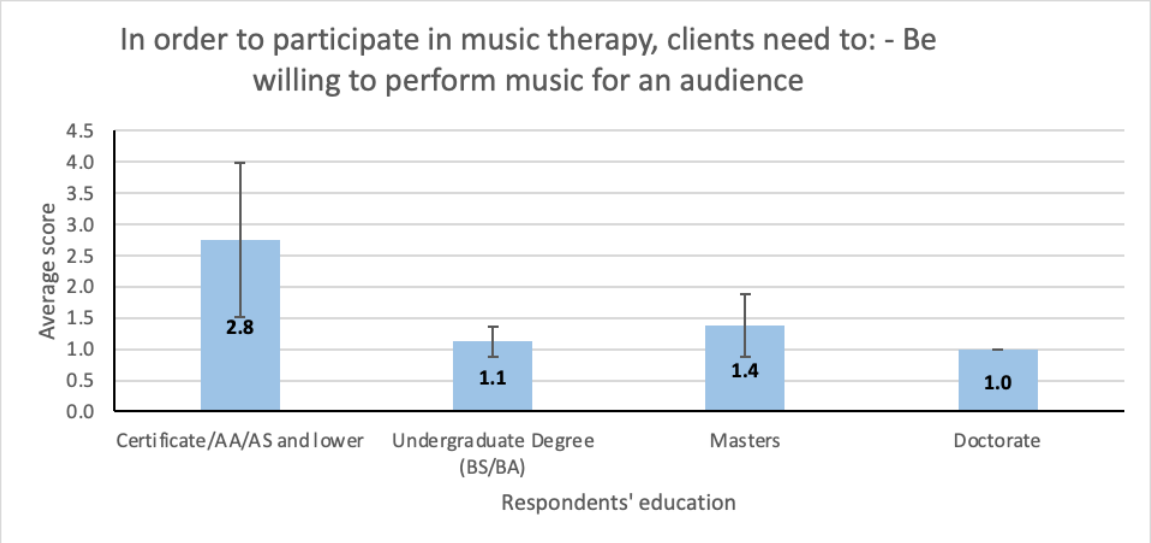


Figure 7

Education / Agreeability Clients Needs to Be Willing to Perform Music for an Audience



In all, the education of the respondent resulted in a statistically significant variance of means for 11 dependent variables as tested by ANOVA, or Chi-Square as indicated, and evidenced by a p-value of less than 0.05. This indicates there is a statistically significant difference in respondents' general belief that music therapists can often work with infants, expectations in music therapy sessions, requirements for participating in music therapy, qualifications of a music therapist, minimum academic training for entry-level music therapists, and reasons for not providing music therapy. This data suggests that beliefs and perceptions about music therapy vary based on the educational level of the respondents. Higher education levels generally reflect a more nuanced view of music therapy, such as lower expectations for clients' musical skills and higher expectations for therapists' qualifications. Funding and awareness issues were the main reasons for not providing music therapy. Table 6 depicts all 11 dependent variables that showed statistically significant variance in means based on the education of the respondent.

Table 6

Education of Respondent

	All N=29	Certificate /AA/AS or Lower N=4	Under-graduate N=8	Masters N=16	Doctorate N=1	ANOVA p-value
Music therapists can/often work with the following clinical populations:						
Infants	4.31 (0.66)	3.50 (0.58)	4.50 (0.53)	4.44 (0.63)	4.00 (.)	0.047
I would expect to observe the following in a music therapy session:						
Lyric Creation	2.83 (0.38)	2.25 (0.50)	3.00 (0.00)	2.88 (0.34)	3.00 (.)	0.005
Musical Improvisation	2.93 (0.26)	2.50 (0.58)	3.00 (0.00)	3.00 (0.00)	3.00 (.)	0.001
Musical instruments played by non-musicians	2.82 (0.48)	2.25 (0.50)	2.71 (0.76)	3.00 (0.00)	3.00 (.)	0.026
In order to participate in music therapy, clients need to:						
Be a trained musician	1.14 (0.44)	1.75 (0.96)	1.12 (0.35)	1.00 (0.00)	1.00 (.)	0.016
Be capable of writing music	1.26 (0.59)	2.25 (0.96)	1.12 (0.35)	1.07 (0.27)	1.00 (.)	0.001
Be willing to perform music for an audience	1.48 (1.02)	2.75 (1.26)	1.12 (0.35)	1.38 (1.02)	1.00 (.)	0.046
I would expect a music therapist to have the following qualifications:						
Anyone with an interest in using music can provide music therapy	2.38 (1.42)	4.00 (1.15)	2.25 (1.16)	1.94 (1.34)	4.00 (.)	0.034
Minimum academic training to practice as an entry level music therapist: Chi-squared test; p-value = 0.038						
High School	2 (6.90%)	1 (25.0%)	1 (12.5%)	0 (0.00%)	0 (0.00%)	
Bachelor's Degree	11 (37.9%)	2 (50.0%)	3 (37.5%	6 (37.5%)	0 (0.00%)	

Master's Degree		13 (44.8%)	0 (0.00%)	2 (25.0%)	10 (62.5%)	1 (100%)
Other		2 (10.3%)	1 (25.0%)	2 (25.0%)	0 (0.00%)	0 (0.00%)

My organization does not provide music therapy because:
Chi-Square; p-value = 0.045

Our organization does not have funding for creative arts therapies	0	18 (64.3%)	3 (75.0%)	2 (25.0%)	12 (80.0%)	1 (100%)
	1	10 (35.7%)	1 (25.0%)	6 (75.0%)	3 (20.0%)	0 (0.00%)

Chi-Square; p-value = 0.026

I am not aware of the evidence base for music therapy	0	26 (92.9%)	2 (50.0%)	8 (100%)	15 (100%)	1 (100%)
	1	2 (7.14%)	2 (50.0%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Serves Children in Medical Populations. Following the respondent's education, data from our sample indicated that working in an organization that serves children in a medical population had a statistically significant variance in means as tested by ANOVA, or Chi-Square test as indicated, and evidenced by a p-value of less than 0.05 for how survey respondents answered seven questions on our survey. Three of these questions were related to the respondent's perception of what they would expect to observe in a music therapy session, two questions were related to the expected qualifications and education of a music therapist, and the last question asked for the respondent's perception on why their organization does not provide music therapy services. Again, like the respondent's education, we see that working in an organization that serves children in a medical population had a statistically significant impact on areas of perception. While it is necessary to conduct additional research on a larger sample size with post-hoc testing to get a more comprehensive interpretation of what these differences mean and how extensive they are in a broader context, again, we see the consequential nature of personal characteristics for an individual's perception of music therapy. Table 7 on the next page reflects all seven dependent variables that revealed a statistically significant variance in means as described above.

