A SURVEY OF MUSIC THERAPISTS IN PRIVATE PRACTICE

A THESIS

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BARBARA LEYERLE BASTABLE, BM, RMT-BC

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To the Associate Vice President for Research and Dean of the Graduate School:

I am submitting herewith a thesis written by Barbara L. Bastable entitled "A Survey of Music Therapists in Private Practice". I have examined this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts with a major in Music Therapy.

Dr. Nancy Hadsell

We have read this thesis and recommend its acceptance:

Nancy A. Hadsell

Richard Podleanu

nicki cohen

Accepted

Leslie M Thompson

Associate Vice President for
Research and Dean of the
Graduate School

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A Survey of Music Therapists in Private Practice

Barbara Leyerle Bastable

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Abstract

The purpose of this study was to gather information from music therapists in private practice regarding reasons for pursuing private practice, business policies, marketing strategies, feelings regarding business skills training, and overall satisfaction with private practice.

Subjects for this study were 245 music therapists living in the United States who listed themselves as self-employed/private practice music therapists in a survey sent by the National Association for Music Therapy, Inc. (NAMT, 1995). In the current study a survey was sent to each of these music therapists. Fifty-four percent of those surveyed responded. The results indicated that this type of employment is extremely variable in most aspects of items included in the survey. Results also indicated that music therapists in private practice had a high level of overall job satisfaction.

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CHAPTER ONE

Introduction

Music therapists in the business world

"Music therapy may be defined as the prescribed, structured use of music or music activities under the direction of specially trained personnel (i.e., music therapists) to influence changes in maladaptive conditions or behavior patterns, thereby helping clients achieve therapeutic goals" (Peters, 1987, p. 5). It may appear from this definition that music therapy is an organized combination of music (a creative aspect of human nature) and healing (a nurturing aspect of human nature), each of which individually has been part of human existence for many years. In today's ever-changing economic marketplace, it appears that a third element must be taken into consideration when describing music therapy: business. Merriam-Webster's Collegiate Dictionary (1993) indicates that "business may be an inclusive term but specifically designates the activities of those engaged in the purchase or sale of commodities or in

financial transactions" (p. 154). Today's music therapists now not only need to be aware of the appropriate use of music in the context of healing but also need to evaluate their place and efficacy in the business world--i.e., how music therapy is purchased or sold. Music therapists are in no different position than many other health care providers in understanding the effects of financial stress and the constraints of regulations on the health care industry. Many agencies and facilities are undergoing changes with the trend toward Health Maintenance Organizations (HMO's). Health care reform has been one of the most politically controversial subjects during the current Clinton administration, and indications are that this will be a major campaign issue during the 1996 presidential race. The National Association for Music Therapy, Inc. has been hard at work in the political arena throughout 1995 to initiate and/or continue reimbursement for music therapy and to advocate for continued funding of music therapy grants (NAMT Notes, 1995). The profession of music therapy has struggled for many years to gain acceptance in the medical and therapeutic communities

through the diligent efforts of many committed individuals and the organization of NAMT. Along with this seemingly "global" effort, music therapists are constantly reevaluating competencies for emerging music therapists in the areas of clinical assessment, implementation, and evaluation.

At the same time, one can hardly pass through the day without hearing on the radio or TV about opportunities to "start your own business"; "get rich quick"; or "be your own boss". Calling a phone number is suggested as the solution and the beginning of a new freedom. One's initial response could be to chuckle, to change the channel, or at best to listen with a critical ear. These "info-mercials", as they have come to be called, can be indicative of the change in the overall responsibility one must take in the planning of one's career. The concepts of successful acquisition of employment upon completion of college and the continued employment by that same employer throughout one's working years are almost anachronisms today.

In a survey conducted by the National Association for Music Therapy, Inc. in 1995, approximately 250

music therapists across the United States listed themselves under the heading, "Self employed/private practice" (NAMT, 1995). Two books by music therapists provide extensive and detailed information on the business aspects of self-employment as a music therapist. Kane (1990) in the her book, Survival of the Fittest: A Game Plan for Music Therapists in Business, and Henry, Knoll, and Reuer (1986) in their book, Music Works: A Handbook of Job Skills for Music Therapists, outline detailed information on contracting agencies and planning and organizing a music therapy business to suit personal needs and those of the local community. These books, as well as the numbers of music therapists who have listed themselves as self-employed or in private practice, would indicate that this type of employment is frequently being chosen over traditional forms of salaried employment in agencies and/or facilities.

Statement of the Problem

By choosing the title "self-employed", it would seem evident that the individual is totally responsible for all aspects of running a business which are normally performed by many trained

professionals in various fields. Some of these professionals would include a financial planner who makes short and long term goals to keep the business operating at a successful level, a bookkeeper who attends to accounts receivable and payable, a marketing and sales representative who makes the product known to the public, as well as the individual who "makes" the product or provides the service. Are self-employed music therapists adequately trained to take on these multi-faceted responsibilities? What motivated them to pursue this type of employment? How do they handle business policies such as billing, contracting, and marketing? What are the advantages and disadvantages of this type of employment? Are self-employed music therapists satisfied with their situations?

Statement of the Purpose

Indications are that a large number of music therapists in the United States consider themselves self-employed or in private practice (NAMT, 1995). Two books dealing with the business aspects of this approach to music therapy would indicate that this is a direction that has been proven successful, (Henry,

Knoll, & Reuer, 1986; Kane, 1990). The purposes of this study are: (a) to gather demographic information about the music therapist in private practice; (b) to determine the reasons why private practice was selected as the option of choice and the reasons for subsequent satisfaction with that choice; (c) to determine specific business policies regarding private practice music therapy; (d) to compile marketing strategies employed in music therapy private practice; (e) to determine advantages and disadvantages of this type of employment; and (f) to investigate the adequacy of music therapy education and training in job search/business skills. It is also the purpose of the study to obtain samples from private practice music therapists of contracts, marketing flyers, and other useful documents which have been effective and useful in their businesses. Upon completion of the study, this information will be compiled in a notebook to be used as a resource for students and other private practice music therapists.

Definitions

The following definitions clarify the primary terms peculiar to this study.

Self-employed/private practice music therapist- one who is not considered an "employee" of any company, agency, etc.; usually individual is responsible for own scheduling, bookkeeping, declaring and paying own income taxes, etc., and usually has more than one source of income (e.g., individual clients, agencies, etc.).

Agency/contract music therapy- services provided to an agency or clients of an agency, usually to groups of clients; a contract has been agreed upon for specific details regarding services provided.

Private/individual music therapy- services provided one-on-one to client(s); funding sources and therapy location may vary.

CHAPTER TWO

Review of Literature

Music Therapy and Private Practice

In a survey conducted by the National Association for Music Therapy in 1995, over 250 music therapists across the United States listed themselves under the heading "Self employed/private practice" (NAMT, 1995). However, the term "self employed/private practice" is not described in any manner in the sourcebook in which the results are published.

Very little can be found in the music therapy literature to serve as a guide for the music therapist interested in pursuing private practice music therapy. Two articles describe programs offering music therapy to individuals or agencies wishing to utilize services on a limited basis (Oliver, 1989; Steele, 1975). Music Therapy Services of Arizona and The Cleveland Music School Settlement serve as models for contracting agencies which render music therapy services through a central agency of music therapists.

As of this writing, no articles can be found in music therapy publications providing information on the music therapist who has established an independent business

offering music therapy services to private clients and/or to one or more contracting agencies.

Two books written by music therapists (Henry, Knoll, & Reuer, 1986; Kane, 1990) provide extensive and detailed information on the business aspects of self-employment as a music therapist. Subjects such as setting business goals, marketing, writing proposals and contracts as well as basic bookkeeping and financial skills are included in these books. Also included are sample forms, contracts, and marketing materials (flyers, questionnaires, etc.).

The desire to enter private practice

Kane (1990) indicated the need to assess prior clinical and work experience in order to develop the confidence needed to enter private practice. However, she indicated that for her, the music therapy market did not provide many opportunities to develop past work experiences. In 1982 when Music Therapy Services of Arizona was conceived, few opportunities for full-time music therapy work existed in that area (Oliver, 1989). It was noted that the need for music therapy was apparent, but individuals and facilities expressed little knowledge of the benefits of music therapy and were hesitant to commit to funding full-time positions. From the business standpoint "...this situation may best be

characterized as an open market that needed an alternative strategy for receiving the product--music therapy" (p. 96). Similar information is indicated by Steele (1975) regarding the Cleveland Music School Settlement. Steele (1975) indicated that agencies with limited financial resources may be willing to contract for limited services rather than be faced with the time-consuming and more expensive avenue of securing a full-time music therapist. She also pointed out that "...once the work of the music therapist becomes visible within the agency, and a firm base is established, the probability of expanding to a larger, and perhaps full-time program becomes more realistic" (p. 148).

From this information, one could speculate that music therapists have not traditionally chosen private practice, but private practice has chosen them out of necessity to meet the needs of agencies willing to employ only part-time music therapists.

Requirements needed to enter private practice

Kane (1990) listed and explained traits needed for an individual to enter the entrepreneurial experience of private practice. This list included: good health, a basic need to control and direct, self-confidence, a never-ending sense of urgency, comprehensive awareness, a realistic and

superior conceptual ability, a low need for status, an objective approach to interpersonal relationships, sufficient emotional stability, and an attraction to challenges, but not risks (p. 16-18). She also indicated that along with good clinical skills, "a music therapist must also be an accountant, an advertising executive, a market research analyst, and a credit manager" (p. 2).

