

KEYBOARD COMPETENCE AND USAGE: A SURVEY OF BOARD-CERTIFIED
MUSIC THERAPISTS IN THE SOUTHWESTERN REGION

A THESIS

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DEDICATION

For my family, thank you for your never-ending support and encouragement to always reach for the stars.

ABSTRACT

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KEYBOARD COMPETENCE AND USAGE: A SURVEY OF BOARD-CERTIFIED MUSIC THERAPISTS IN THE SOUTHWESTERN REGION

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Although the American Music Therapy Association (AMTA) requires specific piano competencies for all music therapists, limited research exists regarding how often and to what degree the piano/keyboard is used in music therapy sessions. The Southwestern Region of AMTA was used as a pilot region in order to find a foundational understanding of how the piano/keyboard is used in music therapy. Using an Internet-based tool, Board Certified Music Therapists currently practicing in the Southwestern Region of AMTA (n= 523, 509 deliverable) were surveyed regarding their use of the instrument and training. Specifically, participants were asked to indicate how they are using the piano/keyboard, the frequency with which they use it, and their competence and confidence on the instrument during their sessions. Responses (n=71) indicated that 40.84% of participants rate the importance of using the piano/keyboard as “low” or “not important at all.” Conversely, the majority of participants (59.15%) think further piano/keyboard training would increase their use of the instrument in clinical practice. Implications for further education and use in clinical practice are discussed.

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CHAPTER I

KEYBOARD COMPETENCE AND USAGE: A SURVEY OF
BOARD-CERTIFIED MUSIC THERAPISTS IN THE
SOUTHWESTERN REGION

Although the piano and electric keyboard are important to the field of music therapy, not all music therapists have access to a piano or an electric keyboard in their sessions. Frequently, music therapists are required to travel to each session's location and bring every instrument they potentially need for the session. The thought of transporting and carrying an electric keyboard, along with a stand and the necessary accessories, is enough to deter music therapists from using it. In addition, not all locations have the space, financial support, and/or initiative to provide a piano or electric keyboard for the music therapy room.

The piano, originally called pianoforte, is a relative of the harpsichord and clavichord (Kennedy & Bourne, 1996). Bartolomeo Cristofori, an Italian harpsichord maker, was the first to construct a piano in approximately 1709 (Siepmann, 1996). Unlike the harpsichord, the piano gave the performer control of the instrument's volume through variance of touch (Siepmann, 1996). Modern pianos are either grand (strung horizontally) or upright (strung vertically), and they are capable of producing various timbres (Kennedy & Bourne, 1996). As the piano's popularity rose, the upright piano was constructed and evolved with the simple idea of saving space (Siepmann, 1996).

A standard grand piano is constructed with an iron frame, 88 keys, and various additional elements which give the instrument its unique sound (Siepmann, 1996). The grand piano consists of a lever operating system, hammers that strike the string as a key is pressed, and dampers that prevent a string from continuing to vibrate, thus dampening the sound as a key is lifted (Siepmann, 1996). In addition, all grand pianos have at least two pedals; the 'sustaining pedal,' which keeps the dampers raised for as long as the pedal is down, and the 'soft pedal,' which alters the tonal quality (Siepmann, 1996).

The electric keyboard is a descendant of the acoustic piano (one whose sound is produced solely by the instrument without electronic means). The electric keyboard was initially constructed to imitate the sound of an acoustic piano (Halpin, 2002). However, the differences between an electric keyboard and the acoustic piano vary greatly. The electric keyboard produces a very different sound than that of an acoustic piano as a result of the way in which the instrument is made (Halpin, 2002). The electric keyboard has no strings, and its volume and dynamics are primarily determined by the setting of the volume level. Electric keyboards vary significantly in size (Halpin, 2002). Various types of electric keyboards are available, and the number of keys varies as well as the number of available sounds (Kennedy & Bourne, 1996). Because electric keyboards are available in smaller sizes and thus can be more more accessible, music therapists may prefer them to larger acoustic pianos even though their sound varies considerably from that of an acoustic piano. However, convenience is only one of several reasons why music therapists do or do not use pianos or electric keyboards in their sessions.

CHAPTER II

RELATED LITERATURE

The Importance of Piano and Keyboard Competencies

The use of the piano and electric keyboard in music therapy sessions is extremely important, so much so that the American Music Therapy Association (AMTA) and the Certification Board of Music Therapists (CBMT) requires specific piano competencies for all music therapists. In addition, the AMTA requires guitar and percussion competencies; however the possibilities on piano and electric keyboard are unmatched when compared with those for the guitar and percussion instruments. The piano and electric keyboard are both melodic and harmonic instruments, unlike many percussive instruments; they can be actively played by two people together-side-by-side, a configuration unavailable when the therapist uses a guitar (Gilboa, Zilberberg, & Lavi, 2011). As a result, the piano/keyboard allows the client to express every musical aspect (i.e., melody, harmony, and rhythm), which contributes to several music therapy approaches that consider the piano or electric keyboard a central and vital instrument in their repertoire (Gilboa et al., 2011). The piano and electric keyboard can be used in every music therapy experience--receptive, improvisation, composition, and/or re-creative-as a means of facilitating therapeutic interventions.

As a result of the AMTA's requirement that all music therapy students acquire piano competencies, all schools in the Southwestern Region of AMTA require students

(both undergraduate and graduate) to participate in fundamental and advanced keyboard classes. Although students are required to take keyboard classes in school, concern persists that students' musical skill on the keyboard is insufficient (Wheeler, 2002). However, in a study consisting of several clinical training directors from music therapy internship sites in the Great Lakes Region of AMTA, the piano was ranked as the most important instrument on which a prospective intern should be proficient (Brookins, 1984). Because students express concern that they do not possess enough skill on such an important instrument, further research is required regarding how often and to what degree the piano or electric keyboard is being used within music therapy sessions in AMTA's Southwestern Region.

The Musical Personality of the Piano and Keyboard

The piano or electric keyboard is thought to be one of the most important instruments in music therapy (Gilboa et al., 2011). Similar to other objects and instruments in music therapy, people tend to project their own thoughts onto the piano and in a sense, personalizing and creating a relationship with it (Gilboa et al., 2011). Each person forms his/her own unique relationship with the piano and electric keyboard. Some people have previous experiences with the piano and electric keyboard that dictate the relationship, while others have little to no experience with the piano and electric keyboard, which also impacts their current relationship with it. It is this ability to project upon the piano and electric keyboard that creates a foundation upon which to build during the therapeutic process.

The use of the piano in music therapy is profound in that it can enhance the therapist's ability to guide the client musically (Gilboa et al., 2011). For example, a music therapist can play a variety of 2-1 suspensions in a I, IV, and V chord progression, to elicit a tension and release component of relaxation (Zanders, 2013). Furthermore, it is also thought that the piano functions as a container (Gilboa et al., 2011). For example, a client may be playing a secondary instrument or can also play the piano with the music therapist as the music therapist supports and "holds" the client musically on the piano. Doing so provides a foundation to which the client can react musically while feeling comforted or contained throughout the experience.

In addition to harmonic functionality, the piano or electric keyboard is also capable of melodic and rhythmic accompaniment. As a result, the paths in which the therapeutic direction can go are countless because of the varied musical functionality of the piano and electric keyboard. Because of the piano and electric keyboard's melodic and harmonic capabilities, a client's self-expression may be fuller and richer (Gardstrom, 2007). Through tonal elements, the quality and direction of the player's emotional expression is revealed in a more specific way (Gardstrom, 2007). The wide texture the piano and electric keyboard offer adds immeasurably to the outcomes of a music therapy session. Consequently, the piano is considered to be a central and vital instrument in several music therapy approaches (Gilboa et al., 2011). In addition, Bruscia (1987) cites piano as a primary media in improvisation; thus, the therapist's improvisational abilities must be reinforced with sufficient keyboard competence.

In a study investigating the attitudes of six practicing music therapists, several positive themes emerged in relation to the piano (Gilboa et al., 2011). The study found that music therapists think the piano has a great ability to enable emotional expression (Gilboa et al., 2011). As a result of the piano's acoustical range, it is possible for the piano to contain, reflect, and express emotions in an optimal way (Gilboa et al., 2011). An additional positive theme found in the study discussed the piano's varying sound. The piano is harmonic, melodic, and rhythmic; as a result, every time a person plays the piano, the instrument provides a different color as well as depth and resonance (Gilboa et al., 2011). This type of variance in sound is an important factor in using the piano during music therapy sessions because, as the client's needs change throughout the therapeutic process, the piano's sound and musicality can change with them, further enhancing the bond between the client and the music.

However, the negative associations music therapists may have with the piano can greatly impact their ability to incorporate it into their sessions. In a study depicting the attitudes of 14 practicing music therapists toward the piano, a common negative theme emerged (Gilboa et al., 2011). The negative theme was the perception that the piano had once been a threat to the music therapist (Gilboa et al., 2011). A music therapist described taking piano lessons at a young age and being required to play the right notes, hold her hands a specific way, and practice every day (Gilboa et al., 2011). She described her first year of piano lessons as threatening and as a result, she stopped playing (Gilboa et al., 2011). Such stories are not isolated experiences; negative perceptions toward the piano develop often. Although the piano has many positive attributes that could

potentially heighten a client's therapeutic experience/process, a music therapist with preconceived negative perceptions toward the piano may interfere with realizing that possibility. Just as music therapists must be aware of their own bias in order to avoid hindering the therapeutic process, they must also be aware of their bias toward an instrument in order to avoid limiting the client's musical possibilities.

Important Piano and Keyboard Fundamentals Used in Music Therapy

Piano and electric keyboard music can vary greatly, depending upon genre, difficulty, and the performer's level of musicianship. In order to be a good functional piano player, the pianist must know how to translate lead sheets and use them to accompany music therapy sessions (Massicot, 2012). In addition, functional piano players must be able to harmonize, improvise, and transpose a variety of music in a manner that allows a client to progress toward his/her goals and objectives (Massicot, 2012). It is also important for a functional pianist to go beyond the written notation creating more opportunities for both the music therapist and the client (Massicot, 2012). In doing so, the music therapist creates a more emotionally driven performance, which in turn allows the client to connect more frequently and easily than if the music were played with rudimentary skills. This can be a difficult task when a music therapist's principal instrument is not piano and the therapist has limited experience.

Because the piano and electric keyboard can be used with a multitude of different populations, the fundamental skills a music therapist needs in order to incorporate piano or keyboard into his/her sessions are numerous. The primary fundamental skills a music therapist needs to incorporate piano or electric keyboard into his/her sessions include an

extensive knowledge of basic scales, chords, inversions, voicings, and chord progressions (Massicot, 2012). A music therapist who possesses extensive knowledge in these areas on piano and electric keyboard will then be able to play a variety of songs comfortably whether chosen by the client or by the therapist. In addition to basic chordal fundamentals, it is important for a music therapist to know how to accompany in a variety of different genres (e.g., blues, jazz, folk, country, gospel, rock, and pop) (Massicot, 2012). Different populations require different genres of music for the sessions; as a result, a music therapist should know how to use the piano or electric keyboard in an appropriate manner for the genre and the client.