Table 7

Serves Children in a Medical Population

	All N=29	Never N=6	Rarely N=7	Sometimes N=16	ANOVA p-value
I would expect to observe the following in a music therapy session:					
Musical Improvisation	2.93 (0.26)	3.00 (0.00)	2.71 (0.49)	3.00 (0.00)	0.032
I would expect to observe the following instruments in a music therapy session:					
Body Percussion	17.4 (0.50)	17.8 (0.41)	17.0 (0.00)	17.4 (0.51)	0.006
Drums	17.3 (0.53)	17.5 (0.55)	16.9 (0.38)	17.4 (0.50)	0.042
I would expect a music therapist to have the following qualifications:					
Anyone who has obtained board-certification	4.62 (0.62)	4.00 (0.89)	4.71 (0.49)	4.81 (0.40)	0.016
Minimum academic training to practice as an entry level music therapist: **Chi-Square; p-value = 0.011**					
High School	2 (6.90%)	0 (0.00%)	2 (28.6%)	0 (0.00%)	
Bachelor's Degree	11 (37.9%)	3 (50.0%)	4 (57.1%)	4 (25.0%)	
Master's Degree	13 (44.8%)	1 (16.7%)	1 (14.3%)	11 (68.8%)	
Other	3 (10.3%)	2 (33.3%)	0 (0.00%)	1 (6.25%)	
My organization does not provide music therapy because: **Chi-Square; p-value = 0.009**					
Other	0	24 (85.7%)	3 (50.0%)	6 (85.7%)	15 (100%)
	1	4 (14.3%)	3 (50.0%)	1 (14.3%)	0 (0.00%)

Respondent's Role in the Organization. The respondent's role in the organization was another independent variable that demonstrated an impact on some of our survey questions. Our data indicated that there is a statistically significant variance in means as tested by ANOVA, or Chi-Square test as indicated, and evidenced by a p-value of less than 0.05 in what instruments respondents expect in a music therapy session, client requirements for music therapy participation, qualifications for providing music therapy, reasons for not providing music therapy, and awareness of individuals who have received music therapy. Notably, respondents who self-identified as "Provider/Practitioner" tend to have more specific expectations and awareness than those in administrative or other roles. This data further supports our conclusion that inaccurate or limited perception varies based on different groupings of independent variables, which indicates that music therapy businesses may benefit from being strategic regarding advocacy and marketing efforts depending on different groupings of individuals. Table 8 reflects the dependent variables that revealed a statistically significant variance in means as tested by ANOVA, or Chi-Square test as indicated, and evidenced by a p-value of less than 0.05 based on the respondent's role in the organization as the independent variable.

Table 8

Role in the Organization

	All N=29	Admin. N=7	Provider / Practitioner N=8	Leadership N=9	Other N=5	ANOVA p-value
I would expect to observe the following instruments in a music therapy session:						
World Percussion	17.3 (0.45)	17.3 (0.49)	17.6 (0.52)	17.1 (0.33)	17.0 (0.00)	0.041
In order to participate in music therapy, clients need to:						
Be capable of writing music	1.26 (0.59)	1.29 (0.76)	1.00 (0.00)	1.11 (0.33)	2.00 (0.82)	0.032
Have previous musical experience	1.45 (0.87)	1.57 (0.98)	1.12 (0.35)	1.11 (0.33)	2.40 (1.34)	0.025
I would expect a music therapist to have the following qualifications:						
Anyone with an interest in music can provide music therapy	2.38 (1.42)	3.71 (0.49)	1.50 (0.76)	1.78 (1.30)	3.00 (1.87)	0.003
Please select the best response:						
I am aware of individuals who have received music therapy	2.79 (1.57)	1.71 (1.25)	4.12 (0.99)	2.44 (1.59)	2.80 (1.48)	0.014

My organization does not provide music therapy because:
Chi-Square; p-value = 0.036

		All N=29	Admin N=7	Provider/ Practitioner N=8	Leadership N=9	Other N=5
It is outside the purview of our provided services	0	19 (67.9%)	7 (100%)	6 (85.7%)	4 (44.4%)	2 (40%)
	1	9 (32.1%)	0 (0.00%)	1 (14.3%)	5 (55.6%)	3 (60.0%)

Whether Respondent Knows a Music Therapist. Based on our data, whether or not a respondent knows a music therapist had a statistically significant variance in means as tested by ANOVA and evidenced by a p-value of less than 0.05 for how survey respondents answered five survey questions, which suggests that knowing a music therapist may be beneficial for improving perception and awareness of music therapy services. Regarding expectations of songwriting in a music therapy session, there is a statistically significant variance in means, as indicated by a p-value of 0.029, that a respondent's perception of this aspect of music therapy is impacted by whether or not they know a music therapist. We also identified a statistically significant variance in means, as evidenced by a p-value of 0.017 and 0.021, in what qualifications respondents believe are required for music therapists based on whether or not they know a music therapist. In this case, if someone does not know a music therapist, they rated a formal training course or interest in music as qualifications to be a music therapist higher than someone who does know a music therapist. This data indicates that someone who knows a music therapist may better understand that a formal training course or interest in music is not an adequate qualification for the profession.

We also identified a statistically significant variance in means in familiarity with music therapy providers in the Quad Cities, as evidenced by a p-value of 0.001, and awareness of individuals receiving music therapy, as evidenced by a p-value of 0.001, based on whether or not the respondent knows a music therapist. Combined, this data indicates that knowing a music therapist is associated with different perceptions and awareness regarding what happens in music therapy sessions, the qualifications needed to be a music therapist, and awareness of local providers and clients who have received music therapy. Those who know a music therapist generally show a more nuanced

understanding and greater awareness of the field. This suggests that increasing connections in the community is a strategic way to improve the perception and awareness of music therapy services. Table 9 reflects the dependent variables that revealed a statistically significant variance in means as tested by ANOVA and evidenced by a p-value of less than 0.05 based on whether or not the respondent knows a music therapist as the independent variable.

Table 9

Knows a Music Therapist

	All N=29	**Yes N=17**	**No N=12**	**ANOVA p-value**
I would expect to observe the following in a music therapy session:				
Songwriting	2.61 (0.69)	2.41 (0.80)	2.91 (0.30)	0.029
I would expect a music therapist to have the following qualifications:				
Anyone who has completed a formal training course	4.32 (1.09)	3.94 (1.29)	4.83 (0.39)	0.017
Anyone with an interest in using music can provide music therapy	2.38 (1.42)	1.82 (0.95)	3.17 (1.64)	0.021
Select the most accurate rating:				
I am familiar with music therapy providers in the Quad Cities	6.48 (0.75)	6.87 (0.83)	6.00 (0.00)	0.001
Please select the best response:				
I am aware of individuals who have received music therapy	2.79 (1.57)	3.53 (1.46)	1.75 (1.06)	0.001

Serves Children in a Mental Health Population. Next, our data identified a statistically significant variance in means as identified by ANOVA and a p-value of less than 0.05 in how respondents answered five questions if they worked for an organization that serves children in a mental health population. All five of the survey questions were related to the respondent's perception of music therapy, including what they would expect to see in a music therapy session, what areas of development they believe music therapy may impact, and what qualifications they expect a music therapist to have.

Interestingly, we identified a statistically significant variance in the means through ANOVA testing, with p-values of 0.008 and 0.034, revealing key areas of development that respondents believe could be impacted by music therapy. From a rational standpoint, this finding aligns with the expectation that professionals serving children in mental health contexts would be more familiar with therapeutic services, potentially enhancing their awareness of the benefits of music therapy. This insight holds significant implications for music therapists' marketing strategies and advocacy initiatives, underscoring the potential impact of their professional choices in these areas. Table 10 reflects the dependent variables that revealed a statistically significant difference in means as tested by ANOVA and evidenced by a p-value of less than 0.05 based on whether or not the respondent works for an organization that serves children in a mental health population.