Marketing

Oliver (1989) emphasized the need to remember that contracting music therapy services is a business and that "...many persons and many quality products have failed because of an inadequate concentration on the business approach. In the case of a contractual therapy agency, therapy is the product, and the manner in which the product is marketed will determine the success and direction of both the agency and the therapist's career" (p. 96).

Kane (1990) emphasized the need for a systematic approach to marketing involving creativity, consistency, and repetition. A music therapist in private practice must set up a marketing program which involves setting objectives, developing and implementing strategies, evaluating effectiveness, and adjusting the program as necessary. Along with this type of plan, one must contemplate such

things as business cards, brochures, newsletters, telephone calls as initial or follow-up contacts, involvement in local organizations, community visibility, and offering inservices and workshops as effective forms of marketing. She also stressed the importance of consistently doing good work with current clients and contracted agencies which in turn will be one of the cheapest and most effective forms of marketing: word-of-mouth.

Business skills training

Kane, (1990) in the preface to her book, Survival of the Fittest: A Game Plan for Music Therapists in Business, indicated that she was "...ill-prepared for the entrepreneurial challenges that lay before" her in private practice music therapy (p.v). The author indicated a desire to have had a business manual designed specifically for music therapists upon initially entering this particular avenue of music therapy. Information she needed as a private practice music therapist came through personal experience along with the subsequent research in preparation for writing her book.

Numerous articles can be found in the music therapy literature describing the university training of music therapists and subsequent training during music therapy

internships. These articles also include discussion of entry level competencies for emerging music therapists. However, in reviewing these articles (Boone, 1989; Braswell, Decuir, & Maranto, 1980; Brookins, 1984; Bruscia K, 1987; Bruscia, Hesser, & Boxhill, 1981; Jensen & McKinney, 1990; Petrie, 1993, Taylor, 1987; and Wright, 1992), nothing is mentioned about the need for training and information in the area of business skills (e.g., resume writing, interview skills, marketing techniques, etc.). The NAMT Member Sourcebook: 1995 (1995) lists professional competencies adopted by the National Association for Music Therapy in 1993. There are no competencies regarding the business skills needed to enter the field of music therapy upon completion of music therapy education and internship. In Standards and procedures for academic program approval (National Association for Music Therapy, 1993), which lists the standards which music therapy educational institutions must follow, private practice or business skill training is not addressed as a part of overall music therapy education.

Satisfaction level, advantages, and disadvantages

Since very little is written regarding private practice music therapy, there is no information to indicate if private practice music therapists are satisfied with this

type of employment and what they believe to be its advantages and disadvantages.

Related Services and Private Practice

Therapists in related service areas such as occupational therapy, speech and language pathology, physical therapy, psychotherapy, and social work have addressed the issue of private practice in their respective fields. Numerous books have been written by professionals in these fields to educate therapists in many of the aspects of entering and succeeding in private practice (Barker, 1984; Belser, 1987; Kaplan, 1986; Lenson, 1994; Levin, 1983; Matthews, 1993; Pressman, 1979; Wood, 1991). Each of these books has detailed information regarding evaluating the possibility of private practice, setting up the business, financial planning, marketing strategies, and evaluating business success.

The desire to enter private practice

Although the specific practice of these related services may vary, similar indications are noted throughout the literature as initial reasons for entering private practice. Wood (1991) indicated that communication disorder therapists leaving agencies to enter, and subsequently to stay in, the business of private practice have a desire to

be their own bosses and to be self-governed. Other motivating factors are the need for autonomy and freedom from routine as well as flexibility (Lenson, 1994). Another similar theme which is indicated by private practice therapists in these related service areas is the need be free from the constraints of the bureaucracy of work in agencies (Fabricant, 1985; Lenson, 1994; Jayaratne & Siefert, 1988). Private practice enables therapists to use specialized skills (Lenson, 1994) and the ability to develop further other skills not otherwise used in agency work (Walter & Greif, 1988). As a result of their study of social workers, Hardcastle & Brownstein (1989) indicated the "primary reason given for entering private practice was the freedom to do the types of intervention using the methods or techniques desired" (p. 13). Professional challenge ranked as the number one reason for entering private practice in a study by Jayaratne & Siefert (1988). Career advancement in agency work often leads to administration, which in turn leads to the undesirable (for some therapists) prospect of loss of contact with clients (Walter & Greif, 1988; Kelley & Alexander, 1985). The increase in private practice appears to be consistent with current economic needs and motivation

toward entrepreneurship (Jayaratne & Siefert, 1988; Jayaratne, Davis-Sacks & Chess, 1991).

Requirements needed to enter private practice

Abbott & Franciscus (1981) recommended that occupational therapists have at least 6 to 8 years of clinical experience, sound business knowledge, and knowledge of national, state, and local laws prior to beginning private practice. Barker (1984) proposed similar recommendations for social workers to be competent professionally as well as secure in business knowledge prior to entering private practice. Hardcastle & Brownstein (1989) also suggested that therapists be competent practitioners prior to beginning private practice. Both Kaplan (1986) and Lenson (1994) provided a long list of questions practitioners should ask of themselves prior to entering private practice. These covered such varied subjects as leadership qualifications, communication skills, social skills, administrative and organizational skills, family needs, physical and mental health, and financial resources. Prior to beginning private practice, Wood (1991) indicated that communication disorder therapists should be secure in their abilities to provide the highest quality of

service to clients and to maintain skills necessary to provide the best service appropriate for their clients.

Marketing

Matthews (1993) defined marketing as "a simple, logical process of identifying your customers, then deciding what you want to sell to them and how you want to sell it" (p. viii). Belser (1987) indicated that with the changes in government funding of health care services, marketing is the key to the survival of social workers in private practice. The process of marketing involves evaluating the needs of the consumer and determining if the services of the therapist can be matched with those needs (Lenson, 1994). In a study of part-time private practice social workers, Kelley & Alexander (1985) revealed that generating referrals is a primary concern in beginning and keeping a private practice. These referrals can come from a variety of sources such as satisfied clients (Belser, 1987), word of mouth sources and professional colleagues (Kaplan, 1985), and professional, community, and social groups (Lenson, 1994; Levin, 1983).

Another important form of marketing therapy services is giving speeches and workshops (Levin, 1983; Belser, 1987).

Lenson (1994) indicated that every encounter with another person is a marketing opportunity.

Business skills training

Brown & Barker (1995) suggested that the education of social workers does not include information or recommendations for the individual interested in pursuing private practice. They also mentioned that the Council on Social Work Education (CSWE) does not list private practice in any of its accreditation materials. In their study, Brown & Barker (1995) reported that faculty of educational institutions for social workers did not feel qualified (nor did they feel it was their responsibility) to teach the specific business skills regarding private practice to students. Educators believed that social workers should only enter private practice after several years of post-Master's clinical experience. Brown & Barker (1995) also reported that the amount of content currently in the social work curriculum would leave little room for information regarding private practice. It was their opinion that the logistics involved in private practice were only a small part of what was necessary for an individual to succeed. In a study of social workers in private practice, Brown (1990) reported that social workers may be unqualified for the

level of professional independence and autonomy needed to be a private practice social worker. He stated that since "traditional social work education is steeped in ongoing supervision and carefully socialized dependence, successfully establishing and maintaining a private practice in relative professional isolation could prove difficult at best" (p. 415). Hardcastle & Brownstein (1989) suggested the entire field of social work (educators, professional organizations, and agencies) needs to address the issue of preparation of social workers for private practice. It appears that the social work profession is not alone in its need to evaluate the importance of education in the area of private practice. Lenson (1994) indicated that graduate schools for psychotherapists failed to teach necessary business skills, did not acknowledge that having a private practice was a business, nor felt that teaching economics was an academic function of the psychotherapy educator.

Running a business was the second most popular area of concern (next to the need for referral sources) for social workers, as revealed in a study by Kelley & Alexander (1985). Wood (1991) reported the majority of private businesses fail within the first year or two. Owners of small businesses which had failed reported they wished they

had had more training in the areas of management and business skills prior to beginning their business ventures (Macfarlane, 1977).

Satisfaction level

In a study by Jayaratne & Siefert (1988), social workers reported a high level of agreement between original reasons for entering private practice and the aspects they found most satisfying about private practice. Shinn, Rosario, Morch, & Chestnut (1984) found that human service workers in private practice suffered fewer psychological symptoms and higher overall job satisfaction than their counterparts working in agencies. Jayaratne, Davis-Sacks, & Chess (1991) reported lower levels of anxiety, depression, irritation, emotional exhaustion, depersonalization, and somatic complaints, along with higher levels of personal accomplishment and success for those in private practice than for those working in agencies. Jayaratne et al. (1991) indicated the reasons for these findings are complicated, but suggested that individuals in private practice may have been healthier to begin with. They may have possessed the types of personalities conducive to success in private practice (Johnson & Stone, 1986) and may have had different types of problems (Jayaratne, Davis-Sacks, & Chess, 1991).

Clients seen by private practice social workers, as opposed to those seen by agency social workers, were less likely to be "poor, unemployed, old, and uneducated" (Karger & Stoeze, 1990, p.159).

Advantages of private practice

Jayaratne & Siefert (1988) believed that financial gain was seen as a major advantage of private practice social work. They did note, however, that this may have been a result of the fact that private practitioners had been in the field longer than their agency counterparts. Barker (1984) also noted financial reward as an advantage of private practice, yet was careful to add that this would be "commensurate with skill and effort" (p. 61).