The Certification Board for Music Therapist's Scope of Practice states that a music therapist must "employ functional skills with keyboard" (2010, p. 2). In addition, AMTA's list of Professional Competencies for practicing music therapists covers several areas that are important to a music therapist's practice. AMTA's (2013) list of competencies covers music foundations, clinical foundations, and music therapy foundations. Because a therapist's musicianship is just as important as his/her music therapy and clinical foundations, AMTA lists a wide array of necessary functional music skills. Although there are a variety of music skills listed, AMTA (2013) lists the following required skills associated with the piano and electric keyboard: (a) lead and accompany proficiently on piano; (b) play basic chord progressions in major and minor keys with various accompaniment patterns; (c) play and sing a basic repertoire; (d) sing in tune with accompaniment; (e) sight-read compositions and accompaniments; (f) harmonize and transpose compositions; (g) develop original melodies, simple

accompaniments, and short songs in a variety of styles; (h) improvise; (i) and direct structured and improvisatory movement experiences.

As seen in the related literature, little research exists regarding how often and to what degree the piano and electric keyboard are used in music therapy sessions in the Southwestern Region of AMTA. The purpose of this study is to examine how board-certified music therapists in the Southwestern Region of AMTA are utilizing the piano and electric keyboard, the frequency with which either is used, and the therapists' competence and confidence on keyboard instruments in their sessions. Specifically, the following questions were addressed:

1. In what populations do board-certified music therapists' (MT-BC) in the Southwestern Region work and at what types of settings?
2. What type of piano/keyboard training do MT-BC's possess?
3. How confident do MT-BC's feel in playing various piano/keyboard skills?
4. How competent do MT-BC's feel in playing various piano/keyboard skills?
5. How often do MT-BC's use a piano/keyboard in his/her session(s)?
6. For what musical experiences do MT-BC's typically use a piano/keyboard?
7. Do MT-BC's find utilizing the piano/keyboard in sessions to be beneficial?
8. Do MT-BC's think their piano/keyboard education was sufficient?
9. Do MT-BC's find further piano/keyboard training to be necessary?

CHAPTER III

METHOD

Participants

Participants for the survey were board-certified music therapists (MT-BC) who are currently practicing in the Southwestern Region of AMTA. The researcher purchased a list of participants' names and email addresses from CBMT. The inclusion criteria for participation in the survey were: (a) holds a credential of MT-BC; (b) opted to receive emails through CBMT; and (c) currently working in the Southwestern Region of AMTA. An initial email was sent to all possible participants, inviting them to complete the survey (See Appendix A). The email included a request for participation, a web link to access the survey, and a consent form. A second email request was sent 28 days after the initial email, including a request for participation, if not already completed, and a web link to access the survey (See Appendix B). There were 523 music therapists contacted with an email request for participation. Fourteen emails were unsuccessfully delivered, leaving 509 successful contacts.

The survey was open and available for 63 days. In order to minimize confidentiality risks, all data were both anonymous and confidential.

Setting

Surveys were taken at the convenience of the participant. A computer with access to the Internet was required in order to complete the survey.

Procedure

A 26-question survey was created for data collection and administered via online survey tool, SurveyMonkey (See Appendix C). The survey was password-protected to minimize confidentiality risks. The researcher received approval from the Institutional Review Board at Texas Woman's University prior to survey distribution (See Appendix D). All questions are in the form of multiple choice, yes/no, and Likert scale. The questions for the survey were chosen to measure music therapists' competence, confidence, frequency, and to what degree they use a piano or keyboard in their session(s).

The survey was divided into three main sections. The first section includes professional demographic questions such as: (a) how many years therapists have been working as a music therapist; (b) their highest level of education completed; (c) the population(s) with which they currently work; and (d) the setting(s) in which they currently work.

The second section included questions related to participants' piano or keyboard training. These included: (a) whether piano or keyboard was their primary instrument; (b) how long they have been playing piano or keyboard; (c) what their method of training was; (d) their level of competency on various keyboard fundamentals; and (e) their level of confidence on various keyboard fundamentals.

The third section included questions related to the use of piano or keyboard in clinical practice. These included: (a) how often therapists use piano or keyboard in their session(s); (b) whether they find using a piano or keyboard in their work to be beneficial;

(c) whether or not their setting(s) provide a piano or keyboard for the music therapist's use; (d) interventions for which the piano or keyboard is typically used; and (e) their level of confidence when playing the piano or keyboard.

Data Analysis

Raw data were collected and processed via SurveyMonkey. Percentages and response count from each question were determined by SurveyMonkey and presented by the researcher. Data are presented using percentage and response frequencies in the form of tables, bar charts, and line graphs.

In some instances, participants skipped over particular questions. As a result, the results reflect the varying frequencies of responses. In questions that participants skipped, the data were analyzed solely from the responses of participants who answered the questions.

At times, the responses of the survey were filtered based on specific characteristics. As stated in the study, responses were filtered by participants who indicated piano/keyboard is not their primary instrument and those who are currently working in a school setting. The filters were removed when overall responses were analyzed.

CHAPTER IV

RESULTS

Demographics

The survey response rate was 14.7% (N=75). Participants were able to skip any question at their discretion.

Questions 2 through 5 related to demographic characteristics of the professionals who responded to the survey. The following responses address the number of years the participants have been working as music therapists, their highest levels of education, the population(s) they serve, and the setting(s) in which they currently work. Tables 1.1 through 1.3 reflect the results of these questions. Tables 1.1 through 1.3 reflects data from participants (n=72), since four skipped these questions. Table 1.3 reflects the data from participants (n=71), since five skipped the question.

Table 1.1

<i>Number of Years Working as a Music Therapist</i>		
Answer Choices	Response Percentage	Response Count
< 5 years	45.83%	33
5-10 years	22.22%	16
11-15 years	5.56%	4
16-20 years	11.11%	8
21-25 years	5.56%	4
26-30 years	4.17%	3
More than 30 years	5.56%	4

Table 1.2

Highest Degree Received

Answer Choices	Response Percentage	Response Count
Bachelor Degree	61.11%	44
Master's Degree	30.56%	22
Doctoral Degree	8.33%	6

Table 1.3

Comparison of Most Frequent Populations and Settings Music Therapists Work In

Populations	Response Percentage	Response Count
Developmentally Disabled	72.22%	52
Autism Spectrum Disorders	68.06%	49
School-age Population	61.11%	44
Neurologically Impaired	47.22%	34
Speech Impaired	47.22%	34
Early Childhood	47.22%	34
Physically Disabled	44.44%	32
Behavioral Disorder	41.67%	30
Settings	Response Percentage	Response Count
Self-employed/Private Practice	40.85%	29
School (K-12)	33.80%	24
Home Health Agency	18.31%	13

Private Music Therapy Agency	14.08%	10
University/College Professor	11.27%	8
Community-based Service	11.27%	8
Geriatric Facility	11.27%	8
Children's Hospital or Unit	8.45%	6
Children's Day Care/Preschool	8.45%	6

Piano/Keyboard Background and Training

Question 6 asked whether the piano/keyboard is or is not the participant's primary instrument. Table 2.1 reflects the data from participants.

Table 2.1

Piano/keyboard Primary Instrument

Answer Choices	Response Percentage	Response Count
Yes	29.17%	21
No	70.83%	51

Questions 7 through 10 were only available for those who had previously indicated that piano/keyboard was their primary instrument (n=21). Questions 7 through 10 addressed the participant's method of training, how long the participant has been playing piano/keyboard, the participant's rating of competency on specific foundational skills, and the participant's rating of competency on specific functional skills.

Participants were able to select more than one answer on question 7 as it applied to their method of training. Tables 2.2, 2.3, and Figures 1.1, 1.2 reflect the results from these questions.

Table 2.2

Method of Training

Answer Choices	Response Percentage	Response Count
Private Lessons	95.24%	20
Group Lessons	4.76%	1
High School Classes	4.76%	1
College Classes	52.38%	11
Self-taught	14.29%	3

Table 2.3

How Long Participant Has Been Playing

Answer Choices	Response Percentage	Response Count
< 1 year	0.00%	0
2-5 years	4.76%	1
6-10 years	0.00%	0
11-15 years	0.00%	0
16-20 years	23.81%	5
21-25 years	14.29%	3
More than 25 years	57.14%	12

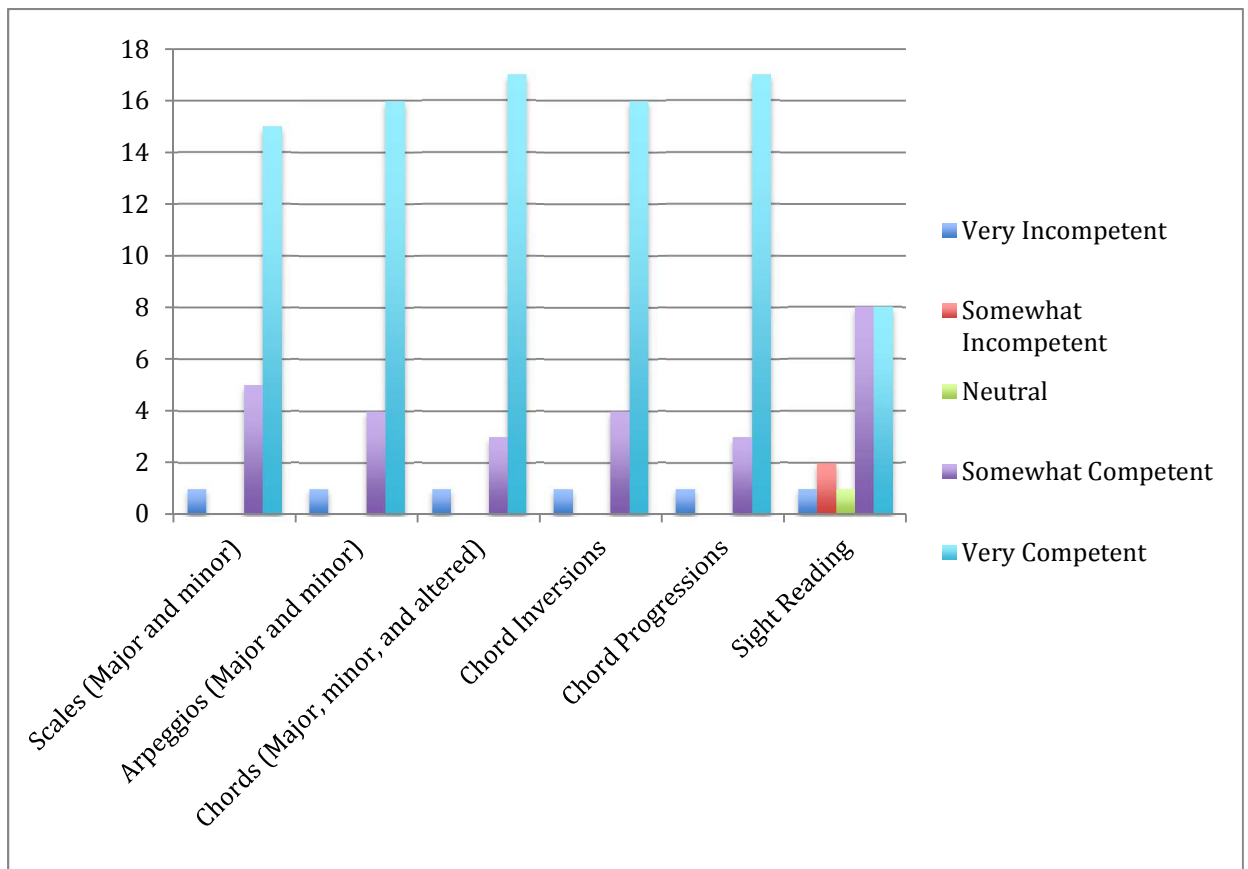


Figure 1.1 Rating of competency on specific foundational skills for those who indicated piano/keyboard as their primary instrument. Bars represent the number of participants who chose the corresponding Likert scale response.

