A PHENOMENOLOGICAL INVESTIGATION OF THE EXPERIENCE OF GRADUATE-
LEVEL MUSIC THERAPISTS WITH DUAL CERTIFICATION IN COUNSELING

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BY

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DEDICATION

This thesis is dedicated to my father, who, through the power of music, was able to "brighten his

whole soul" as he returned to his heavenly home. You will always be our Superman.

"Me voy pa'l pueblo

Hoy es mi dia

Voy a alegrar toda el alma mia!"

- Los Panchos

ABSTRACT

JOSEPH ANTHONY REYES

A PHENOMENOLOGICAL INVESTIGATION OF THE EXPERIENCE OF GRADUATE-LEVEL MUSIC THERAPISTS WITH DUAL CERTIFICATION IN COUNSELING

DECEMBER 2022

The purpose of this phenomenological study was to explore the academic and professional experiences of graduate-level music therapists with dual licensure in counseling. The intent was to identify similarities and differences within and across therapists' experiences, to denote emerging themes, and to provide insight into the phenomena of dual certification in music therapy and counseling. This study had five participants. Based on the results, attaining dual certification may improve various areas of the clinician's lived experiences, including their employability, compensation, sense of competency, self-worth, and future outlook. The interlocking model of three domains—academic experiences, professional experiences, and personal development—was developed to illustrate how these areas affect the quality of client care. Implications for future research include scope of practice between dual-certified and single-credentialed therapists, university program design, and addressing potential consequences of music therapy advocacy efforts.

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CHAPTER I

INTRODUCTION

Stance of Researcher

As a student enrolled in both a graduate music therapy equivalency program towards certification (MT-BC) and a counseling and development program towards a license in professional counseling (LPC), I often wonder about the challenges and successes found within each of these fields. Each therapeutic approach possesses distinctive qualities to support clients and their needs; each requires a high degree of skill and clinical experience to fulfill this role. For the dual-trained clinician, the doubling of professional responsibilities may enhance or complicate several areas of practice.

From my perspective as a current student in training, I am unable to see the fruits of this academic labor. It is only through existing research and some personal connections that I may infer aspects of a dual-certified professional. Additionally, my former work-study position as a recruiter for the music department often generated conversations with students and their families about the dual program in music therapy and counseling. Many of these individuals wanted to know more about the time commitment, financial obligation, and academic rigor of this course of study and were curious about whether such a major commitment towards dual certification is necessary and important to future success as a music therapist. Ultimately, I shared the same question that they did: Is it worth it?

Through this phenomenological inquiry, I hope to reveal aspects of the journey of a dual-certified professional in an effort to provide an informed perspective for myself and others considering the dual degree. This study may also provide insights for program coordinators,

supervisors, and certification committees at large to consider the current structure of dual training in the context of its potential future professional growth and success of its graduates.

Music Therapy Certification

Before setting on this journey, it is useful to establish a definition of music therapy. The American Music Therapy Association (AMTA, 2005) defined 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" (para. 1). Certain emphases are made in this definition, including the assertion that music therapy is evidence-based, that the interventions are designed to address individualized goals, and that the music therapist has graduated from an approved program.

To become a nationally recognized MT-BC, the student must complete core music competencies (e.g., music theory, music history, lessons and ensembles on a primary instrument or voice) alongside music therapy coursework that addresses the psychological, clinical, and therapeutic applications of music in a variety of settings and populations (AMTA, 2022). In addition, students must successfully demonstrate competencies under supervision by an MT-BC within practicum and internship sites. After fulfilling the required coursework and supervised clinical hours, the student is eligible to take a comprehensive exam certified by the Certification Board for Music Therapists (CBMT), which, after passing, qualifies them to practice music therapy within the greater 50 states, pending additional state-based licensing requirements. For example, a creative arts therapist license (LCAT) is required in certain states as an additional prerequisite before music therapists may provide clinical treatment. Other states may impose a licensing test specific to music therapy (LMT) in addition to the CBMT exam (AMTA, 2022).

To obtain a graduate degree in music therapy, applicants have a few divergent options depending on the institution and their degree offerings. If the prospective student has already earned their undergraduate degree in music therapy, they may enter a graduate program approved by AMTA with some designations (e.g., masters of music with emphasis in music therapy [MM]; masters of music therapy [MMT]). If the prospective student does not already possess a music therapy undergraduate degree, they may pursue an equivalency graduate degree if they have completed a music-related degree program (e.g., music education; music performance). The equivalency program requires the student to take undergraduate and graduate music therapy coursework and required clinical hours simultaneously to fulfill both levels of education, though only the graduate degree is conferred at the point of graduation. Future clinicians must fulfill undergraduate-level music therapy coursework because music therapy is a bachelor-level entry field. If the prospective student has not completed a music-related undergraduate degree, they may only be eligible for a second bachelors in music therapy or may seek a specialized program towards a graduate music therapy degree after demonstrating strong musicianship and possessing prior, comprehensive music experiences (AMTA, 2022).

Counseling Certification

With a similar emphasis on goals, the American Counseling Association (ACA) established a consolidated definition of counseling to more broadly encompass the varying specialties it covers. ACA (2010) defined counseling as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (para. 1). This definition highlights the professional relationship, diversity of clientele, and major areas of therapeutic focus.

ACA (2022) informs and recommends policies that establish the counseling profession, monitors its stature, and preserves its integrity across various levels, including academic and professional spaces. The counseling profession is considered a master's-entry level field, meaning that professionals must obtain a graduate degree in order to practice. Graduate programs are accredited by either a counseling-specific organization (e.g., The Council for Accreditation of Counseling and Related Educational Programs [CACREP]) or a regional graduate education accrediting body. Coursework typically includes emphases in psychosocial topics (e.g., human development; multicultural counseling), clinical practice (e.g., diagnosis and treatment planning; ethics), and treatment concerns (e.g., crisis and trauma, grief, addictions, etc.). Students must also complete a clinical rotation that involves practicum and internship experiences under a qualified supervisor. After completing all coursework and passing a comprehensive exam recognized by the state—the National Counselor Exam (NCE) is the most common form—the student is qualified to apply for an associate-level version of their intended state license. Licensing titles vary by state (e.g., LPC; licensed clinical mental health counselor [LCMHC]) and post-graduate hours required before attaining full licensure is also dependent on state requirements. Licensure of counselors is different from specific requirements for school counseling, substance abuse counselors, or other related fields (ACA, 2022).

Dual Certification

For the music therapist, attaining a secondary certification in a related field like counseling may require returning to a university program and completing requirements as previously described. There are, however, university programs that provide integrated and dual-degree structures for the student to attain both graduate-level music therapy and counseling credentials simultaneously. Integrated programs place emphasis within existing music therapy

coursework to meet state-approved competencies related to the counseling profession, and by supplementing the degree plan with some counseling-specific classes, students may receive graduate degrees from both disciplines (Pennsylvania Department of State, 2022). Dual-degree programs approach both fields as separate degree plans but allow for a few courses to overlap to fulfill competency requirements dictated within each department. This approach generally takes longer to complete, and the music therapist holds more responsibility for navigating course scheduling and rotation to ensure they successfully finish both fields within the same time frame.

Study Purpose

The purpose of this phenomenological study is to explore the academic and professional experiences of masters-level music therapists with dual licensure in counseling. The intent is to identify similarities and differences within and across therapists' experiences, to denote emerging themes, and to provide insight into the phenomena of dual certification in music therapy and counseling. The prevailing research question is: What is the essence related to academic and professional experiences of masters-level music therapists with dual licensure in counseling? The following investigation will seek to explore and discuss this question.

CHAPTER II

RELATED LITERATURE

Music Therapy and Related Fields

Before considering relevant topics to this study, it is important to recognize that this inquiry has a primary focus on music therapists with dual certification in counseling. While there are several studies highlighting counselors and creative arts therapists utilizing music activities as a means towards achieving therapeutic goals, these examples are not conducted by MT-BCs and, thus, are not included in this related literature. From this, two main categories emerged for inclusion: 1) mental health in music therapy, and 2) the experience of music therapists with a dual certification.

Mental Health in Music Therapy

When considering how the pursuit of counseling credentials impacts the music therapy student and how it shapes the future professional, it is necessary to discuss the ubiquity of clients with mental health concerns within the field of music therapy. Music therapists have an ethical responsibility to remain informed of all clinical practices beneficial to a diverse and changing clientele (Eyre, 2013). Music therapists must consider how other forms of treatment may be interwoven within their approach while still maintaining adherence to their professional scope of practice. One way to variate clinical approach may involve implementation of skills and techniques found within related fields like counseling, psychiatry, or other similar professions.

Silverman (2012) and Carr et al. (2013) conducted research to understand the experiences and challenges of music therapists who work primarily with patients in acute mental health treatment. Silverman included previous research (Cassity, 2007) that anticipated that the increase of clients in psychiatric care would demand of the profession shorter treatment windows. Within

these short-term and single-session treatment sessions, music therapists have had to employ more directive techniques, set predictable music structures, and foster more immediate therapeutic conditions, such as client trust and engagement. The necessity of immediate and efficient therapeutic skills reinforced the research participants' perceived need for additional training in evidence-based practice and an increased understanding and intentional application of therapeutic orientation.

A follow-up study (Eyre & Lee, 2015) verified Silverman's (2012) observations and expanded their research into aspects of workplace environment for music therapists. Several research participants expressed difficulties with supervisors and other team members who viewed music therapy as less valid or efficacious. Limited opportunities for insurance reimbursement related to music therapy services contributed to a sense of diminished importance when compared to other fields like occupational or physical therapy. Differing opinions on consistent letter designations and on establishing a master's-level entry standard contributed to a sense of confusion among survey participants. Researchers also discussed several certified music therapists' decisions to pursue non-music-therapy jobs or seek graduate degrees from other fields because of job security and the potential for higher salary.

The Experience of Music Therapists With Dual Certification

Over the past few decades, graduate music therapy programs in the United States have expanded educational training and offered additional certifications and licensure in related fields such as counseling, special education, or creative arts therapy (Goodman, 2011). MT-BCs have had considerable interest in earning dual certifications, and the annual AMTA's Workforce Analysis (2019) revealed that out of almost 3,000 survey respondents, nearly 10% operate under a professional title other than music therapist. These titles included adjunctive therapist,

behavioral health therapist, allied therapist, mental health therapist, and psychotherapist. These positions may or may not require gaining additional university-based credentials, as some titles signify an administrative role or require training that does not involve extensive supervised study. The survey also showed that 23% of all therapeutic services were related to mental health needs, the largest category across all targeted populations. This data alongside previous studies highlight the increased emphasis on mental health needs and suggests that current music therapists are expanding their training into other related fields.

To the best of the researcher's knowledge, two prior studies (Ghetti, 2011; Sevick et al., 2017) exist surrounding the nature of dual-trained music therapists. Ghetti (2011) conducted a phenomenological study of the experiences of music therapists who also carried child life certification. The participants worked primarily in hospital settings, focusing on both pediatric medical music therapy and child life supervision. Ghetti was interested in how these professionals' navigated issues of professional identity and how they integrated or isolated their certifications within clinical treatment and their professional responsibilities. The eight participants shared varied experiences and opposing thoughts about how educational and clinical training impacted their work.

Related to education, dual-certified participants expressed that music therapists do not need a child life certification to be effective in pediatric medical settings (Ghetti, 2011). The participants did, however, agree that pediatric clinical training must become more fully integrated in undergraduate programs and that advanced competencies in medical music therapy should be acknowledged and developed in graduate programs for those who seek to specialize in this field. Participants also shared a need for more research efforts which advocate for the cost-saving benefits of music therapy and the efficacy of such programs.

In the clinical setting, some participants shared how dual-certification status led to isolation in the workplace from colleagues who worked exclusively in either music therapy or child life (Ghetti, 2011). This led to or reinforced self-identity concerns and hesitations over whether to proceed as a dual-trained professional. There was consensus among the group that child life carried a more respected status. Several participants expressed the unique opportunity to advocate for music therapy approaches within the child life department. When working with patients, participants found that they could still orient themselves within a particular theoretical approach (e.g., behavioral, humanistic) and found many similar or overlapping philosophies in both music therapy and child life. The ability to address patient concerns more holistically was an added benefit and motivating factor for pursuing a dual certification.

Sevcik et al. (2017) conducted a study to observe differences between music therapy practitioners who carried a master's in music therapy, a master's in counseling, and dual certification in both music therapy and counseling. One hundred and twenty-three participants answered questions related to their motivations for pursuing an advanced degree, the perceived benefits and drawbacks to gaining an advanced degree, how they have integrated music therapy and counseling skills in their clinical work, and how they view their professional identity.

Motivations for seeking an advanced degree varied slightly depending on the type of degree sought, but among the personal motivators, the desire for advanced clinical training (64.3%) and personal growth (63.5%) were the greatest factors (Sevcik et al., 2017). For those who attained a master's in music therapy, the perceived benefits for the advanced degree included gaining an expanded knowledge of music therapy theory, increasing techniques and approaches, and nurturing their own professional identity. Perceived drawbacks included continuing difficulties seeking insurance reimbursement for music therapy services and an

inability to seek licensure as a professional counselor or similar field. Among those who earned a master's in counseling, the perceived benefits and drawbacks were reversed, with eligibility to work in a professional counseling capacity and ability to request reimbursement as benefits, but a perceived lack of expanded knowledge and skills in music therapy practice. For dual-certified practitioners, they included all perceived benefits from the first two groups with an added benefit of practicing as a lead therapist. There was no consensus among this third category of participants related to perceived drawbacks.

 Sevcik et al. (2017) included questions related to the implementation of eight music therapy techniques and 13 verbal techniques to observe any differences among the three major groups of participants. While participants holding either a master's degree in music therapy or a dual degree indicated that singing and playing instruments were the most frequent music therapy techniques utilized in their practice, participants who held a master's in counseling used music listening as their primary music therapy technique. Among verbal techniques, questioning, reflection of meaning, and reflection of feeling were the top choices among all participants. Psychoeducation was the most-used verbal technique used by participants with a master's in counseling (81.6%), followed by dual certified professionals (73.7%) and those with a master's in music therapy (58.8%).

Professional identity was divided into four main choices: music therapist, professional counselor, music therapist who also has training as a counselor, and counselor who also has training as a music therapist (Sevcik et al., 2017). Other than professional counselor ($n = 10$), the other three options yielded similar results at around 30 participants each. There was also a fifth option of 'other' ($n = 19$); however, the article did not disclose any further details on how these participants self-identified. Among dual-certified practitioners, there was a majority who still

retained a music therapist identity ($n = 8$); however, 'other' ($n = 7$) and 'counselor who also has training as a music therapist' ($n = 6$) indicate additional variability within this category.

Summary

Based on this research, there are many reasons for a music therapist to seek dual certification. There are also several experiences that affect how music therapists utilize or feel certain in their expanded competencies due to possessing a dual certification. There may be additional areas which have not been included in previous research, so this study aims to fill in potential gaps that may exist. What this phenomenological study aims to achieve is a more focused observation and presentation of music therapists who possess a dual certification in a mental health area.

CHAPTER III

METHODOLOGY

Participant Inclusion Criteria

The primary researcher recruited five participants for this study. Participants were eligible to take part in the study if they met the following inclusion criteria:

1. Participants must be 18 years of age or older.

2. Participants must speak English.

3. Participants must be a MT-BC who has completed a graduate-level program in both music therapy and counseling.

4. Participants must have been or are currently licensed to provide counseling services in their respective state.

5. Participants must have completed a minimum of 2 years of full-time prior clinical work.

6. Participants must be currently working in a professional setting or private practice.

7. Participants must have access to high-speed internet and devices appropriate for distance communication (i.e., Zoom videoconferencing).

Participants must have been 18 years of age or older, as they must be consenting adults and have completed their master's degree in music therapy and counseling to be included. Since the primary researcher only speaks English, only participants who could converse in English were included. Since this study was aiming to understand professional music therapists' experiences, working clinicians were selected to understand the essence of their work related to their academic careers. Clinicians in the field of counseling must have possessed or currently hold an up-to-date state license in order to provide services, so this criterion must be met. The

inclusion criteria of having a minimum of 2 years of clinical work reflects the depth desired from participants to draw from several professional experiences. Because these participants could live anywhere in the United States, all participants needed to have access to equipment used for Zoom interviews and high-speed internet.