Professional independence and freedom from bureaucracy were seen as major advantages of private practice social work (Alexander, 1987; Barker, 1984, Levin, 1983). Barker (1984) and Jayaratne & Siefert (1988) both reported that maintaining direct contact with clients was seen as a major advantage of private practice. Social workers in private practice often noted they worked with clients who were more motivated than those they had seen in agency work (Barker, 1984). He also mentioned that flexibility was an important advantage of private practice. However, he noted private

practice social workers often tended to expect more of themselves than they would expect from a superior in an agency.

Disadvantages of private practice

Financial concerns were also seen as a disadvantage of private practice. Barker (1984) suggested that due to the unpredictable nature of the economy, clients' ability to continue to utilize and pay for services would fluctuate, thus affecting the income of the practitioner. Alexander (1987) also noted undependable income as a disadvantage of private practice. In some fields, such as occupational therapy and physical therapy, the cost of purchasing one's own equipment was seen as the primary disadvantage of private practice (Abbott & Franciscus, 1981; Krumhansl, 1987). Krumhansl (1987) indicated that $5,000 to $50,000 (in 1987 dollars) would be needed to purchase equipment to begin physical therapy private practice. It was suggested by Abbott & Franciscus (1981) that these financial concerns, along with expensive legal and insurance responsibilities, would account for the relatively few occupational and physical therapists in private practice.

Professional isolation and loss of contact with colleagues was seen as a major disadvantage of private

practice (Alexander, 1987; Barker, 1984; Levin, 1983). Wood (1991) noted that "no one takes care of the practitioner" (p. 4). Barker indicated that once social workers entered private practice, they no longer had the "protective blanket that often exists for the agency-based worker, who shares responsibility with colleagues, supervisors, agency administrators and agency policy" (p. 30).

Barker (1984) suggested a number of additional possible disadvantages seen by the social worker in private practice. These included the need to perform mundane activities such as paying bills, etc., and the difficulty of finding a replacement during vacations, illnesses, or attendance at professional conferences or seminars. He also noted the importance of giving speeches and community visibility for success in private practice, but found reimbursement for this type of time investment was rare.

Summary

Aside from two books regarding private practice and two articles reporting information about central contracting agencies for music therapists, very little has been written by music therapists to serve as a guide for individuals interested in pursuing private practice music therapy. However, there is a great deal of information available for

anyone about to embark into the world of small business and entrepreneurship pertinent to professionals in health-care and human services. One must pursue private practice with an organized and systematic approach, educate oneself in business and marketing strategies, consistently follow through with these strategies, and periodically evaluate one's business to make changes as necessary.

CHAPTER THREE

Method

Subjects

Subjects for this study were 245 music therapists living in the United States who listed themselves as self-employed/private practice music therapists in a survey sent by the National Association for Music Therapy, Inc. (NAMT, 1995).

In the current study a survey was sent to each self-employed/private practice music therapist listed in the NAMT Member Sourcebook: 1995 (NAMT, 1995) along with a stamped return envelope (see Appendix A). A cover letter explaining the study and outlining informed consent procedures was included with the survey (see Appendix B). A return stamped postcard was also enclosed enabling respondents to request a prepaid envelope if they were willing to return to the researcher any marketing flyers, contracts, sample bills, etc. (see Appendix C). The respondents were asked to complete the surveys and return them within one month. A follow-up postcard was sent one month later to those who had not responded. One month later

a final cover letter and another copy of the survey were mailed to the remaining therapists who had not yet responded.

The surveys were number coded to insure anonymity and to allow for identification of which therapists needed follow-up mailings. When the surveys were returned, names were checked off the master name/number code list. However, at no other time were the numbered surveys and the master list kept in the same place.

The survey gathered information in seven categories: general information, agency contracting, individual/private therapy, billing policies, marketing strategies, job search training, and job satisfaction. Questions were asked regarding number of years both as a music therapist and as a private practice music therapist, number of hours worked weekly, whether services were provided to contracting agencies or to individuals, whether services were direct or consultative, billing, contract terms, and referral sources. Respondents were also asked their reasons for choosing private practice music therapy, their opinions regarding the advantages and disadvantages of this type

of employment, and their overall level of job satisfaction. In addition, information was sought related to the adequacy of business skills training for success in music therapy private practice.

Analysis

For each question on the survey, a correlating research question was asked. The results of these questions were analyzed using SPSS^{x} software (SPSS Inc., 1983). Questions requesting interval data (e.g., number of years as a music therapist, number of hours billed, etc.), as well as those requesting categorical responses (e.g., session locations, whether or not clients sign a contract, etc.) were analyzed using the FREQUENCIES subprogram.

Research Questions

1. How many years had respondents been music therapists?
2. How many years had respondents been private practice music therapists?
3. What were the most important determining factors in originally deciding to become a private practice music therapist?

4. How many hours per week did music therapists work in contracts with agencies?
5. What percentage of the contract agency hours was spent in direct service to clients?
6. What percentage of the contract agency hours was spent in consultative services (i.e. documentation, material preparation, consulting with supervisors or other related service individuals)?
7. How many hours per week did music therapists work in individual/private therapy?
8. What was the most frequent location for music therapy sessions for individual/private therapy?
9. What percentage of respondents required clients (or parents of clients) to sign a contract prior to beginning therapy?
10. If contracts were used in individual/private therapy, what items were most likely to be included in them?
11. What were the most significant sources of funding for individual/private music therapy?

12. What was the usual billing policy regarding missed music therapy sessions?
13. What was the usual make up policy regarding missed music therapy sessions?
14. What was usual range of fees for contract music therapy services?
15. What was usual range of fees for individual/private music therapy services?
16. In determining fees for both contract and individual/private music therapy services, what were the most important factors considered?
17. What were the most frequent marketing sources for obtaining music therapy contracts with agencies?
18. What were the most frequent marketing sources for obtaining individual/private music therapy clients?
19. What were the most important sources of business skills training (i.e., resume writing, interview skills, marketing strategies, financial/business planning, etc.)?
20. How adequate did the respondents feel their business skills training was?

21. How satisfied did respondents feel with their present workloads?
22. What was the overall level of satisfaction of respondents regarding their current work situations?
23. What were the most important advantages of private practice music therapy?
24. What were the most important disadvantages of private practice music therapy?

CHAPTER FOUR

Results

Surveys were mailed to each of the 245 music therapists listed in the NAMT Sourcebook: 1995 (1995) as self-employed or in private practice. Two surveys were returned to the researcher stating the addressee had moved leaving no forwarding address or the forwarding time had expired. Of the remaining 243 surveys sent, 142 were returned. This represented a 58.5% response. Of the 142 returned, 10 were not useable because the music therapists were no longer practicing music therapy or their situations did not apply to the definition of private practice music therapy listed on the survey. The remaining 132 returned surveys represented 54% of the total number of surveys sent.

General Information

Of the 132 respondents, the mean number of years as a music therapist was 10.96. Results of those surveyed who had been private practice music therapists (i.e., not considered an "employee" of any company, agency, etc., usually responsible for scheduling, bookkeeping, declaring and paying income taxes, and usually having more than one source

of income) indicated a mean of 6.5 years in private practice. Figure 1 indicates the comparison between the number of years as a music therapist and the number of years as a private practice music therapist. Almost 57% of the respondents had been music therapists for 10 years or fewer while over 87% had been in private practice music therapy for the same amount of time, suggesting that this particular area of music therapy practice is relatively new. Only one respondent had been in private practice for more than 20 years.

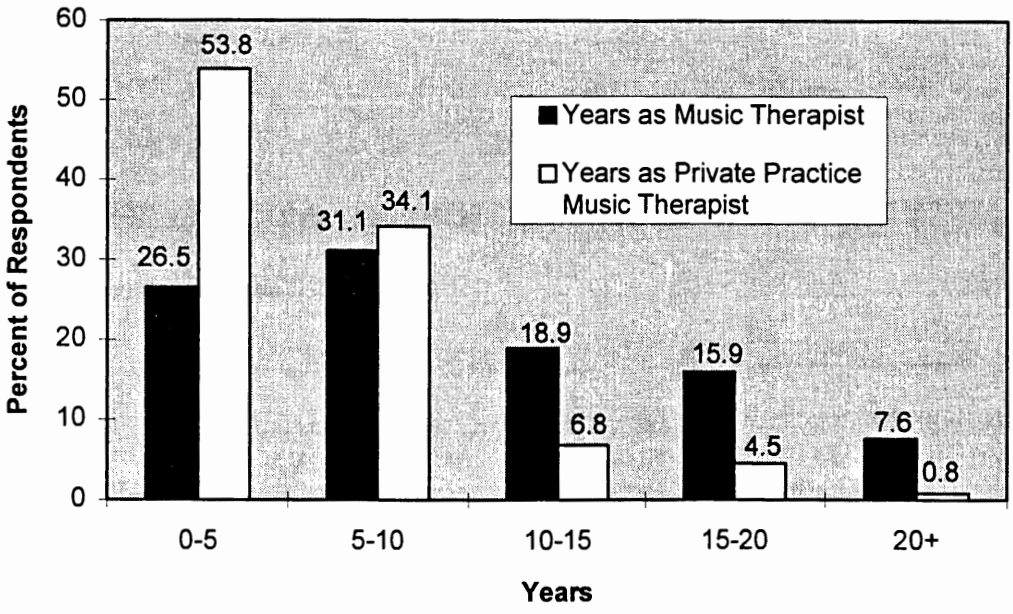

Figure 1. Years as Music Therapist and Private Practice Music Therapist

Participants were requested to rank in the three most important reasons they originally decided to become private practice music therapists. The following choices were given: (a) flexibility of schedule, (b) diversity of clients, (c) being your "own boss", (d) no other employment opportunities available, (e) better pay, and (f) other.

Table 1 summarizes the frequency of responses to these choices.