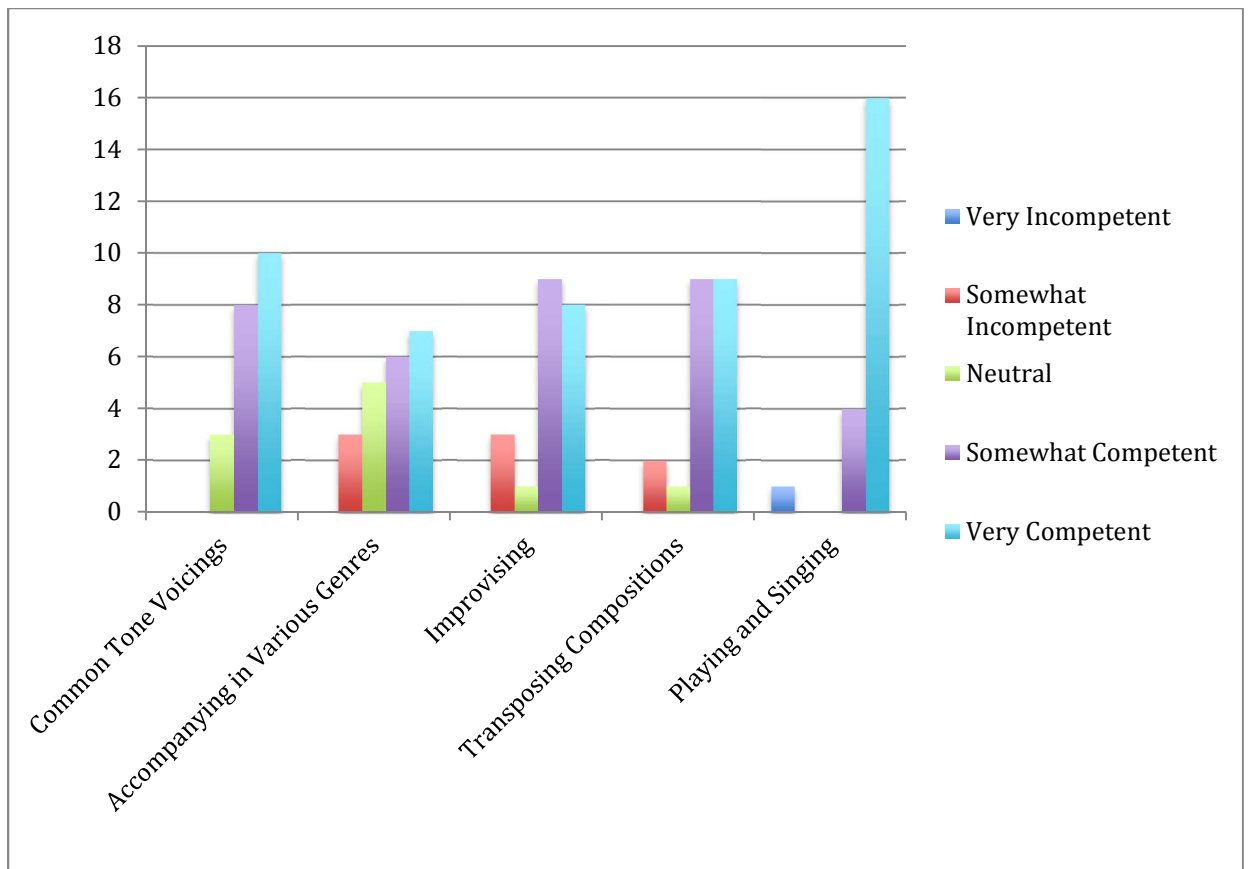


Figure 1.2 Rating of competency on specific functional skills for those who indicated piano/keyboard as their primary instrument. Bars represent the number of participants who chose the corresponding Likert scale response.

Questions 11 through 14 were only available for those who indicated that piano/keyboard is not their primary instrument on question 6 (n=51). Questions 11 through 14 are the same questions as 7 through 10 and address the participant's method of training, how long the participant has been playing piano/keyboard, the participant's rating of competency on specific foundational skills, and the participant's rating of competency on specific functional skills. Participants were able to select more than one answer for Question 12 as it applied to their method of training. Tables 2.4, 2.5, and Figures 1.3, 1.4 reflect the results from these questions.

Table 2.4

Method of Training

Answer Choices	Response Percentage	Response Count
Private Lessons	62.75%	32
Group Lessons	27.45%	14
High School Classes	1.96%	1
College Classes	82.35%	42
Self-taught	33.33%	17

Table 2.5

How Long Participant Has Been Playing

Answer Choices	Response Percentage	Response Count
< 1 year	1.96%	1
2-5 years	25.49%	13
6-10 years	15.69%	8
11-15 years	11.76%	6
16-20 years	11.76%	6
21-25 years	13.73%	7
More than 25 years	19.61%	10

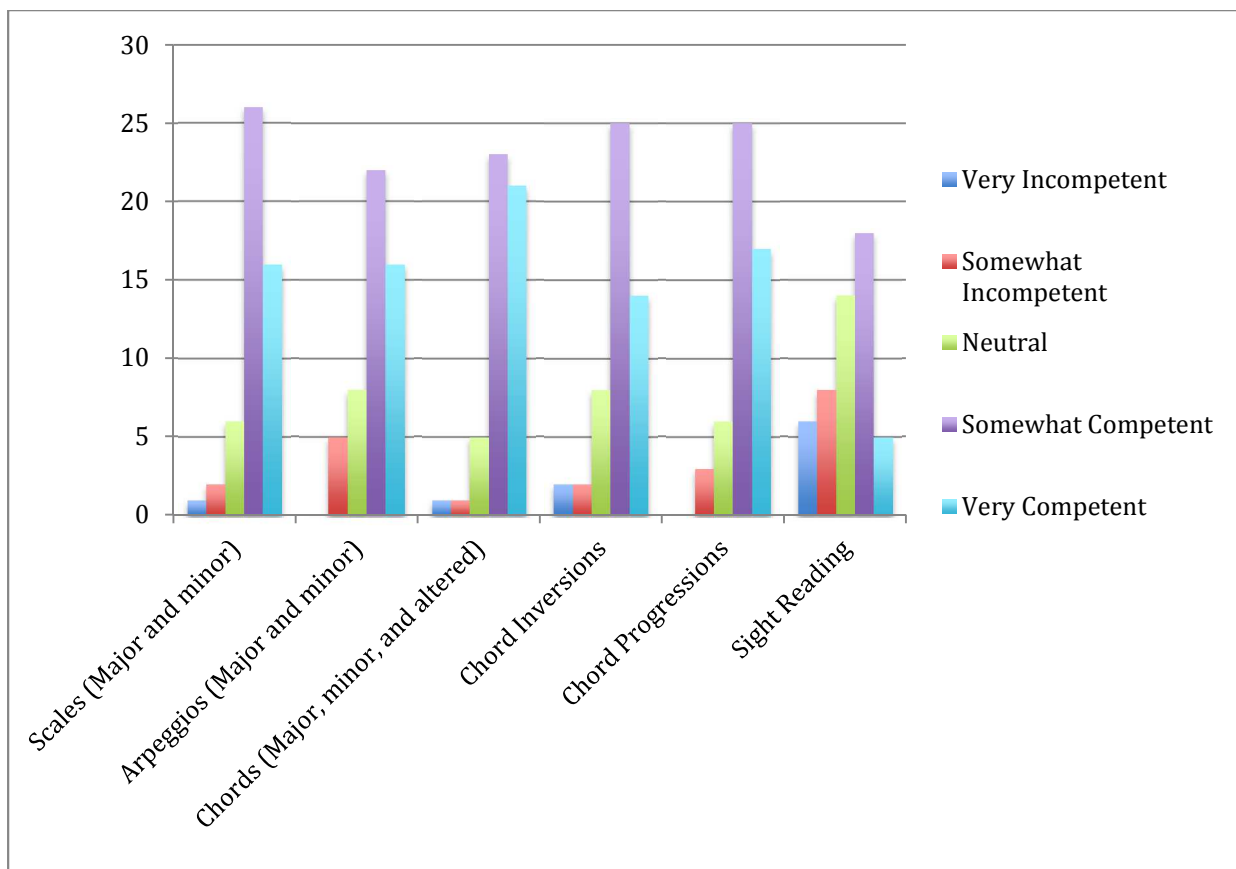


Figure 1.3 Rating of competency on specific foundational skills for those who indicated piano/keyboard is not their primary instrument. Bars represent the number of participants who chose the corresponding Likert scale response.

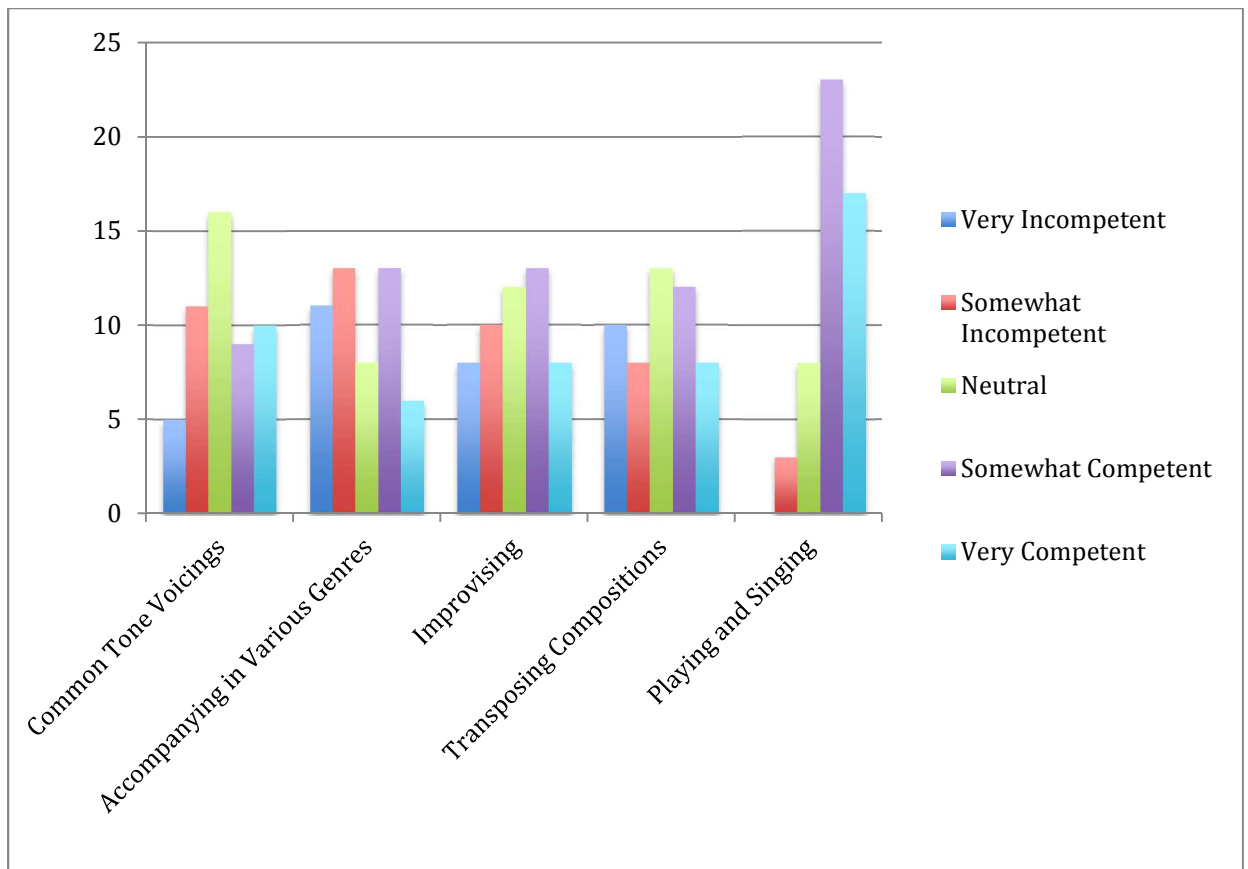


Figure 1.4 Rating of competency on specific functional skills for those who indicated piano/keyboard is not their primary instrument. Bars represent the number of participants who chose the corresponding Likert scale response.