Participant Recruitment

The research began after Institutional Review Board (IRB) approval was obtained through the primary researcher's university. Once approval was provided, the student researcher began the recruitment process. Recruitment occurred using the Music Therapy Unite Facebook group, which is a closed group for music therapy professionals, interns, and students in the United States, of which the primary researcher is a member. Permission for recruitment had already been granted by the administrators to post the recruitment message.

Interested potential participants contacted the student researcher through the email provided in the recruitment post (see Appendix A). The student researcher responded with an approved script for interested participants, which included sharing the consent form for the participants to review. One prospective participant disclosed that their LPC qualification had expired, but that they still retained some clients under the music therapy credential (MT-BC). The student researcher modified the consent form to include the specifier: "You must *have been or are currently* licensed to practice counseling in your respective state." The modified consent form was sent to the IRB for additional review and approval. After approval, the modified consent form was sent to all participants to ensure uniformity and equity in the consent process.

Consent

Potential participants who responded to the recruitment email were then scheduled for a consent session. People who expressed interest were sent the consent form and the email script (see Appendix B). Only those who respond to the email were scheduled a consent session.

The consent session was scheduled at the earliest convenience for the potential participant utilizing Zoom videoconferencing software. During this consent session, the student researcher asked the potential participant if they had any questions, then reviewed the consent form section by section and answered any questions or concerns during the review process. The consent session ended with the student researcher explaining that if the potential participant wished to participate in the research, they must sign the consent form and scan it back through email.

Once a signed consent form was received, the student researcher emailed confirmation of receiving the consent form. The student researcher then moved the sign consent form into the password-protected file on their computer, which is also password-protected. The student researcher then emailed the participant and scheduled a time for the interview at their earliest convenience.

Participant Withdrawal

During the consent process, it was made clear that the participant could withdraw at any time during the process without consequence. It was also made clear that they could decline to to answer any question they desired. If the participant indicated they no longer wanted to participate, the student researcher would discard any data collected up to that point and would not include it in the data analysis.

Study Procedures

Qualitative inquiries are often centered on focal questions instead of a specific purpose (Creswell, 2017). The main question guiding this study was: "What is the essence related to academic and professional experiences of graduate-level music therapists with dual licensure in counseling?" By keeping the study broad and open-ended, relevant themes and topics emerged that became distilled essences across all participants. The qualitative data was coded using a phenomenological analysis.

Data Collection

The student researcher asked the participant for their preferred pseudonym to protect their identity. The following demographic information questions were asked:

- Which state do you practice in?

- How long have you been a music therapist? A counselor?

- When did you get your graduate degree in music therapy? In counseling?

- What is your job title?

In addition, the student researcher asked questions about the participants' experiences related to having dual degrees in music therapy and counseling. The semi-structured interview questions consisted of the following:

1. Tell me why you decided to get a graduate degree in music therapy and counseling.

2. What was your academic experience like?

3. How have these two degrees impacted your professional life?

4. How have these two degrees impacted your identity?

5. Tell me about a challenging experience during your education.

6. Tell me about a challenging experience in your professional life related to these two degrees.

7. Tell me about a successful experience during your education.

8. Tell me about a successful experience during your professional life related to these two degrees.

9. Is there anything else you want me to know related to having these two degrees?

At the end of the interview, the student researcher thanked the participant for their time and sharing during the study. The student researcher explained member checking. The student researcher reminded the participant that he will send them the transcript of the interview for them to read, make comments on, request any revisions, or make any clarifying statements.

Data Analysis

After the interviews the following procedures for data analysis was utilized based on and adapted from previously published structures: Collingridge and Gantt (2008), the seven-step microanalysis model (McFerran & Grocke, 2007), music therapy phenomenological research from Grocke (1999) and Forinash and Grocke (2005), and existing designs on narrative inquiry from Tuastad and Stige (2015). Throughout the analysis protocol, the researcher kept a reflexive journal via spreadsheet tables (see Appendices C and D). The spreadsheet format allowed the researcher to view all relevant data from an overarching perspective as well as isolate specific topics when documenting the results of the study. The analysis procedure was as follows:

1. Facilitated and video/audio-recorded interpersonal interviews.

2. Transcribed each interview data.

3. Sent each transcription to the respective participant for member checking.

4. Received member checking from the participant. All requested changes were made.

5. Listened to the interview while reading the transcript to get a sense of the whole.

6. Read the transcript again and highlighted key phrases and statements, which became meaning units. Key statements are defined as thoughts or ideas that addressed the research question or are of interest to the researcher and were documented in the journal.

7. Grouped meaning units into distilled essences through a horizontal process.

8. Identified collective themes from distilled essences.

9. Faculty advisor checked the validity of student researcher's analysis. Requested changes were made.

10. Reviewed the coding process and triple-checked for accuracy.

It is the intention of the student researcher that the results of this study will be published. Participants indicated during the consent process whether they wished to receive the results of the study upon completion. The student researcher will email the results of the study to those participants who indicated interest.

Study Duration

The consent sessions took no longer than 30 minutes. The interviews took between 1.5-2 hours. Member checking was approximated at around 30 minutes per participant. In total, the time commitment for participants was about 3 hours. Enrollment took a month. The duration of analysis was approximately 2 months long.

Risks and Benefits

This research had a risk for emotional discomfort, hacking (e.g., Zoom Bombing), and also the loss of confidentiality. These risks were disclosed within the consent form and verbally discussed during the consent session. During and after the interviews and member checking were

completed, participants reported no emotional discomfort and shared no other concerns. For steps to minimize hacking within Zoom videoconferencing software (Zoom Bombing), the student researcher sent out the Zoom link individually to the participants, created a password, and set up a waiting room. To minimize the loss of confidentiality, all video and audio data was recorded and stored on a password protected computer. When the researcher was not using the computer, the computer was kept in a locked room at the researcher's residency. The printed consent forms were stored in a locked file cabinet at the researcher's place of residency. The master list was provided to the researcher's advisor in a sealed manila envelope and was stored at her locked office in a locked filing cabinet. After 3 years, all data stored on the computer will be destroyed electronically, making sure to delete it from the trash and recycling bin, and will be wiped from the hard drive through the specialized program "Permanent Eraser 2.9.1" by Edenwaith. The consent form and master sheet will be shredded through the shredder in the Music Building Administrative Office. Confidentiality has been and will continue to be protected to the extent that is allowed by law.

There were no direct financial benefits or services provided to the participant. Benefits of this study included increased awareness of the nature of professional and personal experiences related to having dual certifications in music therapy and counseling. This knowledge may contribute to the understanding of the challenges and successes in pursuing these fields and how it may impact clinical practice. Other music therapists and counselors may benefit from this knowledge as well as educators, supervisors, and internship directors in both professions.

Ethics

This research was approved by Texas Woman's University IRB process where the researcher is seeking his master's degree in music therapy, and by the researcher's thesis

committee. The research did not involve the use of individually identifiable health information. Continued communication and accessibility to address concerns were maintained via email and by providing contact information to the Texas Woman's University Office of Research and Sponsored Programs.

Confidentiality

The results of the study were kept on a password protected computer and will be destroyed after 3 years after of the completion of the study. The researcher was the only person with access to the data. Additionally, pseudonyms were used in place of the participants' names to protect their identity and ensure confidentiality.

CHAPTER IV

RESULTS

Five participants qualified for this study. Each participant was interviewed following the

methodology presented earlier. Participant confidentiality was secured using pseudonyms

selected by the participant. A brief description of each participant follows.

AC (she/her) is currently a registered nurse, having worked as an MT-BC for 16 years

and an LPC for 12 years. AC has LPC licensure in Texas. During our interview, AC was in the

process of transitioning away from full-time music therapy and counseling clinical work towards

a future career as a psychiatric nurse practitioner.

Rory (she/her) has worked as both an MT-BC and LPC for 10 years. Rory has LPC

licensure in Texas. She completed an equivalency master's degree in music therapy while

fulfilling a dual-degree option in counseling. At the time of this interview, Rory was also

completing course requirements towards receiving a doctoral degree in counselor education

supervision.

Charlie (he/him) has worked as an MT-BC for 25 years and an LPC for 18 years. Charlie

had LPC licensure in Pennsylvania and has since allowed this to expire. He completed a

graduate-level music therapy program that integrated music therapy and psychotherapy clinical

skills. Charlie currently works in higher education and supervises future music therapy students.

Rebecca (she/her) has worked as an MT-BC for 14 years and as an LPC for 5 years. She

has LPC licensure in Texas, Pennsylvania, and Montana. She continues to provide therapy

services to a variety of clients in person and through telehealth services.

Sarah (she/her) has worked as an MT-BC for 17 years and has maintained an associate

license in marriage and family therapy (LMFT-A) in the state of North Carolina for almost 2

years. Sarah currently delivers therapeutic services for a residential community servicing children and young adults having varying degrees of intellectual exceptionalities.

The main question guiding this study was: "What is the essence related to academic and professional experiences of graduate-level music therapists with dual licensure in counseling?" The analysis process yielded 14 categories. These categories were 1) motivation, 2) program design, 3) occupation, 4) clinical treatment, 5) professional organizations, 6) professional development, 7) bureaucracy, 8) advocacy, 9) boundaries, 10) competency, 11) personal growth, 12) identity, 13) integration, and 14) burnout. These 14 categories were then separated into three overarching groups based on a shared environment: academic experience, professional experience, and both academic and professional experiences (see Table 1). Subcategories also emerged within each category, deepening and further describing each area. These subcategories are included alongside the main categories in the proceeding sections.

Table 1

Emerging Categories by Major Group

Academic Experience	Professional Experience	Academic & Professional
Motivation	Occupation	Advocacy
Program Design	Clinical Treatment	Boundaries
	Professional Organizations	Competency
	Professional Development	Personal Growth
	Bureaucracy	Identity
		Integration
		Burnout

One phenomenon observed while outlining and describing these categories relates to the overlapping nature of these qualities. For example, a participant's motivation to pursue an advanced degree may have involved a desire for personal growth to enhance their professional identity as well as to increase their competency with clients when delivering treatment. While these overlapping distinctions illustrate the complex nature of observing and describing phenomena, it is no less valuable to present them as separate and distinctive attributes within this study. These results, then, will reflect the interconnectedness of this research via recall and repetition, shining light on each aspect with distinctive emphasis.

A final note before describing these results involves the specifier "counseling." This study is intended to observe graduate-level music therapists who possessed a dual certification in counseling. As mentioned earlier, counseling was defined as a "professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2010). A variety of professional modalities could be included as part of a counseling modality. Between these five participants, Sarah obtained her master's degree in music therapy and later pursued a marriage and family therapist (MFT) licensure. For the purposes of this study, the identifiers "counseling" and "mental health" will be used to encompass any variety of therapeutic fields outside of music therapy, including MFT.

Academic Experience

Among other attributes related to academia presented later in this study, motivation and program design were two categories which were exclusively tethered to academia. All five participants discussed their motivation to pursue advanced degrees and described aspects of the structure and delivery of education from their chosen institution.

Motivation

   Participants' decision to pursue graduate-level degrees in music therapy and counseling involved a variety of factors. At times, the decision-making process involved practicality and conveniences, such as choosing an existing dual-degree model or selecting a previously attended institution to avoid GRE requirements. In other cases, existing life stressors and circumstances drove a participant to seek community and stability within academia. Across all motivations, personal and professional subcategories emerged.

Personal Motivation

   All five participants discussed their personal interest and appreciation of the music therapy process as a motivator for pursuing an advanced degree in music therapy. Reflecting on their original decision to pursue music therapy at the undergraduate level, AC, Rory, and Charlie included their interest in psychology and a recognition for a personal need for therapy itself as an underlying catalyst for continuing to seek out training and understanding. While three participants described a desire to deepen their competency as a music therapist, Charlie and Rebecca stated this desire did not come from a sense of professional inadequacy, but rather from a deep personal interest to understand more about the nature of music therapy and subsequently increase their clinical skills. Sarah shared that returning to academia meant instilling stability amid the turbulence of her personal life. She also shared that her educational accomplishments increased her sense of self-worth and enhanced her personal and professional identity.

Professional Motivation

   When considering professional motivators, three participants highlighted the practicality of studying in a dual-degreed and dual-integrated university program. They shared how this opportunity immediately generated the impression that having multiple credentials would

improve their employability and increase their overall compensation. Two participants viewed advanced degrees as a stepping stone towards becoming a clinical director. One participant was motivated by a fear that the trend of certain states requiring an LCAT would impact her ability to work with more acute clinical populations, so she sought the advanced degree as a form of future professional protection.

Two participants stated that the challenging environment of their professional life (e.g., a sense of isolation in private practice; burnout from constantly advocating for the music therapy profession) prompted a need for change. Two other participants shared that they did not feel fully confident in their bachelor's level training to deliver quality care to clients.

When it came to pursuing a degree beyond music therapy, participants who completed dual-degree programs shared that they would not have considered adding the additional degree had the option not been open or available to them. Rebecca intentionally sought a mental health credential outside of music therapy first, then was agreeable to a dual-degree program that combined graduate-level music therapy and counseling degrees. Her previous experience in music therapy contract work motivated her to seek an alternative field that provided better work benefits and more consistency in scheduling and salary. Rebecca added that she would have nearly abandoned music therapy in favor of another mental health credential for these reasons. Similarly, Sarah expressed frustration in her work as someone who already possessed a master's degree in music therapy. She later pursued MFT, in part, because it would increase career portability. Sarah stated, "It makes living much more realistic," referring to her understanding that there are more work opportunities in other mental health professions compared to music therapy. Sarah also expressed regret for not having sought a dual-degree program when she initially pursued her graduate degree in music therapy.

Program Design

Participant discussions about program design revealed several aspects about academic experience. Subcategories related to program design included degree plan, accreditation, and collaboration. Other subcategories were orientation/approach and instructional model.

Degree Plan

All participants entered graduate programs that had music therapy as a component of the degree plan. The decision to extend that academic experience beyond music therapy was prompted by a variety of needs and circumstances. The graduate program Charlie attended provided students with two tracked options: medical music therapy or music psychotherapy. By choosing music psychotherapy, he was able to receive a master's degree in music therapy and add 12 additional credits to become an LPC approved by the state of Pennsylvania. Rory and Rebecca participated in a dual-degree graduate program that involved completing requirements for two separate degrees – music therapy and counseling – with very little coursework overlap (referred to as a 'double-dipped' course). AC helped to establish a dual-degree program at her university when she was a student, but she endured additional burdens during this process that may have been avoided had the dual-degree model already been established. Sarah had already completed her master's degree in music therapy several years prior to returning to school for MFT.

Academic experience related to the structure of the degree plan varied across all participants. For AC, there was a lot of confusion and isolation because of the evolving nature of the inaugural dual-degree program. Rebecca also felt isolated during her dual-degree program, describing how she encountered three separate cohorts–the initial group of peers, a different group during the middle of her studies, and a final group who graduated with her–and she

attributed this to the extensive nature of the degree plan. Rory echoed Rebecca's sentiments during her interview, noting that her equivalency master's degree in music therapy meant she was taking classes with undergraduate and graduate students simultaneously, then staying in school later than any of her other music therapy cohorts to complete her counseling coursework. Rory used a metaphor to describe her experience as a dual-degree student, recalling the City Museum in St. Louis, Missouri. One of the many features of this museum is a tall, lengthy staircase outside, with a metal cage encasing it for safety. The staircase leads up to a statue of a praying mantis. Rory described her student experience like climbing this staircase, with little awareness of how long it would take her to complete the program, no real way to turn back around, no choice in falling over, but possessing a centered focus on completing the requirements gradually and without departing from it.

