

## **Music Therapy in School Settings: Current Practice**

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*The practice of music therapy in school settings was the focus of this study. Survey forms were mailed to 244 NAMT members who indicated school setting as their place of employment. A total of 190 forms were received, 138 of which fit the qualifications for inclusion and were included in the data summaries. Greater numbers of respondents lived in Texas (21), New York (17), and Michigan (11), and were employed full-time (60%). Employers were more typically school systems (53%) for the highest percentage of full-time respondents (80%), and self-employers (25%) for the highest percentage of part-time respondents (80%). A considerably higher percentage of time was spent each week in direct service delivery (62%) than in consultation (13%), travel (18%), documentation (11%), or preparation (14%). Over 40% of the respondents had been music therapists for more than 8 years, but not necessarily in their current positions. Almost 40% needed a valid teaching certificate for employment, while over 50% currently held one. Respondents most frequently worked with persons who were developmentally disabled (80%). The impact of employer and the inclusion movement on professional practice issues was discussed, as were possible trends in the practice of music therapy in school settings.*

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The implementation of Public Law No. 94-142, and its reauthorization as Public Law No. 101-476, the Individuals with Disabilities Education Act of 1990 (IDEA), mandated many changes within the public school system. *Mainstreaming*, a term synonymous with P.L. 94-142, became a corollary to normalization. The term *inclusion*, the concept and practice of educating children with disabilities in

an environment as nearly normal as possible, is rapidly replacing *mainstreaming*. Many parents and educators advocate “full inclusion” for all children and youth with special needs. While there is no one specific definition for *inclusion*, Stainback and Stainback (1992) offer the following goal of inclusion:

to be sure that all students, regardless of any individual differences they might have (be they classified disabled, at-risk, homeless, or gifted), are fully included in the mainstream of school life. It also incorporates the idea that all students deserve to be safe, happy, secure, and successful learners within the mainstream. (p. 29)

This definition is bringing about heated debates throughout the educational system.

Inclusion is perceived by many parents as perhaps the most innovative and important educational issue in recent years. Without a doubt, the inclusion of children with disabilities in regular general education classrooms will have a profound impact on public school education for many years to come. Not all students with disabilities will be integrated, but more than ever before will be placed in neighborhood schools. The U.S. Department of Education (1993) reports that only 6.5% of all children and youth with disabilities are educated in either separate schools or residential facilities (p. 17). Of the 94% who are in regular schools, nearly two thirds receive much or all of their education in the regular classroom with their peers.

According to some authors, consultation and collaboration are effective strategies to deal with inclusive practices (Johnson & Pugach, 1992; Tilton, 1996). Tilton calls it a critical element in the success of an inclusive classroom (p. 128). Johnson and Pugach describe a paradigm shift “in how the profession of teaching and education as a whole are conceptualized.” A key factor in this shift is the role that collaboration/consultation can play in working toward the least restrictive environment for all learners.

Inclusive practices are the latest impetus for change in music therapy conducted in school settings. Historically, the use of music as therapy with school-aged populations has been common practice for over half a century, although the delivery of those services by professionally trained music therapists in school-based settings

has been a more recent development spurred in large part by Pub. L. No. 94-142. Authors in the late 1970s were at the forefront in outlining for the music therapist potential roles of direct service delivery (Alley, 1977) and consultant (Steele, 1977a, b), specifically for persons with severe handicaps (Alley, 1977), learners with behavioral problems (Steele, 1977a), and learners who were educable retarded and learning disabled (Steele, 1977b). Alley (1979) outlined the roles of music therapists and music educators in relation to Pub. L. No. 94-142. She saw music therapists as being able to: (a) teach academic, social, motor, and language objectives from any curricular area through the use of music; (b) provide materials for the field of special education; and (c) be a member of the Individual Education Program team. Jellison (1979) suggested that the role of the music therapist might be broadened to include working on not only short-term goals, but also "music goals with emphasis on longitudinal curriculum planning" (p. 130), specifically, those relating to home, school, and community.