Table 10

Serves Children in a Mental Health Population

	All N=29	Never N=3	Rarely N=7	Sometimes N=19	ANOVA p-value
I would expect to observe the following in a music therapy session:					
Listening to Live Music	2.93 (0.26)	3.00 (0.00)	2.71 (0.49)	3.00 (0.00)	0.032
I would expect to observe the following instruments in a music therapy session:					
Body Percussion	17.4 (0.50)	18.0 (0.00)	17.0 (0.00)	17.4 (0.51)	0.006
I believe music therapy impacts the following areas of development:					
Behavioral: following instructions, impulse control	7.97 (0.19)	7.67 (0.58)	8.00 (0.00)	8.00 (0.00)	0.008
Emotional: expression, processing and identifying emotions	7.90 (0.41)	7.33 (1.15)	8.00 (0.00)	7.95 (0.23)	0.034
I would expect a music therapist to have the following qualifications:					
Anyone who has completed a formal training course	4.32 (1.09)	2.50 (2.12)	4.43 (0.79)	4.47 (0.96)	0.043

Serves Children with Special Needs. Our data also identified a statistically significant variance in means as identified by ANOVA, or Chi-Square test as indicated, with a p-value of less than 0.05 in how respondents answered four questions if the respondent reported they worked for an organization that serves children with special needs as defined by their understanding of the term. Interestingly, 54.5% of all respondents identified a master's degree as the minimum academic training to practice as an entry-level music therapist, indicating they view the profession as requiring high academic training. This data further supports our earlier interpretation that respondents generally perceive music therapy positively. Table 11 reflects the dependent variables that revealed a statistically significant variance in means as tested by ANOVA, or Chi-Square test as indicated, and evidenced by a p-value of <0.05 based on whether or not the respondent works for an organization that serves children with special needs.

Table 11

Serves Children with Special Needs

	All N=29	Never N=1	Rarely N=6	Sometimes N=22	ANOVA p-value
I would expect to observe the following instruments in a music therapy session:					
Body Percussion	17.4 (0.50)	18.00 (.)	17.0 (0.00)	17.5 (0.51)	0.041
In order to participate in music therapy, clients need to:					
Be capable of writing music	1.26 (0.59)	3.00 (.)	1.00 (0.00)	1.25 (0.55)	0.004
I would expect a music therapist to have the following qualifications:					
Anyone who has obtained board-certification	4.62 (0.62)	3.00 (.)	4.67 (0.52)	4.68 (0.57)	0.023
Minimum academic training to practice as an entry level music therapist: **Chi-Square; p-value = 0.017**					
High School	2 (6.9%)	0 (0.00%)	2 (33.3%)	0 (0.00)	
Bachelor's Degree	11 (37.9%)	0 (0.00)	3 (50.0%)	8 (36.4%)	
Master's Degree	13 (44.8%)	0 (0.00%)	1 (16.7%)	12 (54.5%)	
Other	3 (10.3%)	1 (100%)	0 (0.00%)	2 (9.09%)	

Implications of Finding 2. Notably, due to our sample size, this data restricts us from deducing generalizability. Nevertheless, it offers substantive insights suggesting that perception and awareness of music therapy are dynamic constructs subject to variation influenced by the distinct, independent characteristics of the sample demographics. This revelation is particularly salient, as it equips music therapists with an innovative perspective for analyzing the market dynamics of potential clients and collaborative entities. Consequently, the findings lend themselves to the question, which demographics should marketing efforts be preferentially directed? For instance, should the education level of respondents demonstrably influence their perception and awareness, what implications does this hold for strategic marketing and advocacy initiatives? It is plausible to hypothesize that expanding the sample size would yield a more holistic understanding of the perceptions and awareness levels among potential consumers and collaborators in the marketplace. Therefore, conducting a comprehensive survey on these aspects emerges as a valuable strategy for community engagement, enabling music therapists to more effectively discern and cater to the needs of the populations they intend to serve.

Finding 3

The cost of music therapy may prohibit organizations from seeking services for their clients, which limits accessibility and is a constraint to the growth of a music therapy business in the Quad Cities market. This is often attributed to the limited third-party reimbursement available through insurance and Medicaid compared to other therapeutic services.

RQ3: What other constraints exist that are not addressed in research questions 1 and 2?

In consonance with our literature review and input from QCMT's director, we identified funding as a constraint for the growth of a music therapy business. Survey Q26 stated the following: I believe my organization does not provide music therapy because of the following reasons (select all that apply). Lack of funding for creative arts therapies was the most frequently reported constraint in our sample population, with 15.87% of respondents selecting this response. Consequently, expert interviews also consistently reported funding as a constraint to the growth of a music therapy business, which is described further in our findings for RQ4. Lack of access to music therapy and a belief that music therapy were outside the purview of provided services were reported as the next most frequent constraints; however, we determined these two factors contributed to the limited and inaccurate perception and awareness of music therapy as identified in Finding 2. Table 12 depicts all responses for why respondents believe their organization does not provide music therapy.

Table 12

Other Constraints

I believe my organization does not provide music therapy because of the following reasons: (select all that apply)		
	Average	**Choice Count**
Our clients would not benefit from music therapy	0.00%	0
Music therapy is expensive	9.52%	6
Our organization provides music therapy	4.76%	3
Our organization does not have access to music therapy	14.29%	9
Our organization provides another method of therapy	7.94%	5
I do not have a clear understanding of what music therapy is or its benefits	9.52%	6
Other therapies are more beneficial to our client base	4.76%	3
Our organization does not have funding for creative arts therapies	15.87%	10
Our organization does not contract with insurance providers	9.52%	6
Music therapy is outsid ethe purview of our provided services	14.29%	9
I am not aware of the evidence base for music therapy	3.17%	2
Other	6.35%	4
		63

Finding 4

RQ4: In what ways do a sample of experienced MT-BCs a) describe the process of growing a music therapy business or describe the skills necessary to grow a music therapy business, b) describe the organizational capacity needed to grow, c) describe constraints that may restrict the growth of a music therapy business, and d) describe public perception of music therapy?

Growing a music therapy business is complex and requires a diverse set of skills. Some of these skills include navigating public perception through advocacy, specialization of practice, understanding sources of funding or revenue, and increasing knowledge not only in music therapy but also in business management.

Although our literature review identified significant research on the many benefits of music therapy, it also revealed a gap in available data to effectively guide music therapists in growing a music therapy business. Therefore, we sought feedback from experienced MT-BCs who are knowledgeable in music therapy practice, growing a music therapy business, or educating and training music therapists. Using thematic coding for our semi-structured interviews with eight expert MT-BCs, we identified the following themes:

- Navigating public perception through advocacy
- Specialization and understanding of sources of funding or revenue
- Education in business management

Using purposive and snowball sampling as described in our design section, we identified and interviewed eight expert MT-BCs. The experts ranged from professors and private business owners to leaders within an existing music-based organization and a larger healthcare organization. We asked open-ended questions and recorded their

responses. For the purpose of our report, the expert MT-BCs have been given pseudonyms to maintain anonymity.

Navigating Public Perception through Advocacy

When asked about public perception, all experts referred to advocacy as the most effective tool to spread awareness and influence the public perception of music therapy. By advocacy, there was a collective description of the need to continuously share what music therapists do and what clinical outcomes to expect from music therapy services. While there is still a consistent need to improve the public's understanding of music therapy, many of our experts noted a general improvement in the perception of music therapy in recent years. For example, Elizabeth, an MT-BC in a leadership role with a large music organization that provides music therapy services, reported that the perception or understanding of music therapy "has really increased…I think just the experience on the ground has felt like there's more education. However, advocacy is always a part of what we do, always" (personal communication).