Accreditation

Charlie's personal experiences as a student and as a program coordinator later in his career supported his viewpoint that an integrative model is better designed for students and for the field of music therapy. He promoted the idea that university program designers should become familiar with their state requirements and create a streamlined degree plan that affords students both credentials in less time and with fewer course requirements overall. Additionally, Charlie mentioned that state licensure attainment for music therapists who practice in certain states do not necessarily guarantee proficiency in counseling or psychotherapeutic techniques.

As a pioneer of the dual-degree music therapy and counseling program, AC had numerous challenges communicating with separate departments about requirements and qualifications. This was compounded by additional requirements to meet state licensure requisites in Texas and ensuring that existing standards approved by CACREP within the

university's counseling and development program were not compromised. AC reflected on the frequent emails she was involved with between both departments and the additional paperwork from the licensing board in Texas. She credits certain individuals from the university's administrative department for intervening and becoming a liaison across all involved parties.

Collaboration

AC's experiences with departmental collaboration were a repeated theme across those participants who had experienced dual or integrated academic programs. AC considered herself an "ambassador" between both fields for the majority of her academic experience until the coordinators of the music therapy and counseling departments formed a close, collaborative professional relationship that helped strengthen the dual-degree program and ensure its success. Rebecca's experiences mirrored this observation, sharing that she was able to feel equally supported by both of her advisors from the music therapy and counseling departments and able to learn alongside them because they were in continual communication about her progress as a graduate student. Rory found that her internship experience had some collaborative elements with supervision, but both departments lacked enough know-how about the other profession to be able to provide integrative, cross-disciplined forms of feedback.

Charlie had a unique perspective in collaboration as the coordinator for the music therapy department at a university that offered a dual-degree option for graduate students. Because his previous studies involved music psychotherapy, he was able to "talk their language" when collaborating with the counseling department. Charlie emphasized how important it was to develop healthy relationships with other professors to foster a sense of trust and respect for different approaches to client care. He shared the perspective that university programs should not need to have dual-degree programs if "people worked together" by addressing the university-

and state-level bureaucracy inherent in forming and sustaining graduate programs that qualify future students to practice in both clinical fields.

Orientation & Approach

Program design as it applies to theoretical orientation and approach was also a key subject during these interviews. Two participants spoke on how the quality of their undergraduate-level preparation in music therapy affected how they progressed within their professional career and whether it ultimately influenced their decision to return to graduate studies. AC, who had been an MT-BC prior to beginning her graduate degrees in music therapy and counseling, described her undergraduate music therapy education as involving a wide scope of knowledge and skills, but lacking depth. Sarah also shared this perspective, noting specifically that the lack of verbal processing skills in her undergraduate studies led to a sense of incompetency when working with clients who brought up deep personal needs.

Charlie drew on his professional experiences as a music therapy program coordinator and his advisory role for other university music therapy programs. He expressed concern about the absence of music-centered theories and techniques in course instruction. He observed how several music therapy programs in the United States are activity-based, behavioral-oriented, or outcome-driven. These programs emphasize the function of music as an exercise, often utilizing pre-recorded music for interventions. Charlie contrasted this with his own education in music psychotherapy. This approach emphasizes insight- and reconstructive-oriented techniques that incorporate the elements of music, often via music improvisation, as a primary means to address client concerns. Charlie expressed his belief that the music psychotherapy approach is more efficacious. One reason for the difference of approaches between university programs, Charlie stated, is that many music therapy programs do not view the profession as having "strong

theoretical connections to counseling or psychotherapy," which leads to minimized or de-emphasized verbal counseling techniques. Charlie added that most theories developed by music therapists are inherently psychotherapeutically oriented, and that if graduate-level programs would include these in their instruction alongside or in place of traditional counseling theories (e.g., Freudian, Rogerian), music therapy may become a more dynamic and more widely respected clinical practice.

Rory and Sarah both mentioned that their music therapy education was mostly framed around behavioral and cognitive-behavioral approaches. Rory shared that it was the counseling program design, which allowed students to identify where they felt most aligned, that helped her better understand herself and how she wanted to deliver clinical services. She added, "I think if I was stuck doing outcome-oriented behavioral music therapy, I probably would have given up on music therapy." Sarah similarly experienced a level of burnout during her earliest years of clinical practice, delivering services that were cognitive-behavioral based. After returning for her graduate degree in music therapy, she expressed relief in having discovered multiple approaches and modalities to music therapy, but she recalled the "disconnect" she felt between theory and application. It was later, when she entered a marriage and family graduate program, that she felt more confident with understanding the various music therapy frameworks and how they applied to clinical work. Sarah also identified more closely with systems-based approaches to therapy, which presented as more compatible with MFT interventions.

Instructional Model

Instructional models relate to how universities deliver academic services, instruction, and supervision. Sarah shared that her master's-level music therapy degree was offered as a hybrid online/in-person model. The hybrid instructional model provided her with flexibility to study and

maintain work and life commitments. Her MFT program was 100% online, which was also helpful as she was in the process of moving to another state. AC and Rory highlighted their practicum and internship experiences as integral parts of their learning. Rory noted that if her instruction had all been didactic, lecture-based learning, it would have been "super tedious," but practicums in both fields helped to bring interest and application to the learning process. Rebecca lamented over the thesis process as a requirement before completing her graduate music therapy studies, while Sarah expressed gratitude that her music therapy professors had the foresight to help students compile existing assignments over the course of their education into an article that was ready to be published.

When it came to supervision, AC and Rory noted that their learning process would have been better supported with a supervisor who had dual credentials and experience in both music therapy and counseling. As part of their internship training, they were supervised simultaneously by a music therapy professor, a counseling professor, and their site supervisor. They both noted how separated it felt to receive compartmentalized feedback as opposed to a supervisor who could speak more comprehensively about their progress and training.

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Professional Experience

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In addition to other topics presented later, five categories emerged that were exclusive to the professional experience. These were occupation, clinical treatment, professional organizations, professional development, and bureaucracy. Several subcategories related to each of these areas are included beneath each major category.

Occupation

With varying degrees of emphasis, all participants reflected on aspects of their occupation outside of university studies. Subcategories related to occupation included:

employability, job security, portability, compensation and benefits, job description, advancement, and credibility.

Employability

        Employability describes the strength of a potential candidate to be hired by a prospective employer. Several participants commented on how their dual credentials improved their chances of finding and obtaining jobs. Charlie attributed his advanced music psychotherapy degree for promoting the swiftness of his career progression from music therapist, to supervisor, to clinical director. He later acknowledged that his LPC status may have contributed his success in various career endeavors. AC expressed certainty that when she was applying for positions seeking LPC candidates, her music therapy degree was what made her stand out compared to her peers. Rory and Sarah both shared that they would not have been hired solely as an MT-BC in their respective positions, but because they had the additional qualification, they were able to demonstrate to their employer and coworkers the applicable and beneficial use of music therapy.

        Sarah also shared that she had applied to numerous jobs during her professional life that had no specific job requirements for a mental health license, yet she felt passed over because, at the time, she only had a music therapy degree. Employers, in her experience, were not amenable to hiring someone with her credential, even with over a decade of work supporting similar clientele and even after earning a graduate degree in music therapy.

        Rebecca experienced validation from her employers when they considered her "more qualified" than other candidates because she possessed both degrees. She felt overall that it opened more doors for her, made finding jobs easier, helped her connect with peers and professionals from both fields more effectively, and improved her knowledge and ability to help clients.

Job Security

AC had pursued dual certification to improve her future financial and job security. As she stated, "I was always wanting to be sure I wouldn't be financially in hardship because of doing a field that I really liked." After attaining both certifications, a company that she had worked in had decided to lay off the entire psychological department, but they maintained her because she had the additional music therapy credential on top of her LPC licensure. Having both credentials helped her avoid potentially losing her job. Her dual certifications, unfortunately, led to an excessive case load, as she was expected to cover the workload of the others who were let go, which eventually led to professional burnout.

Portability

Portability refers to the level of ability for a worker to successfully find employment in numerous locations based on their credentials. For Sarah, portability was one of the most important parts of having a successful career life, especially as her personal life prompted moving to various states. She credits her MFT degree for allowing her more opportunities to travel and find employment. She was clear about wanting to live "where I wanted to live, and not based on whether or not there was a music therapy job."

Compensation & Benefits

When considering work incentives for seeking an advanced degree, Sarah did receive a small pay increase when she obtained a master's degree in music therapy. She would later compare those earnings to a starting position in MFT. "It took me 13 years in the [music therapy] field to make as much money as I make at an entry-level marriage and family therapist position today." Sarah described it as a "constant stressor" to see that other professionals with the same years of education but a different label on their degree might make "$30,000" or more compared

to someone with an advanced music degree. She attributed the disparity to music therapy being a "female-dominated" field.

Rebecca also experienced similar salary discrepancies, noting that employers from one of her workplaces normally started their LPC associates at $50,000, but she was able to start at $52,000. For all her 10 years of music therapy experience working with similar clientele, and with her advanced music therapy degree, she received a $2,000 pay increase, even as her employer acknowledged music therapy was a "good skill" to have.

Rory expressed similar frustrations over her dual credentialed position, but shared that she was never a good negotiator, so she has typically accepted whatever was offered without much consideration about being compensated fairly for possessing multiple skills. She also noted the difference between contract work, which is often variable and without many benefits, and salaried positions, where an employee is in a better position to request a raise.

AC also identified the difference between private practice and working for a company, stating that private practice may yield a higher net income, but the additional stressors involved make the endeavor less attractive for her. She also shared how difficult it had been, even as a dual-certified professional, to support her family. She provided an additional level of insight from working at a medical facility, noting that administrators were often quick to increase their own salaries while chronic understaffing, salary caps on medical support staff, and limitations on merit-based wages continued to place strain on employees.

Healthcare and other job benefits were also mentioned by AC and Rebecca. AC brought up the Affordable Care Act, which requires that employers provide certain benefits at certain thresholds of a worker's clocked hours. AC noticed that her administrators would intentionally cut worker's hours or adjust year-over-year benefit packages to where employees were no longer

incentivized to work for more than 5 years at that facility. For Rebecca, she was focused on getting any job that had benefits and had a counseling emphasis so she could complete her required post-graduate hours. Benefits took more priority than salary for her after an unexpected medical incident that required a specialist's attention.

Job Description

From the moment that she began her dual-degree studies, AC had the foresight to understand that having both credentials would "double the job descriptions to apply for." She would later experience a level of professional exploitation where her employer continually requested more of her time and skills beyond what was initially outlined in her duties and responsibilities. She provided advice for other professionals in similar positions: Use the job description at the time of employment to establish boundaries with employers and remain open to adding to that list as long as there are negotiations to adjust wages accordingly.

Rory reiterated the benefit of the dual credential to increase the number of possible jobs to apply for, the types of populations available to work with, and the expanded abilities and interventions possible when working with those populations. During the interview process, Rory noted the advantage of being able to sit in as a candidate for either music therapy or counseling and negotiate pay based on the expanded roles that the other credential affords. Sarah provided a note of encouragement to other dual-credentialed professionals that, in her experience, there are employers that exist that will allow the use of both music therapy and counseling skills and remain supportive.

Advancement

Charlie commented that the work of a music therapist can be very isolating. Sarah's experiences reflected this sense of isolation when she described feeling like a "department of

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one" in her job. She also shared the sense of feeling "stuck" because there was no room for advancement in any of the positions she worked in. She observed other departments (e.g., occupational therapy, physical therapy) having enough staff to form hierarchical structures with advancement opportunities. Sarah added that while there are some sites in the United States with multiple music therapists on staff, it is a rare occurrence.

Credibility

Credibility describes the level of attention and respect a profession or the professional experiences within their workplace. Sarah's isolated experience as the only music therapist on staff led to power differentials between other administrators and departments. She felt continually overlooked and disrespected in her role as a music therapist. This became especially problematic when new laws would affect student Individualized Education Plans (IEPs). Sarah sought guidance on how these changes impacted her assessment and documentation, but it was difficult to attain clarity when she would consult with the other disciplines.

Charlie points to the reality that music is easily accessible in society, so this causes the profession of music therapy to lose its value. Rory does not believe that the devalued nature of music therapy, evidenced by less job opportunities, is attributed to employers choosing to be preferential to other mental health professions, but rather that it is an awareness problem. She observed that most employers understand what LPCs do, but few understand all that music therapy is capable of. AC's experiences support Rory's viewpoint, although AC shared that she had to continually explain and justify the value and efficacy of her work to both colleagues and the directors who hired her, over many years of dedicated work. The statement shared by her employer during her initial hiring foreshadowed the respect and treatment she would receive throughout her time: "Well, we hired you for the LPC. You just happen to have an MT-BC as

well." And while AC was able to continue incorporating her music therapy interventions, she found that any attention or recognition was often provided in the context of photo opportunities for advertisement purposes. "People want to discredit it until they can exploit it."

Clinical Treatment

Delivery of clinical services looks different between the three levels of certification: music therapy, a separate mental health profession, and a merging of both. Orientation, intervention, and assessment were three subcategories associated with this topic.

Orientation

Clinicians' theoretical orientation shapes how they provide support to clients. For AC, her goal for expanding her credentials was to provide a deeper level of holistic care for her patients. Sarah identified with systems-based approaches, as she felt that strictly individual approaches could not sufficiently address the concerns she witnessed from her younger clients who had various intellectual disabilities. Rebecca became convinced, through her education and training, that there is not one method or modality that is best suited for every client, but rather, it is better to have a "mixed bag of skills" to help the most people. Rory referred to this adaptive approach as reflexivity, noting that a clinician must not restrict themselves to whatever plans and preparations they had made before sessions. From Rory's experiences, she feels most successful when she remains present and is able to respond in the moment to clients' needs and concerns. Finally, Charlie identified with the integrative approach, believing that authentic presence with clients, regardless of orientation, theory, or philosophy, is the highest form of clinical care.

Intervention

Some participants reflected on aspects of their intervention strategies prior to and following their academic pursuit of dual credentials. For AC and Rebecca, they encountered

several instances as music therapists where they did not feel as equipped to deliver deep, verbal-based counseling interventions. AC mentioned working with hospice patients and not feeling equipped to support them when they bought up "unfinished business" or former traumas. Rebecca also found herself in challenging client situations that seemed best to recommend a referral to another qualified professional. After gaining the LPC qualifications, Rebecca was more satisfied professionally that she could rely on herself and not need to depend on as many outside referrals for additional support.

Sarah found continued meaning and value in being able to use music as a non-verbal intervention to meet the needs of her clients who had intellectual disabilities and could not verbalize their needs as clearly. Yet still, she recognized that music therapy interventions only went so far to tackle systemic issues that could be addressed more effectively if she had a scope of practice suitable for this approach. MFT provided her with the depth of skill and the qualifications to conduct comprehensive clinical care. Sarah still leans on her music therapy education, and the inherent creativity associated with the practice, to inform and enhance MFT-centered therapeutic interventions.

Assessment

Assessment approaches of the client is essential for identifying needs and measuring efficient delivery of services. Charlie observed that university programs that promote a dual-degree model instead of an integrated tracked course of study tend to minimize or ignore music therapy assessment tools (e.g., Improvisation Assessment Profiles [IAP]). Charlie discussed how billing and insurance will continue to prefer other counseling-centered forms of assessment if music therapy methodology is not given adequate attention. His approach to insurance reimbursement involved pairing IAPs with other recognized assessment tools (e.g., Beck's

depression inventory) and communicate with a client's care coordinator to verify and validate any diagnoses.

Professional Organizations

Professional organizations can have a great influence on a clinician's sense of community and resolve when faced with challenges in the workplace. This section addresses participant's comments related to the AMTA and experiences from professional organizations outside of AMTA. Note that several of the statements related to AMTA refer to a time when the organization was in a state of great transition and introspection.

American Music Therapy Association

Three of the five participants had critical feedback about the leadership and culture of AMTA. For Charlie, his biggest concern was with the academic program approval committee's omission of music therapy-centered theories as a required component of graduate-level training. He also felt that there could be more advocacy and emphasis on forming a national music therapy licensure program to secure insurance reimbursement for music therapy services. As a possible counter to Charlie's statement, Sarah shared that state licensure did not guarantee such reimbursement rights, and that the continued promotion of the idea is deceptive and misleading for music therapy professionals.