The Use of Piano/Keyboard in Clinical Practice

Questions 15 through 26 addressed the use of the piano/keyboard in clinical practice. Four of these questions (Questions 15, 16, 24, and 25) addressed piano/keyboard education as it relates to use in clinical practice. The remaining questions addressed the frequency, importance, availability, and method with which the piano/keyboard is used in practice.

Participants were asked in Question 15 to indicate whether or not piano/keyboard classes/instruction were required during their college education. Ninety-seven percent (n=70) of participants indicated that piano/keyboard classes/instruction was required during their college education, while 2.78% (n=2) of participants indicated that it was not required. However, participants were asked in Question 16 whether or not a piano/keyboard proficiency exam was required in order to continue their music therapy educational program. Eighty-seven percent (n=63) of participants indicated that a piano/keyboard proficiency exam was required, while 12.50% (n=9) of participants indicated that one was not required.

Participants were asked in Question 24 to indicate whether or not their piano/keyboard education was sufficient in their ability to functionally use the instrument in their session(s). Seventy percent (n=50) of participants indicated their education was sufficient to functionally use the piano/keyboard in their session(s), while 29.58% (n=21) of participants indicated their education was not sufficient. Consequently, participants were asked in Question 25 if further piano/keyboard training would increase the use of the instrument in their session(s). Fifty-nine percent (n=42) of participants indicated further training would increase their use of the instrument, whereas 40.85% (n=29) of participants indicated that further training would not increase their use of the instrument in their session(s).

Question 18 addressed how often participants used the piano/keyboard in their music therapy session(s). In addition, participants were asked in Question 19 to rate how

important it is to use a piano/keyboard in session(s). Figures 2.1 and 2.2 reflect the results from these questions.

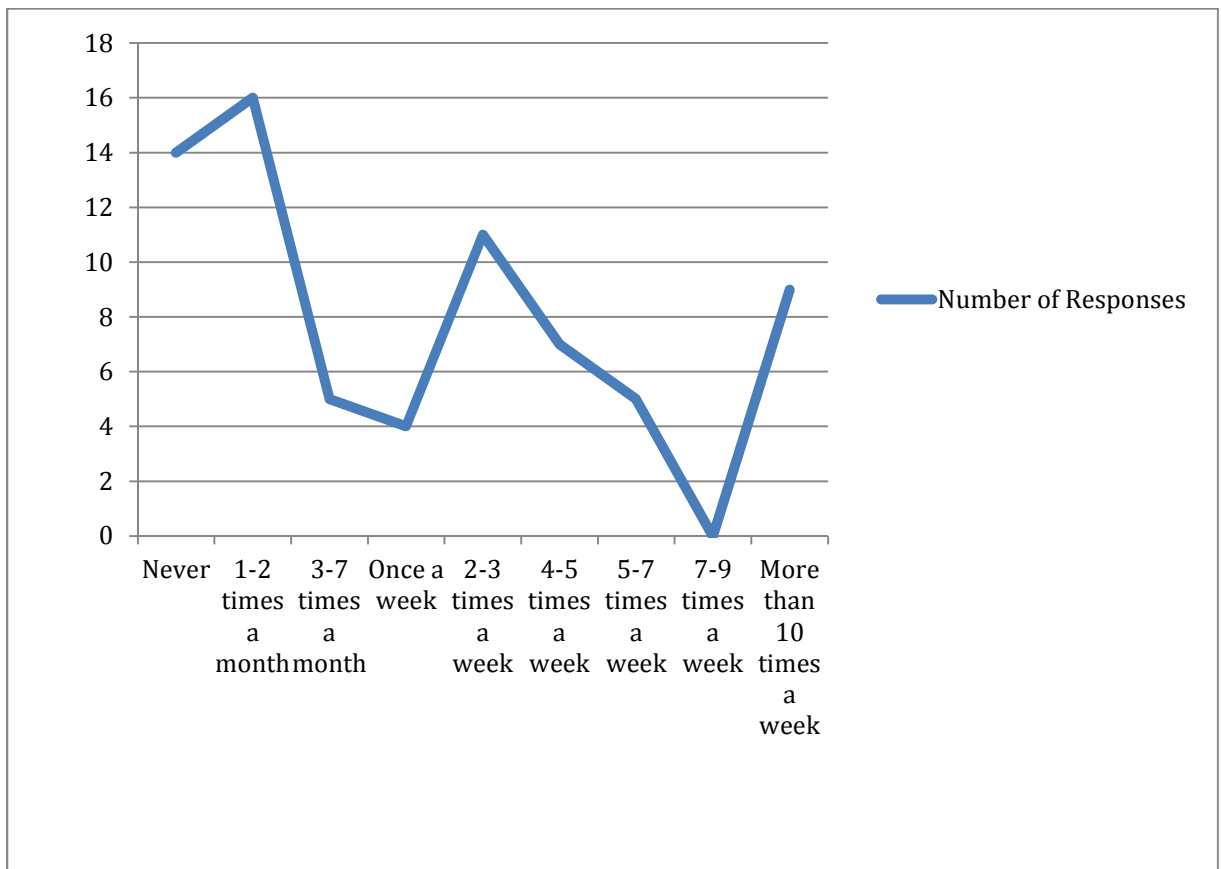


Figure 2.1 Frequency in which participants use the piano/keyboard in their session(s).

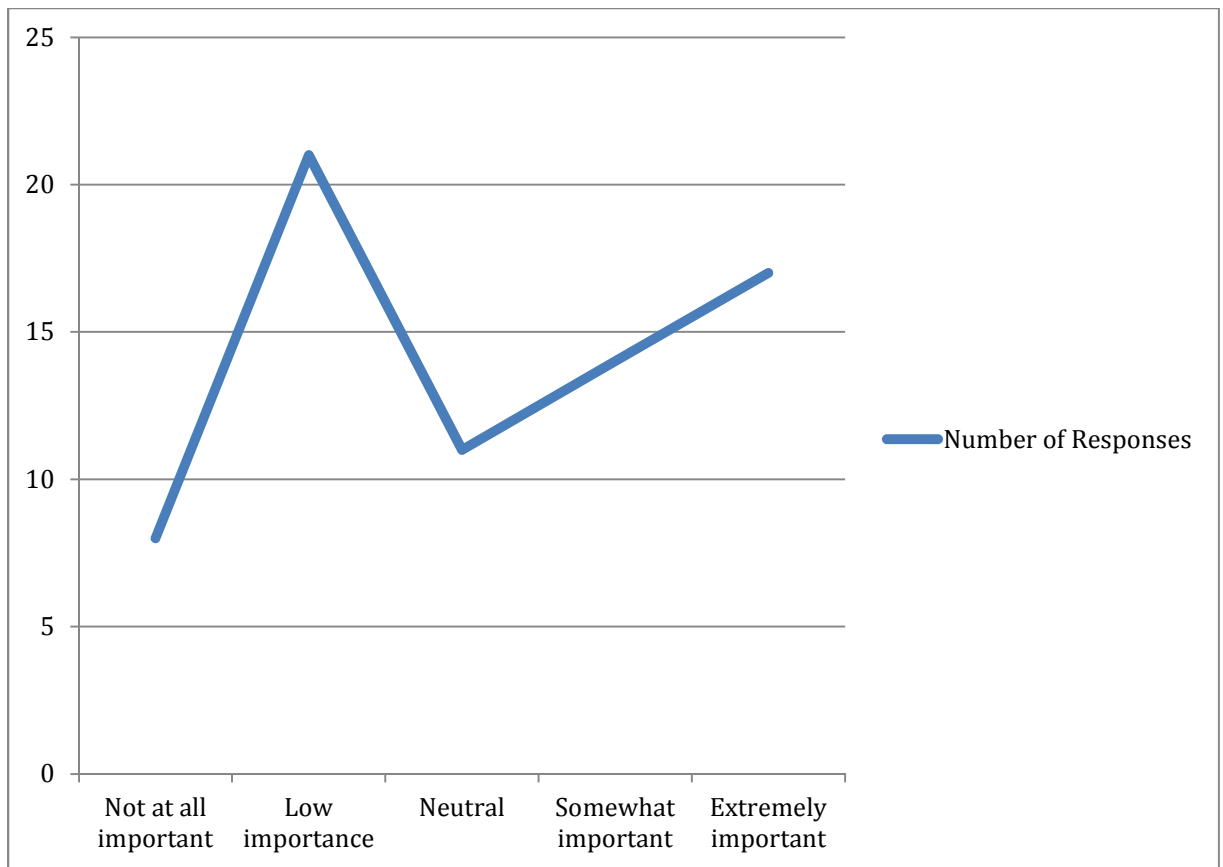


Figure 2.2 How important the use of a piano/keyboard in session(s) is rated.

Question 21 addressed in which musical experiences the participant uses the piano/keyboard, and Question 22 asked how competent the participant would rate his/her use of the piano/keyboard during musical experiences. Question 21 allowed the participants to choose more than one answer and to leave an optional comment. Twelve comments were left for Question 21, which displayed a common theme. “Adaptive lessons” was written in almost half the comments (n=5); subsequently a few comments described using the piano/keyboard as a supplement to vocal lessons (n=2). Figures 2.3

and 2.4 illustrate the numerical analysis from these questions and do not include an analysis of comments.