Table 1

Responses of Factors for Originally Becoming a Private Practice Music Therapist

Factors	Number of 1st choice responses	Number of 2nd choice responses	Number of 3rd choice responses	Number of No responses
Flexibility of Schedule	30	39	28	12
Diversity of clients	1	18	26	64
Being your "own boss"	25	18	23	43
No other employment available	27	6	5	71
Better pay	8	23	16	62
Other (to be discussed in Chapter 5)	18	5	8	78

The results of these data were processed to obtain a weighted average, or quantification, for each factor. This was accomplished as follows: first choice responses were given a weight of 1; second choices, a weight of 2; third choices, a weight of 3; and no choice (not important), a weight of 4. The number of first, second, third, and no choices for each factor were multiplied by the corresponding weights. A sum of these four products was obtained and divided by the total number of responses. The final quotient was the weighted average of the responses. Its position in the range of 1-4 indicates the "center of gravity" of the choices between first choice and no choice. For example, with the factor of "flexibility of schedule", 30 respondents selected this as their first choice resulting in a value of 30. Thirty-nine respondents chose this as their second choice resulting in a value of 78 (39x2), and 28 chose this as their third choice resulting a value of 84 (28x3). Twelve music therapists did not include this factor as important in originally deciding to become private practice music therapists, resulting in a value of 48 (12x4). When these values are added together and divided by the number of total respondents (109), an average weighted

value was given to this factor (30+78+84+48= 240÷109 = 2.20). The average weighted value for "flexibility of schedule" was 2.20. It must be noted that the *lowest* weighted value is the *highest* ranked because of the values placed on first, second, third, and no responses with first choice receiving the lowest value (yet highest ranking). Table 2 indicates the results of the average weight value computations for the rankings of original reasons music therapists entered private practice.

Table 2

Average Weighted Values of Factors in Originally Becoming a Private Practice Music Therapist

Factor	Average Weighted Factor (In order of Importance)
Flexibility of schedule	2.20
Being your "own boss"	2.77
No other employment available	3.10
Better pay	3.21
Other (to be discussed in Chapter 5)	3.34
Diversity of clients	3.40

Music Therapy Contract Information

This area of the survey contained questions which applied to music therapists who provided services to an agency or clients of an agency, usually, but not limited to, groups of clients. These therapists, together with the agency, have a contract regarding specifics of the services provided. Of the total 132 respondents, 19 did not respond

to this question on the survey, indicating their practices did not involve working in agencies. Results of those who did respond to this question indicated the mean number of hours worked in agencies was 13.29 hours per week. The largest percentage (48.7%) of music therapists worked fewer than ten hours a week providing services to agencies. Music therapists who worked 10 to 20 hours a week in agencies represented 30.1%. Of the remaining respondents, 13.2% worked 20-30 hours, 5.3% worked 30-40 hours, and 2.7% worked more than 40 hours a week in agencies.

When music therapy was provided to agencies, the mean number of direct service hours (i.e., hours actually spent with clients) worked per week was 11.1. No music therapists indicated having worked more than 35 direct service hours per week. Twenty respondents to the survey (15.2%) did not respond to this question. Results indicated that very few hours (a mean of 3.32 per week) were spent in a consultative manner working in agencies (i.e., documentation, material preparation, consulting with supervisors or other related service individuals. Fifty-eight music therapists (43.9%) did not respond to this question on the survey, indicating that nearly half of those working in agencies spent no time

in consultative positions. Figure 2 compares the number of direct service hours with the number of consultative hours worked in agencies.

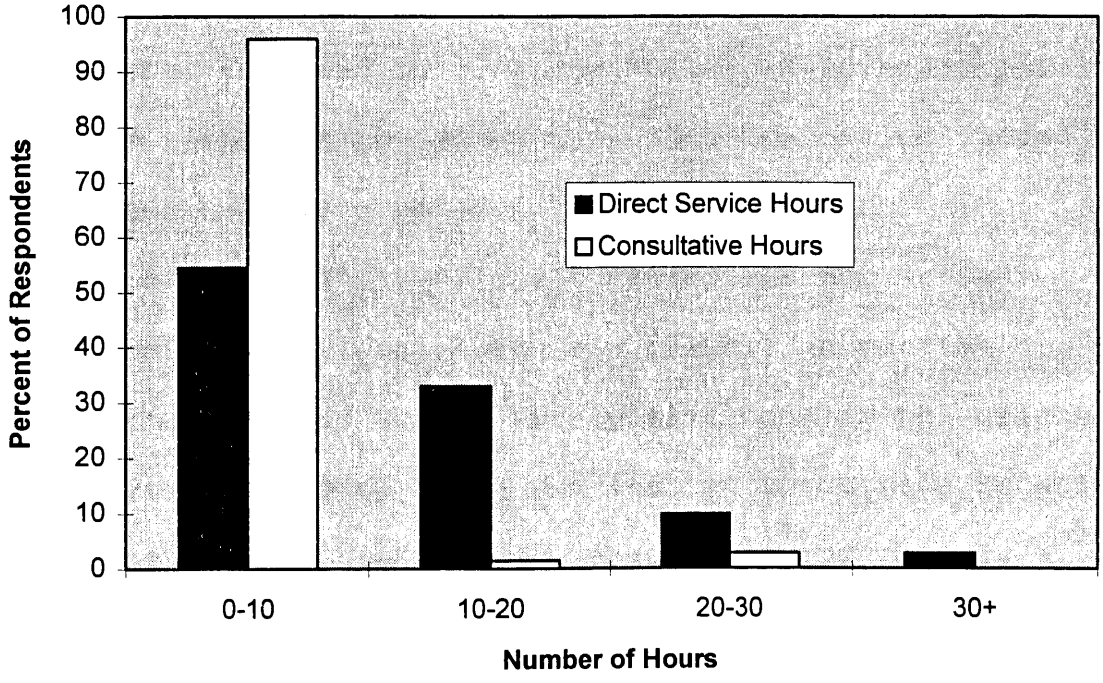

Figure 2. Direct Service vs. Consultative Hours

Individual/Private Therapy

This section of the survey pertains to those music therapists who provide one-on-one services to clients. The mean number of hours billed as individual/private therapy was 9.08 hours per week. Thirty-five survey respondents

(26.5%) did not answer this question. Of the remaining 97 who did respond, 46.4% indicated they billed fewer than five hours of individual therapy per week, and 19.6% billed 5-10 hours per week. Music therapists who billed 15-20 hours of individual therapy per week represented 11.3% of the respondents, followed by 9.3% who billed 20-30 hours per week. No responses recording over 30 hours of individual therapy per week were noted.

The majority (56%) of music therapists who served clients on an individual basis saw them at an outside location (as opposed to the therapist's home or the client's home). Percentages of those not seen at an outside location were almost evenly distributed between serving clients at the client's home (21.6%) and serving them at the therapist's home (19.8%). Only 2.6% indicated they served clients at a combination of outside locations, the client's home, or their own home. Sixteen survey respondents did not respond to this question.

When asked if clients or parents of clients signed a contract with the therapist, 43.1% indicated they did; 50.9% indicated they did not; and 6% noted that this was variable and depended on each individual situation. Sixteen

respondents (12.1%) did not answer this question on the survey. Of those respondents who indicated that clients, or parents of clients, and the therapist signed contracts, various items were given as possible options. These items were: (a) fees, (b) payment expectations, (c) scheduled day and time, (d) frequency of sessions, (e) length of contract, and (f) other. Respondents had the opportunity to choose all that applied to their contracts. Table 3 indicates if these items were or were not included in their contracts.

Table 3

Items Included in Contracts

Items Included in Contract	Yes	No
Fees	96.6%	3.4%
Payment expectations	79.7%	20.3%
Scheduled day & time	47.5%	52.5%
Frequency of sessions	11.9%	88.1%
Length of contract	62.7%	37.3%
Other (to be discussed in Chapter 5)	49.2%	50.8%

Table 4 indicates the possible funding sources for clients who receive private music therapy. Possible sources of funding were: (a) family or personal resources, (b) SSI (Supplemental Security Income), (c) state or federal grants, (d) local civic/philanthropic organizations, (e) personal medical insurance, and (f) other. Respondents were given the opportunity to indicate all possible sources of funding that pertain to their private practices.

Table 4

Sources of Funding for Therapy

Sources	Yes	No
Family or personal resources	34.8%	65.2%
SSI	14.4%	85.6%
State or federal grants	26.5%	73.5%
Local organizations	9.1%	90.9%
Personal medical insurance	9.8%	90.2%
Other (to be discussed in Chapter 5)	34.1%	65.9%

It can be noted that the largest percentage of responses indicated that funding for private music therapy was from personal and/or family resources.

When music therapy sessions were missed, the most common response (28.6%) indicated clients were not billed if the therapist had been notified at least 24 hours prior to the missed session. However, this was closely followed by 25.9% of respondents who did not bill for any missed sessions, and 23.2% who did not bill clients if notification

was given at any time prior to the missed session. Only 15.2% of the responding music therapists billed clients for no-shows or no call prior to the missed session. The remaining 7.1% indicated their policies depended on individual circumstances. Twenty survey respondents did not respond to this question on the survey.

When music therapy sessions were missed, the majority (72.3%) of private practice music therapists made up the missed sessions if convenient for the therapists. Of the remaining responses, 16.1% indicated they did not make up any missed sessions; only 4.5% made up all missed sessions; and 7.1% had other policies not listed on the survey. Twenty survey respondents did not answer this question.

Billing

The survey inquired about the usual range of fees for both contract services and individual/private therapy. Figure 3 illustrates the comparison of fees for contracts with agencies and for private/individual therapy.