The music therapist as in-service provider signified an increasingly diverse role for music therapists in school settings. This role was identified and underscored through the awarding of a grant funded through the Office of Special Education, 1979-1982, to the National Association for Music Therapy, Inc. The grant, entitled "Special Project: A National In-Service Training Model for Educational Personnel Providing Music Education/Therapy for Severely/Profoundly Handicapped Children," resulted not only in the preparation of music therapists as in-service providers, but also in a sizable number of printed materials being produced for the literature base: *A Manual to Conduct In-Service Training Workshops for Music Educators, Administrators, Parents, and Special Educators* (Lathom, 1981); the *Project Music Monograph Series* (Lathom & Eagle, 1982); *Music Therapy for Handicapped Children: An Annotated and Indexed Bibliography* (Eagle, 1982); *Music Therapy: A Behavioral Guide for the Mentally Retarded* (Madsen, 1981); and *The Role of Music Therapy in the Education of Handicapped Children and Youth* (Lathom, 1980). The *Project Music Monograph Series* (Lathom & Eagle, 1982) included information about not only persons with mental retardation, but also persons who were deaf-blind, emotionally disturbed, hearing impaired, multihandicapped, orthopedically handicapped, other health impaired, speech impaired, and visually impaired in order to provide information for in-service providers in

areas other than those in which they were employed. This grant represented a major attempt to position music therapists at the forefront in the struggle for access to services for persons with disabilities.

A 1988 investigation by McCormick provided descriptive information about the status of music therapists employed by public school systems. With 54 surveys returned from the 184 names in the initial mailing, she estimated that "between 2 and 3% of NAMT's professional membership are employed in actual music therapy positions in public schools nationwide. In addition, another 1% are employed in other capacities by the public schools" (p. 75). The greatest numbers of these therapists were employed in states that did not require a teaching certificate in addition to music therapy credentials, specifically Minnesota and Texas. These music therapists were more typically full-time employees who served fewer than 200 students per week, ages 3 to 18, in groups of 5 to 10. Those students would most likely be "mentally retarded, multiply handicapped, emotionally disturbed, learning disabled, and/or speech impaired, and would be seen for therapy twice weekly" (pp. 74-75).

The music therapists responding in the 1988 survey were involved in "providing direct services to students, scheduling music therapy group and individual sessions, developing individual student goals and objectives, planning student IEPs as a team member, and documenting individual student progress" (p. 74). The most frequently addressed goals and objectives in their work were those related to the improvement of social skills, attending and imitation skills, following directions/increasing listening skills, the improvement of communication skills, and the improvement of motor skills.

Jellison and Gainer (1995) conducted an investigation of a young girl's participation in both music education and music therapy settings. While they described positive outcomes derived in both settings, they also pointed out the difficulties in comparing her performance in the two settings due to "differences in the class structure and general educational/therapeutic practices" (p. 237). "It would appear that the music therapist, special educator, and music educator could be effective collaborators in bringing about an individualized music therapy program that focuses on teaching for transition" (p. 238).

Jellison examined the music research in special education for the years 1975–1986 (Jellison, 1988), and again in 1996 for the years 1975–1993. She suggested that “the expanding roles of the music therapist and music educator in special education programs provided impetus for increased research literature on the topic” (1996, p. 168). However, there was no further discussion of those roles due to the research-based format of the investigation.

A monograph focusing on employment models in school settings has been published (Wilson, 1996), which is particularly important due to its discussion of inclusion and the impact of inclusive education on both special learners and music therapists. The employment models basically fall into two categories: direct services delivery and consultant. Within the direct services category, services can be provided through a multidisciplinary team approach, interdisciplinary team approach, transdisciplinary team approach, and traditional direct services model either in self-contained or inclusive settings. Music therapists can function in a consultant role as a facilitator for inclusion, music education, or musical performance; a consultant with nonmusic education staff, or as a resource and equipment distributor (Johnson, 1996). Specific information is provided about the changing role of school music therapists who work with severely disabled learners (Coleman, 1996; Farnan, 1996), autistic learners (Snell, 1996), learning disabled learners (Gladfelter, 1996), deaf/hard-of-hearing learners (Darrow & Schunk, 1996), juvenile offenders (Gardstrom, 1996), and early childhood learners (Furman & Furman, 1996; Humpal & Dimmick, 1996). In general, greater importance is placed on the consultant aspect, especially with music educators, since many of the goals and objectives overlap and can therefore be worked on simultaneously by both educators and therapists (Darrow, 1996). Johnson (1996) describes it in the following way:

Just as special education has changed, so has the role of the music therapist evolved to a more inclusive model of service delivery. Music therapists have begun to work more in consultant roles, providing support services to staff and parents. These changes have presented music therapists with a variety of working models in which the definition of school music therapist may differ depending upon the interpretation of special education itself. (p. 49)

The Wilson monograph (1996) contains the most current information available concerning music therapy in school settings; in most cases, however, that information is not data-based or the result of objective evaluation. While there is certainly a need for narrative information about the practice of music therapy in those settings, there is an even more pressing need for descriptive information that would help to clarify what the current practice of music therapy is for school settings. Given the impact that recent educational reform efforts, such as inclusion, have had on the education of persons with disabilities, it stands to reason that the need for current information in this area is high. It's also crucial in this day of contractual employment to find out what employment under a variety of employer options is like. Therefore, the overall goal of this investigation was to acquire descriptive information concerning the practice of music therapy in school settings, with the McCormick (1988) study and the Wilson (1996) monograph serving as the basis for the areas of focus. Specific research questions were:

1. What are the current employment demographics of music therapists in school settings?
2. Who are the employers of music therapists working in school settings and how does their employer impact the music therapist and the services they provide?
3. To what extent do music therapists in school settings reflect the direct service delivery or consultant models?
4. What are current trends in music therapy in school settings?

### Method

The purpose of this study was to gather information about the practice of music therapy in school settings. Subjects for this study were professional members of the National Association for Music Therapy who indicated their workplace as a school setting in the *NAMT Member Sourcebook 1996* ( $N = 244$ ). An explanatory letter, three-page coded questionnaire, and a self-addressed stamped envelope were sent to each subject. A follow-up letter, additional coded questionnaire, and self-addressed stamped envelope were sent to those who had not returned the initial questionnaire by the stated deadline.

The questionnaire was designed by two music therapists, with over 40 years combined experience in school settings. Its content was adapted from parts of the earlier McCormick (1988) survey tool, with additional questions related to quantifying music therapists, music educators and their credentials, professional memberships, and internship sites, included to especially focus on current professional preparation and practices. The survey instrument itself went through three drafts, with refinements being made each time to produce an easy-to-complete form. Feedback on the final version was collected from music therapists in Michigan and North Carolina, and modifications to the form were made based on their recommendations. The questionnaire was divided into three parts, with all subjects being asked to complete the first section, which contained statements concerning employment policies, practices, and populations served. Two optional sections followed, which allowed respondents to share information about in-service practices with music educators. That information, while interesting, was not of sufficient quantity, or in an appropriate format to be included in this investigation.

### Results

In this investigation, a three-part questionnaire form containing dichotic-choice, multiple-choice, Likert-scale, and short-answer questions was sent to 244 music therapists, with 190 forms returned, 138 of which indicated current employment as a music therapist in a school setting. Collected data from the first part of the form was compiled and will be presented in employer category breakdowns in this section. These will relate only to those respondents who are currently practicing music therapists, unless otherwise indicated.

*Question 1:* I am currently: self employed; a school district employee; an employee of an agency which provides services for school-based settings; not working in a school-based setting; other.

The five employment choices in Question 1 yielded four employer categories: school system employees (system employed), self-employed (self-employed), employed by an agency which provided services for school-based settings (agency employed), and employed in a facility or other school-related setting (related employed). Examples of school-related facilities were intermediate school districts, private special education schools, county board of