In a practical sense, experts described advocacy as actively looking for ways to educate and share knowledge about the benefits and practices of music therapy. Holly, an MT-BC with a Ph.D. in music education and extensive experience as a clinician who is now serving in academia, explained, "You need to be able to communicate, to articulate what you do and why you do it …You need to be an advocate for your profession. You need to be able to speak eloquently of…what can be accomplished through music therapy, what are goals that we typically address? What are interventions that we typically use? What are populations that we serve?" (personal communication).

Paula, an assistant professor of music therapy with a Ph.D. in music education with an emphasis on music therapy, further described advocacy as "helping people understand

your value" (personal communication). Paula further expounded on the need for advocacy, noting a belief that "there's just not enough understanding of what music therapy is and where it can be [an] effective…measurable, evidence-based, data-driven outcome" (personal communication).

While each expert described their own methodology to advocate for their profession, from marketing plans to handing out cards at Starbucks, the end goal was always the same: to educate the public about music therapy and its many benefits. All eight of our experts emphasized that advocacy is an essential element of success for a music therapist and, thus, also essential for growing a music therapy business.

Everett, a university instructor in charge of clinical practicum for music therapy students, described advocacy similarly to how any other business markets its services to the public. Everett stated, "We do have an expertise in the use of music as our tool to achieve the non-musical things that you want to improve on. We know we can help…" However, he goes on to explain, "what we're also battling is that perception of… I do music therapy all the time. I put on my headphones" and " take a walk" (personal communication). Everett's statement underscores the most significant hurdles for music therapists in private practice: advocating or marketing the business and refining public opinion of the clinical practice.

Others echoed Everett's sentiments. Elizabeth, the MT-BC in a leadership role with a large music organization, stated, "I think one of the biggest hurdles is people are familiar with music…everybody already knows about music" (personal communication). Because of this natural familiarity with music in the general public, Elizabeth explained that advocacy itself is a multifaceted endeavor that may include a myriad of activities, such as providing someone with a QR code with links to videos that individuals can watch,

providing brief in-service talks with staff in various community organizations, doing presentations at support groups, or participating in resource fairs (personal communication). Kasey, another MT-BC with a leadership role in a successful music therapy business, noted that while some may call similar types of advocacy marketing, she believes advocacy is a more appropriate term "because what we're doing as music therapists as a whole everywhere, no matter where we're at, whenever we step somewhere with a guitar on our back, we're advocating for music therapy….our team is just willing and able to have those conversations all the time because they're passionate about the work that they're doing" (personal communication). Kasey further described the importance of finding "champions…who believe in the power of what we do, and who know the power of what we do, and keep building relationships with those people" (personal communication). Although advocacy to inform public perception was among the most emphasized concepts in our expert interviews, it was not the only major theme that emerged.

Specialization and Sources of Funding

A second theme identified from the expert interviews surrounded specialization and its relation to funding sources. Many respondents emphasized the importance of specialization in music therapy practice, suggesting that having a niche or specialized area of expertise or skill benefits business growth and client acquisition. Everett explained, "You can't be good [with] every population, every age group, every diagnosis" (personal communication). For Everett, delivering specialized services stems from an ethical commitment to providing the best services for clients based on each clinician's knowledge, expertise, and skill level.

Sarah, the owner of a large, well-respected music therapy business, echoed similar thoughts, “I built my brand based on what I did really, really well, and so that’s always the advice that I give to music therapists…that’s how you build a reputation in the community, and people start to look for you” (personal communication). Sarah advised music therapists to ask the question, “What am I good at and where’s the gap that I could fill?” (personal communication). This question provides a foundation for developing strong clinical skills while also helping identify client populations that align with the clinician’s area of expertise and passion.

All eight experts spoke of utilizing their skill sets to serve specific client populations. For Holly, who has significant experience in the hospital environment, specialization centered on providing music therapy for NICU patients. She spoke of her passion for helping these tiny babies recover from significant setbacks, an area in which she specialized and grew her skill and expertise as a music therapist. Holly further advised that MT-BCs should grow their professional skills as music therapists before establishing a private practice. Holly explained, “I discourage [students] from doing that [private practice] as one of their first jobs. I always say you need to learn to be a really good strong clinician before you can embark on opening a business or your own practice” (personal communication).

Elizabeth, the MT-BC in a leadership role with a large music business providing music therapy services, brought a unique perspective as she practiced primarily under the umbrella of a large commercial business model with many locations and multiple streams of revenue outside of music therapy. She spoke to the organization’s ability to work with specific complex medical diagnoses and build a therapeutic plan for clients. These specialized services allow the organization to meet the unique needs of specific

populations. Kasey, an MT-BC with expertise in providing music therapy for clients with neurodegenerative diseases, such as dementia and Parkinson's, vocal, respiratory, and neurologic functionality, and end-of-life care, shared that her specialized skills in these areas support the needs of adults and older adults. Kasey explained, "We have our own expertise, and we have our own specialty that I think aids in the growth of our business because people come to us for our work with older adults [and those with] dementia and other kinds of neurological diseases because that really is our specialty" (personal communication). In all of these examples, the specialized skills of the music therapist are what made them uniquely equipped to serve specific clients.

In music therapy, specialization and funding are uniquely interconnected. Specialization, focusing on a specific area of clinical practice and being the expert in that area, means certain populations will seek the MT-BC's specific skillset. However, when specialized, some caution that a business may not be open to expanding its areas of expertise. While discussing the idea of specializing in a specific area of practice, Everett noted, "You could also limit yourself that way, or you could also become leaders in the community that way too (personal communication). This quote underscores the notion of drawing clients in due to specialization while potentially reducing your client base due to the same approach. From one perspective, the MT-BC increases their revenue through specialization; however, there is also the risk that this becomes a constraint to growth and thus limits potential revenue sources.

The balance between specialization and funding was highlighted multiple times throughout the interview process with the MT-BC experts. Sarah shared a hypothetical example of this balance by encouraging professionals to consider available funding sources and connect them to a specialized skill set. In this example, Sarah noted one

state's "huge focus on preschool" and how there may be opportunities "to get into a system of supporting within the preschools throughout the state." This example highlighted the potential for MT-BCs to connect their specialized skills working with an early childhood population to available funding sources. Another expert, Pamella, now an associate professor for a university music therapy program and an associate director of a music school, who also has experience growing private practices, described her own experience securing a service contract with an organization that had received grant funding to serve children who had experienced trauma (personal communication). In this case, grant funding was secured by the organization and covered music therapy services with a contracted MT-BC who could work with the identified client population. This is yet another example of the interweaving between specialization and funding.

Diversify Funding. Analogously, many of the experts agreed that private music therapy businesses can benefit from seeking to diversify their revenue streams. While we have provided examples where a specialist identified state funds and another contracted with an organization that had established grant funding, third-party payment is still an area of interest for funding in the field. As previously noted, reimbursement for music therapy from third-party providers is state-dependent and often limited. However, services may be eligible for coverage under an umbrella practice of therapeutic activities in some settings, such as partial hospitalization programs (PHP) or state Medicaid waivers.

Pamella highlighted state task forces and the American Music Therapy Association as two examples of resources where MT-BCs can go to gain a more comprehensive understanding of reimbursement practices; she further noted "a really active and vibrant MTBO, music therapy business owners, group on Facebook" as another available resource for music therapists as they strive to grow their business.