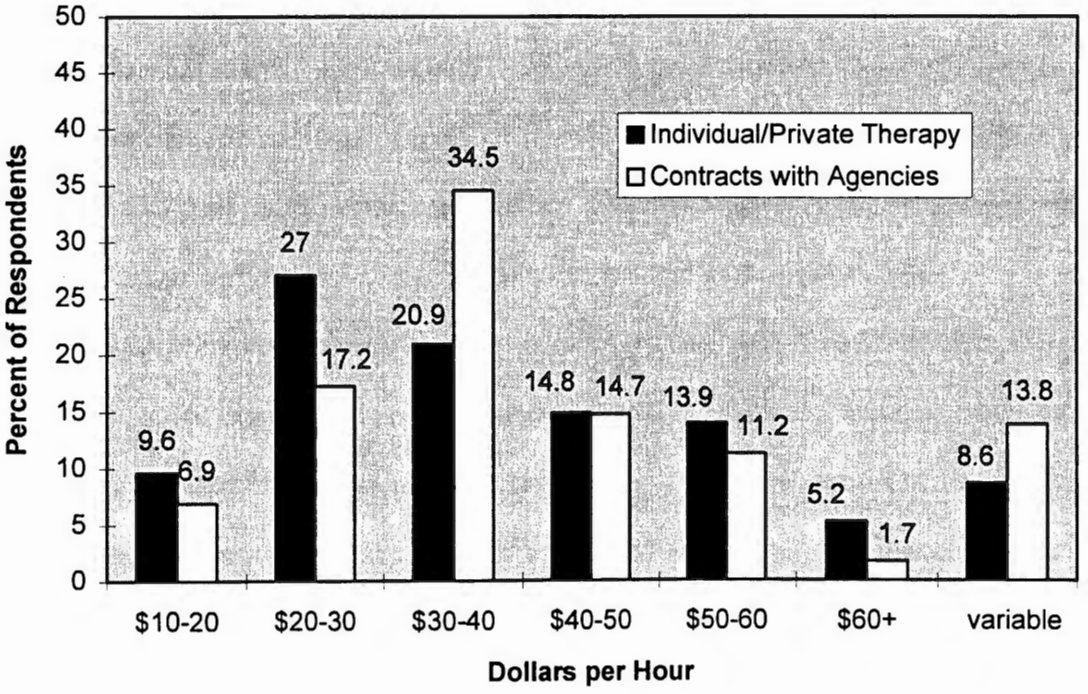

Figure 3. Hourly Rate-Individual/Private Therapy vs. Contracts with Agencies

Although the survey requested that respondents check only one response each for contract and individual/private therapy for their "usual" fees, 13.8% of those responding to the contract fee question chose more than one response while 8.6% responding to the individual/private therapy chose more than one response. This indicated that, although therapists had a "usual" fee, this could change depending on individual

circumstances. Sixteen survey respondents chose not to answer the "contract fee" item, while 17 did not answer the "individual/private therapy" fee item in the survey.

When determining fees for either contract therapy or individual/private therapy, the following items were given as possible options that music therapists consider: (a) driving time to and from therapy site, (b) number of hours in the contract, (c) amount of documentation required, (d) going rate for related therapies in the area, (e) rate an agency is willing to pay, and (f) other. Respondents had the opportunity to choose all that applied to their practices. Figure 4 illustrates that the going rate for related therapies in the area was a predominant factor in determining fees. A fairly even distribution existed between the other factors taken into consideration when music therapists determined their fees.

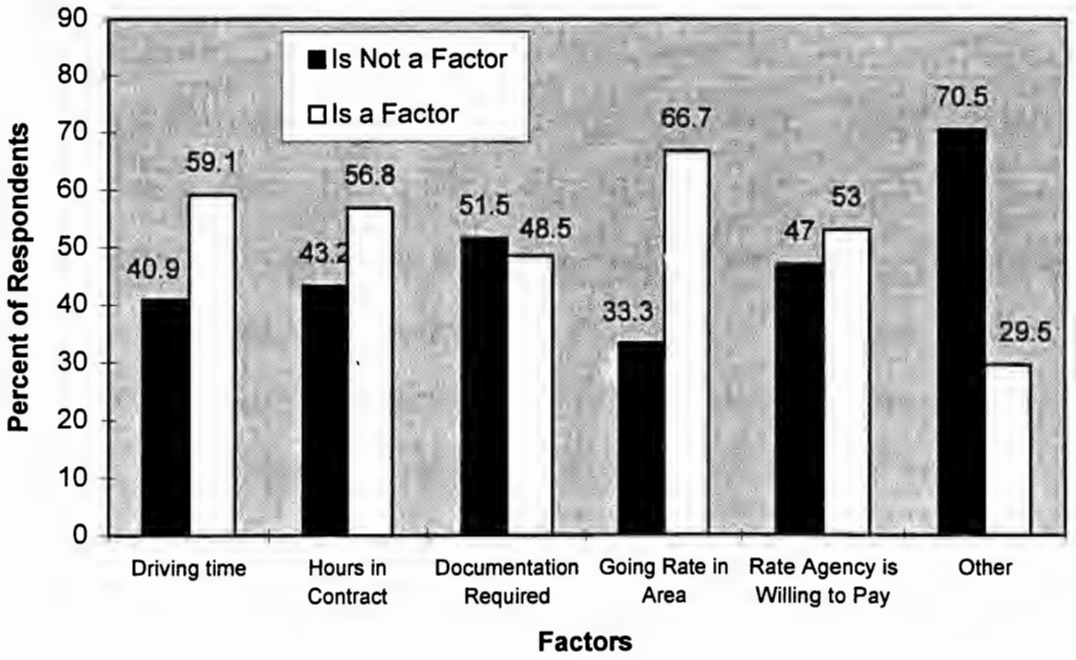

Figure 4. Importance of Factors in Determining Fees

Marketing

The next section in the survey investigated sources music therapists used to receive contracts or private clients. Respondents chose from the following list of options which had been sources: (a) referrals from current or previous clients and/or work experiences, (b) referrals from other agencies, (c) workshops/seminars/in-services given, (d) fliers/business cards distributed, (e) music therapy networking, (f) marketing and selling music therapy

to untapped sources (i.e., "cold calls"), (g) local organizations (e.g., civic groups, advocacy groups), and (h) other. Classified advertising was also given as an option for a possible source for contracts with agencies (not individual/private therapy) since an agency may place an ad in a newspaper in search of a music therapist. Respondents had the opportunity to choose all that applied to their experiences. Figures 5 and 6 indicate the marketing techniques used by the survey respondents and illustrates the possible marketing sources for contracts and individual/private therapy. The results indicate that referrals from previous clients and/or work experiences were the most important source for new clients and contracts.