Other concerns involved specific areas of oversight. AC noted that equity and inclusivity, as well as plagiarism within the music therapy research community, were two major areas that must be improved in AMTA and the wider field. Sarah expressed great frustration and disappointment with AMTA, pointing to leadership, public perception, and the research base. Overall, to her, AMTA has attempted to remain non-controversial by delaying meaningful change and choosing silence instead of action. To Sarah, the issues of minority representation,

the treatment of immigrants, sexual assault accusations among the music therapy community, and economic disparities that disparage the professional community and hinder client access to services, are worth discussing in transparent and honest ways. She believes that AMTA is structured to "volunteer us to death" in all manner of advocacy and promotion while providing very little incentive for remaining dedicated to such efforts. She also expressed frustration that AMTA does not provide grants or other forms of aid to support music therapists who want to start their own practice.

Professional Organizations Outside AMTA

Sarah spoke of her experience within the MFT community. She described the culture as "warm and welcoming." According to Sarah, the Facebook platform and overall communications from leadership do not shy away from sensitive topics, and forums are collaborative and "communal." She expressed feeling more of a 'we' attitude instead of a top-down structure, and volunteers are supported with free hotel rooms, paid conferences, or other incentives that demonstrate a level of gratitude that she had not experienced when she volunteered for AMTA. She noted that there is far more support for students and beginning professionals. MFT conferences feature welcome sessions where students seeking internships can meet with leaders of the field and form deep professional connections with the larger community. She added that MFT leadership will reach out to the professional and student community, acknowledge anyone who may not be able to afford to attend the upcoming conference, and work out a plan or discuss reduced fees so that as many individuals as possible can participate. Sarah stated, "I feel like my membership dollars go to people who are listening." She also attributed this level of comradery to the size of the profession, which is smaller in number compared to other major mental health disciplines. Having shared all of this, Sarah noted that at this time she is not interested in joining

any MFT committees or volunteer organizations, especially if meetings are conducted on Zoom. She acknowledged that having been involved at the top of the music therapy field, and now at the bottom of a new field, is "humbling," but she described her new MFT experience as being "fresh" but familiar because of her inherent systems-based orientation.

AC had a markedly different experience when she was a young professional with dual certification in counseling. At the time, there was great division between her university's music therapy coordinator and a member on the Texas licensing board for counselors. The ramifications of this vitriol showed up when AC was invited to present at a regional counseling conference. AC was going to speak on music therapy and how music could be used to support clients. She realized that the association had removed anything related to music therapy from her name and credentials without notifying her. In later years, she and Rory were able to present at a different counseling conference with a similar aim to speak on music therapy and music integration in therapy. This time, AC described feeling "vindicated" over her previous experience, as there was a much stronger sense of respect and acceptance for her credentials.

Professional Development

Professional development describes the way that a professional continues to learn and grow in their field. This topic was the least-addressed out of any other categories. Three subcategories emerged: accountability, opportunities, and supervision.

Accountability

Accountability among professionals is necessary for preserving the integrity of the field at large. AC addressed this issue when she faced clients who brought up concerns that she felt ill-equipped to support with just her music therapy certification. "Just because [a clinical technique] is technically within our scope of practice doesn't mean that you should use it if you don't have

enough training in it." She added that a professional must remain self-driven and self-motivated to continue to improve as a clinician. Rory echoed the idea of personal accountability when she described the isolated experiences of a music therapist. She reiterated the importance for the professional not to stagnate due to their disconnection from others in the field.

Opportunities

Rebecca shared that having dual credentials increased her opportunities to expand her professional development. She also spoke about how dual credentials helped her connect with other peers. Dual credentials also deepened her knowledge and ability to help her clients.

Supervision

Rory's academic pursuit in counseling supervision informed her conversation about the nature of supervision within academia and in the field after graduation. As she explained, supervisors often deliver critical feedback to supervisees and colleagues that is often connected to existing models of service delivery and approach. Rory's own experiences as a clinician involved personal growth and change as an integral part of improving the quality of care she administered. As she gained understanding and validation from other supervisors and professionals, she often wrestled with the question of whether she was "on the right track" with client care, especially as she expanded her qualifications via dual certification. In hindsight, Rory had concluded that therapeutic services will look differently for every clinician because they are a unique individual with their own personality and strengths. This insight has shaped how Rory views herself in relation to other professionals. "They want to know what to do and not how to be. I'm more concerned with how to be therapeutic instead of doing therapy."

Bureaucracy

Bureaucracy addresses existing systems and stipulations from the macro level of either music therapy or the counseling/mental health profession. Two subcategories relate to this topic emerged. The two subcategories were: 'within the workplace' and 'at the state and national level.'

Within the Workplace

Three out of five participants discussed the challenges of navigating insurance reimbursement and working with billing codes. They each acknowledged that the existing system is not set up to fully recognize music therapy as a legitimate service qualified to have its own specialized billing codes. Charlie shared that he made a concerted effort to build a positive working relationship with care coordinators to help them understand the music therapy assessment process and begin to accept client diagnoses for insurance purposes. He continually used music therapy language alongside LPC-centered terminology to educate and validate his approach. He did acknowledge that his LPC credential may have been the primary reason for his ability to attain reimbursement for music therapy services and approval for diagnoses. During the conversation, he emulated what may have been on the mind of the insurance company representatives: "Oh, this is not just some music therapist, but also coming from an LPC." He later added, "I couldn't do it [diagnose and gain reimbursement] just as a music therapist."

For AC, she eventually asked her employer to provide her with two sets of billing codes to streamline the process between selecting services that could fall under music therapy treatment and services that aligned best with counseling approaches. Sarah found that having an MFT licensure made her more marketable because it gave her the opportunity to bill insurance

more reliably and ethically, as opposed to a music therapy degree alone, which presented

reimbursement barriers in the several states she worked in.

State and National Level

As it relates to bureaucracy at the state and national level, Charlie has come to understand

that a national licensing model for all music therapists, one that would require master-level entry

positions reflective of other clinical professions (e.g., occupational and physical therapy), would

help secure insurance reimbursement for music therapy services as well as provide equal

acceptance of music therapy assessment tools. This would be different than state licensure

requirements such as LMT or LCAT in states like New York. As noted previously, Sarah

expressed reservations with promoting state licensure as a failsafe for securing insurance

reimbursement.

An additional bureaucratic structure lies within the music therapy profession, contrasted

with requirements set in other mental health professions. Rory noted that for music therapists,

there is a 5-year post-graduate work requirement for most institutions before a professional may

apply into a doctoral music therapy program. This barrier is not set for other fields like

counseling or MFT. Rory reflected that the requirement did enhance and improve her experience

as a graduate student, and she observed that other peers who went through their education with

only the minimum-required internship and work experiences were less able to contribute and

apply concepts meaningfully. Rory stated, "Honestly, I feel like the 5 year post-graduation

experience should also be required for counseling, too."

A final note relates to counseling licensure requirements. Rebecca shared that her job

prospects after earning her dual degree were restricted to counseling-centric positions because

she had to complete 3,000 additional post-graduate hours before becoming a fully licensed

counselor. She observed that other states have different hour requirements, but that this state requirement presented certain limitations on her job outlook experience.

Academic and Professional Experience

After culling through these five interviews, seven categories straddled both academic and professional areas: advocacy, boundaries, competency, personal growth, identity, integration, and burnout. Subcategories address academic and professional contexts, and some categories will include a personal context as an additional layer to the phenomenon.

Advocacy

For this study, advocacy primarily addresses the music therapy profession and the lengths to which music therapists may go to bring awareness and strengthen its validity among other peers and professionals. Three subcategories are appropriate for this topic. The three subcategories are: academic, professional, and personal.

Academic

As AC was helping to construct her university's dual degree program, she found herself in a continual state of advocating for music therapy as a viable profession complementary to the counseling practice. She witnessed the music therapy coordinator advocating alongside her, promoting the idea that graduate-level music therapists would be well-equipped with a counseling degree and that the overlap between both professions are distinct and significant. AC persisted in explaining the music therapy process to counseling professors and peers, finding satisfaction when others expressed moments of insight and understanding.

For Sarah, she found music therapy advocacy challenging as she shared its process and purpose to peers in the marriage and family therapy program. Several times, her colleagues would state that they "do music therapy" in their sessions with clients or, after Sarah shared case

examples, her peers would then form plans to mimic those approaches with their own clients. It was difficult for Sarah to equally advocate for and still defend and preserve the integrity of the music therapy profession. Rory similarly shared these experiences and concerns for music therapy and was unsure about whether conducting public service announcements and increasing advocacy in education would help or hinder the integrity of music therapy as a profession with distinct skills and competency requirements.

Professional

In the professional space, all participants expressed a degree of exasperation and exhaustion about having to constantly explain what music therapy is and how it functions. As mentioned earlier, AC had to constantly prove the value of her music therapy approach to her coworkers and administrators, even after years of service. For Rory, she noticed that a lot of her counseling colleagues would forget that she had an additional qualification in music therapy, which made her feel like others minimized or invalidated what she considered to be an essential part of her personal and professional identity. When she earned her LPC credential, she noticed she no longer had to explain or define what 'therapy' or 'counseling' was, and this brought noticeable ease to her life. Rory also discussed how her counseling coworkers would misunderstand music and its potential deleterious effects on clients, viewing it as a tool instead of a form of therapy.

Charlie shared that his main concern involves promoting the concept and approach of 'music psychotherapy' among professionals within music therapy and in other disciplines. The psychotherapeutic properties inherent in music itself, to Charlie, is what ought to be most widely emphasized and practiced. An unwavering use of language associated with music psychotherapy

is one strategy he incorporates when collaborating with other professionals and insurance companies.

Personal

AC remarked that the justification process becomes a personal form of advocacy as much as it is a professional one. She added that because music therapy is often attributed to a deep love of music and helping others, the continual defense of the profession translates to a persistent struggle to feel validated and appreciated as a person. She stated, "I felt like I was constantly having to justify myself," further personifying her personhood alongside her profession.

Boundaries

Boundaries encompass several elements, including ethical boundaries, legal boundaries, and boundaries formed between the individual and their work, school, and personal life. Three subcategories apply. These subcategories are: academic, professional, and personal contexts.

Academic

Three participants discussed boundaries related to their academic experience. Charlie shared that while he was a doctoral student in music psychotherapy, he had a child. This, on top of maintaining full time clinical work, made him decide to take a year off his studies because "I just couldn't do it anymore." He also faced boundary issues among fellow peers in the music therapy program. For Charlie, the rigors of academia were sufficient enough for the subject matter to remain within the classroom. His desire after class was to relax and enjoy social activities without engaging in intellectual conversations about music therapy. He stated, "That was a big challenge, trying to meet the cultural need of everyone getting together all the time."

Similarly, Rebecca found challenges balancing her personal and academic life, commenting that her graduate courses were in the evenings, which was the same time that she

conducted sessions with a majority of her existing clientele. She had to reduce the number of clients because of this scheduling conflict, creating additional financial strain. Rebecca also worked as a graduate assistant in the music therapy department while she was a dual-degree student. She witnessed client-therapist boundary issues from the undergraduate students she supervised, and, at times, she had difficulty knowing how to best address these concerns directly with students. Her supervisor was able to provide enough instructional support and would intervene on her behalf if she requested direct assistance.

Sarah witnessed ethical boundary concerns among her peers in the MFT program. She recognized that the general area where her university was located had a history of racial and ethnic biases, but she did not expect that her academic colleagues, despite studying a therapeutic profession, would carry these same prejudices. It was painful and scary for her to sit and learn beside others who had less-inclusive perspectives on humanity, but she learned how to "educate softly." She eventually found herself in a professional context where she had to support clients who had concerns about an interracial relationship, and she shared that it was an experience that enhanced her ability to empathize and withhold judgement.

Professional

Related to her motivations for returning to school, AC described how her workplace was asking of her more than she felt she could provide ethically or legally to her clients. To abide by professional boundaries, not just within a scope of practice, but within her own sense of competency, was a major reason for her to go only so far with clients and refer them out to other services. Many years later, as she was working in a site that laid off members of the psychological department, she was given a caseload well beyond a reasonable amount. The

excessive case load led to unethical delivery of services, which eventually led her to quit and find another position.

Rebecca also encountered circumstances where she did not feel like it was ethically sound to proceed with client services without additional training and education. The ethical choice for her was to refer clients out when they discussed deep personal matters. Later, after receiving advanced credentials, Rebecca expressed a sense of gratitude for not having to rely on referrals to support clients.

Sarah demonstrated these professional boundaries as well when she was supporting students with special needs as a music therapist and later recognized a need for more family-based training and education. She remained committed to staying within ethical bounds until she attained the credentials and skills needed for involving the wider family unit.

Rory expressed ethical concerns with using telehealth services in either music therapy or counseling contexts. After conducting thorough research into the potential risks and liabilities associated with distance services, Rory has become more judicious with telehealth treatment. Another area that Rory continues to address is the professional boundary between herself and clients, from a psychotherapeutic perspective. Transference and countertransference are major factors in any therapeutic context, and Rory expressed understanding that authenticity and genuine care must involve her own person, within appropriate boundaries. To remove herself (e.g., personality, vulnerability) entirely from the therapeutic relationship is to remain "hollow" and detached from the process, thus limiting the degree of therapeutic care possible in treatment.

Personal

Work/life balance is a form of boundary-setting that affects all career fields. Three participants addressed this aspect in their interviews. For Rebecca, her music therapy profession

prior to obtaining her dual certification involved home visits. This work structure helped to preserve a sense of separation, as the therapeutic space was confined to client's homes. Later, when she worked in a behavioral health hospital as an LPC and music therapist, boundary-setting became much more difficult, as she had more frequent contact with patients. She also recognized the poor work/life boundaries she had when she initially started working there because she "wanted it [therapeutic success] more than the clients." She later adopted the mindset of, "I cannot work harder than my client," which helped improve healthy boundaries and reduce a sense of burnout.

Sarah reflected on her many years as a music therapist. Sarah noted that the work itself required managing and maintaining a work schedule with clients, finding time for documentation, and then including additional time outside of work to practice and prepare for upcoming client visits. Sarah observed that with her new MFT position, she was better able to separate work and life, with less time spent in after-hours music practice.

Competency

Competency refers to the sense of the professional that the way they are performing their duties and responsibilities is sound and efficacious. Competency also relates to a profession's scope of practice and the way in which the professional attains and improves on those skills. Academic and professional subcategories are described below.

Academic

As AC navigated the developing dual-degree program, the music therapy professors at the time were considering how merging with counseling might influence the concept of competency and scope of practice. The question they were considering was whether a music therapist should be considered a primary clinician or if they should always serve as an auxiliary

role alongside other established therapeutic mediums. One professor's conclusion, AC recalled, was that every circumstance would be different, and that the music therapist must decide if their chosen population or focus in therapy might necessitate an enhanced and deepened skill set best attained through studying an alternative modality, such as counseling or occupational therapy.

A further point of contention AC witnessed occurred between the coordinator of the music therapy program and one of the most influential board members for LPC licensure in Texas at the time. With the university's pursuit of a dual-degreed model, the LPC board member concluded that all approaches within music therapy operated fully under an LPC scope of practice; thus, every music therapist should be required to obtain an LPC licensure in order to deliver therapeutic services in Texas. The music therapy coordinator pushed back against this idea, listing various competencies and approaches not exclusively outlined within an LPC framework. Ultimately, the LPC board member relinquished the idea of any requisite oversight, but the remnants of this debate lingered on as AC completed LPC requirements on her own and experienced the omission of her music therapy credentials when she presented at the Texas Counseling Association (TCA).

A final academic experience for AC that a few other participants shared was the sense of competency and accomplishment during the internship phase of her education. AC acknowledged that internship requirements from both music therapy and counseling were equally integral to forming and strengthening her clinical competency. Sarah also found professional satisfaction with her internship experiences but felt that her graduate-level internships had more depth and a greater sense of accomplishment than her undergraduate internship. She attributed this to having more work experience and an increased level of self-

growth. The MFT internship, especially, felt comfortable and familiar to her because the field aligned most with her professional orientation in systems-based thinking.