Pricing. Along with specialization and its relation to funding, some of our experts stressed the importance of pricing and the need to consider the surrounding market and what costs it can bear. Susan, the co-founder of a successful music therapy business, identified "[setting] a sustainable rate," one in which families can still afford services, as a significant issue facing music therapists who run their own businesses (personal communication). She further articulated that her current organization is "very transparent about rates and costs" as well as the "educational qualifications" of staff and believes all private practices should be honest and upfront with their clients about these aspects of their professional services (Susan, personal communication).

Elizabeth also described the delicate balance music therapists must maintain by being "able to pay our therapists enough" without "[pricing] ourselves out of [reach] of people that need us" (personal communication). As with all private practices, understanding the maximum a therapist can charge while maintaining and growing a client base requires a deep understanding of what the local market can bear and what other therapeutic services in the same community are charging. Many of our experts asserted that it is very easy to price a practice out of business, meaning the practice charges too much for the community and fails.

Education in Music Therapy and Business Management

The final significant theme identified from the expert interviews centers on increasing knowledge in business management to enable best practices in marketing to the appropriate audience and managing the complexities of operating a small business. This theme naturally transcends from the previous findings. Paula explained the importance of having a vision as fundamental to an MT-BC's business management philosophy, "You have to really think about having a vision and…a mission is really where you've got to

start…you really have to clearly define [it] because not a lot of people understand what music is in the scope of it" (personal communication). Paula also noted that at the university she works with "all music students took an entrepreneurship class" to help support their profession as a working musician; however, she acknowledged that most music therapy programs do not offer business courses as part of a music therapy program (personal communication).

By advocating for the benefits and importance of music therapy as a professional therapeutic discipline requiring business acumen, private practice owners increase their opportunity to identify and connect with more funding opportunities for their practice. This leads to the importance of marketing and understanding your audience through knowledge of business practices. Since a key focus of this study was to identify the perception of music therapy, it only follows that once this perception is understood, private music therapy practitioners can identify potential funding sources by knowing specific audiences most receptive to marketing endeavors.

Kasey, who is in a leadership role within a music therapy organization, explained that she contributes much of the organization's success to the personal connections members have made in the community (personal communication). In her experience, these personal connections with the community uniquely link together specialization and marketing with business acumen, "I think when it comes to working with [specific client populations] they could see on our website, on our social media…that we really have specialty working in that area" (Kasey, personal communication). This expert described how specialization in a particular diagnosis or age group allowed them to provide clearly defined marketing efforts through their online presence, contributing to their appeal in the community. Ultimately, the organization's specialized skill set, in combination with its

marketing efforts, led to “touching so many more people with music therapy…because we’re out there more…more people are seeing music therapy and in contact with music therapy and connected with music therapy” (Kasey, personal communication). These connections have ultimately guided the organization towards an upward trajectory of clients served.

When looking at the connections between the themes that emerged from our sample of expert MT-BCs, we begin to see a process that may serve as the foundation for increasing business revenue: understand what services you offer, understand the market need, and then market those services to the appropriate audience. Paula, who has vast experience in academia, communicated that “the process starts with a vision and a mission, then a strategic plan with goals and objectives” (personal communication). She also concluded that music therapists are “balancing internally” decisions related to staffing, finances, and other elements of business success. The expansive scale of business-related decisions that must be made on a daily basis further supports Holly’s earlier assertation that new music therapists should prioritize strengthening their clinical skills before establishing a music therapy business so professionals do not have to learn how to be a “clinician and a business operator at the same time” (personal communication). Holly expanded on this recommendation by encouraging MT-BCs to “learn to be a solid clinician…great treatment implementation, great assessment skills, great evaluation and documentation skills, great advocacy skills” (personal communication).

While not all of the experts referred directly to marketing efforts, many spoke of the importance of networking as another business management tool to publicize music therapy services. For instance, Pamella communicated the importance of building a

professional network in the community (personal communication). For Susan's organization, the networks created from engaging in the community resulted in the ability for the organization to grow through word-of-mouth alone, without spending any money on marketing (personal communication).

Music therapy has experienced substantial growth in recent years, yet establishing and growing a business in this area presents a complex array of challenges. As Pamella stated, "In terms of some of the skills that it takes, there's a lot of independence because if you don't go after something, it's not going to happen" (personal communication). Pamella further used the words "self-initiative" and "creativity" as characteristics that build the foundation for success in owning a music therapy business (personal communication).

The concept of self-initiative was also echoed by Sarah, who articulated, "If you choose to pursue a business…get the education you need to run a business successfully" (personal communication). By sharing these insights regarding advocacy, specialization, funding sources, and the need for increasing knowledge in business management, our expert interviews offer valuable guidance for overcoming hurdles, providing a rich understanding of the critical factors for successful business growth, and a practical roadmap for practitioners aiming to expand their music therapy business.

Recommendations

Recommendation 1

Address perception and awareness in the Quad Cities Market.

Since our investigation identified limited or inaccurate perception and limited awareness of music therapy as a constraint to the growth of a music therapy business, along with some statistically significant variance in perception and awareness among different groupings of independent variables, our first recommendation is for QCMT to address perception and awareness in the Quad Cities market. To do this, QCMT should develop a social media marketing campaign to educate community members on the specific clinical benefits of music therapy.

One way to accomplish this recommendation would be to create weekly social media posts highlighting clinical outcomes clients can expect from individualized music therapy services. For example, a "Music Therapy Mondays" campaign would provide routine opportunities to influence the perception and awareness of music therapy by educating the public on clearly defined benefits and outcomes of music therapy, such as increased attention, improved social skills, reduction in anxiety or depression, mood regulation, and social skill development. Rather than simply marketing "music therapy services," creating a campaign that markets benefits and outcomes will help potential consumers better understand what music therapy is and how it may be applicable to their own lives. Further, regular, thematic content helps in building a routine of consistent engagement with the community.

In social media posts for this campaign, QCMT can include client testimonials, expert insights from external music therapists discussing the benefits of music therapy,

and interactive content through chat sessions or live social media feeds showcasing the demonstrations of skills that may be learned in a music therapy session. This approach shifts the focus from the service itself to tangible outcomes, making it more relatable and understandable to potential clients.

Concurrently, new promotional materials should also shift their focus towards emphasizing the clinical benefits and outcomes of music therapy services. This not only reinforces the education aspect of the campaign but also serves as an effective mechanism to inform those unfamiliar with the multifaceted applications and advantages of music therapy in personal contexts. The ultimate goal of this recommendation is to create a paradigm shift in public perception and awareness through education, advocacy, and consistent engagement with the public. Table 13 provides a breakdown of tasks and goals for our first recommendation.

Table 13

Recommendation 1

R1	Address perception and awareness in the Quad Cities market.
Task	■ Develop a social media marketing campaign educating on the clinical benefits of music therapy. ■ Post weekly blasts highlighting clinical outcomes of music therapy services. ■ Create promotional materials emphasizing clinical benefits and outcomes of music therapy services.
Goal	■ Educate on clinical and therapeutic benefits of music therapy. ■ Raise awareness and clarify perception.

Recommendation 2

Leverage positive perception and untapped potential in the Quad Cities market by increasing strategic partnerships that can also provide diverse funding sources.

As identified in finding two, we determined that respondents generally have a positive perception of music therapy. This insight presents a strategic opportunity for QCMT to not only deepen its engagement with community members but also to forge meaningful collaborations with potential partner organizations. First, we recommend that QCMT directly engages with individuals who, during the survey, self-identified as interested in learning more about music therapy from a local provider. This personalized outreach is a crucial step in leveraging existing interest and converting it into active engagement.