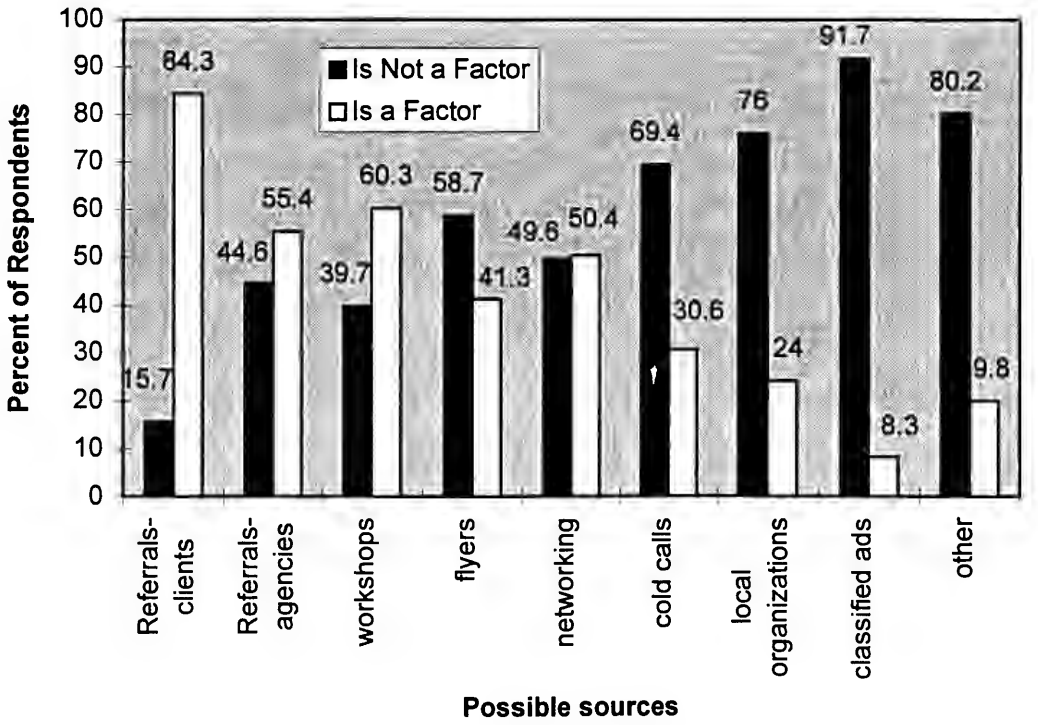

Figure 5. Possible Marketing Sources for Contracts

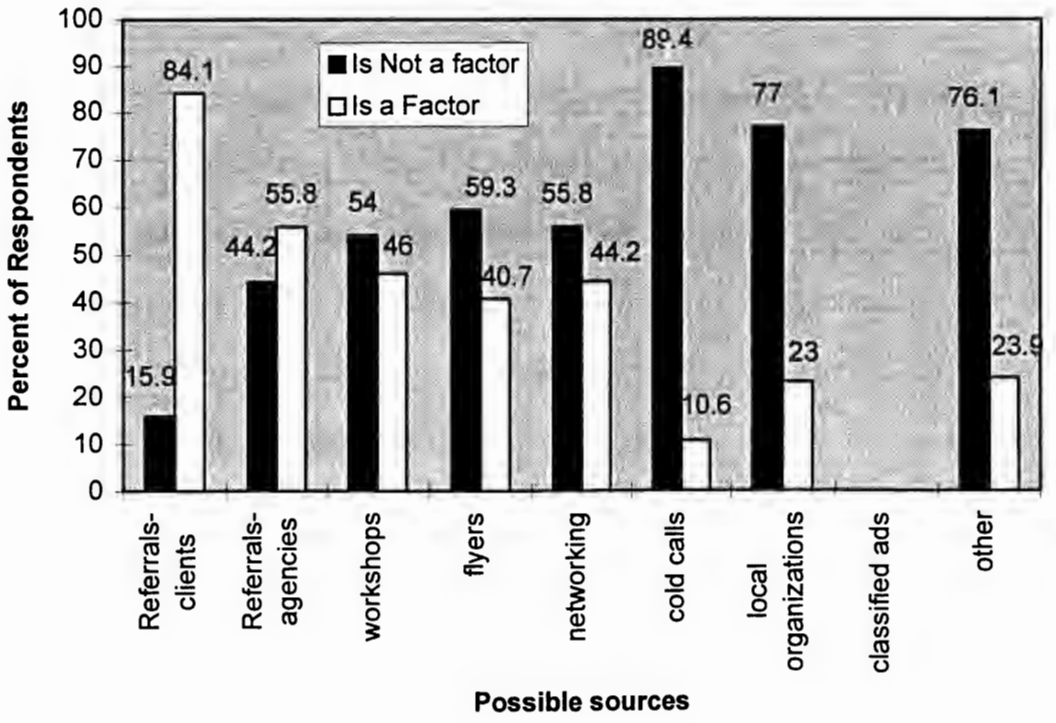

Figure 6. Possible Marketing Sources for Individual/Private Therapy

Business Skills Training

The survey asked respondents to indicate the source of training for business skills (e.g., resume writing, interview skills, marketing strategies, financial/business planning, etc.). Possible sources for business skills training were: (a) university, (b) internship, (c) NAMT conferences, (d) books, (e) other music therapists,

(f) none, and (g) other. Table 5 illustrates whether these items were sources for business skills training. Respondents had the opportunity to choose all that applied to their training. Of the total 132 survey respondents, 17 did not answer this question on the survey.

Table 5

Sources for Business Skills Training

Sources	Yes	No
University	53.8%	46.2%
Internship	30.3%	69.7%
NAMT conferences	45.5%	54.5%
Books	53.8%	46.2%
Other music therapists	50.0%	50.0%
None	4.5%	95.5%
Other (To be discussed in Chapter 5)	47.7%	52.3%

When asked about the training received for business skills, 57.6% indicated that too little was provided

compared to 41.6% who felt their training was adequate. Only one respondent (.8%) felt that too much training was provided.

Job Satisfaction

Figure 7 summarizes responses of the music therapists regarding satisfaction with their current workload. It can be seen that the music therapists who responded to the survey are satisfied with the amount of work they have at the present time. Three survey respondents chose not to answer this question on the survey.

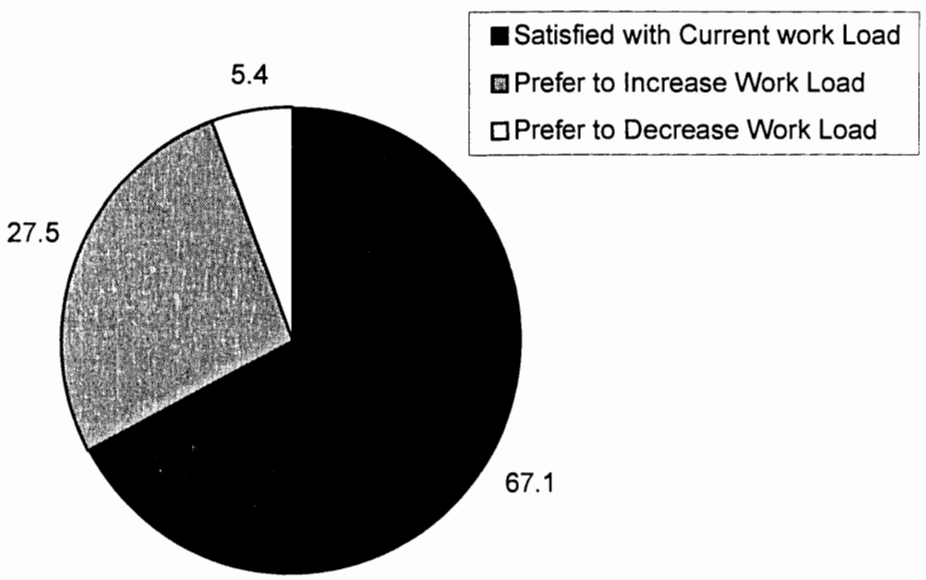

Figure 7. Feelings Regarding Current Work Load

Figure 8 reports the responding music therapists' overall level of satisfaction with private practice. Over 94% indicated they were either very satisfied or somewhat satisfied with private practice music therapy. Three survey respondents chose not to answer this item on the survey.

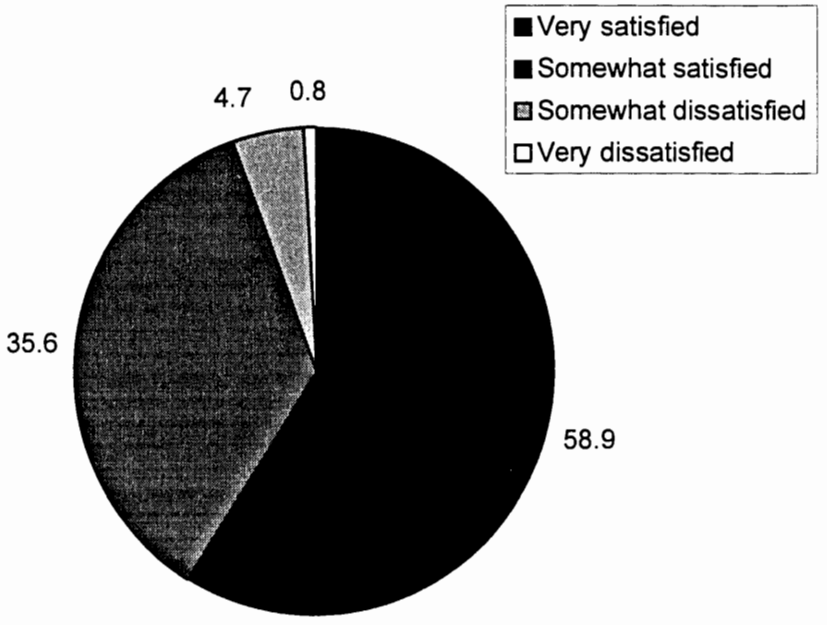

Figure 8. Degree of Job Satisfaction

Participants were requested to rank in order the three most important advantages of private practice music therapy. The following choices were given: (a) flexibility of schedule, (b) diversity of clients, (c) better pay, (d) being your "own boss", (e) availability of work opportunities, and (f) other. Table 6 summarizes the frequency of responses to these choices.

Table 6

Advantages of Private Practice Music Therapy

Factors	Number of 1st choice responses	Number of 2nd choice responses	Number of 3rd choice responses	Number of No responses
Flexibility of schedule	42	35	24	18
Diversity of clients	10	27	27	55
Better Pay	14	25	19	61
Being your "own boss"	34	21	24	40
Availability of work opportunities	8	9	13	89
Other (To be discussed in Chapter 5)	11	2	6	100

Results of these data were processed in the same manner as that used for the question ranking the three most important reasons for originally becoming a private practice music therapist (i.e., obtaining a weighted average, or

quantification, for each factor). Table 7 indicates the results of these average weight value computations.

Table 7

Average Weighted Values of Advantages of Private Practice Music Therapy

Factor	Average Weighted Factor (In order of Importance)
Flexibility of schedule	2.15
Being your "own boss"	2.59
Diversity of clients	3.07
Better pay	3.07
Availability of work opportunities	3.54
Other (to be discussed in Chapter 5)	3.64

Participants were requested to rank in order the three most important disadvantages of private practice music therapy. The following choices were given: (a) uncertainty of agencies/clients continuing from year to year, (b) having to provide own insurance (i.e. medical, liability, etc.),

(c) difficulty in maintaining motivation and self-discipline, (d) having to provide own equipment, (e) fulfilling dual roles as therapist and business person, and (f) other. Table 8 summarizes the frequency of responses to these choices.

Table 8

Disadvantages of Private Practice Music Therapy

Factors	Number of 1st choice responses	Number of 2nd choice responses	Number of 3rd choice responses	Number of No responses
Uncertainty of continuing each year	53	21	14	27
Providing own insurance	26	32	17	40
Maintaining motivation & self-discipline	4	10	10	91
Providing own equipment	6	21	21	67
Fulfilling dual roles	10	18	23	64
Other (To be discussed in Chapter 5)	16	9	14	76

Results of these data were processed in the same manner as that used for the questions ranking the three most important reasons for originally becoming a private practice

music therapist and the advantages of being a private practice music therapist (i.e., obtaining a weighted average, or quantification, for each factor). Table 9 indicates the results of these average weight value computations.