Rory and Rebecca both observed that their prior clinical work in music therapy helped them feel more confident in their continuing academic pursuits. They also shared a sense that they were able to make more significant and applicable contributions to course discussions because of their prior work. They noted that this improvement helped them stand out when compared to peers who had less experience in the professional world.

Charlie contributed his observations about clinical competency and how they diverged between counseling and music therapy instruction. Taking from his own experiences both as a student and as a professional who served in an advisory capacity for university programs, Charlie observed that approaches in counseling programs tend to "manualize" treatment and operate from a place of safety when addressing a student's personal insight and growth. Charlie noted that his approach to music psychotherapy instruction emphasizes frequent and consistent student reflection logs and involves deep conversations about transference and countertransference issues so that students may increase their own self-awareness and strengthen their own inner sense of competency. He added that the willingness to seek depth and embrace complexity in therapy means that therapeutic techniques do not follow a linear model, a "factory-oriented" style of treatment that ultimately places blame back on the client if every evidence-based technique remains unsuccessful. Finally, Charlie promoted embracing the "not knowing" and reiterated that no theoretical orientation or philosophy will ever be fully conceptualized with any client, so, then, the continual emphasis on "just being present" means that the clinician themselves has a responsibility to increase their self-awareness and remain authentic, which then improves the sense of competency as a therapist.

Professional

When Rebecca was initially determining which field of study outside of music therapy she would pursue in graduate school, she was considering the type of work that fit her personality best and the clinical skills she felt she needed to support most of her clientele. She eventually determined that counseling via clinical mental health was the best direction, appreciating the singular therapeutic focus instead of larger macro approaches found in fields like social work. She stated, "As a counselor, I could have a better understanding of my clients. Why they got where they are. And then how to help guide them out of it." Rebecca reflected on the challenge of shifting from being a music therapist working one-on-one with people having intellectual exceptionalities, to supporting typically developing clients in individual and group settings with a counseling emphasis. Her sense of competency expanded, but the approach and pursuit of music therapy and counseling integration was difficult to achieve at first. Her sense of competency, through the lens of "success," was in witnessing her clients make profound therapeutic connections to their life and then change their thought patterns and behaviors.

Rebecca, Sarah, and Rory each credited the music therapy process for instilling in them the ability and willingness to embrace creativity as a fundamental way to support clients. Sarah noticed that her other MFT colleagues frequently lean on the same interventions and worksheets when working with clients, and she reflected that "the improvisational and experiential nature of music therapy work allows me to think differently," which has allowed her to creatively expand how she utilizes the competencies afforded to her with her marriage and family therapy license.

Similar to Sarah's observations about other colleagues, AC and Rory shared how they encountered concerning situations related to scope of practice and competency. During her time at the behavioral health hospital, AC worked with a doctor who believed that she should include

holistic practices which she felt were not evidence-based (e.g., sound bowls, aromatherapy). She felt pressured to use techniques and equipment outside of her ethical bounds and beyond her competency. Rory recalled a counselor who approached her after she had finished a conference presentation on the use of music in detention centers. The other counselor described to Rory how she would play music in the waiting room and during her sessions with clients, believing that this would calm her clients down, but finding clients presented with odd emotional reactions. Rory did her best to convey a deeper understanding that music can be very deleterious to clients in vulnerable spaces. In reflection, Rory posited that because music is so ubiquitous, and because music therapists "do not have a monopoly over a cultural means of expression," music may be viewed by other clinicians as an accessible and acceptable method of intervention within their scope of practice. "You still have to be safe with it," she added. "You still have to contain the experience to the degree necessary to support the client." She later included elements that helped her feel effective in delivering quality care, including her own vulnerability, authenticity, and reflexivity. Ultimately, she concluded that she operates mostly out of "intuition and what fits or feels right. If it doesn't, then it's not something I want to continue doing."

Personal Growth

Personal growth may relate to any number of attributes that define one's self-concept, including self-awareness, self-esteem, self-worth, and self-perception. The degree to which the individual pursues depth and insight within themselves across any of these concepts reflects their level of personal growth. All participants reflected on some aspect of personal growth, both during their academic experience and as a part of their professional career.

Academic

As previously discussed, several participants returned to graduate-level education for the pursuit of knowledge, to expand their skill set, and ultimately nurture their deep love and appreciation for music therapy. Rebecca especially enjoyed the experience of returning to school to reconnect with the environment of learning and academic challenge. She found the depth of education in her graduate experiences to be worthwhile and personally fulfilling. Sarah also enjoyed broadening her understanding of music therapy techniques and philosophies. Later in her career, when professional burnout from music therapy set in, she again found renewal and motivation gaining new perspectives from her marriage and family therapy education. She credits both her professional and personal self-growth for enhancing her internship experiences in graduate school.

Charlie pursued advanced clinical techniques and approaches outside of the required academic program for personal and professional growth. His experience in Guided Imagery and Music (GIM), Gestalt training, and Mandala training (a form of art therapy) expanded his theoretical and philosophical ideas of humanity as well as increased his self-awareness and deepened his personal insight. Charlie emphasized that he engaged in these methods as a client as much as he did from a professional perspective. He stated, "I think that's the best training, is being a client. A serious client, not just trying something else, but really doing it." As an additional observation about his master's-level education, Charlie said, "The challenge there was more 'finding myself' and 'what am I doing' and 'how do I relate' and starting my own therapy." He added that he found a great purpose and meaning having completed his master's and his doctorate degree.

AC also found her personal therapy "highly helpful" and expressed a desire for all students to seek therapy even if university programs could not mandate it. She reflected on how the topics discussed during her education influenced her personal growth. "A lot of the program is really getting to come to peace with a lot of your own inner demons. Which I wouldn't say is necessarily fun, but it was very rewarding as well." She also learned a lot about self-advocacy, especially as she fought for the dual-degree program. Another area that enhanced her personal growth was during her counseling practicum and supervision. She attributed her time as a music student, in lessons and ensembles, for improving her ability to receive critical feedback and apply it without taking anything personally. Her counseling professors expressed surprise at this quality, and AC would explain to them that she understood this is a "skill that I'm developing," and that they are not "attacking my personality, just trying to help me do a better job."

Professional

Rory spoke about how her personal work informs her professional work. She clarified that this did not always mean personal therapy, but about adopting a philosophy of exploring oneself and promoting inner growth. She elaborated, "If I'm desperately clinging to who I think I am as a static being, then what use am I to my clients who I'm trying to get to embrace change?" She also spoke on personal vulnerability as an essential connector between therapist and client, which, again, requires that the therapist have a level of self-awareness and authenticity to support clients most effectively.

AC echoed the sentiment of how important it is for a clinician to engage with their own therapy. Reflecting on the many colleagues she had encountered who had never been in therapy themselves, she remarked, "How are you going to recommend something for somebody else that you're not willing to do?" She commented on the way that the therapy profession has influenced

her personality and her outlook on the world. Advocating for others' wellbeing has shaped her personality and her political leanings. Listening to the many traumas of others has impacted the way she views loving relationships as she continually witnessed the "transient" nature of things. And amid all these challenging cases, she found herself confronting and "embracing the dichotomy of who we are as creatures," which involved reconciling the different parts of herself, including the parts "we're not so proud of." Ultimately, AC said, for therapists, "it's our responsibility to choose our response to these base things."

As a final note on personal growth, Rebecca shared that the skills she learned in school and the way she works with her clients has made here a more "empathetic person" and a better friend to others. Among family members, however, she has had less success. Rebecca observed that her spouse has picked up on her tendency to utilize verbal processing techniques and will immediately tell her "Don't therapize me!"

Identity

Identity can encompass several aspects of the individual. Within this study, professional and personal identities emerged. These aspects occurred within the academic, professional and personal spaces.

Academic

Rory reflected on her student identity and how it was, at times, ambiguous depending on whether she was taking a blended undergraduate/graduate level music therapy course or one that was exclusive to graduate students. The structure of the equivalency master's degree with a dual degree in counseling provided her with a sense of safety and direction year to year.

Two participants included discussions about theoretical orientation and its congruency with themselves and their personal philosophy about clinical treatment. Rory affirmed that

personal theory drives one's learning and professional process. She had a lot of support from her counseling peers and professors to personalize her theoretical approach, whereas in her music therapy training, her instruction was linear and geared almost exclusively to behavioristic models that did not align with her treatment philosophy. Similarly, Sarah's undergraduate music therapy education primarily focused on cognitive-behavioral techniques incompatible with what she later discovered to be her preference for systems-based models of treatment. Sarah also realized, while sitting for an admissions interview to begin a doctoral music therapy program, that she identified more closely with clinical work instead of research, which also contributed to her decision to move away from music therapy in favor of pursuing a secondary graduate degree in marriage and family therapy.

Rebecca expressed that she places a lot of her self-worth in her education and career. She conveyed love for her career choices and viewed them both as part of her personal identity. Contrasting this, Charlie asserted that neither his doctoral degree, his LPC, nor his music therapy credentials are a part of his personal identity. "I am who I am. I'm me. That's my identity." He considered what it would mean for him to absorb his qualifications into his personal identity, expressing disdain for the hierarchical impressions that would suggest. Continuing, he remarked, "[As if] I'm some kind of expert in life and what life means for each person. I'm not. I'm here as a part of it. The journey. A guide with the traveler." He shared his critical view of counseling professionals who continue to increase their training to gain letters, calling it "totalitarian" and lending a false perception that more letters suggest a higher quality of clinical care.

Charlie credited his academic training for shaping his professional identity as a music psychotherapist. For this reason, he rarely calls himself a music therapist to others. He also stated

he rejects a "counselor" identity, instead leaning into "psychotherapy" as a more appropriate descriptor of his education and philosophical orientation.

Professional

Charlie reflected on how it had taken some adjustment to transition from being a clinical director, addressing patient concerns on a regular basis, to becoming a professor and supervisor of future music therapists. His professional identity shifting from therapist to educator has involved embracing research and academic discussion over clinical treatment, which was something he never saw himself doing when he first entered music therapy.

AC encountered a similar transitional phase as she made plans to move away from the field of music therapy and individual counseling into becoming a psychiatric nurse practitioner. She recalled her internal struggle with wanting to provide music therapy or counseling interventions while working temporarily as a nurse, but she maintained ethical boundaries. She disclosed that while she understands her motivation for moving away from music therapy, and though she does not feel sad or guilty about her decision, she stated, "it feels like I abandoned the field" and "I miss music therapy a lot."

For Sarah, her credential as a music therapist is still integral to her current clinical work, even after shifting into a MFT position. She affirmed that she still leads music therapy sessions and maintains board-certification and professional development requirements. Related to her professional identity, she shared that it has become progressively easier for her to call herself a music therapist and an MFT, ensuring that her professional signature addresses both parts of her qualifications. She later emphasized that she has always felt like a "therapist," so, in many spaces in her life, including online dating, she omits any identifier and simply refers to herself as a "therapist." Rebecca has also narrowed her own professional identity to "counselor" for the

primary purpose of avoiding lengthy explanations about what her job entails, as she had to do continually when identifying as a music therapist.

Two participants considered how their education affected how they persisted in their careers, in how they viewed their professional identity, and, namely, whether they would have continued being music therapists. For Rory, she shared that if she continued to be "stuck" doing behavioral-based music therapy, "I probably would have given up on music therapy." Similarly, Rebecca shared that if she had just done counseling in her graduate studies instead of the dual-degree track, "I would have dropped music therapy almost completely."

Personal

AC shared that her love for music and the helping profession of music therapy became a part of her personal identity. This prompted challenging and complicated personal reactions to others who expressed confusion, indifference, or disregard for her profession. Her work as a therapist also deepened her sense of responsibility for marginalized groups and informed her politics. Sarah similarly became more of an activist for ethnic minorities as she was completing her graduate studies, then later gained insight and empathy towards clients who carried beliefs that differed from her own. Rory intuited that clinicians develop their personal and professional identities simultaneously, emphasizing that personal growth is just as essential as professional development. Rebecca found that her clinical work has improved her personal relationships and her character. Finally, Charlie recognized that what drew him into the therapeutic profession was an underlying need for personal therapy and exploring existential concepts such as "finding myself," "What am I doing?" and "How do I relate?" Rejecting personal identities tethered to professional work, Charlie elevated the "journey" as the pervading metaphor for himself with an

unending quality. "If I figure it out, I'll stop doing it, because I still want to be on the journey. I don't want to limit it."

Integration

Integration refers to how the individual reconciles themselves and their therapeutic work between two credentials. Participants may choose to maintain separation between the fields or seek to merge them into their therapeutic process. The two areas of academics and professional work are described.

Academic

Besides Charlie, the other participants experienced a high degree of separation between both disciplines during their education. AC described both fields as being very "compartmentalized" and at times felt like she did not fit in with her academic peers in either department due to her unique degree plan. Rory pointed to the dual-degree program as being "two separate degrees that you're getting simultaneously. They're not integrated." During Rebecca's dual-degree experience, she had no intentions of merging them when engaged with assignments and discussions. And for Sarah, there was a sense of "us-and-them" separateness in the marriage and family program, with several of her peers claiming that they could do any variety of creative arts therapy interventions successfully, claim it to be authentically music/art/dance therapy, and not see a need for any other training or qualifications.

While these participants described separateness between these fields, their internal perspective shaped how they sought meaning and value in their experience. AC shared that, despite the sometimes isolating nature of being a dual-degree student, she enjoyed being able to have integrative conversations with peers and professors and embrace a simultaneous learning

process across both disciplines, which, to her, increased information retention and strengthened her ability to make applications in future clinical work.

Rory described integration within academia to be an internal struggle, like a "fight," stating, "I have these two halves, but I don't necessarily know how to make them whole." During her education, she had some sense that one field could inform the other, and that there must be a way to merge the two, "Because otherwise, what's the point?" It was not until her final internship that she was able to receive validating feedback from both academic supervisors, counseling and music therapy, expressing approval for the way she merged both disciplines. Integration, in that moment, became her defining achievement across her entire academic experience. She shared one insight, however, that she would have preferred having a supervisor who had experience in both fields to better support her development and integrative abilities.

Sarah shared that even though she began her MFT education as a separate component of her training, the theories and approaches in that program helped illuminate and enhance her understanding of music therapy frameworks. She described it as helping "fill in the gaps" that she did not recognize as missing when she had completed her undergraduate and graduate-level degrees in music therapy.

While Charlie's experiences in academia did not involve a separateness between both disciplines, he did have to complete counseling-specific coursework in his master's-level program. These, he described, were obligatory and were "less informative" compared to his music psychotherapy courses. He reiterated that dual-degree programs are unnecessary for music therapy students if universities shifted to truly integrative models such as music psychotherapy.

Professional

In the professional realm, Rory described integration to be an "external struggle," fighting to feel validated within the professional community, understood by friends and family, and to achieve some degree of success when addressing complex client needs. She engaged with a lot of personal and professional exploration and openness when seeking integrative approaches to client treatment. She would even allow an intervention to "risk failing" in an effort to reach integration. She shared that some of the most successful professional experiences were when she was able to find "the overlap," that integration that best represented her personal and professional identity.

AC shared that she "can't imagine being a clinician with only one set of these skills." She felt much more competent to deliver holistic care to patients because of her ability to merge both credentials. She also referenced her conference experiences as an added privilege to possessing both degrees, as it gave her more "clout" and an ability to "speak authoritatively" about both fields. Charlie also identified with the integrative approach and described his willingness to gain insight into numerous clinical techniques to reach more clients and address their concerns.

Both Rebecca and Sarah shared that their professional workspaces have been very supportive of them when seeking to utilize their credentials separately or integratively. When referring to her supervisors, Rebecca stated, "There's never been a conversation of needing to do one over the other, or more of one rather than the other." And Sarah expressed confidence that "there are jobs out there who will let you utilize your music therapy skills like I do here, and you can do both."