Given QCMT director's profound dedication to engendering a lasting positive impact within the Quad Cities, this outreach initiative aligns perfectly with their vision. Engaging survey respondents will serve as an instrumental step in extending QCMT's reach and amplifying its influence. This endeavor is not merely about increasing the visibility of music therapy but about establishing a network of individuals who, through these interactions, come to personally know a music therapist, thereby creating a more impactful presence within the community. These personal interactions will also provide QCMT's director the ability to establish cooperative, professional relationships with individuals from other organizations who share a mutual desire and passion to serve children and adults with varying levels of need.

Diversify Funding

Additionally, Recommendation 2 highlights the importance of diversifying funding sources. As Finding 2 revealed, limitations in funding and reimbursement through third-party payers like private insurance or Medicaid are significant constraints for music therapy businesses. Our proposed strategy encourages QCMT to maintain awareness of organizations that provide their own source of funding for therapeutic services.

According to AMTA's 2021 Workforce Analysis, various funding options exist, ranging from facility budgets and grant funding to Medicaid waivers and state agency support. These are just a few examples of available funding options that shift the burden of cost from the individual consumer toward the organizational level. For example, our inquiry revealed a number of large national organizations that provide grant funding to support mental health through creative arts therapies, such as the National Endowment for the Arts and the National Institute of Health (NIH). In fact, in 2019, the NIH announced they would be awarding $20 million over the next five years to study music therapy's impact on neurological and other disorders (NIH, 2019).

While QCMT may be unable to qualify for grant awards as a for-profit business, they should explore partnership opportunities with large non-profit organizations that have already secured grant funding through similar national, state, and local initiatives. Other potential funding sources include school systems with allocated funds for services under student Individualized Education Plans (IEP), as well as Medicare Partial Hospitalization Programs (PHP) or inpatient facilities that may have the opportunity to provide music therapy to clients through commonly reimbursed Current Procedural Terminology (CPT) codes such as 97530 "Therapeutic Activities, one-on-one, each 15 minutes" (Sena Moore, 2020; AMTA, 2012). By pursuing partnerships with independently

funded entities, QCMT can diversify its financial base and reduce reliance on consumer payments.

Framework for Contractural Agreements

The final task for this recommendation involves the construction of a framework for contractual agreements as a pivotal step to ensure that QCMT can adeptly navigate and formalize collaborative agreements. This ensures that partnerships are not only executed efficiently but also mutually advantageous for both the organizations and their respective clientele. Given that fiscal and contractual details can significantly slow progress, it is imperative for QCMT to establish this framework proactively. This preemptive measure is crucial in laying the groundwork for seamless and productive negotiations with prospective external partners, thereby facilitating a streamlined approach to formalizing alliances and mitigating potential impediments in the process. Table 14 provides a breakdown of tasks and goals for our first recommendation.

Table 14

Recommendation 2

R2	Leverage positive perception and untapped potential in the Quad Cities market by increasing strategic partnerships that can also provide diverse funding sources.
Task	■ Contact respondents who expressed interest in hearing more about music therapy from a local provider. ■ Maintain awareness of organizations that provide their own source of funding for therapeutic services. ■ Develop a contractual framework for partnerships.
Goal	■ Grow client base. ■ Provide alternative sources of funding. ■ Promote Quad Cities Music Therapy.

Recommendation 3

Determine areas of specialization based on market feedback.

Our final recommendation was influenced by the results of our literature review, survey data, and expert interviews. In Recommendation 3, we propose that QCMT embarks on a strategic initiative to foster specialization by developing and marketing both individual and group music therapy services tailored to meet specific clinical outcomes. These services should be congruent with the specialized skills of the MT-BC professionals within QCMT and the distinct needs discerned in the QCMT market. As a practical measure, QCMT's director should work with staff to assess the client populations they are passionate about serving and the specialized skills they each have based on their training and experience. Subsequently, QCMT's director should compare these areas of specialization to the list of organizations identified through Research Question 1 aiming to identify potential partner organizations that serve similar client demographics.

To provide further clarification of this recommendation, consider the following hypothetical scenario. After internal assessment, QCMT discovers that an MT-BC staff member has a passion and clinical expertise for working with elementary-aged students diagnosed with attention-deficit hyperactivity disorder (ADHD), particularly those struggling with aspects of executive functioning like organization, planning, and time management, as well as attention and concentration. Our recommendation is that QCMT leverages this staff member's passion and specialized skills to create a music therapy service plan targeting those specific areas of executive functioning.

The next step involves aligning this service offering with organizations in the QCMT market that cater to children with ADHD, thereby effectively marketing these specialized services to impact the identified outcomes. Marketing materials should clearly

articulate the expected benefits for clients, such as increased attention to task and improved concentration. While each music therapy service plan is customized to the individualized client, QCMT can anticipate and outline potential activities and their associated outcomes for each specialized area. This approach enables QCMT to offer potential clients a comprehensive insight into the therapeutic process and the expected benefits, thereby enhancing the clarity and appeal of their services. Table 15 provides a breakdown of tasks and goals for recommendation three.

Table 15

Recommendation 3

R3	Determine areas of specialization based on market feedback.
Task	■ Promote specialization by creating and marketing both individual and group music therapy services that address specific clinical outcomes.
Goals	■ Target client populations who have specific clinical needs.

Limitations

There were several key limitations to our study. While the exploratory nature of the design sought to gain a better understanding of perception, awareness, and constraints to the growth of a music therapy business in the Quad Cities, it also sought to begin building a framework for other MT-BCs to explore these topics in their own communities. Consequently, the data procured during this initial phase necessitates a judicious evaluation to refine the survey instrument for subsequent research iterations.

Despite the initiation of the survey by 41 individuals, the effective sample size was limited to 29 due to instances of incomplete responses and the exclusion of data from respondents who completed the survey in less than one minute, which we determined to be insufficient for thoughtful engagement. Notably, a discernable pattern of attrition was observed at the juncture of question 16, suggesting that the intricate nature of subsequent questions, which delved into the nuanced specifics of music therapy sessions, may have surpassed the engagement threshold for our sample population of non-music therapist individuals. This inference suggests that the complexity and length of the survey may have inadvertently resulted in participant fatigue, culminating in incomplete data acquisition.

Moreover, the geographic specificity of our study inherently restricted our ability to generalize findings. The concentration of respondents from organizations operating within the Quad Cities market confines the applicability of the results, rendering them non-representative of the broader community or the participating organizations in their entirety. While this limited focus was an appropriate means of answering the research questions for this particular study, it denotes a limitation due to the lack of generalizability of the study's outcomes to a broader context.

Implications for Future Research

While our limitations were significant, they were also consistent with an exploratory design that will serve as the basis for later phases of inquiry. This investigation has laid the groundwork necessary to continue constructing a framework for MT-BCs to reproduce this investigation in their own community. Next, researchers must refine the survey instrument to increase participant utility, which will likely increase the sample size. For this study, the survey results provided QCMT's director with an essential description of perception, awareness, and constraints to growth for the QCMT market. However, at this point, this information is merely a descriptive snapshot of these key concepts in the Quad Cities and is ungeneralizable to the true scope of the Quad Cities market. Therefore, the next iteration of the survey should look at condensing and consolidating questions to encompass the general nature of the question without the inconsequential details that become too cumbersome and time-consuming for the general population to consider. This will increase the number of participants who are willing to complete the survey in its entirety and increase the generalizability of findings.