Table 9

Average Weighted Values of Disadvantages of Private Practice Music Therapy

Factor	Average Weighted Factor (In order of Importance)
Uncertainty of continuing each year	2.13
Providing own insurance	2.62
Fulfilling dual roles	3.23
Providing own equipment	3.30
Other (To be discussed in Chapter 5)	3.30
Maintaining motivation and self-discipline	3.63

This chapter reported statistical data resulting from responses in a survey from private practice music therapists. It is important to recognize that many of the questions on the survey offered the respondents the opportunity to indicate "other" responses than the ones listed on the survey. It can be noted that the "other" data occasionally had higher informational merit than the items offered in the survey. These items, along with items which offered the opportunity to indicate variables in their responses, will be discussed in greater detail in Chapter 5.

CHAPTER FIVE

Summary

The purposes of this study were: (a) to gather demographic information about the music therapist in private practice; (b) to determine the reasons why private practice was selected as the option of choice and to assess subsequent satisfaction with that choice; (c) to determine specific business policies regarding private practice music therapy; (d) to compile marketing strategies employed in music therapy private practice; (e) to determine advantages and disadvantages of this type of employment and (f) to investigate the adequacy of music therapy education and training in job search/business skills.

A self-employed/private practice music therapist is one who is not considered an "employee" of any company, agency, etc.; who is usually responsible for own scheduling, bookkeeping, declaring and paying own income taxes, etc.; and who usually has more than one source of income. Agency/contract music therapy can be defined as providing services to an agency or clients of an agency, usually to groups of clients; a contract has been agreed upon for

specific details regarding the services provided. Private/individual music therapy services are provided one-on-one to clients; funding sources may vary along with therapy location.

Subjects for this study were 245 music therapists living in the United States who listed themselves as self-employed/private practice music therapists in a survey sent by the National Association for Music Therapy, Inc. (NAMT, 1995). In the current study, a survey was sent to each self-employed/private practice music therapist listed in the NAMT Member Sourcebook:1995 (NAMT, 1995). The survey gathered information in seven categories: general information, agency contracting, individual/private therapy, billing policies, marketing strategies, job search training, and job satisfaction. Of the 142 surveys returned, 132 were usable representing 54% of the total number of surveys sent. Questions were asked regarding number of years as a music therapist and as a private practice music therapist; number of hours worked weekly; whether services were provided to contracting agencies or to individuals; whether services were direct or consultative; billing; contract terms; and referral sources. Respondents were also asked their reasons for choosing private practice music therapy, their opinions

regarding the advantages and disadvantages of this type of employment, and their overall job satisfaction. In addition, information was sought related to the adequacy of business skills training for success in music therapy private practice.

For each question on the survey, a correlating research question was asked. The results of these questions were analyzed using SPSS^{x} software (SPSS Inc., 1983).

Discussion of Findings and Conclusions

Respondents to the survey had been music therapists for an average of almost 11 years and in private practice for 6 1/2 years. While 57% of the respondents had been music therapists for ten years or fewer, an overwhelming majority (87%) had been private practice music therapists for ten years or fewer. This appears to support Jayaratne (1991) who indicated an economic trend toward private practice.

Most music therapists entered private practice out of the desire to have a more flexible schedule and to be their own boss. Additional comments from respondents indicated that the opportunity to become a private practice music therapist presented itself when individuals in the community sought music therapy for family members or agencies which needed part-time music therapists. Others noted that

private practice was chosen out of the desire to work part-time because of parenting concerns or to keep current with music therapy while working full-time in a different career field. Private practice appeared to give music therapists an opportunity to work with the types of clients they desired as well as to be free from the red tape and bureaucracy of agency work. One music therapist indicated full-time music therapy employment at an agency had been terminated, yet with persistence and creativity, a part-time contract was agreed upon with the same agency. This lead to further contracts and subsequent satisfaction with private practice music therapy.

The average number of hours worked in agencies was a little greater than 13 hours per week. Most music therapists in private practice (79%) work part-time (20 hours per week or less) in agencies, and almost all of those hours are in direct service to clients (as opposed to consultative service). When respondents answered this question on the survey, many indicated that their number of hours varied from week to week.

The next section on the survey pertained to individual/private therapy. It appeared from the responses that, although this was defined at the beginning of the

survey as therapy one-on-one with clients (differentiated from therapy as result from a contract with an agency,) many respondents made notes to indicate they perceived this section to include therapy one-on-one at agencies as well as clients seen not as a result of a contract with an agency. The average number of hours for individual/private therapy was nine hours per week. Most private practice music therapists (91%) also worked part-time (fewer than 20 hours per week). Many respondents noted the number of hours worked per week was variable. Results of the survey indicated most clients were seen at an outside location (other than the home of the therapist or the client); however respondents also indicated that this could vary depending on the client.

Responses were distributed fairly evenly regarding the use of signed contracts; 43% indicated they did; 51% did not; and 6% indicated it depended on the situation. A number of respondents noted that a contract was signed only when an agency was involved. Fees, payment expectations, and the length of the contract were the items most often included when contracts were signed. It was noted that when contracts were used in individual therapy, all but the frequency of sessions were important parts of the contract.

A possible reason this was not indicated by more than the 11.9% noted may be the understanding that "frequency" is incorporated in the "scheduled day and time" item. Other items mentioned by respondents were responsibilities of each party, termination terms, session cancellation policies, a confidentiality statement, assessment and documentation policies, liability, additional meetings required, audio-video releases, and goals and objectives.

Possible sources of funding were: (a) family or personal resources, (b) SSI (Supplemental Security Income), (c) state or federal grants, (d) local civic/philanthropic organizations, (e) personal medical insurance, and (f) other. The most popular possible source of funding for individual/private therapy was family or personal resources followed closely by state or federal grants. Other sources of funding given, in addition to the ones listed above, were agency money, activities therapy budget, hospital budget, school district, county funds, insurance trust funds, Medicare, workers compensation, settlements from a class action suit paid for by the state, and auto insurance as a result of injury from a car accident.

When music therapy sessions are missed, responses were fairly evenly distributed between not billing for missed

sessions and not billing if the client called to cancel any time prior to the missed session. Policies regarding billing for missed sessions often depended on the circumstances of the missed session as well as on the situation of the client. Some therapists had specific policies such as allowing three missed sessions before billing and billing missed sessions as indirect services such as documentation.

When sessions were missed, most private practice music therapists (72%) made up sessions if convenient for them. Some indicated they would make up missed sessions only if the session was missed by the therapist, while others would make up sessions if convenient for both the therapist and the client. One respondent noted that missed sessions were added to the end of the contract length. Again, this appeared to be an issue which was variable and depended on specific circumstances.

The range of fees for both contract services and individual therapy was fairly evenly distributed between $20-30 per hour and $30-40 per hour. Respondents indicated that fees were variable and dependent on numerous factors. When determining fees for either contract therapy or

individual/private therapy, the following items were given as possible factors that music therapists consider: (a) driving time to and from therapy site, (b) number of hours in the contract, (c) amount of documentation required, (d) going rate for related therapies in the area, (e) rate an agency is willing to pay, and (f) other. Additional factors mentioned by respondents included the rate a client could afford, whether the therapist saw the client at the therapist's office or had to travel, the length of travel time, the amount of equipment needed, the amount of additional meeting time with parents or others involved with the client, and the amount of preparation and documentation required. One respondent took into consideration the education and experience of other related service professionals compared to that of the music therapist.

Referrals from previous clients and/or work experience was the most important source for new contracts or clients. In addition to the possible responses listed in the survey (referrals from other agencies, workshops/seminars/in-services given, fliers/business cards distributed, music therapy networking and selling music therapy to untapped sources, local organizations, and classified ads), respondents gave many additional marketing sources. These

included such items as referrals from other professionals, networking with other professionals, networking in schools, teaching community education classes, case managers, newspaper articles, other parents, volunteer work, performing in local music organizations, church newsletters, and the yellow pages. One respondent indicated another source of marketing was God! (sic), and another noted that everyone and every situation were marketing opportunities.

When music therapists were asked where business skills had been learned, responses were fairly evenly distributed between all but two of the choices given (university, internship, NAMT conferences, books, other music therapists, none and other). Of these, internship ranked the lowest as a source for business skills training. Only 4% indicated they had received no business skills training whatsoever. Many additional responses were given including learning from other business professionals, previous work in small businesses, networking groups, independent business seminars, non-music therapy university classes, membership in American Business Women's Association, and trial-and-error.

Most private practice music therapists felt that business skills training was not adequate for their needs.

Some mentioned that university training in these skills was minimal and/or poor. However, it would appear from these results that the respondents pursued and took responsibility for the amount and type of business skill training necessary for them.

Results of the survey indicated that most music therapists are satisfied with their current workload. Several survey respondents noted that private practice allowed the freedom over a long period time to adjust their workloads to compensate for life changes such as child bearing and parenting responsibilities. One respondent noted satisfaction in the amount of time worked but still would prefer full-time work. Music therapists working in private practice appear to be very satisfied with this type of employment. Over 94% of those responding to the survey indicated they were either very satisfied or somewhat satisfied. One respondent noted that private practice music therapy did not allow for the financial security that another unrelated job allowed. This respondent maintained a small amount of private music therapy clients and noted, "I don't love (the other job), yet my music therapy work makes me tolerate it".

As a result of the survey, music therapists in private practice indicated the most important advantage of private practice was the flexibility of schedule. Being one's own boss was also a very important advantage of this type of employment. Other advantages of private practice noted by respondents were the flexibility to use the therapy methods the therapist felt appropriate for each client, personal challenge, freedom to be creative and work to the potential of the therapist, freedom from the bureaucracy of agencies, freedom to work part-time if desired, and the luxury of being able to work in a desired field while maintaining a high level of personal parenting involvement. It was also noted they felt a deeper sense of having an impact on the lives of private clients and a greater appreciation from the families of private clients.