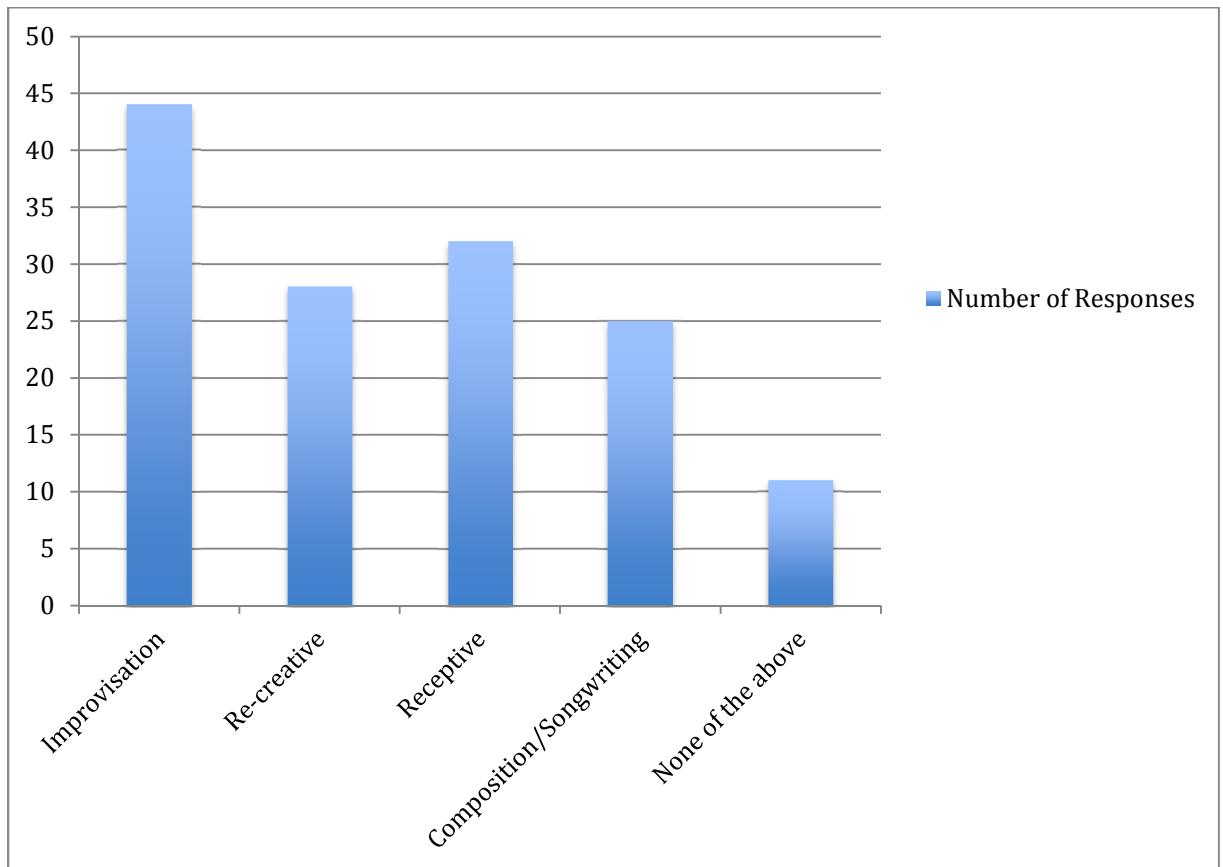


Figure 2.3 Musical experiences in which the piano/keyboard is used. Bars represent the number of participants who chose that musical experience.

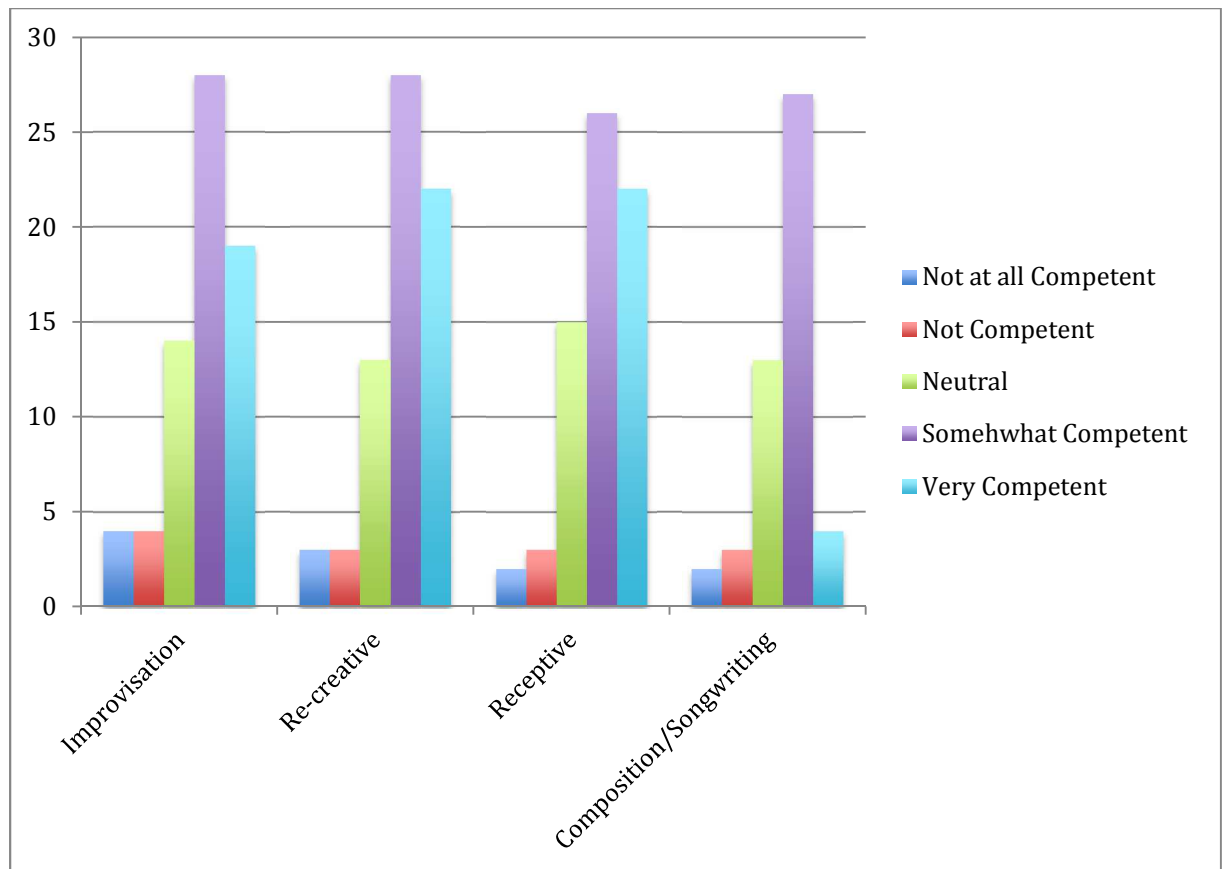


Figure 2.4 Rating of competency when using the piano/keyboard in the specified musical experience. Bars represent the number of participants who chose the corresponding Likert scale response.

Question 23 asked the participants' overall confidence level when playing the piano/keyboard in session(s). Question 17 broke down various foundational and functional skills and asked participants to rate their confidence in using these specific skills. The responses regarding the skills addressed in Question 17 were broken into two

separate figures (2.6 and 2.7) for convenience. Figures 2.5, 2.6, and 2.7 illustrate the results from these questions.

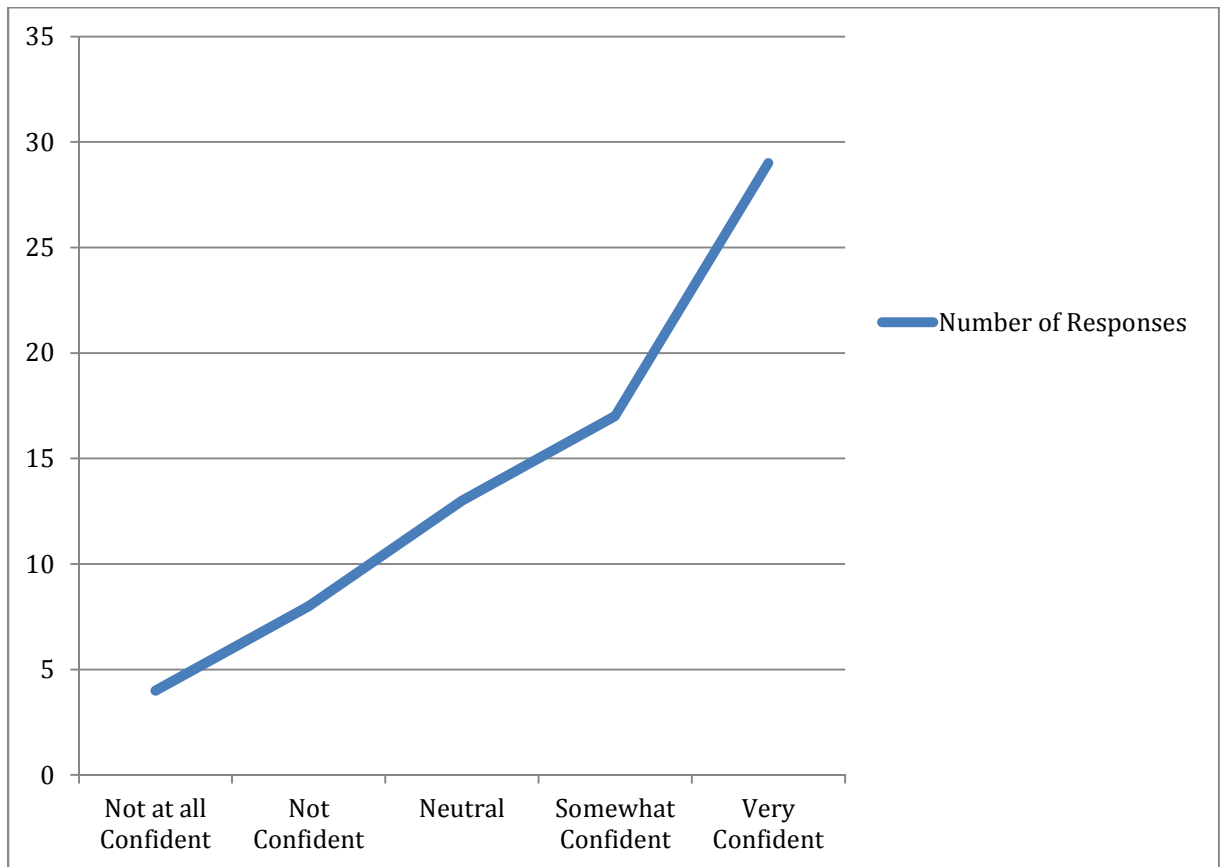


Figure 2.5 Rating of overall confidence when playing the piano/keyboard in session(s).

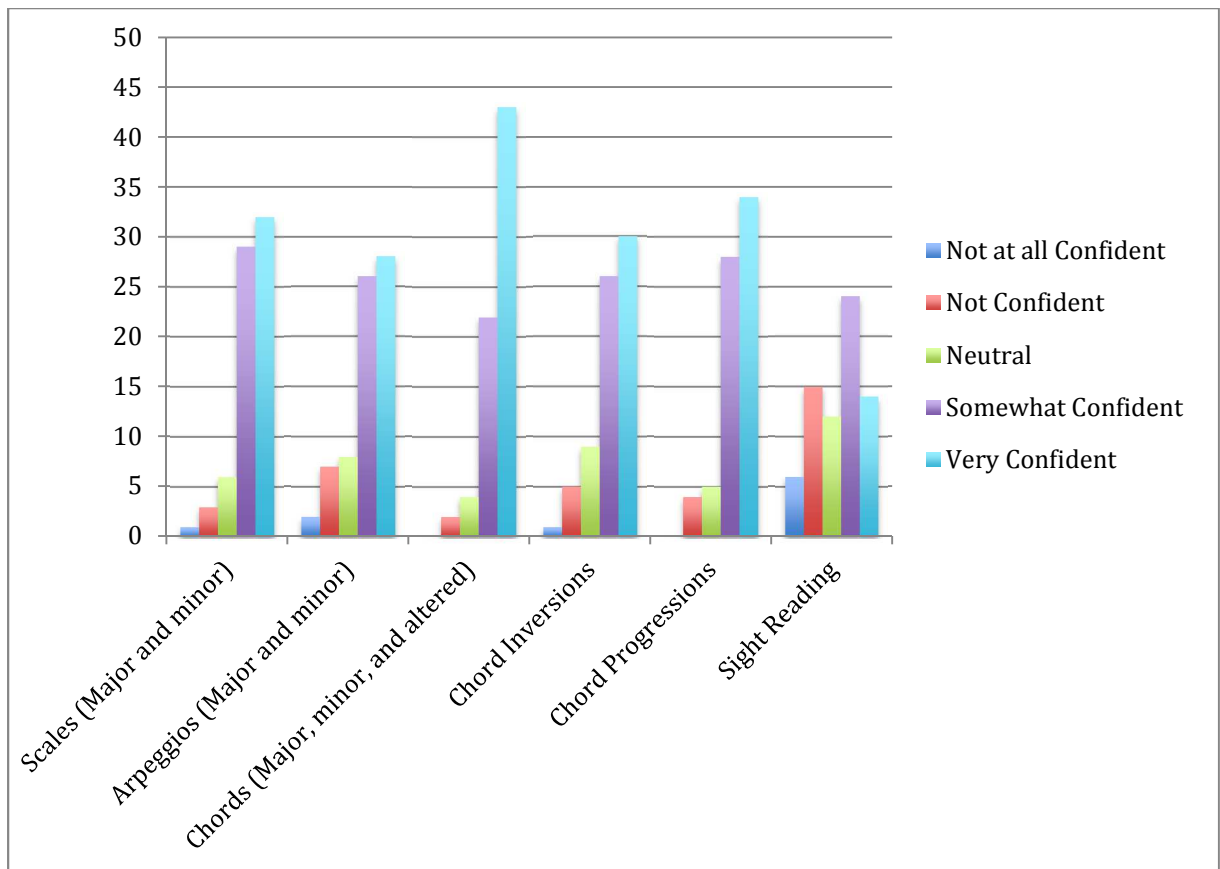


Figure 2.6 Rating of confidence on specific piano/keyboard skills. Bars represent the number of participants who chose the corresponding Likert scale response.