TABLE 1  
*Respondents by Employer Categories*

State	School Employed	Self-Employed	Related Employed	Agency Employed	Total
AL		1			1
AZ	1	2	2		5
CA		2	1		3
CO	1			1	2
CT		4		1	5
DE			1		1
FL	5				5
GA	2				2
IL	4	2			6
IA	1				1
KS	2		1		3
LA	1				1
MD	2		1		3
MA	1	2			3
MI	6		3	2	11
MN	10				10
NV	1				1
NJ	3	1	2	3	9
NM	1				1
NY	6	5	1	5	17
NC		1			1
OH	2	1	2	1	6
PA	2	3	1		6
SC				1	1
SD	1				1
TN	1				1
TX	12	7		2	21
VA	5	1			6
WA		1			1
WI	3	1			4
Total	73	34	15	16	137

mental retardation schools, independent day schools, state residential schools for the blind, private schools/hospitals, and psychiatric hospitals with schools on the grounds. A greater percentage of respondents were school employed (41%) than were self-employed (19%), agency employed (9%), or related employed (8%).

Respondents were from 30 states, with greater numbers found in three states: Texas, New York, and Michigan. More respondents were school employed ( $n = 73$ ) in Texas (12), Minnesota (10), and Michigan (6) (see Table 1). Self-employed respondents ( $n = 34$ )



TABLE 2

*Full or Part-time Employment by Employer Categories*

Employer	Full-time <sup>a</sup>	Part-time <sup>b</sup>	Total Employed
School	61 (84%) <sup>c</sup>	12 (16%)	73
Self	4 (12%)	30 (88%)	34
Related	9 (60%)	6 (40%)	15
Agency	9 (56%)	7 (44%)	16
Total	83 (60%)	55 (40%)	138

*Note.* Full-time was defined as 30 hours or more per week. <sup>b</sup> Part-time was defined as less than 30 hours per week. <sup>c</sup> Percentage of respondents for that employer category in parentheses.

were more frequently found in Texas (7), New York (5), and Connecticut (3). Agency-employed and related-employed respondents were more frequently found in New York (5) and New Jersey (3) than other states. While 42 respondents were not currently working as school music therapists, many were working with children in other capacities.

*Question 2:* I work in school-based settings: full-time (30 hours or more per week); part-time (less than 30 hours per week); other.

Eighty-three respondents (60%) were practicing music therapy full-time and 55 part-time (40%), with a greater percentage of school employed (84%) indicating full-time employment, and a greater percentage of self-employed (88%) indicating part-time employment (see Table 2). Related-employed and agency-employed respondents were more evenly distributed between the two.

*Question 3:* What percentage of your time per week in school-based settings is spent in the following areas: direct service delivery; documentation; providing consultation; preparation; travel; other.

Respondents indicated direct service delivery (62%) as occupying the greatest percentage of their employment time each week (see Table 3). This was followed by travel (18%), documentation (14%), consultation (13%), and preparation (11%). Self-employed and agency employed allocated a higher percentage of time each week as travel (from 10 to 17%), and school employed indicated a higher percentage of time devoted to preparation (16%). Approximately 40% of respondents indicated time each week devoted to consultation. Some respondents also indicated other employment tasks of varying percentages of time: program development, out-

TABLE 3

*Average Percentage of Time Per Week Spent on School Setting Tasks by Employer Categories*

Employer	Direct Service Delivery	Providing Consultation	Travel	Documentation	Preparation
School	64% N = 67 (92%) <sup>a</sup>	13% N = 30 (41%)	10% N = 39 (53%)	9% N = 54 (74%)	16% N = 63 (86%)
Self	62% N = 31 (91%)	14% N = 14 (41%)	17% N = 22 (65%)	11% N = 27 (79%)	13% N = 26 (76%)
Related	60.3% N = 15 (100%)	14.1% N = 7 (47%)	10% N = 4 (27%)	11.8% N = 15 (100%)	11.4% N = 15 (100%)
Agency	59% N = 15 (94%)	13% N = 6 (38%)	17% N = 9 (56%)	11% N = 11 (69%)	12% N = 15 (94%)
Total	62% N = 128 (93%)	13% N = 57 (41%)	18% N = 74 (54%)	11% N = 107 (78%)	14% N = 119 (86%)

*Note.* Percentage of respondents for that employer category in parentheses.

reach service, staff meetings, intern supervision, staff development, administration (head of music therapy department), home-room-lunch duty, and performances.

*Question 4:* How many total years have you been employed in school-based settings? Less than one year; 1–3 years; 4–8 years; more than 8 years; other.