Burnout

Every participant described their experience of burnout. Burnout may be described as "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration" (Merriam-Webster, n.d.). Academic and professional domains separate each participants' experiences.

Academic

Charlie described his level of burnout when he was working on his doctoral degree. He sought to maintain a full caseload and support his wife and newborn son but found the experience overwhelming and decided to take a year off while still doing his own personal therapy, which he also identified as a contributing factor to his level of burnout. For AC, she shared that doing an equivalency master's degree in music while simultaneously completing the second graduate degree in counseling "took a lot of time and effort," and this did place heavy exhaustion on her at times.

Professional

Most participants described burnout in relation to their professional life. Advocacy for the music therapy profession was a common theme, and one that promoted exhaustion. AC voiced her frustration about constantly needing to justify her work to her colleagues and directors. That she identified with her work so intensely only made the questioning seem like a personal attack on her efficacy and worth. Rory equally found herself tiring of reasserting her professional identity as a music therapist. Rebecca expressed it this way: "I'd have to explain, which got old. Real fast!" Sarah echoed this sentiment, reflecting on the emotional toil that such invalidation can generate. She identified advocacy as the greatest challenge she's faced in her professional life, stating, "it's a huge uphill battle when you go to work every day feeling like no

one cares or no one respects your field." As noted previously, several participants have opted to use "therapist" or "counselor" when describing what they do to others to avoid explaining the profession of music therapy.

The specific nature of the job also contributes to burnout. Charlie mentioned that full time music therapy work can be "isolating" because there are rarely other colleagues with similar educational backgrounds. Rory reflected similarly, addressing private practice as especially isolating. Sarah also noted her sense of isolation, and she had several additional experiences distinctive to music therapy that she stated no longer impact her as much now that she operates within a marriage and family therapy context.

Sarah reflected on her experiences as a contract worker in a public school system, which had several contributing factors for burnout. The limits of music therapy when working with students having special needs was tiresome and disconcerting, as she could only go so far in addressing the systemic issues she witnessed for her clients. She reflected on the isolating nature of being a "department of one" among several other disciplines with multiple clinicians and supervisors. She felt the "power differential" between herself and the directors of other disciplines, not being heard, acknowledged, or respected as an equitable approach to treatment. She also addressed the physical nature of music therapy work, carrying instruments from her car to the schools she served. Sarah would often ask herself, "How much longer am I going to be able to realistically do this," recognizing that with age comes physical limitations. She recalled, in her music therapy position, meeting with clients during the day, completing client documentation into the late evening hours, eating a quick dinner, going to bed, and starting early in the morning. Additionally, as a music therapist, she would go home after work and practice

her guitar for several hours more to prepare for later sessions. All of these areas within her workplace played a burdensome role in her sustainability within the field of music therapy.

AC encountered burnout from her work once her director fired everyone but herself from their psychological department. Her caseload exceeded 50 clients and was primarily focused on crisis intervention. She became so exhausted that she began taking antidepressants and felt like she had no energy at the end of the day to seek out and apply for other positions. Eventually, she determined that she needed a career shift towards becoming a psychiatric nurse practitioner, as she had worked alongside others in the field and become more knowledgeable about their qualifications and responsibilities. Throughout this time, however, she did her best not to let burnout interfere with the level of quality care she could provide to those she supported.

Charlie's experiences reflect similarly to AC, in that his work with families and trauma situations was both rewarding but also taxing. "You have the energy when you're young and have the interest, but as you do it for a long time, the burnout [sets in]." He notes the catch-22 of working as a therapist. "The knowledge, you don't get until you get older. I'd be an awesome therapist now. But I couldn't do it anymore."

Sarah wrapped up her discussions about her own burnout when talking about her involvement with the AMTA and how her career shift helped her overcome fatigue and discouragement. As addressed previously, there were several areas that Sarah felt were lacking from the administrative side of AMTA, and she became exceptionally burned out from engaging with the politics of the larger organization. Emphasis on volunteerism, with little to no equitable incentive, was particularly cumbersome for her. As she began to research other professions within mental health, the knowledge that other fields made significantly more than music therapy for the same level of education and years of experience brought about additional stressors while

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she persisted in the work that she valued. Once she did return to school for MFT, her sense of burnout significantly reduced. She attributes this to a broadening of her understanding of therapy itself and an alignment with her personal philosophy of treatment that emphasized systems-based approaches.

The Three Spheres

The 14 categories previously described in these results were separated into three groups: academic, professional, and both academic and professional. Subcategories further delineated qualities appropriate to the major topics. While the interview questions and the overarching thematic groups were centered on two environments (academic and professional), personal development became a third component that was not discovered as a major phenomenon until after all the results had been outlined and described.
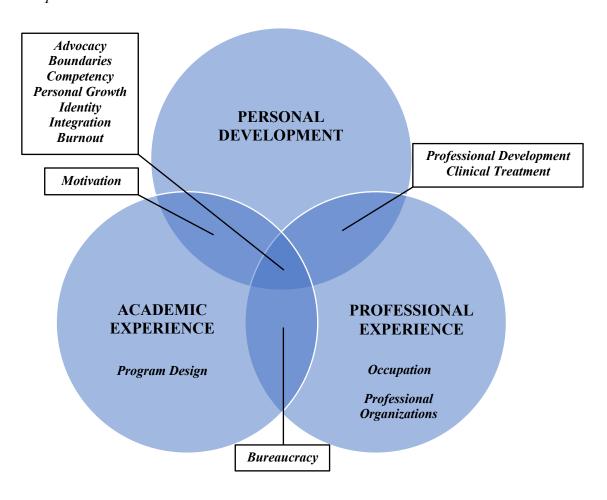
At first, it seemed like personal aspects among the 14 categories was notable only as a smaller descriptor of experience. "Personal growth" was its own category to give credence to this aspect of participant's experiences. Upon further review, however, personal dynamics appeared as an extension of several concepts throughout the interviews, including identity, boundaries, and advocacy. Since the original questioning focused on two planes of experiences, and because personal growth had already been included in the results, this investigator, with consultation from his advisor and another committee member, decided to preserve the findings as is and, instead, create a visual descriptor that places personal development alongside academic and professional experiences to voice this revealed phenomenon more adequately.

The three spheres model attempts to place the original 14 categories within three spheres of influence: personal development, academic experience, and professional experience (see Figure 1). The term sphere is used here to illustrate that, despite any attempts to fully classify

and contain the variables presented in this study, each of these three spheres are multifaceted, complex, and do not necessarily retain strict perimeters as it relates to these categories. Lettered coding is helpful to describe regions of this model and explain the rationale for a category's placement. *PD* represents personal development, *PE* represents personal experience, and *AE* represents academic experience. *PD:PE* represents the merger between personal development and professional experience, and likewise among the other spheres. *PD:PE:AE*, and any combination thereof, signify the merging of all three spheres.

Figure 1

The Three Spheres

Using a few examples to demonstrate the application of the three spheres model, the category "program design" fits most appropriately under "academic experience" (*AE*), while "motivation" applies to both "academic experience" and "personal development" (*AE:PD*). "Occupation" and "professional organizations" are exclusive to "professional experience" (*PE*), and "professional development" and "clinical treatment" involve both "personal development" and "professional experience" (*PD:PE*). Several categories fit in the center where all three spheres meet because, as the results revealed, these topics do encompass academic, professional, and personal qualities (*AE:PD:PE*).

After further synthesis and condensing of the results, I distilled the original 14 categories into six major focal points of discussion: program design, advocacy, identity, competencies, personal growth, and burnout. These six areas, presented in the next chapter, integrates multiple aspects of participant's experiences into a presentation that applies within the three spheres of academic experience, professional experience, and personal development. Worthiness, as a final point of discussion, is included in the next chapter as an overarching quality that participants noted in their interviews and which is useful for this study.

Summary

Numerous attributes emerged within the interview process, pointing to a complex and diverse experience from these five participants. Despite the varied backgrounds, educational institutions, and years of experience between the participants, similarities presented in these results point to common phenomena. The discussion section explores the relatedness between the participants and what it suggests for prospective, current, and future professionals.

CHAPTER V

DISCUSSION

The purpose of this phenomenological study was to explore the academic and professional experiences of graduate-level music therapists with dual licensure in counseling. The intent was to identify similarities and differences within and across therapists' experiences, to denote emerging themes, and to provide insight into the phenomena of dual certification in music therapy and counseling. Five participants were interviewed as part of this study. This chapter explores major insights gained from the results of these interviews, considers worthiness of dual certification as expressed by the participants, and notes any limitations and recommendations for future research.

The following descriptions relate to the six major areas distilled from the original 14 categories: program design, advocacy, identity, competencies, personal growth, and burnout (see Table 2). These areas provide a comprehensive analysis of the results, described within the three spheres of academic experience, professional experience, and personal development. Each major focal point will present a dichotomous phenomenon which highlights the nature of the topic and allows opportunity for depth of insight and consideration.

Table 2

Six Major Areas Across Three Spheres

Academic Experience	Professional Experience	Personal Development
Program Design	Advocacy	Personal Growth
	Identity	Burnout
	Competencies	

Academic Sphere

From the results, motivation and program design appeared exclusive to academic

experience. For this discussion, program design will be emphasized to demonstrate its impact on

several aspects of the participants' experiences. Integrative model versus dual degree is the major

dichotomous theme relevant to this area.

Program Design

In this conversation, program design embodies numerous factors that several participants

addressed, including accreditation, collaboration, theoretical orientation, and supervision. These

factors impact how the future music therapist views themselves in relation to the profession, their

level of personal competency, and their need for additional training, which may extend into other

disciplines. As far as dual-certification drawn from the results of study, two main designs

emerged: an integrative model and a dual-degree structure.

Integrative Model vs. Dual Degree

Three out of the five participants experienced some version of a dual-degree model for

attaining both music therapy and counseling credentials. This contrasts with Charlie's

experience, who engaged with an integrative model of music psychotherapy. For music therapy

program coordinators interested in extending their graduate offerings into counseling or other

mental health programs, the decision between these two models contains its own set of

challenges and benefits.

The integrative model requires that theoretical orientation and student training is focused,

well-coordinated, and comprehensive. Charlie described his program as having two tracks: music

psychotherapy and medical music therapy. For the music psychotherapy track, students were

able to complete an additional 12 credit hours of counseling towards becoming an LPC in the

state of Pennsylvania. Music therapy coursework had a psychotherapeutic quality as well as promoting deep individual processing so that students may increase their own self-awareness and self-competency. Observations from another music psychotherapy program in Vienna, Austria revealed emphases in humanistic and relationship-oriented approaches, embracing of techniques which are fluid and adaptable to clients' needs, and integrating student support towards their own therapeutic identity formation (Mössler, 2011).

A potential drawback to the integrative model is the lack of a nationally recognized counseling certification. CACREP, an accreditation board that affords its university affiliates recognition of achieving the highest standards for counselor training. The standards require peer evaluations and consultation from other counseling professionals to ensure quality of education (CACREP, 2022). An integrative model would limit or prevent such oversight from an accreditation board outside of the AMTA (2021). Certain states, such as in Pennsylvania, have state licensure requirements that permit counseling programs or "a field determined by the board by regulation to be closely related to the practice of professional counseling from an accredited educational institution" to graduate candidates to become LPCs after they fulfill post-graduate clinical hours (Pennsylvania Department of State, 2022, para. 2). While national accreditation may be lacking, the integrative model still represents a unique opportunity for student engagement, diversity of clinical application, and an ability to graduate music therapists more efficiently with a robust secondary credential for marketability and to increase outside awareness of the efficacy of music therapy.

The dual-degree model has its own set of benefits and drawbacks. As addressed earlier, the academic experience of participants who followed through with a dual degree experienced levels of fatigue; however, their motivation propelled them to graduation. Healthy collaboration

between separate departments is a key factor for successful program implementation and sustainability. In Australia, the University of Queensland incorporated an interprofessional education model (IPE), which involved collaborative training between occupational therapy, speech therapy, and music therapy students in on-campus and community-based clinics to facilitate awareness and understanding of how these approaches relate and can support one another (Copley, 2007). Such examples may be useful for consideration with dual-degree programs to further enhance the collaborative and integrative process. Collaborative training between disciplines would also help to alleviate concerns like those expressed by Rory and AC about the lack of supervision from professors who had training in both areas. Each profession may remain separate but more collaborative and there would not be as great a need for dual-certified supervisors. This approach may also assist with securing state and national certification/licensure requirements, as each discipline operates within their respective accrediting board without overlap.

Both the integrative and dual-degree models represent the ideology that music therapy and mental health are compatible fields. Their existence represents a premise that by retaining credentials in both, clients are more "holistically" supported, as AC described. Continuing into the professional sphere, further challenges and opportunities are addressed.

Professional Sphere

While there were five categories exclusive to professional experiences in the results, three main areas of discussion will seek to encompass these areas and fold in additional considerations. These three areas are: advocacy, identity, and competencies. Dichotomous aspects within each of these areas will lend additional considerations.

Advocacy

In this context, advocacy will encompass several areas addressed in the results. These areas include occupation (compensation, credibility, etc.), professional organizations, and bureaucracy. One pervading duality in this discussion relates to volunteerism versus dual certification when addressing how the profession of music therapy is acknowledged and appreciated.

Volunteerism vs. Dual Certification

As several participants mentioned, motivating factors for seeking dual certifications extended beyond just improving client care. Some sought a supplementary degree because of their frustrations with not being compensated fairly or lacking sustainable benefits for themselves and their family. A sense of not feeling appreciated or validated in their work as a music therapist also prompted some to return to school for additional training and a fresh start. For Sarah, her continued volunteer work to promote the field of music therapy and to advance the practice left her feeling discouraged and exhausted.

A commonality across all participants was the experience that their dual credential–specifically, the credential *outside* of music therapy–provided a level of respect and validity that music therapy alone did not provide. Charlie acknowledged that his psychotherapeutic emphasis and LPC status advanced his career more efficiently, and his legally permitted use of counseling assessment tools gave him more clearance to implement music therapy assessment as an additional metric for diagnosis and reimbursement. The other four participants also acknowledged that while their music therapy degree helped them stand out among other applicants, the site to which they applied into would *not* have hired them had they only possessed a music therapy certification. As potentially the greatest tool for advocacy, these four

participants shared how their employment into these sites allowed them to demonstrate the efficacy and beneficence of the music therapy practice and expand the level of appreciation and acceptance from their colleagues. Although AC experienced the least amount of appreciation from her workplace, she did express an element of "vindication" when she and Rory presented at counseling conferences, noting her sense of accomplishment at being able to speak "authoritatively" about both disciplines and further promoting the advancement of music therapy. Just as with workplace hiring, AC and Rory would likely have not been able to present at counseling conferences without already possessing an LPC licensure.

All of this suggests that the acquisition of a dual certification may be an even stronger and more effective approach to advancing the practice of music therapy. Research by Sevcik et al. (2017) revealed a shifting perspective among music therapists about the importance of possessing a second credential. Within their analysis, previous polling showed that many music therapists preferred to advocate for state licensure in order to assert the validity of the music therapy profession and retain a strict scope of practice. More recently, there has been an openness and acceptance to obtain dual certification in a related field for professional gains, as the climate for wider recognition and reimbursement for music therapy services remain hazy.

Identity

Professional and personal identity play a major role in how the clinician remains authentic and effective in their work. Examples of internal versus external struggles and challenges emerged as a common phenomenon across all participants. Relevant research accompanies this discussion.

Internal vs. External

As the student clinician learns about various approaches to treatment, they form impressions and preferences that eventually guide their professional practice (McLeod & McLeod, 2014). For the student seeking dual certification, the process becomes more complex, as the scope of practice is broader and the techniques employed are more diverse. How the student navigates both disciplines, identifies themselves within them, and attempts to integrate or retain separation, is a process that exists within an internal frame of mind. As internal constructs are formed and confirmed within the professional, external struggles emerge as an outward demonstration and assertion of this alignment.