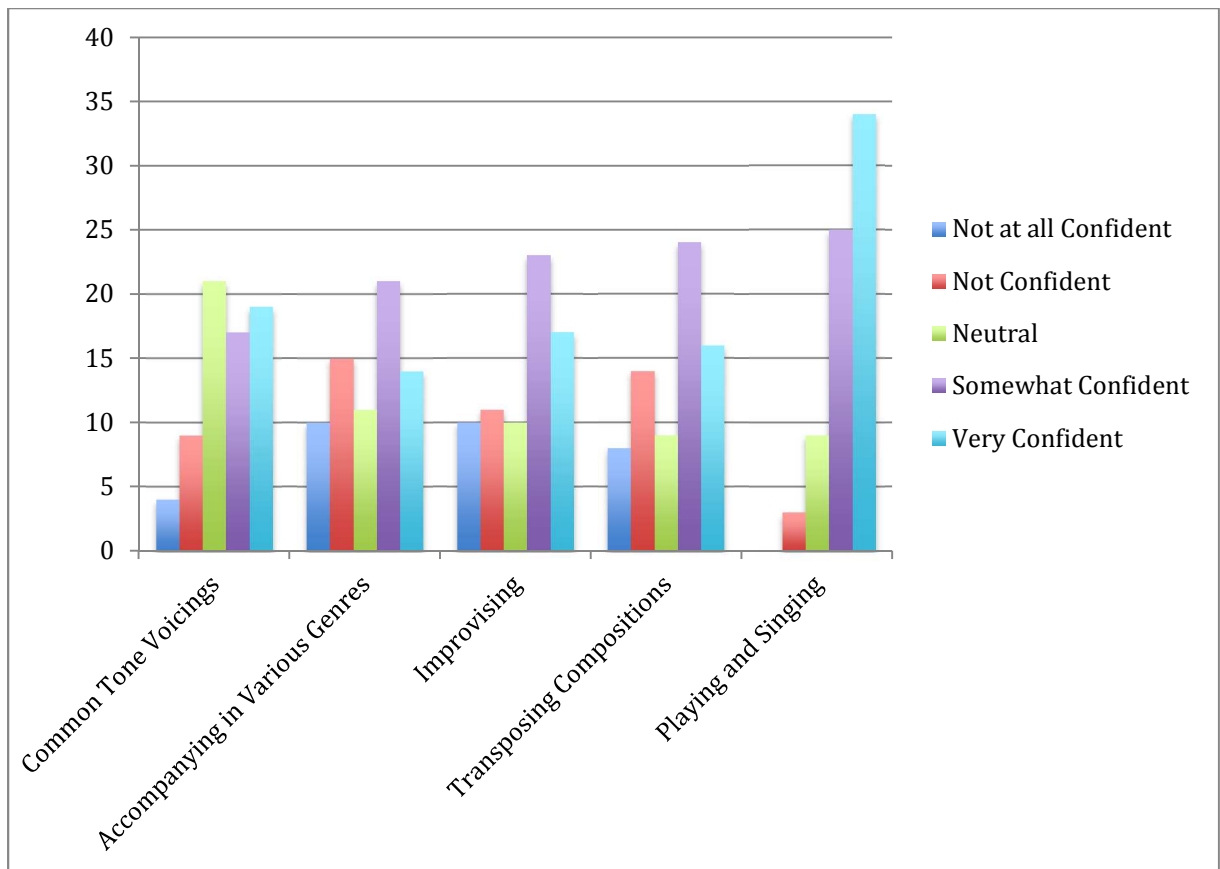


Figure 2.7 Continuation of confidence rating on specific piano/keyboard skills. Bars represent the number of participants who chose the corresponding Likert scale response.

Question 20 addressed whether or not the participants' setting(s) has a piano/keyboard available for use in session(s). In addition, Question 26 asked whether having an available piano/keyboard at their professional setting(s), increase the therapists' use of the instrument during sessions. Question 26 allowed participants to leave an optional comment. Seventeen comments were provided. Most participants who commented (n=11) indicated that a piano/keyboard is already provided in their setting(s). However, of the remaining comments, several (n=3) indicated that using the instrument

posed a degree of inconvenience, which influenced their decision whether or not to use it. Figures 2.8 and 2.9 illustrate the numerical data from these questions and do not include analysis of comments.

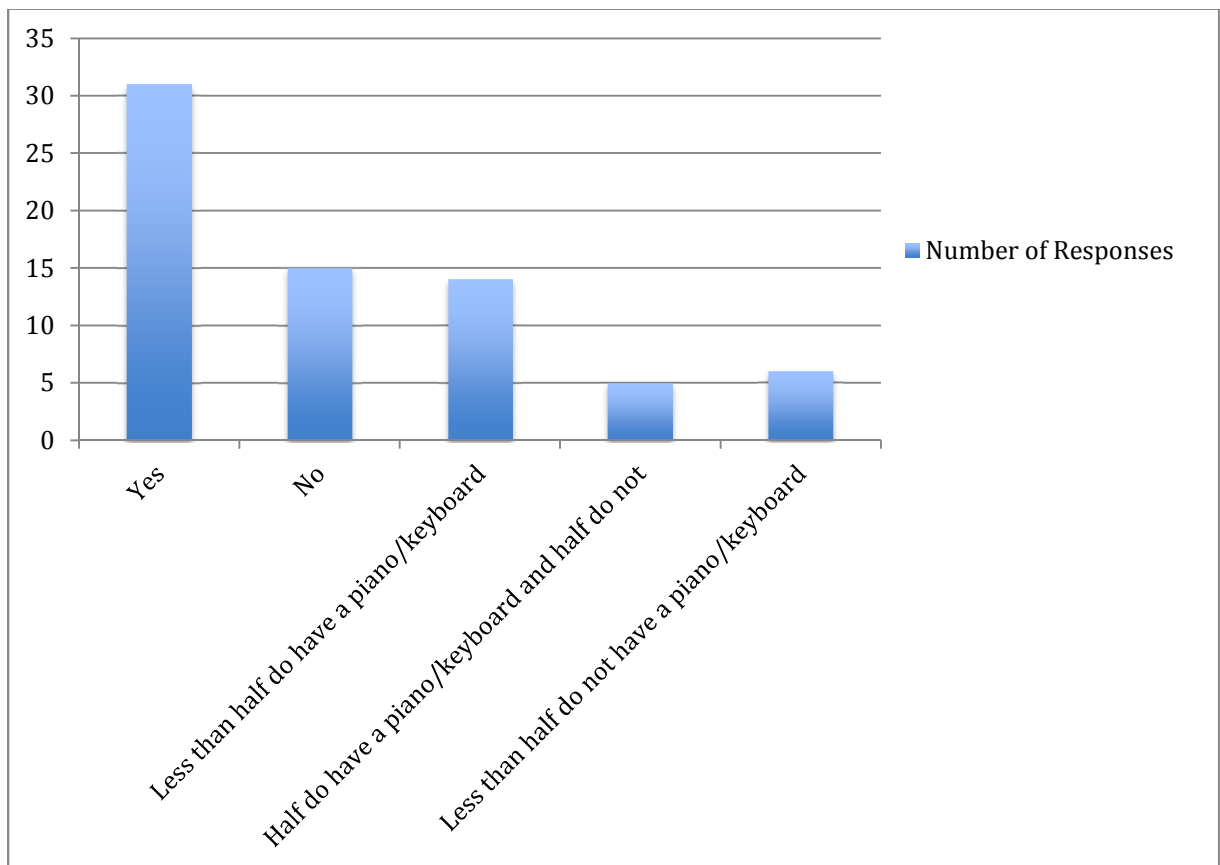


Figure 2.8 Indicate whether or not the participant's setting(s) have a piano/keyboard available to use. Bars represent the number of participants who chose the corresponding answer choice.

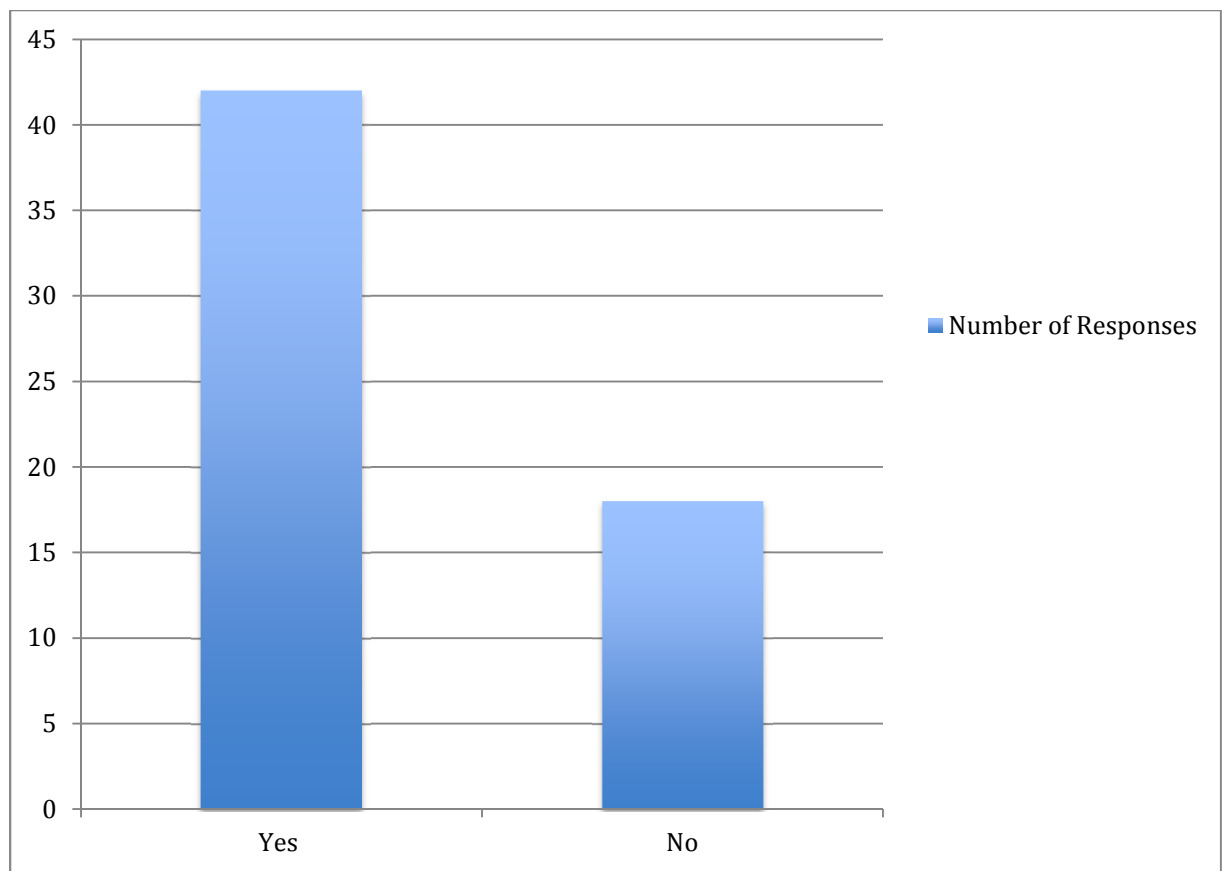


Figure 2.9 Number of participants that would use a piano/keyboard more frequently if one were provided at their professional setting(s).