*Question 5:* How many years have you worked in your current position(s)? Less than 1 year; 1–3 years; 4–8 years; more than 8 years; other.

The highest percentage of school (53%) and related employed (73%) had worked in school settings for more than 8 years (see Table 4). Slightly lower percentages of each had been at their current positions for that amount of time (see Table 5). Overall, respondents had spent more years in a school setting than they had in their current position. This is very apparent by comparing the

TABLE 4

*Years in School Setting by Employer Categories*

Employer	Less than 1 year	1–3 years	4–8 years	More than 8 years	Total
School	1 (1%) <sup>a</sup>	14 (19%)	19 (26%)	39 (53%)	73
Self	1 (3%)	11 (32%)	18 (53%)	4 (12%)	34
Related	0	4 (27%)	0	11 (73%)	15
Agency	0	6 (37.5%)	6 (37.5%)	4 (25%)	16
Total	2 (1%)	35 (25%)	43 (31%)	58 (42%)	138

*Note.* Percentage of responses in that employer category.

TABLE 5  
*Years in Current Position by Employer Categories*

Employer	Less than 1 year	1-3 years	4-8 years	More than 8 years	Total
School	6 (8%) <sup>a</sup>	21 (29%)	16 (22%)	30 (41%)	73
Self	4 (12%)	15 (44%)	11 (32%)	4 (12%)	34
Related	2 (13%)	3 (20%)	2 (13%)	8 (54%)	15
Agency	1 (6%)	6 (38%)	5 (31%)	4 (25%)	16
Total	13 (9%)	45 (33%)	34 (25%)	46 (33%)	138

*Note.* Percentage of responses in that employer category in parentheses.

number of respondents who had been at their current position less than 1 year ( $n = 13$ ) with those who had been in school settings for the same amount of time ( $n = 2$ ). However, a surprising number of respondents had been employed in school settings ( $n = 58$ ), and at their current position ( $n = 46$ ) for more than 8 years.

*Question 6:* Do you need to have a valid teaching certificate in your state to maintain your employment? Yes; No.

A teaching certificate was needed for employment by 54 of the respondents (39%), which represented 57% of school employed, 12% of those who were self-employed, 20% of related employed, and 31% of agency employed.

*Question 7:* Do you now or have you in the past held a teaching certificate? Yes; No.

Just over half (51%) of the respondents answered this question positively, representing 64% school employed, 26% self-employed, 47% related employed, and 44% agency employed. In comparing responses between Questions 6 and 7, it is apparent that slightly higher numbers of music therapists in all employer categories actually held valid teaching certificates than needed them.

*Question 8:* With which populations of special learners do you currently work? Autistic; behavior disordered; developmentally disabled; emotionally disturbed; hearing impaired; learning disabled; multiply disabled; physically disabled; Rett syndrome; speech impaired; visually impaired.

Table 6 indicates that respondents worked most frequently with persons with developmental disabilities (78%), regardless of employer. Over two thirds of the respondents also worked with persons who were autistic (71%) and multiply disabled (71%). School

TABLE 6  
*Current Populations Served by Employer Categories*

Disability Category	School Employed	Self-Employed	Related Employed	Agency Employed	Total Respondents
Developmentally					
Disabled	58 (79%) <sup>a</sup>	26 (76%)	10 (67%)	14 (88%)	108 (78%)
Autistic	51 (70%)	24 (71%)	10 (67%)	13 (81%)	98 (71%)
Multiply					
Disabled	50 (68%)	23 (68%)	11 (73%)	14 (88%)	98 (71%)
Speech					
Impaired	45 (61%)	19 (56%)	12 (80%)	13 (81%)	89 (64%)
Physically					
Disabled	38 (52%)	18 (53%)	8 (53%)	12 (75%)	76 (55%)
Behavior					
Disordered	43 (59%)	14 (41%)	6 (40%)	12 (75%)	75 (54%)
Emotionally					
Disturbed	43 (59%)	11 (32%)	8 (53%)	10 (63%)	72 (52%)
Visually					
Impaired	36 (49%)	16 (47%)	8 (53%)	10 (63%)	70 (51%)
Learning					
Disabled	38 (52%)	12 (35%)	8 (53%)	10 (63%)	68 (49%)
Hearing					
Impaired	34 (47%)	12 (35%)	10 (67%)	7 (44%)	63 (46%)
Rett Syndrome	19 (26%)	9 (26%)	3 (20%)	6 (38%)	37 (27%)