For AC and Rory, their academic experience involved a continual wrestling of theoretical conceptualization. Their music therapy education centered on behavioral- and outcome-based approaches, while their counseling education invited diversity of approach. It was not until internship that they were able to see the integrative potential between both fields. Rory maintained both aspects of music therapy and counseling as separate but equal parts of her professional identity, and her actual work with clients sought to integrate both approaches as often and as effectively as possible. AC continues to evolve as she shifts career fields into becoming a psychiatric nurse practitioner, but a part of her personal identity lies with her original love for music therapy, as she shared, "I miss music therapy a lot." Sarah continued to make applications to her previous music therapy approaches as she completed her marriage and family therapy education. Her preference for calling herself a "therapist" represents a desire to merge music therapy and MFT into a personal identity that envelops both her career choices and a self-image she has carried for most of her life. Charlie experienced a mostly integrative education, with primary internal struggles relating to his own personal development in the context of his

increasing knowledge of therapeutic practices. The depth in which his personal process merged

with his understanding of music psychotherapy furthered his own preferential use of "music

psychotherapist" or simply "me," setting himself apart from a traditional music therapy identity

or an identity that is fused with his profession. Rebecca, however, had no intention of integrating

both fields. As she described her approach, she referred to best practice as having a "mixed bag

of skills" to support the most people. She refers to herself as a "counselor" to avoid lengthy

conversations describing the other part of her skill set—namely, music therapy.

So, as revealed here, the identity process involves numerous levels of personal and

professional designations from an internal context. The external experience, however, relates to

how the professional asserts that identity and demonstrates it to others within a local context, and

how they contribute towards acceptance within a larger, more global context. Evidence of wide-

scale progress may include increased job availability for music therapists, better compensation,

increased reimbursement acceptance, and public awareness that recognizes how music therapy is

distinct from other music-based activities.

It may well be believed that professional organizations retain a certain power and

capacity to affect the most change towards increasing awareness of music therapy and

strengthening the music therapist's validity among other therapeutic fields, but as Sarah

discovered, the social and cultural issues within the AMTA contributed to a great deal of

frustration, ultimately pushing her away from continued involvement and driving her to pursue a

new field altogether. As she worked more closely with colleagues from the marriage and family

therapy department, she retained use of music therapy approaches, which only enhanced her

ability to provide treatment in creative and reflexive ways. She did not allow the new work

environment to minimize her expression and implementation of music therapy. Ultimately, the

opportunity to immediately witness colleague acceptance of music therapy practices was more rewarding for her when compared to her efforts to increase large-scale acceptance via the professional organization.

Rory shared that, among other counseling colleagues, she has had to continually remind them about her music therapy background. Similarly, AC had to assert her music therapy qualifications, even to the administrators who hired her. For Rebecca, the external struggle resided in having to explain music therapy to friends and other close connections. And for Charlie, the external challenges resided in defending music psychotherapy approaches among music therapy colleagues, other professionals, and care coordinators.

The integration and implementation of music therapy practice from board-certified professionals in diverse clinical spaces remains an evolving occurrence. Register (2013) revealed various levels of acceptance across the United States, often depending on implementation of state licensure. Because music is so accessible, smaller organizations and individuals who use music to facilitate entertainment or wellness activities in numerous public spaces have, in the past, pushed back against efforts by the music therapy community to assert their professional identity through legislative means. Kern and Tague (2017) conducted a survey of music therapists from around the world, encompassing seven major regions and including nearly 1,500 respondents. The most common concerns among respondents reflected similar concerns among the participants for this study. These concerns included limited job opportunities for music therapists, less pay when compared to other related fields, lack of funding for robust music therapy programs, lack of reimbursement options, toxic networking and poor collaboration within the music therapy community, rivalry between various music therapy university programs due to differing theoretical approaches, and a sense of insufficient student training to fully

address the needs of acute clinical populations. With these details in mind, the internal and external challenges for music therapists can become more realized. Although conditions for change remain tenuous, one area for improvement lies in how the professional strengthens and preserves their abilities and sense of worth through their understanding and implementation of clinical competencies.

Competencies

Both music therapy and counseling have outlined clinical competencies to direct the quality and efficacy of their fields (AMTA, 2013, 2015; ACA, 2014). For the clinician, the employment of competencies relates to their own sense of competence. Impacts to the sense of competency include university education, supervision throughout one's professional career, and the pursuit of personal and professional development. A revealed dichotomy observed through this study is inclusionary versus exclusionary modes of competency between dual-trained professionals and their workplace colleagues.

Inclusionary vs. Exclusionary

As presented earlier, the desire to assert one's own professional identity via external means relates to how strongly and securely their internal identity and sense of self is formed (McLeod & McLeod, 2014). The pursuit of a dual licensure increased the level of competency of several participants. AC and Rory expressed a felt sense of accomplishment and integrative competency after going through their internship phase as part of the dual-degree experience, though they both shared a desire to have supervision from a professional who was also dual-trained. AC and Rebecca reflected on the benefit of increasing their ability to address deep psychological concerns of their clients and of not needing to depend on outside referrals to provide adequate support. After attaining an MFT license, Sarah felt more ethically and legally

competent to directly involve members of the primary client's family to better address systemic issues. Charlie's psychotherapeutic training provided him with the language and skills to cooperate with counseling professors and insurance coordinators more effectively. Finally, Rory and AC's dual certifications provided opportunities for them to present at counseling conferences and inform mental health professionals on the use of music in therapy, furthering the music therapy practice and addressing competencies and scope of practice.

Where inclusionary and exclusionary approaches diverge is the space in which the individual's competencies in music therapy border the competencies of a counselor or other mental health professional. Sehr (2011) conducted research with music therapists and counselors to assess the understanding and level of agreeability towards implementing competencies and techniques outside one's immediate field of study. Among music therapists, a majority agreed that a clinical referral to a counselor should be conducted if a client's issue could not be addressed via music therapy approaches, while a majority of counselors were either unsure or disagreed that referrals should be made to music therapists when verbal processing was insufficient to address client concerns. Additionally, among the counselors surveyed, there was divided consensus on whether the use of music and music therapy techniques would be inappropriate to use with clients without first attaining additional training. This research suggests that counselors may have a wider sense of scope of practice than music therapists.

Such perceptions are supported by Sarah's observation of several of her MFT colleagues at the university level, who felt fully capable of implementing such techniques without further training. Rory also shared similar concerns about crossed competencies, stating that public advocacy efforts and continued music therapy presentations at other conferences, of the same

type that she and AC had conducted, may perpetuate a false sense of competency among professionals outside of music therapy.

Overlapping competencies between different disciplines presents the challenge of whether music therapists should retain an inclusionary approach to educating and informing other professionals about music therapy—with all manner of defining, demonstrating, and equipping—or determine that the profession requires a more rigid defense of its positioning. A quick survey revealed several recent articles from disciplines outside music therapy, written by individuals without music therapy credentials, discussing the use of music to facilitate wellness with their clients and patients (Cristina Vidal et al., 2019; Foster et al., 2021; Fraenkel, 2020; Waterworth & Rickson, 2017). One article referred to the concept of "health musicking" and added that this process "cannot be monopolized by music therapists" (Waterworth & Rickson, 2017, p. 28), while another study spearheaded a "music care" program to equip any care provider, musician or non-musician, to provide support that is "manualized, scalable, and suitable for widespread adoption" (Foster et al., 2021, p. 14).

These research articles may substantiate the idea that because music has a high degree of accessibility, music therapist's attempts to reinforce a scope of practice that is evidence-based, valued, equitably compensated, and highly sought-after may remain an uphill battle. This "catch-22" of promoting inclusionary professional development efforts while still retaining exclusionary protections for the field of music therapy characterize the nature of the profession. Expanding one's credentials into related therapeutic fields is one way for the professional to consolidate these extremes towards integration and a more secure sense of competency.

Personal Sphere

As stated earlier, results related to personal experience had only been described as far as the category of personal growth, and then only as subcategories for various other topics. After further review, it seemed most appropriate in this discussion to view this aspect from a much larger lens. The two underlying factors illustrating the personal sphere is personal growth and burnout, with relevant dichotomous relationships included.

Personal Growth

The choice of a therapist to pursue personal development as a continual aspect of their ethical and professional responsibilities to their work holds significant benefits to the clients they serve (McLeod & McLeod, 2014). As the therapist gains personal insight and learns to integrate their personality with their philosophy and theoretical orientation, they become more centered in how they deliver treatment. The danger of gaining a stronger sense of competency and attaining increased levels of certification and qualifications is that the professional may feel they have "arrived" and thusly have no further need for development or growth, whether personal or otherwise. Stagnancy versus change, then, is the prevailing dichotomy that emerged throughout this study.

Stagnancy vs. Change

Aspects of the therapeutic relationship related to personal growth include the therapist's own self-awareness, their recognition of transference and countertransference issues, their level of vulnerability, authenticity, and genuineness during sessions, their sensitivity to potentially triggering topics, and their understanding of how underlying biases may affect the quality of care they administer (McLeod & McLeod, 2014; Yalom, 2002). Personal growth also relates to how the clinician seeks to strengthen their clinical competencies. As self-awareness and exposure to

newness occurs organically within client-therapist interactions, the decision to embrace personal change, or to hold fast to previous conditions of being, becomes a consequential choice for both the therapist and their clients.

All participants reflected on elements related to their own personal growth, the element of change, and the risk of stagnancy. Rory and Charlie both noted the isolating nature of music therapy work, with Rebecca expressing relief at returning to academia. The professional disconnect that occurs within the field may promote stagnancy and a need to just "survive." For Sarah, beginning a new field of study was refreshing and helped her counteract professional burnout. Rebecca and Charlie both spoke about a deep personal need for knowing more about music therapy and increasing their understanding. Charlie, Rory, and AC each addressed the depth work involved in being a therapist. Charlie acknowledged that his interest in music therapy stemmed from the premise that he needed therapy himself. Rory and AC defended the position that, to be a therapist who promotes change for their clients, the clinician should also be willing to welcome change for themselves. AC was the most transparent with her disclosure of wrestling with her "inner demons" and reconciling these parts of herself alongside her clinical work. Rory recognized that personal vulnerability in sessions is important to avoid presenting as "hollow" when working with clients.

A recent study on the utilization of personal therapy among music therapists revealed that almost three-fourths of all professionals attended or currently attend their own therapy (Kendrick, 2021). This rate is in line with other mental health professionals. Clinicians who align most with existential and humanistic orientations pursued personal therapy most regularly, and neuroscience-aligned therapists sought support least frequently. Level of education also suggest that higher advanced degrees increase the rate and regularity of personal therapy attendance. The

most frequent reasons for pursuing personal therapy were to address existing mental illnesses, to develop personal or professional insight, to manage a mental health concern (e.g., stress or anxiety), or to address burnout.

There is also an element of personal identity that emerges when advocating for client wellbeing. Sarah become more aware of disparities within the music therapy community and the populations they serve, and though she maintains her sense of moral compass when it comes to social justice issues, she also developed more empathy toward clients who had a more limited worldview. AC also discussed how client work changed the way she perceived relationships and the state of society, noting that her political stance has evolved as a consequence of her work. Rebecca mentioned how therapeutic concepts have improved the health of her personal relationships. In all these ways, participants acknowledged themselves as an influencer and as influenced by the job of being a therapist. Their continual pursuit of education and personal growth demonstrates a willingness to remain, as Charlie described, part of the continued "journey" of discovery.

Burnout

The final major insight revealed through the results of this study centers on burnout. While the concept is connected to a variety of academic and professional experiences, this subject is recorded under the personal sphere because it directly impacts the individual. The dichotomy of self-care versus client-care is presented alongside relevant research.

Self-Care vs. Client-Care

There are varying types of stressors identified within the therapeutic profession, including vicarious trauma, compassion fatigue, depersonalization, and isolation (McLeod & McLeod, 2014). If the clinician works with high risk, trauma-focused populations, it may be difficult to

form appropriate internal boundaries to preserve resiliency. A coping mechanism that becomes detrimental to quality care is depersonalization, where the therapist loses a sense of themselves, their authenticity, and their ability to remain present. Compassion fatigue may also lead to the depersonalization of a client, wherein clients become just another "case" to be fixed and discharged. Isolation may occur not just in a physical sense, but the depth and intensity of therapeutic work may lead a professional to become disillusioned by normal conversations and interactions with friends and family, leading to relational isolation.

All participants referenced burnout in some form. Charlie, Rory, and Sarah each noted the isolating nature of the music therapy profession, especially in private practice and in contract work. Charlie recalled how his academic studies, alongside his personal therapy and personal life, affected his endurance and stamina, to the point that he needed to decompress with casual activities after classes instead of engaging in intellectual discourse with his peers. He also reflected on the phenomenon that, as a younger therapist, he had the willingness and drive to work long hours in challenging spaces, but as time passed, his energy and resiliency diminished, despite increasing his clinical insight and competency over time. All participants expressed grievance over constantly explaining and defending music therapy. Rebecca, Sarah, and AC became discontent over insufficient pay in their workplace, lack of benefits, no advancement opportunities, and a sense of strain and overwork to sufficiently meet the clinical demands required of them. And finally, Sarah was incredibly discouraged and disappointed with the internal politics of the AMTA and the lack of timely and ethical initiatives to address concerns.

Attempts to respond to burnout among these participants mostly involved the return to education and a job change. Charlie shared from personal experience his return to academia to become a professor because the stress of clinical work became too overwhelming. Rebecca's

pursuit of a graduate degree in counseling soon shifted into the dual degree with music therapy because of its availability, but, as she disclosed, she would have "dropped music therapy" to retain a counseling career with more security and benefits. Rory would have also "given up" music therapy if it meant she could serve her clients within a more congruent theoretical orientation, unlike the behavioral techniques in her music therapy education. Rory is also furthering her career goals beyond clinical practice towards earning a doctoral degree in counselor education supervision. Sarah initially sought a doctoral degree in music therapy as a way to seek fulfillment in the achievement, but she switched into MFT and found theoretical congruency and a professional environment that was healthier than what she had previously experienced. Finally, AC shifted into being a nurse practitioner, on her way to becoming a psychiatric nurse practitioner, after several demeaning experiences at work left her feeling overstretched and needing antidepressants to sustain herself. In all these examples, the participants demonstrated reaching a point in their lives that, to some degree, exhaustion and burnout necessitated a major change.

Reviewing existing research on the prevalence of burnout within the music therapy community, several recent studies provide insight. Research in South Korea discovered that high job demands or low job autonomy led to similar increases in burnout and a desire for seeking alternative jobs (Kim, 2016). Healthy social supports helped to minimize burnout effects, and an increased awareness and respect among other colleagues also alleviated workplace fatigue. Similar research done in Spain revealed that music therapists who work fewer hours or on a contractual basis demonstrated the highest levels of burnout. Highest job satisfaction was attributed to professionals who worked within mental health or who supported individuals having varying types of disabilities, as well as from music therapists who worked for 10 or more years

(Sequera-Martín, et al., 2021). Two recent studies in the United States reinforce concepts presented in this study. Low work satisfaction appeared to correlate with high levels of feeling misunderstood, having to advocate for oneself, and having an undervalued sense of personal and professional identity (Meadows, et al., 2022b). Satisfaction with compensation also had a direct connection with level of work satisfaction, and the researchers also discussed the importance of healthy professional networking and supervision to support the clinician. In another survey study, one-third of music therapists reported feeling inhibiting levels of professional stress, and there appeared to be varying degrees of appreciation for the practice, with respondents' felt sense of client's appreciation around 90%, colleague's appreciation between 60-80%, and administrator's appreciation level between 50-65% (Meadows, et al., 2022a). The researchers recommend more inter-professional education with colleagues and administrators to increase awareness and encourage integration with other disciplines to improve client treatment. As a positive, their findings did suggest that a majority of music therapists (74% of respondents) are "happy" with their career choices and feel that they have a long-term future in the profession.

With these findings described, and the examples presented in these interviews, the balance between self-care and client-care remain apparent. Just as with the previous dualities, these two concepts exist simultaneously and must be reconciled judiciously. It is evident, however, that the wellbeing of the therapist has a direct impact on the quality of care delivered to the client. And so, with these topics in mind, it is important to revisit the three spheres and consider how these new understandings may be represented more holistically in the model.