CHAPTER V

DISCUSSION

The results of this survey illustrate the various factors that contribute to a board-certified music therapist's decision regarding whether to use the piano/keyboard in clinical practice, while also focusing on such elements as education/training, competency, confidence, availability, method, and importance. The main purpose of this study was to examine the use of the piano/keyboard. It appears that the piano/keyboard is not being as widely used as other accompaniment instruments, such as the guitar. Although AMTA and CBMT clearly require the ability to use the piano/keyboard in practice, 40.84% of participants rated using it to be of low or no importance at all. Consequently, 19.72% of participants responded that they never use a piano/keyboard in their sessions.

Perspectives for Academic Piano/Keyboard Training

The results illustrate that the majority of participants (87.50%) were required to take a piano/keyboard proficiency exam in order to continue in their music therapy programs. Additionally, the majority of participants (70.42%) stated their piano/keyboard education was sufficient for them to acquire the necessary skills to use the instrument functionally in clinical practice. However, the majority of participants (59.15%) indicated further piano/keyboard training would increase their use of the instrument in their clinical practice. Results suggest that participants who received piano/keyboard education found it to be helpful when using it clinically and that further piano/keyboard training would strengthen their use of the instrument in their practice. This suggests that piano/keyboard

music therapy academic training could be more specified and given a greater amount of time.

Piano/keyboard can be somewhat difficult to use and understand for someone who does not identify it as his/her primary instrument. To analyze factors unique to participants who did not indicate the piano/keyboard as their primary instrument, the survey results were filtered to show results from only those who did not specify piano/keyboard as their primary instrument (Question 6). When rating their competency on foundational piano/keyboard skills, the majority of these participants rated their competency as either somewhat competent or very competent, while very incompetent or somewhat incompetent ratings were at 27% or lower. Sight-reading had the highest percentage of very incompetent or somewhat incompetent rating (27.45%). Excluding sight-reading, the very incompetent or somewhat incompetent rating decreased to 9% or lower. However, the results became more varied when the participants rated their competency on functional skills. When rating their competency on such functional skills as common tone voicings, accompanying in various genres, improvising, and transposing compositions, the range of very incompetent and somewhat incompetent ranged from 31% to 45%.

Comparing these results with the results of those who indicated piano/keyboard as their primary instrument provided an interesting view. When rating their competency on foundational piano/keyboard skills, the majority of piano/keyboard primary participants rated their competency as very competent while there was a significant decrease in very competent ratings when rating functional skills. When rating their competency on

functional skills, although there is an increase in somewhat competent, the comparison between non-piano/keyboard primary participants and those who identify the instrument as their primary instrument shows a large difference.

When looking at such functional skills as common tone voicings, accompanying in various genres, improvising, and transposing compositions, incompetency ratings doubled in each skill when comparing piano/keyboard primary ratings to non-piano/keyboard primary participants. In some cases the rating increased more than twice. For example, regarding common tone voicings, 0.00% of piano/keyboard primary participants indicated a degree of incompetency, while 31.37% of non-piano/keyboard primary participants indicated a degree of incompetency. Additionally, 9.52% of piano/keyboard primary participants indicated a degree of incompetency in transposing compositions, whereas 35.29% of non-piano/keyboard primary participants indicated a degree of incompetency. Although it is important to have adequate foundational training to build upon, functional skills are used the most in clinical practice. Comparing the responses of non-piano/keyboard primary participants and piano/keyboard primary participants regarding their foundational and functional skills, results suggest that further specified education and/or training for those who do not identify the piano/keyboard as their primary instrument may be beneficial. Additionally, further specified education and/or training regarding skills used in clinical practice may also be of benefit.

The Clinical Use of the Piano/Keyboard

Typically, electric keyboards of adequate size for two people to play together can be heavy in weight and inconvenient to carry, especially if additional accessories, such as

a stand or music rest, are necessary. The settings in which music therapists work vary considerably. Not all music therapists work in one setting or have a room designated for music therapy. Many music therapists are required to travel to conduct music therapy sessions. As a result, music therapists are required to carry every instrument they would potentially need during each session. The thought of carrying instruments that are bulky and heavy can be enough to deter a music therapist from using the instrument(s).

A setting typically requiring music therapists to travel for sessions is the school setting. The results indicate that school (K-12) is the second highest setting (33.80%) in which the participants currently work (Question 5). To analyze factors unique to the school setting, the survey results were filtered to show data received from only those who indicated school as a setting in which they currently work. Interestingly, a high percentage of participants (41.67%) indicated that their setting does not have a piano/keyboard for clinical use. In addition, the majority of participants (65.00%) indicated that they would use a piano/keyboard more frequently in their clinical practice if the setting provided one. As the results suggest, convenience appears to be a major factor when deciding whether or not to use a piano/keyboard in a school setting.

Although not every school is capable of providing every music therapist with a piano/keyboard in each room, perhaps further research is needed on the benefits of using a piano/keyboard in music therapy sessions in this setting. The school setting is not the only setting in which music therapists' travel for sessions. When the filter for the school setting was removed, an even higher majority of participants (70.00%) indicated that they would use a piano/keyboard more frequently in their clinical practice if the setting

provided one. These results strongly suggest convenience appears to be a major factor in most settings, not just in the school setting.

Study Limitations and Implications for Further Research

The general response rate for this study was 14.7%. Various reasons could contribute to the low response rate. These include: (a) the length of survey; (b) limited interest in the topic; (c) the reliability of email addresses; and (d) the time of year in which the survey was distributed. A time-consuming survey can impact participation; however, the topics and number of questions asked in the survey were important to address the proposed research questions.

As a low response rate was previously discussed, additional considerations for further research became evident after completion of this study. For example, multiple questions were answered through a Likert scale. The Likert scale is the most commonly used rating scale in many research disciplines (Yusoff & Mohd Janor, 2014). The ease of administration and response adds to the scale's being used throughout many professional fields (Yusoff & Mohd Janor, 2014). The scale includes various choices of words that may direct the participant to various levels of feelings, attitudes, or understandings (Yusoff & Mohd Janor, 2014). As a result, participants' responses become increasingly subjective. Future research could involve a qualitative approach to gain further clarification on these subjective responses, thus enabling the researcher and the respondent to acquire greater understanding of the issues involved in the use of the piano/keyboard in clinical practice.

Currently, all music therapy undergraduate curricula involve the completion of practicum experiences. In practicum, students are able to practice their music therapy musical and clinical skills as well as their instrumental training. As the results from this study indicate, there appears to be a need for further training regarding piano/keyboard skills used in clinical practice. Although some practicum supervisors require specific instrumental evaluations, not all do. Future research could investigate the use of piano/keyboard in pre-professional experiences and compare them with their usage in professional settings.

Finally, this study included solely members from the Southwestern Region of AMTA. Future research may benefit distributing the survey nationally. Some of the survey material may have to be altered, but a wider selection of participants may provide more diverse responses.

CHAPTER VI

CONCLUSION

Currently limited research exists on educational training of music therapists regarding the piano/keyboard as well as how often and in what manner the piano/keyboard is being used in clinical practice. The results of this study provide a more in-depth analysis of this area and may assist educators in future educational and clinical curriculum planning. The survey results demonstrate a need for more piano/keyboard training specifically focusing on skills used in clinical practice. Further collaboration between music therapists and piano educators may assist in future modifications to this area of music therapy education. In addition, the survey results also demonstrate a need for further collaboration between music therapists and their settings to allow an optimal environment with relevant instrumentation. Further research is needed to validate the results of this study and to facilitate further information that may be beneficial to the field of music therapy.

Although governing bodies of music therapy, related literature, and significant music therapy professionals all emphasize the importance of using piano/keyboard in clinical practice with sufficient competency, the results of this study suggest that the level of competency is less than that desired. Because of the piano/keyboard's melodic, harmonic, and rhythmic capabilities, the impact the instrument may have on the therapeutic process is immeasurable. If music therapists continue perceive impediments to the use of the piano/keyboard in practice, as the results of this study suggest, the future

use of the instrument in clinical practice may also be at risk. When such a vital instrument is not used, as frequently as suggested, the therapeutic process and outcomes may be limited.

REFERENCES

- American Music Therapy Association (2013). *Professional competencies*. Retrieved November 29, 2014 from: <http://www.musictherapy.org/about/competencies/>
- Brookins, L. M. (1984). The music therapy clinical intern: Performance skills, academic knowledge, personal qualities, and interpersonal skills necessary for a student seeking clinical training. *Journal of Music Therapy*, 21(4), 193-201. Retrieved from <http://jmt.oxfordjournals.org/content/21/4/193>
- Bruscia, K. (1987). *Improvitational models of music therapy*. Springfield, IL: Charles C. Thomas Publishers.
- Certification Board for Music Therapists. (2010). *Scope of Practice*. Available from CBMT, 506 East Lancaster Avenue, Suite 102, Downingtown, PA, 19335.
- Gardstrom, S. C. (2007). *Music therapy improvisation for groups: Essential leadership competencies*. University Park, IL: Barcelona Publishers.
- Gilboa, A., Zilberberg, D., & Lavi, D. (2011). What's a piano? Music therapists portray the "musical personality" of the piano. *Music Therapy Perspectives*, 29(2), 138-148. Retrieved from <http://ezproxy.twu.edu:2339/ehost/pdfviewer/pdfviewer?sid=42244ede-3268-4091-b661-dacbe665c8de%40sessionmgr4005&vid=1&hid=4112>
- Halpin, B. (2002). *The everything playing piano and keyboards book: From popular songs to classical music-learn to play in no time*. Avon, MA: Adams Media Corporation.

- Kennedy, M. & Bourne, J. (1996). *The concise oxford dictionary of music*. Oxford, England: Oxford University Press.
- Massicot, J. (2012). *Functional piano for music therapists and music educators: An exploration of styles*. Gilsum, NH: Barcelona Publishers.
- Siepmann, J. (1996). *The piano*. London, England: Carlton Books Limited.
- Wheeler, B. L. (2002), Experiences and concerns of students during music therapy practica. *Journal of Music Therapy*, 39(4), 244-264. Retrieved from <http://ezproxy.twu.edu:2092/docview/220166059/fulltextPDF?accountid=7102>
- Yusoff, R. & Mohd Janor, R. (2014). Generation of an interval metric scale to measure attitude. *SAGE Open*, 4(1). Retrieved from <http://ezproxy.twu.edu:4351/doi/abs/10.1177/2158244013516768>
- Zanders, M. L. (2013). Foster care youth. In L. Eyre (Ed.), *Guidelines for music therapy practice in mental health* (pp. 205-236). Gilsum, NH: Barcelona Publishers.