*Note.* Percentage of responses in that employer category in parentheses.

music therapists were least likely to work with persons with Rett Syndrome (27%), regardless of employer category. Persons who were hearing impaired were also seen by less than half of the respondents. While there seemed to be general agreement across employer categories, in terms of those most frequently and least frequently worked with, greater variability existed between employer categories in the middle percentages. More than 60% of agency employed worked with 9 of the 11 disability categories. Those who were related employed achieved that level in only 5 categories, school employed in 4 categories, and those who were self-employed in 3 categories.

*Question 9:* What is the approximate number of students you work with each week?

Respondents (99% of total) worked with an average of 75 students per week. Related-employed (83.5 students), school-em-

employed (79.5 students), and agency-employed (79 students) respondents saw greater numbers of students than self-employed (56.9 students) respondents.

*Question 10:* How many music therapists are employed in your school system (full- or part-time)?

Respondents (91% of total) indicated an average of 2.6 music therapists employed overall. School employed reported an average of 3.1 music therapists, which was greater than the average for those who were self-employed (2.1), related employed (1.7), or agency employed (1.6), although not by a large amount.

*Question 11:* Approximately how many music educators are employed in your school system (full- or part-time)?

The average number of music educators for all four categories, with 69% of the sample responding, was 57.6. There is variation between the four employer categories, with school employed recording a higher average number (82.8) than those who were self-employed (33.3), and much higher than related employed (1.7), or agency employed (10). The number of music educators in the school-based settings was reported by 80% of the school employed, while less than 50% of self-employed, related employed, and agency employed responded to that question. Respondents in those categories frequently wrote comments of "don't know" and "too many to count" on the response form.

*Question 12:* Are you a member of Music Educators National Conference? Yes; No.

Seventeen percent of the respondents indicated membership in MENC. In examining the breakdown across the four categories, that represents 26% of school employed, 9% of self-employed, and 13% of related employed. No responses were recorded in the agency employed category.

*Question 13:* Are you a member of the Music Teachers National Association? Yes; No.

Only 4% of the respondents belonged to MTNA, and they were all school employed.

*Question 14:* Do you presently have an internship program at your site(s)? Yes; No.

Twenty-seven respondents (20%) indicated having an internship at their work setting, with nearly half (13) of those being school employed. Five respondents who were self-employed, six school employed, and three agency employed indicated an internship.

## Discussion

The purpose of this investigation was to examine factors surrounding the current practice of music therapy in school settings. It has been a little over 20 years since the implementation of Pub. L. No. 94-142 and a little less than that amount of time since the flurry of activities in the early 1980s related to school settings. The McCormick (1988) investigation of the late 1980s provided a glimpse of practice at that time, and the author stated the hope that it would become the baseline for follow-up studies. The current investigation was designed to both follow up and expand upon the McCormick investigation, through providing comparative data in some instances, and greater information related to employer categories currently utilized.

The total number of individuals in the subject pool (244) for the current investigation showed a 33% increase over McCormick's total numbers 10 years earlier. An incorrect interpretation of those numbers might result in an assumption that there has been little growth in the area of school-based music therapy. However, that is not the case, since those numbers are not an accurate predictor of the numbers of therapists working in that setting. The data included in the NAMT Sourcebook from which the current subject pool was compiled were voluntarily provided along with the membership renewal materials. It is highly possible that some music therapists working in school settings chose not to complete and return information about themselves and their employment. Since membership in NAMT was not a prerequisite for employment, it is probable that there were music therapists who would have qualified for inclusion into the subject pool but were members of related professional associations, such as the Council for Exceptional Children or Music Educators National Conference, instead of NAMT. Neither investigation included music therapists who were members of the American Association for Music Therapy in its subject pool. While the temptation might be to look at the number of individuals in the subject pools for both investigations and at the 33% growth rate between 1988 and 1998 and conclude that the number of music therapists working in this area is small, it is clear that those figures do not support that conclusion.