The survey created by Morgan et al. (2020) was a crucial first step to exploring these topics in the general population; our modifications expanded the scope of the survey to encompass organizational aspects of each key concept. A final survey iteration that provides a concise and meaningful exploration of perception, awareness, and constraints to the growth of music therapy services will be another step for increasing the utility of the survey across markets, thereby prompting the availability of prolific use by MT-BCs looking to explore these topics in their own community.

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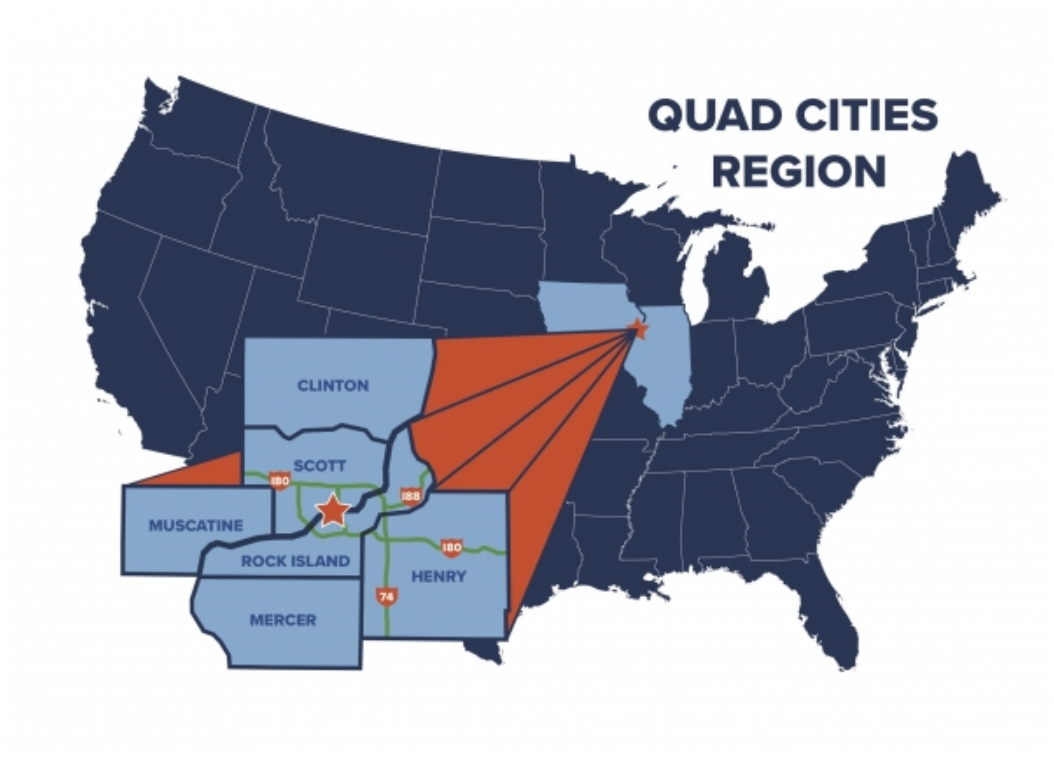
Appendix A

Map of Quad Cities Region



Appendix B

Survey of Perception, Awareness, and Other Constraints

Demographics

Consent to participate:
-I understand that my participation in this study is entirely voluntary.
-I understand that I am free to exit the survey at any time but that my partial data may still be used, unless I ask for my data to be withdrawn.
-I understand that my data will be stored confidentially.
-I understand some of my responses may be quoted when reporting the results of the study but that I will remain anonymous.
-I confirm that I am at least 18 years old.

- ◯ Yes I consent
- ◯ No I do not consent

Please select your age range:

- ◯ 18-25
- ◯ 26-35
- ◯ 36-45
- ◯ 46-55
- ◯ 56-65
- ◯ 66+
- ◯ Prefer not to say

What is your highest educational qualification (select one)

- ◯ None completed
- ◯ GCSE
- ◯ Vocational Training
- ◯ Certificate/AA/AS
- ◯ Undergraduate Degree (BS/BA)
- ◯ Masters
- ◯ Doctorate
- ◯ Other
- ◯ Prefer Not to Say

My primary role in my organization is (choose one)

- ◯ Administrative
- ◯ Provider/Practitioner
- ◯ Financial/billing
- ◯ Leadership

- ◯ Other-pleast list

Do you know, or are you aware of, a Music Therapist

- ◯ Yes
- ◯ No

Are you a Board-Certified Music Therapist

- ◯ Yes
- ◯ No

Organizational Information

Please list the name of the organization you work for:

Which of the following best describes/categorizes the services provided by your agency/organization (choose all that apply)

- ☐ Child care
- ☐ Child welfare
- ☐ Community Services
- ☐ Health care
- ☐ Hospice
- ☐ Faith-based organization
- ☐ Mental health
- ☐ Private school
- ☐ Public school
- ☐ Senior Living
- ☐ Therapy Services
- ☐ Recreation
- ☐ Other

Please select which best describes your organization

- ◯ Non-profit
- ◯ For-profit

My organization serves clients of the following age ranges: (select all that apply)

- [ ] Birth-2 years (daycare)
- [ ] 3-5 (early childhood/daycare
- [ ] 6-11 (elementary school)
- [ ] 12-18 (middle and high school)
- [ ] 19-55 (adult)
- [ ] 56+ (senior)

My organization serves the following clinical populations:

	Never	Rarely	Sometimes
Children with special needs (including exceptionalities and neurodivergence)	○	○	○
Adults with special needs (including exceptionalities and neurodivergence)	○	○	○
Medical Populations-Children	○	○	○
Medical Populations-Adults	○	○	○
Mental Health Populations-Children	○	○	○
Mental Health Populations-Adults	○	○	○
Well Elders (older adults)	○	○	○
Elders with Alzheimer's Disease and/or Dementia	○	○	○
Hospice/End of Life	○	○	○

My organization provides the following therapies:

	Rarely	About half the time	Most of the time
Art Therapy	○	○	○
Applied Behavior Analysis	○	○	○
Cognitive Behavioral Therapy	○	○	○
Dance Movement Therapy	○	○	○
Dialectical Behavioral Therapy (DBT)	○	○	○
Drama Therapy	○	○	○
Equine/Hippotherapy	○	○	○
Hypnotherapy	○	○	○
Mindfulness-based Cognitive Therapy	○	○	○
Music Therapy	○	○	○
Occupational Therapy	○	○	○
Play Therapy	○	○	○
Physical Therapy	○	○	○
Physiotherapy	○	○	○
Psychoanalytic Therapy	○	○	○

	Rarely	About half the time	Most of the time
Speech/Language Therapy	○	○	○
Verbal Psychotherapy	○	○	○

I am familiar with the following therapeutic disciplines

	Strongly Disagree	Disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Applied Behavior Analysis	○	○	○	○	○
Cognitive Behavioral Therapy (CBT)	○	○	○	○	○
Dialectical Behavioral Therapy (DBT)	○	○	○	○	○
Mindfulness-based Cognitive Therapy	○	○	○	○	○
Psychoanalytic Therapy	○	○	○	○	○
Verbal Therapy	○	○	○	○	○
Equine/Hippotherapy	○	○	○	○	○
Art Therapy	○	○	○	○	○
Dance Movement Therapy	○	○	○	○	○
Drama Therapy	○	○	○	○	○
Music Therapy	○	○	○	○	○
Play Therapy	○	○	○	○	○
Equine / Hippotherapy	○	○	○	○	○
Occupational Therapy	○	○	○	○	○
Physical Therapy	○	○	○	○	○
Physiotherapy	○	○	○	○	○
Speech / Language Therapy	○	○	○	○	○
Hypnotherapy	○	○	○	○	○