APPENDIX A

Initial Email for Survey

Hello,

You are invited to be in a research study to examine how music therapists are using the piano and keyboard in their practice. You were selected as a possible survey participant because you are an MT-BC practicing within the Southwestern Region, and have authorized CBMT to release your email address.

The survey will take approximately 15-30 minutes and may be revisited until complete. Please visit the survey by clicking the link below to further read about the research and document your potential participation.

Your time is greatly appreciated as contributing to this limited area would not be possible without your support. Have a great day!

Sincerely,
Sara Chigani
Principal Investigator
Texas Woman's University
Schigani@twu.edu

APPENDIX B

Second Email for Survey

Hello,

This is a friendly reminder regarding your participation in a research study to examine how music therapists are using the piano and keyboard in their practice.

If you have already completed the survey, I would like to personally thank you for your time and support. If not, the survey will take approximately 15-30 minutes and may be revisited until complete.

Please visit the survey by clicking the link below to further read about the research and document your potential participation. I greatly appreciate your involvement in this study.

Sincerely,
Sara Chigani
Principal Investigator
Texas Woman's University
Schigani@twu.edu

APPENDIX C

Survey

Consent Form for Participants

You are invited to be in a research study to examine how music therapists are using the piano and keyboard in their practice as well as their confidence and competence on the instrument. As a graduate music therapy student, I, the researcher, have found limited research regarding how the keyboard is used and aim to examine and contribute to this area by conducting this thesis study. You were selected as a possible survey participant because you are a Board Certified Music Therapist within the Southwestern Region, and have authorized the Certification Board of Music Therapists (CBMT) to release your email address. I ask you to read this form and ask any questions before agreeing to the study.

Background Information:

The purpose of this study is to examine how board certified music therapists in the Southwestern Region are using the piano and keyboard, the frequency of which it is used, and the therapists' confidence on the instrument in sessions. Few studies have been completed on this topic, and it is essential to the profession that music therapists are aware of how and when they are using such a vital instrument.

Procedure:

The survey includes three parts: demographics, keyboard training, and usage in sessions. The survey will take approximately 15-30 minutes to complete. Participation is completely voluntary, and you may withdraw at any time without penalty.

Potential Risks and Benefits:

The researcher believes there is minimal risk to participate in this survey. Potential risks include loss of time and loss of confidentiality. In an effort to minimize these risks, participation is completely voluntary and you may withdraw at any time or complete sections of the survey at different times. In addition, your name will not be used in any way in this study, and all data will be kept anonymous on a password-protected server. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. The benefit of participating in this study is a contribution to the general knowledge about utilizing piano and keyboard in music therapy sessions. In addition, you may request to receive a summary of your individual results of the survey by contacting the researcher.

Confidentiality:

Your name will not be used in any way in this study, and all data will be kept anonymous. The researcher retains the right to use, analyze, and publish any non-identifiable data. Individual responses will be kept confidential, while aggregate data will be utilized to represent averages or generalizations about the responses as a whole. Individual data will be kept in a secure setting in the researcher's home and will be reviewed only by the researcher and her advisor.

Contacts and Questions:

If you have any questions about the study, or if you would like a copy of the results after completion of this project, please contact:

Sara Chigani
Principal Investigator
Therapy
Texas Woman's University
Schigani@twu.edu

Michael Zanders, PhD, MT-BC
Assistant Professor of Music

Texas Woman's University
Mzanders@twu.edu

1. Do you consent to the above information?

- ☐ By clicking this button, I **agree** to the above information and agree to participate in this study by clicking the "Next" button below and entering the survey.
- ☐ By clicking this button, I **do not agree** to the above information and decline to participate in this study without penalty. Clicking the "Next" button below will allow you to exit the survey.

2. How many years have you been working as a music therapist?

- ☐ <5 years
- ☐ 5-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ 26-30 years
- ☐ More than 30 years

3. What is the highest degree you have received?

- ☐ Bachelor degree
- ☐ Master's degree

- Doctoral degree

4. What population(s) do you currently work in? (Check all that apply).

- Abused/Sexually Abused
- AIDS
- Alzheimer's/Dementia
- Autism Spectrum Disorders
- Behavioral Disorder
- Cancer
- Chronic Pain
- Comatose
- Developmentally Disabled
- Dual Diagnosis
- Early Childhood
- Eating Disorders
- Elderly Persons
- Emotionally Disturbed
- Forensic
- Head Injured
- Hearing Impaired
- Learning Disabled
- Medical/Surgical
- Mental Health

- Neurologically Impaired
- Non-disabled
- Parkinson's
- Physically Disabled
- Post Traumatic Stress Disorder (PTSD)
- Rett Syndrome
- School-age Population
- Speech Impaired
- Stroke
- Substance Abuse
- Terminally Ill
- University/College Professor or Instructor
- Visually Impaired
- Other (please specify)

5. What setting(s) do you currently work in? (Check all that apply.)

- Adult Day Care
- Child/Adolescent Treatment Center
- Children's Day Care/Preschool
- Children's Hospital or Unit
- Community-based Service
- Community Mental Health Center
- Correctional Facility

- Day Care/Treatment Center
- Drug/Alcohol Program
- Early Intervention Program
- Forensic Facility
- General Hospital
- Geriatric Facility
- Geriatric Psychiatric Unit
- Group Home (not nursing home)
- Home Health Agency
- Hospice/Bereavement Services
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Inpatient Psychiatric Unit
- Nursing Home/Assisted Living Center
- Oncology
- Outpatient Clinic
- Partial Hospitalization
- Physical Rehabilitation
- Private Music Therapy Agency
- School (K-12)
- Self-employed/Private Practice
- State Institution
- Support Groups

- ☐ University/College Professor or Instructor
- ☐ Veteran's Affairs
- ☐ Wellness Program/Center
- ☐ Other (please specify)

6. Is piano/keyboard your primary instrument?

- ☐ Yes
- ☐ No

7. If you answered "Yes" to question number 6 ("Is piano/keyboard your primary instrument?"), what was your method of training? (Check all that apply.)

- ☐ Private Lessons
- ☐ Group Lessons
- ☐ High School Classes
- ☐ College Classes
- ☐ Self-taught
- ☐ Other (please specify)

8. If you answered “Yes” to question number 6, please rate your competency on the following foundational skills...

1. Scales (major and minor)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
2. Arpeggios (major and minor)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
3. Chords (major, minor, and altered)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
4. Chord Inversions	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
5. Chord Progressions	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
6. Sight Reading	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent

9. If you answered “Yes” to question number 6, please rate your competency on the following functional skills...

1. Common Tone Voicings	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
2. Accompanying in various genres (i.e. blues, country, gospel, jazz, and pop/rock)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
3. Improvising	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
4. Transposing compositions	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
5. Playing and singing	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent

10. If you answered “Yes” to question number 6, how long have you been playing piano/keyboard?

- ☐ <1 year
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ More than 25 years

11. If you answered “No” to question number 6 (“Is piano/keyboard your primary instrument?”), how long have you been playing piano/keyboard?

- ☐ <1 year
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ More than 25 years

12. If you answered “No” to question number 6, what was your method of training?

(Check all that apply.)

- ☐ Private Lessons
- ☐ Group Lessons

- High School Classes
- College Classes

13. If you answered “No” to question number 6, please rate your competency on the following foundational skills...

1. Scales (major and minor)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
2. Arpeggios (major and minor)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
3. Chords (major, minor, and altered)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
4. Chord Inversions	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
5. Chord Progressions	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
6. Sight Reading	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent

14. If you answered “No” to question number 6, please rate your competency on the following functional skills...

1. Common Tone Voicings	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
2. Accompanying in various genres (i.e. blues, country, gospel, jazz, and pop/rock)	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
3. Improvising	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
4. Transposing compositions	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent
5. Playing and singing	Very Incompetent	Somewhat Incompetent	Neutral	Somewhat Competent	Very Competent

15. Were you required to take piano/keyboard classes/instruction during your college education?

- ☐ Yes
- ☐ No

16. Were you required to take a piano/keyboard proficiency exam in order to continue the music therapy program?

- ☐ Yes
- ☐ No

17. Please rate your confidence in the following...

1. Arpeggios (major and minor)	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
2. Chord Inversions	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
3. Chord Progressions	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
4. Chords (major, minor, and altered)	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
5. Accompanying in various genres (i.e. blues, country, gospel, jazz, and pop/rock)	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
6. Common Tone Voicings	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
7. Improvising	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
8. Playing and singing	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
9. Transposing compositions	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
10. Scales (major and minor)	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident
11. Sight reading	Not at all confident	Not confident	Neutral	Somewhat confident	Very confident

18. How often do you use a piano/keyboard in your sessions?

- ☐ Never
- ☐ 1-2 times a month
- ☐ 3-7 times a month
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ 5-7 times a week
- ☐ 7-9 times a week
- ☐ More than 10 times a week

19. How important would you rate using a piano/keyboard in your session(s) to be?

- ☐ Not at all important
- ☐ Low importance
- ☐ Neutral
- ☐ Somewhat important
- ☐ Extremely important

20. Does your music therapy setting(s) have a piano/keyboard for you to use in your session(s)?

- ☐ Yes
- ☐ No
- ☐ Less than half do have a piano/keyboard
- ☐ Half do have a piano/keyboard and half do not

- Less than half do not have a piano/keyboard

21. What musical experiences do you typically use a piano/keyboard? (Check all that apply.)

- Improvisation
- Re-creative
- Receptive
- Composition/Songwriting
- None of the above
- Other (please specify)

22. Please rate your competency in using piano/keyboard in the following musical experiences...

1. Improvisation	Not at all competent	Not competent	Neutral	Somewhat competent	Very competent
2. Re-creative	Not at all competent	Not competent	Neutral	Somewhat competent	Very competent
3. Receptive	Not at all competent	Not competent	Neutral	Somewhat competent	Very competent
4. Composition/Songwriting	Not at all competent	Not competent	Neutral	Somewhat competent	Very competent

23. In general, please rate your confidence when playing the piano/keyboard in your session(s).

- ☐ Not at all confident
- ☐ Not confident
- ☐ Neutral
- ☐ Somewhat confident
- ☐ Very confident

24. Do you think your piano/keyboard education was sufficient in your ability to functionally use the instrument in your session(s)?

- ☐ Yes
- ☐ No

25. Do you think further piano/keyboard training would increase your use of the instrument in your session(s)?

- ☐ Yes
- ☐ No

26. If a piano/keyboard was provided for you at your professional setting(s), do you think you would use it in sessions more frequently?

- ☐ Yes
- ☐ No
- ☐ Other (please specify)

APPENDIX D

IRB Approval Letter



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
<http://www.twu.edu/irb.html>

DATE: October 6, 2016

TO: Ms. Sara Chigani
Music & Drama

FROM: Institutional Review Board (IRB) - Denton

Re: Exemption for Keyboard Competence and Usage: A Survey of Board-Certified Music Therapists in the Southwestern Region (Protocol #: 19255)

The above referenced study has been reviewed by the TWU IRB (operating under FWA00000178) and was determined to be exempt from further review.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. Because a signed consent form is not required for exempt studies, the filing of signatures of participants with the TWU IRB is not necessary.

Although your protocol has been exempted from further IRB review and your protocol file has been closed, any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Pamela Youngblood, Music & Drama
Dr. Michael Zanders, Music & Drama
Graduate School