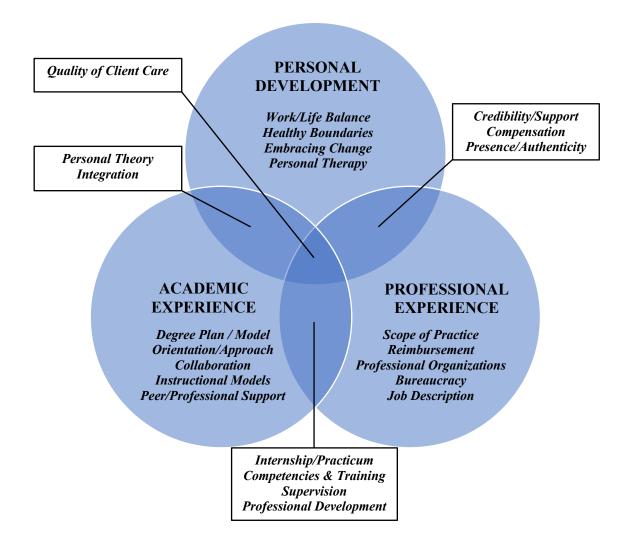### The Three Spheres: Revisited

The research from this discussion reflects similar findings from the phenomenological study, suggesting that the data gained from this effort represents a notable degree of

generalizability, thus increasing its validity (Collingridge & Gantt, 2008). Now that there is a wider breadth of information related to the phenomena, these concepts may return to the three spheres model with an aim towards deeper insight and a clearer picture of their interrelatedness. This revisited version of the three spheres model attempts to illustrate how multiple factors and experiences may be used to describe personal development, academic experiences, and professional experiences (see Figure 2).

As noted previously, the concept of a sphere suggests a multifaceted essence that possesses more fluid boundaries. However, utilizing a variety of concepts from the participant's interviews and integrating aspects from the results, this revisited model demonstrates how these three spheres contain these concepts in distinctive ways and overlap to form a holistic picture of a dual-certified professional's lived experience. For example, topics like "scope of practice" and "job description" describe "professional experience" exclusively, while "compensation" and "credibility/support" relate to and influence both "professional experience" and "personal development." This model may be applied to any professional, regardless of their expanded qualifications or duties.

Figure 2

The Three Spheres: Revisited

Each of the included descriptors corresponding to the sections are *not* comprehensive. There are numerous variables that define one's academic or professional experiences and many factors that define one's personal development. This diagram is intended to provide a suggestive representation of each sphere, their overarching qualities, and to further enhance understanding of how they relate to one another. What *is* the proposed constant in this diagram lies in the very center that merges all three spheres: quality of client care.

Besides the effort to improve their livelihood by means of academic pursuit and career changes, what joins every participant in this study is their dedication to improve their abilities to support clients' wellbeing. The common, underlying motivation across all participants centered on deepening their understanding of clinical care and to extend their capacity to facilitate meaningful client progress. Factors that enabled or hindered their abilities to provide quality care to their clients related to these three spheres. Each sphere informs and impacts the other. To further drive this point, it is useful to reflect on experiences from each participant. As these examples are presented, specific coding as described earlier will denote which area of the three spheres are addressed, where *PD* represents personal development, *PE* represents personal experience, and *AE* represents academic experience. *PD:PE* is the merger between personal development and professional experience, and likewise among the other spheres. *PD:PE:AE*, and any combination thereof, represent the center space where all three spheres overlap.

AC felt invalidated at work because others did not understand or appreciate music therapy. This falls under *PD:PE* because AC also has such a personal connection to her professional work. As the demands of her job increased due to staff layoffs (*PE*), her mental health and work/life balance suffered (*PD*). Her isolation at work, potentially due to a lack of supports (*AE & AE:PE*) impacted the quality of care she delivered to her clients as exhaustion and burnout increased (*PD:PE:AE*).

Charlie experienced an integrated education with an emphasis on music psychotherapy (*AE*). As he pursued advanced training and committed himself to personal growth, his theory and identity strengthened and became more cohesive (*AE:PD*). By tapping into his formed personhood, alongside his resolute professional orientation, he was able to collaborate effectively

with care coordinators (*PE*) to advocate for music-based assessments towards a more comprehensive diagnosis and treatment for his clients (*PD:AE:PE*).

Rory felt discouraged by the behavioral-based approaches of her music therapy education (*AE*). She later discovered various theoretical orientations from her counseling program and began to form an integrated sense of herself and her preferred philosophy (*AE & AE:PD*). Through her internship (*AE:PE*) and as she learned to embrace change and personal growth (*PD*), she learned to take chances with clients and promote integrated treatment (*AE:PD:PE*).

Rebecca continued to encounter circumstances with clients where a counseling credential would have given her a more secure sense of competency (*AE:PE*). She returned to school and began a dual degree program (*AE*). After graduating, she found that her personal relationships improved as she incorporated concepts learned in school (*PD:AE*) and once she found a job that provided her with financial stability and benefits (*PD:PE*), she was in a better position to support clients with a broader "bag of skills" and a healthier work/life balance (*AE:PD:PE*).

Sarah experienced numerous frustrations within the professional organization for music therapy (*PE*). She returned to graduate school and found congruency with the systems-based orientation of marriage and family therapy (*PD:AE*). Beginning work in a new site as a LMFT-A, entering a healthier professional culture, and experiencing an improved work/life balance has enabled her to further improve the level of quality care she can provide to her clients (*PD:PE:AE*).

This revisited example of the three spheres more clearly demonstrates how the themes of personal development, academic experience, and professional experience affect the clinician, but more importantly, how they have a profound impact on the quality of care the clinician is able to provide. While each sphere possesses isolated experiences, the aim of a therapist is ultimately to

return to the therapy room with a client and bring all three spheres of their experiences into the space. Even Charlie, who is now primarily focused on the education of future music therapists, has an indirect but significant influence on client's wellbeing through the supervision and training he provides. In these ways, the three spheres model can be a useful representation to understand how the quality and status of each isolated experience (personal, professional, and academic) increases the potential for greater therapeutic meaning and success for the client/patient.

Worthiness

The personal question I asked about in the introduction is "Was it worth it?" Is attaining dual certification worth the effort, the expense, and the time? According to all five participants, the answer is a resounding "Yes." What follows are statements from each participant, unprompted, affirming their impression that attaining these credentials was worth it.

AC stated, "It's worth it. Even if it's a pain in the ass, it was definitely worth it." Charlie shared that gaining his credentials was "purposeful and meaningful." Rory said, "I definitely feel it was worth it." Rebecca said, "Having the two degrees, to me, has been worthwhile and a positive thing." And finally, Sarah stated, "I think it is worth it. 100%."

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Limitations

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Limitations for this qualitative study include a lack of diversity in terms of qualifications (dual certifications other than counseling and MFT), diversity of participants (four female, one male), and diversity of location (three in Texas). Five participants also represented a limiting factor, as more participants may have increased data and insight.

Recommendations for Future Research

While there are several research efforts made to understand the dynamics of the music therapy profession, it will be important to broaden the scope of inquiry to related fields in order to assess music implementation, inclusion of music therapists in clinical practice, and levels of awareness of the efficacy of music therapy integration. Additionally, continued research into the prevalence of music therapists who seek additional degrees, their motivation, and resulting benefits, would greatly contribute to the findings within this investigation. Replicated phenomenological inquiries would be useful as well, and dual-trained clinicians may be especially useful for gathering data about any perceptions, changed or otherwise, about music therapy approaches from their non-music-therapy colleagues. Finally, an in-depth testing of the Three Spheres model is encouraged, which may involve separating each of the three experiences and assessing how strongly a therapist believes each component impacts their clinical work. Quantitative survey studies could also be useful for gleaning information, as well as mixed method research related to these topics. Similar research within other fields of study may also be useful to gauge the veracity of the three spheres model.

Conclusion

The purpose of this phenomenological study was to explore the academic and professional experiences of masters-level music therapists with dual licensure in counseling. The prevailing research question was: What is the essence related to academic and professional experiences of master's-level music therapists with dual licensure in counseling? 14 categories emerged that represented varying experiences of the participants, divided into the two major spaces of academia and workplace. Upon further review and analysis, I determined that the personal development category was worth its own equitable stance alongside academic and

professional experiences. The three spheres model was developed to represent the relationship between these three topics and all 14 categories were included in the original design. Distilled further, six insights were drawn that holistically encompassed these factors. A seventh consideration of worthiness was also included. Finally, a revisited version of the three spheres shows the interconnected nature of each dynamic, with a final conclusion that the quality of client care is directly influenced by the stability and condition of each sphere.

As expressed by the participants, the attainment of dual certifications is a challenging but worthwhile endeavor. While aspects like job security, employability, and expanded scope of practice are clear benefits for the dual-trained professional, deleterious factors like burnout, stagnancy, isolation, and invalidation remain critical realities that must be recognized and managed. Improvements to professional networking, continual and comprehensive supervision, thoughtful and collaborative university program design, and carefully-articulated interprofessional advocacy measures are some of the major efforts suggested by this research that could promote systematic changes to the current state of the music therapy profession. In the meantime, as some participants expressed, the prevailing recommendation must be to continue embracing change and to "stay in the journey."

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Recruitment Post

REMINDER: This opportunity is still available

Qualitative Study Opportunity

Dear Music Therapists,

My name is Joseph Reyes and I am a graduate music therapy student at Texas Woman's University. I am conducting a research study titled: A Phenomenological Inquiry into the Experience of Graduate-Level Music Therapists with Dual Certification in Counseling.

The purpose of this phenomenological study is to explore the academic and professional experiences of graduate-level music therapists with dual licensure in counseling. The intent is to identify similarities and differences within and across therapists' experiences, to denote emerging themes, and to provide insight into the phenomena of dual certification in music therapy and counseling.

I am hoping to work with five participants. Participants are eligible to take part in the study if they meet the following inclusion criteria:

1. Participants must be 18 years of age or older.
2. Participants must speak English.
3. Participants must be a board-certified music therapist (MT-BC) who has completed a graduate-level program in both music therapy and counseling.
4. Participants must be currently licensed to provide counseling services in their respective state.
5. Participants must have completed a minimum of two years of full-time prior clinical work in either music therapy or counseling.
6. Participants must be currently working in a professional setting or private practice in either music therapy or counseling.
7. Participants must have access to high-speed internet and devices appropriate for distance communication (i.e.: Zoom videoconferencing).

This study will include individual semi-structured interviews which will take place over the internet through the use of Zoom videoconferencing. Total time commitment will be approximately three hours and will consist of three

segments: a 30-minute consent session, an interview session of no longer than two hours, and 30 minutes for member checking. Participants will determine their pseudonym and will be virtually interviewed by Zoom within their own private location. The interview will be video recorded and transcribed. Participants will have the opportunity to member-check their interview transcription and request changes or adjustments via email communication.

Participants may elect to skip any question at any point in the interview. The following interview questions will be asked:

1. Tell me why you decided to get a masters degree in music therapy and counseling.
2. What was your academic experience like?
3. How have these two degrees impacted your professional life?
4. How have these two degrees impacted your identity?
5. Tell me about a challenging experience during your education.
6. Tell me about a challenging experience in your professional life related to these two degrees.
7. Tell me about a successful experience during your education.
8. Tell me about a successful experience during your professional life.
9. Is there anything else you want me to know related to having these two degrees?

Because the study will be conducted through email and Zoom, there is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. Participation is completely voluntary, and participants have the right to withdraw from the research without consequences of any kind or loss of benefits to which the subject is otherwise entitled. There will be no compensation for participation in this research.

This research has been approved by Texas Woman's University's IRB. If you meet the inclusion criteria and are interested in this study, please send a direct, private message via Facebook or email jreyes25@twu.edu for more information. I will send the consent form for your review. If you are interested after reading the consent form, we will schedule time to review the consent form and answer questions. Thank you for your time and consideration!

APPENDIX B

Approved Email Script

Email Script Documentation

Interested participants will reach out to the student researcher and the following email script will be sent to interested potential participants:

"Thank you for your interest in participating in this research study which is in partial fulfillment of my graduate music therapy program. Your participation is completely voluntary and you may withdraw from this research study at any time. I have attached the consent form to this email for your review. If you would like to proceed with the study, we will need to schedule a time to review the consent form together. This meeting will be at your earliest convenience. We will conduct this meeting using Zoom videoconferencing software. Please note that there is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions in this study. Please let me know if you have any questions or concerns. I look forward to hearing from you."

Once the participant has scheduled a consent session, the following verbal script will be used to begin the consent process:

"Thank you for your interest in my study. I sent you the email for the consent form earlier, so during this time we will be reviewing that form. I will be going over each section. Feel free to ask questions at any time and let me know if you have any concerns. Do you have any questions before we begin reviewing the document?"

Journal: Meaning Units Analysis (Case Example)

Meaning Units Analysis - Rory

Timestamp	Statements	Meaning Units	Themes	Major Quotes
Question #1: Why you decided to get a graduate degree in music therapy and counseling?				
0:07:15	it's blending like music and psychology. This sounds better than what I'm doing right now.	Reduced undergrad music requirements to begin equivalency dual degree	Motivation	- "it just felt like more of a... I don't know like a magnetic pull or something in some way of like there's some other part of me that kind of knew, but I wasn't necessarily conscious of it at the time. " (0:10:45)
0:08:00	Because I had such an interest in psychology, I felt like the dual program would really fit what I wanted to do	Interest in psychology as motivator for pursuing MT. LPC was natural addition.	Motivation	
Question #2: What was your academic experience like?				
0:14:45	it was interesting because I was having to take undergrad classes and then some graduate classes to maintain my status as a grad student	Undergrad, MT graduate, AND LPC graduate coursework	Academic Experience; Program Design	- "climbing up that staircase to get to that slide. Because you saw how long that is, it took a long time to get up those stairs. And it took a long time for me to finish my degree." (0:22:15)
0:15:00	I'm a grad student, but I'm not always taking graduate level classes. So, from a student identity perspective, it was kind of interesting	Blended courses (undergrad & grad) blurred student identity perspective	Academic Experience; Identity	
0:15:00	not really knowing how long everything was going to take	Course requirements created sense of lost-ness	Academic Experience; Program Design	
0:27:45	I definitely feel like it was worth it.	Validating benefit of dual degree	Identity	
1:20:15	it is very internal on the academic side	Internal struggle to identify with and integrate LPC and MT	Identity; Integration	
Question #3: How have these two degrees impacted your professional life?				
0:28:30	I feel like it's given me more opportunities	Dual degree affords greater access to a wider range of clientele (e.g. juveline offenders)	Occupation	
0:29:15	it's expanded what I've been able to do, in terms of what jobs I've been able to apply for	Increases job outlook	Occupation	
0:29:30	it's also made me kind of a unique candidate too	Increases employability	Occupation	
0:29:45	there's been a lot of misunderstanding from counselors about what I do	Other LPC peers falsely assume MT integration in their work	Advocacy	
0:32:00	I have to do some, like, education. We talk about the elevator speech, those kinds of things. I have had to do that quite a lot, so with the opportunity I feel like I'm usually having to assert my professional identity as well, and being like, "Hey, don't forget about this other part of me," especially with counselors.	Continual MT advocacy among LPC professionals	Advocacy	

Thematic Breakdown

The formula bar reads:

a big point of contention between some of my professors about "Is it even appropriate to have a music therapist be a primary clinician or not? Should they always be an adjunct to something else?" RESPONSE: "Well, depends on what you want to focus on and if you really want to focus on a certain aspect of the scope of music therapy, it would behoove go back to school, you know, whether it's occupational therapy or counseling, or anything else.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Themes Breakdown		AC	Charlie	Rory	Rebecca	Sarah							
	Motivation	Program Design	Occupation	Clinical Treatment	Professional Organizations	Professional Development	Bureaucracy	Advocacy	Boundaries	Competency	Personal Growth	Identity	Integration	Burnout