Perception

In your own words, please describe what you believe music therapy is:

Music therapy is for:

	Disagree	Neither agree nor disagree	Agree
Individuals	○	○	○
Groups	○	○	○

Music therapists can/often work with the following clinical populations

	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
Infants	○	○	○	○	○

	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
Early Childhood	○	○	○	○	○
Adolescents	○	○	○	○	○
Young Adults	○	○	○	○	○
Older Adults	○	○	○	○	○
Seniors	○	○	○	○	○

I would expect to observe the following in a music therapy session:

	Never	Rarely	Sometimes
Disorganized musical sounds	○	○	○
Listening to pre-recorded music	○	○	○
Listening to live music	○	○	○
Analyzing lyrics in precomposed music (Lyric Analysis)	○	○	○
Lyric creation	○	○	○
Musical Improvisation	○	○	○
Musical instruments played by non-musicians	○	○	○
Songwriting	○	○	○
Therapeutic Discussion	○	○	○

Please indicate how accurate you think the following statements are:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Music therapy is primarily used to make a person feel good	○	○	○	○	○
Music therapy is for entertainment purposes	○	○	○	○	○

I would expect to observe the following instruments in a music therapy session:

	Rarely / Never	Some of the time	Most of the time
Body percussion (stomp feet, clap hands, etc)	○	○	○
Drums	○	○	○
Harp	○	○	○
Guitar/Piano/Keyboard/Ukulele	○	○	○
Non-musical props (parachutes, visuals, etc)	○	○	○
Hand percussion (egg shakers, maracas, etc)	○	○	○
sound/toning or singing bowl	○	○	○
Rock band (electrical guitar, electric bass, etc)	○	○	○
Barred melodic instruments (xylophones, metallophones,	○	○	○

	Rarely / Never	Some of the time	Most of the time
etc)			
World percussion (shekere, cabasa, agogo bells, etc)	○	○	○
Other	○	○	○

In order to **participate** in music therapy, **clients** need to:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Be a trained musician	○	○	○	○	○
Be capable of writing music	○	○	○	○	○
Be willing to perform music for an audience	○	○	○	○	○
Have previous musical experience	○	○	○	○	○

I believe music therapy impacts the following areas of development:

	Disagree	Neither agree nor disagree	Agree
Behavioral: following instructions, impulse control	○	○	○
Cognitive: attention span, concentration, and memory	○	○	○
Emotional: expression, processing and identifying emotions	○	○	○
Language and speech: vocalization, pronunciation, literacy	○	○	○
Physical: fine and gross motor skills	○	○	○
Social: listening and turn taking	○	○	○
Spirituality	○	○	○
Musical: ability to play an instrument or sing	○	○	○

I would expect a music therapist to have the following qualifications:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Anyone with training in playing a musical instrument	○	○	○	○	○
Anyone with experiential/on-the-job learning	○	○	○	○	○
Anyone who has completed a formal training course	○	○	○	○	○
Anyone who has completed an approved degree program	○	○	○	○	○
Anyone who has obtained board-certification	○	○	○	○	○
Anyone with an interest in using music can provide music	○	○	○	○	○

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
therapy					

I would expect an individual to need the following **minimum** academic training to practice as an entry level music therapist:

- ○ None
- ○ High School
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ Doctoral Degree
- ○ Other

Select the most accurate rating (please list providers you are aware of, if any)

	No	Not sure	Yes
I am familiar with music therapy providers in the Quad Cities	○	○	○

Please list the providers you are aware of:

Select the most accurate response to the following statements:

- ○ My organization provides music therapy services
- ○ My organization has considered providing music therapy
- ○ My organization has provided music therapy in the past
- ○ My organization has never considered music therapy

I believe my organization does not provide music therapy because of the following reasons: (select all that apply)

- ☐ Our clients would not benefit from music therapy
- ☐ Music therapy is too expensive
- ☐ Our organization provides music entertainment
- ☐ Our organization does not have access to music therapy
- ☐ Our organization provides another method of therapy
- ☐ I do not have a clear understanding of what music therapy is or its benefits
- ☐ Other therapies are more beneficial to our client base
- ☐ Our organization does not have funding for creative arts therapies
- ☐ Our organization does not contract with insurance providers
- ☐ Music therapy is ouside the purview of our provided services

- [ ] I am not aware of the evidence base for music therapy
- [ ] Other

Please select the best response

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am aware of individuals who have received music therapy	○	○	○	○	○

Considering what you know about the discipline of music therapy, what do you view as the benefits of this therapy to the population you serve?

What areas do you believe music therapy can effectively address that other disciplines cannot?

Select the best response

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My organization would be interested in hearing from a local MT-BC to learn more about music therapy services.	○	○	○	○	○

If interested in receiving more information about music therapy in your area, please provide your contact information (contact person, phone number, email)

Please provide any futher thoughts or inquiries you might have related to music therapy

Appendix C

Semi-Structured Interview Consent

Vanderbilt University, in partnership with Quad Cities Music Therapy, is seeking to better understand perception, awareness, barriers, and constraints for growing a music therapy business in the Quad Cities. This investigation is conducted in partial fulfillment of the requirements for the Degree Doctor of Education, Leadership and Learning in Organizations by Doctoral Candidates, Katie New and Beth Huff.

As an interview participant, I acknowledge and consent to the following - Consent to Participate:

- I understand that I am being interviewed as an experienced Music Therapist - Board Certified for the purpose of sharing my personal expertise and recommendations related to growing a music therapy business.
- I understand information from this interview will be used to provide qualitative data for a study on growing a music therapy business.
- I understand that my participation in this study is entirely voluntary.
- I understand that I am free to end the interview at any time but that my partial data may still be used unless I ask for my data to be withdrawn.
- I understand that my data will be stored confidentially.
- I understand some of my responses may be quoted when reporting the results of the study but that I will remain anonymous.
- I confirm that I am at least 18 years old.

For MT-BCs being interviewed regarding their experience growing their music therapy business, all responses will be anonymous throughout all documentation submitted to the Vanderbilt University Repository and/or future publishing. I understand that if I would like my name and/or business to be cited in any documentation and/or future publishing, I will indicate so in the box below:

☐ I would like my name and business to be cited for any quotes that may be used in documentation and/or future publishing.

☐ I would like my name and business to remain anonymous for any quotes that may be used in documentation and/or future publishing.

☐ I would like to review any quotes that may be used in documentation and/or future publishing. I will determine at that time, if I would like the quote to remain anonymous or be cited appropriately.

Signature of Interviewee / Respondent: _____ Date: _____

Signature of Principal Investigator: Katie New Date: 08.30.23

Signature of Principal Investigator: Beth Huff Date: 08.30.23

Appendix D

Semi-Structured Interview Questions

1. What is the name of your organization and the title of your current position?
2. Please describe your educational background.
3. Please describe your professional background.
4. How would you describe the process of growing a music therapy business? / What skills do you believe are necessary to grow a music therapy business?
5. What organizational capacity do you believe is needed to grow a music therapy business?
6. What internal constraints do you believe may restrict the growth of a music therapy business?
7. How have you countered or worked within those constraints in your own music therapy experience?
8. What is your opinion on public perception of music therapy?
9. What advice would you give other music therapists for building a solid MT business within their own community?