McCormick (1988) suggests that "the majority of states not requiring teacher certification are located within the Great Lakes

and Southwest regions, perhaps accounting for the comparatively large number of public school music therapy positions located in these regions" (p. 74). Since three states in those regions showed larger numbers of respondents in both investigations (Texas, Michigan, and Minnesota), it would appear to support the latter part of that statement. However, conflicting data concerning the need for teaching certificates in those states prevent drawing the same conclusion for the current study. While the majority of respondents in those states did not report a need for a teaching certificate, at least one respondent in 23 of the 30 states represented in the current investigation did indicate a need for a teaching certificate to maintain employment. While it is likely that many of those responses represent anomalies due to individual school system or facility requirements, there are undoubtedly additional factors that also contribute to the geographic distribution of therapists. It will fall to future researchers to identify what those factors are, as well as what the relationship is between teacher certification requirements and the numbers of music therapists who are employed.

Perhaps one of the most surprising outcomes of this investigation is the realization that there are at least four employer categories for individuals who wish to work in school settings to choose from. While in the current investigation the relatively small number of respondents in two of the categories might have suggested combining them into one "other" category, it becomes clear as the data are examined that differences do exist as reported by the respondents. One obvious area is in response to the questions related to the number of years in school settings and current position. Seventy-five percent of those in the related-employed category reported having worked in this setting for 8 or more years, while those in the agency-employed category reported much less time. However, those who were agency employed showed little change between the responses for the two questions concerning years in school setting and current setting, while more variation is apparent in related-employed category respondents. Explanations might be found in agency-employed music therapists being a relatively newer development than related-employed music therapists, or even that those in the related-employed category may be reflecting employment changes because of the redistribution of students due to a move toward more inclusive instructional environments. It is

impossible to tell from the data. But the responses of these music therapists do appear to be different, thus providing justification for their analysis as separate categories instead of one.

The Wilson (1996) monograph identifies two categories of employment models: direct services delivery and consultant. Results of the current investigation show a greater number of respondents involved in direct service delivery each week (93%), than consultation (41%). While the number of respondents involved in consultation may seem low, it actually may be on the rise when data from the McCormick (1988) study are considered. That study reported 87% of respondents providing direct service delivery, and "providing consultation" was not even a choice on the response form. Nevertheless, there is evidence that at least one respondent in that study was engaged in consultation, since "providing consultation" was included in the "less than 40% involved in additional activities" category, probably as a result of being written in as an "other" response. The effect that increasing involvement as a consultant will have on the ability of music therapists to provide direct service delivery or any of the other employment tasks remains to be seen. Additional investigations are needed using this study as baseline to determine what the impact will be on music therapists.

While it is impossible to make direct comparisons between the McCormick (1988) investigation and the present investigation, trends might be identified by comparing the two in areas which they had in common. In the area of student populations, it appears that smaller percentages of respondents work with the various disabling conditions today than in the 1988 inquiry. The five disabling conditions that achieved the highest percentages of responses in the earlier study were mentally retarded (87%), multiply handicapped (78%), emotionally disturbed (78%), speech impaired (76%), and learning disabled (57%). While the same or similar categories also were among the most frequently listed in the current study, they all recorded lower percentages: developmental disabilities (78%), multiply disabled (71%), emotionally disturbed (54%), speech impaired (64%), and learning disabled (49%). Comparing those numbers might indicate a trend toward greater specialization, less variety of populations at individual sites, or reductions in student populations due to classrooms becoming more inclusive. The trend towards lower percentages is apparent; the reason for the trend is not.



How are music therapists being affected by the trend toward greater inclusion of students with disabilities into the mainstream of education? How are teaching certificate requirements affecting the growth of music therapy in school settings? Does the provision of music therapy differ due to who the employer is? These questions, which were outside the scope of this study, are waiting for answers. With the current investigation as baseline, future investigators may be able to provide answers to these and other questions. At the very least, they will be able to monitor the changes and developments that will undoubtedly occur in this rapidly changing field.

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