Private practice music therapists overwhelmingly indicated the greatest disadvantage of private practice was the uncertainty of contracts with agencies or clients continuing from year to year. One of the most prevalent additional responses concerning the disadvantages of private practice was professional isolation. Other disadvantages noted included irregularities in schedules, physical strain of transporting equipment from site to site, amount of time

traveling from site to site, and the financial constraints of beginning private practice as well as those related to inconsistencies in receiving payment from clients and agencies. Several respondents noted the disadvantages of private practice involved the continuing need to educate agencies regarding music therapy and others' not understanding the complexity of private practice music therapy. Another disadvantage noted by one respondent was the inability to become involved in the activities of agencies/clients from week to week and the subsequent lack of knowledge of the reasons for the behaviors of clients. Others noted the business aspects, such as secretarial work, paying taxes, creating funding possibilities, and marketing, were often disadvantages. One respondent mentioned that although private practice allowed for a great deal of freedom, this should not be misconstrued to mean that one is ever free from accountability to those whom private music therapists rely on for their employment.

Summary and Recommendations

It is apparent from the results of the survey along with the great number of additional comments from private practice music therapists that this type of employment is extremely variable. Many items on the survey asked

respondents to choose the "usual" response or to choose "only one" response. Due to the variability that appeared to be prevalent in many of the items on the survey, respondents may have chosen the "usual" response, or chosen "only one" when, indeed, there might have been other factors to consider. It is the recommendation of the researcher that this variability be considered when evaluating the statistics revealed as a result of the survey. Private practice music therapists appear to understand and account for these variables which in turn has resulted in most of them indicating satisfaction with this type of employment. It needs to be noted that private practice music therapists have achieved this level of satisfaction through a great amount of perseverance and individual evaluation of the needs of their particular circumstances.

It also should be noted that some respondents returned uncompleted surveys, or noted difficulty in completing the survey, because their employment involved having, or working for, other music therapists through a music therapy contracting agency similar to those noted in Chapter Two (Oliver, 1989; Steele, 1975). One respondent involved in this type of employment indicated a need for The National Association for Music Therapy to recognize and address the

unique needs of music therapists involved in contracting music therapy services through a central agency.

As a result of the survey regarding business skills training, it would be the recommendation of this researcher that music therapy educators, intern supervisors, and others involved in the education of new music therapists, at least address the importance of business skills knowledge upon entering any field of music therapy. Results of literature review of related fields of private practice, along with that related to music therapy private practice, indicate a need to pursue private practice with careful evaluation of personal qualifications and employment options.

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APPENDIX A

Questionnaire

QUESTIONNAIRE

SURVEY OF MUSIC THERAPISTS IS PRIVATE PRACTICE

The following are definitions of terms used in this survey:
Self-employed/private practice music therapist- one who is not considered an "employee" of any company, agency, etc.; and usually has more than one source of income.
Agency/contract music therapy- services provided to an agency or clients of an agency, usually to groups of clients; a contract has been agreed upon for specifics regarding services provided.
Private/individual music therapy- services provided one-on-one to client(s); funding sources may vary as well as location.

General

Number of years as a music therapist_____

Number of years as a self-employed/private practice music therapist_____

Rank in order the three most important reasons you originally decided to become a self-employed/private practice music therapist

___ flexibility of schedule
___ diversity of clients
___ being your "own boss"
___ no other employment opportunities available
___ better pay
___ other (specify) _____

Music Therapy Contract Information

Total number of agency contract hours per week _____

Number of direct service hours _____
Number of consultative hours _____

Individual/private therapy

Hours billed per week _____

Most frequent session location (check one)
___ your own home
___ client's home
___ outside location

Do clients (or parents) sign a contract prior to beginning therapy?
___ yes ___ no

If yes, what items are included in the contract? (check all that apply)
___ fees
___ payment expectations
___ scheduled day & time
___ frequency of sessions
___ length of contract
___ other (specify) _____

Source(s) of funding for private music therapy (check all that apply)
___ family or personal resources
___ SSI moneys
___ state or federal grants
___ local civic/philanthropic organizations
___ personal medical insurance
___ other (specify) _____

Usual billing policy regarding missed sessions (check one)
___ do not bill for any missed sessions
___ do not bill if notified prior to missed session
___ do not bill if notified at least 24 hours prior to missed session
___ bill for no-shows (no call) only
___ other (specify) _____

Billing

Usual range of fees for contract services (check one)

___ $10-20 per hour
___ $20-30 per hour
___ $30-40 per hour
___ $40-50 per hour
___ $50-60 per hour
___ more than $60 per hour

Usual range of fees for individual/private therapy (check one)

___ $10-20 per hour
___ $20-30 per hour
___ $30-40 per hour
___ $40-50 per hour
___ $50-60 per hour
___ more than $60 per hour

Factors you consider when determining fees (check all that apply)

___ driving time to and from therapy site
___ number of hours in contract
___ amount of documentation required
___ going rate for related therapies in the area
___ rate an agency is willing to pay
___ other (specify) _____

Marketing

Sources for contracts (check all that apply)

___ referrals from current or previous clients and/or work experiences
___ referrals from other agencies
___ workshops/seminars/in-services given
___ fliers/business cards distributed
___ music therapy networking
___ marketing and selling music therapy to untapped sources (i.e., "cold calls")
___ local organizations (e.g., civic groups, advocacy groups, etc.)
___ classified ads
___ other (specify) _____

Sources for individual/private clients (check all that apply)

___ referrals from current or previous clients and/or work experiences
___ referrals from other agencies
___ workshops/seminars/in-services given
___ fliers/business cards distributed
___ music therapy networking
___ marketing and selling music therapy to untapped sources (i.e., "cold calls")
___ local organizations (e.g., civic groups, advocacy groups, etc.)
___ other (specify) _____

Business skills training

Sources of training for business skills (e.g., resume writing, interview skills, marketing strategies, financial/business planning, etc.) (check all that apply)

___ university
___ internship
___ NAMT conferences
___ books
___ other music therapists
___ none
___ other (specify) _____

Feelings regarding business skills training (check one)

___ training was adequate for my needs
___ too little training provided
___ too much training provided

Job satisfaction

Feelings regarding present work load (check one)

___ satisfied with current work load
___ would prefer to increase current work load
___ would prefer to decrease current work load

Overall level of satisfaction with current situation (check one)

___ very satisfied
___ somewhat satisfied
___ somewhat dissatisfied
___ very dissatisfied

Please rank in order the three most important advantages of self-employed/private practice music therapy

___ flexibility of schedule
___ diversity of clients
___ better pay
___ being your "own boss"
___ availability of work opportunities
___ other (specify) _____

Please rank in order the three most important disadvantages of self-employed/private practice music therapy

___ uncertainty of agencies/clients continuing from year to year
___ having to provide own insurance (i.e., medical, liability, etc.)
___ difficulty in maintaining motivation and self-discipline
___ having to provide own equipment
___ fulfilling dual roles as therapist and business person
___ other (specify) _____

I understand that the return of my completed questionnaire constitutes my informed consent to act as a subject in this research. Check here ___

APPENDIX B

Cover Letter

COVER LETTER

Barbara Leyerle Bastable, RMT-BC
Registered Music Therapist-Board Certified
1707 Woodridge Circle
Arlington, Texas 76013
(817) 496-6990

November 28, 1995

Dear fellow Music Therapists:

As a graduate student at Texas Woman's University, I am conducting a survey as part of my master's thesis. Your name was listed in the NAMT member sourcebook: 1995 under the section "self-employed/private practice" music therapists. The purpose of this study is to gather demographic information about private practice music therapists, to determine reasons why private practice music therapy was chosen, to compile marketing strategies employed in private practice, and to investigate the adequacy of music therapy education and training in job search/business skills.

I would appreciate it if you would take a few minutes and complete this survey and return it in the accompanying envelope as soon as possible. All responses will be anonymous and names of respondents will be held confidential. No individuals will be named in any publication of the results of the survey. Data will be kept in a safe place for period of 5 years after which data will be shredded.

It is my intent to make available to current and future music therapists information about this aspect of music therapy employment as a result of this study. This information may also be of interest to educators in the field of music therapy as well as intern supervisors to evaluate the need and/or importance of including this type of information into the education of future music therapists.

I will try to prevent any problem that could happen because of this research. Please let me know at once if there is a problem and I will help you. You should understand, however, that TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

If you have any questions about the research or about your rights as a subject, I want you to ask me. My phone number is at the top of this letter. If you have questions later, or wish to report a problem, please call me, the Office of Research & Grants Administration at (817)898-3375, or my TWU thesis advisor, Dr. Nancy Hadsell at (817)898-2514.

Thank you for your participation in this study.

Sincerely,

Barbara Leyerle Bastable, RMT-BC

PLEASE RETURN BY JANUARY 1, 1996

APPENDIX C

Postcard to be Sent in Addition to Survey

POSTCARD TO BE SENT IN ADDITION TO THE SURVEY

I would appreciate if you would send me copies of important documents such as sample contracts, marketing flyers, billing forms, etc. that you use or have found to be of value in your business. These will be used to compile a notebook of ideas and helpful hints from experienced self-employed/private practice music therapists. I'll return to you a postage paid envelope for you to send these back to me.

Please send me an envelope to return _____documents (number of 8 1/2 x 11 or equivalent pages).

Name _____

Address _____

_____