

A Survey of Board-Certified Music Therapists: Perceptions of the Profession,
the Impact of Stress and Burnout, and the Need for Self-Care

by

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ABSTRACT

This descriptive research study explored practicing Board-Certified Music Therapists' engagement in self-care as needed from the impact of stress and burnout, as well as perceptions of the music therapy profession and professional association. An online survey was completed by 829 practicing board certified music therapists. Mean scores and percentages of nominal variables were generated from an independent sample. ANOVA was used to compare mean scores of dependent variables with independent variables of two or more categories. Open-ended responses generated extensive qualitative data about stress/burnout, job satisfaction, motivation, and self-care. Those who are not currently members of AMTA reported affordability as the primary reason for not being members. Despite some negative perceptions about the profession and professional association, a significant number of music therapists expressed a passion for what they do. Music therapists appear to have a solid grasp on professional responsibilities and ethics. Although respondents reported an overall high level of job satisfaction, a substantial number agreed that they have considered leaving the profession. Low salary was the most commonly acknowledged reason, followed by the continued need to "sell" music therapy, burnout, stress, limited work opportunities, and workplace politics. Respondents identified healthy diet and rest as primary activities of self-care, followed by recreation/leisure time with loved ones, exercise, hobbies, and prayer. Music therapists reportedly continue to feel motivated and inspired in the profession predominantly because of the gratification/satisfaction of the results of their work, followed by engagement in self-care, loving the work regardless of income, attending conferences and symposiums, diversification among various populations, and

keeping professional life separate from personal life. ANOVA results indicated that job satisfaction and engagement in self-care likely increase with age; job satisfaction is higher among married music therapists, those with children, and those with more than 30 years in practice; and those with no children and those with a master's or doctorate degree were more likely to engage in self-care. A variety of implications and recommendations are explored.

DEDICATION

This work is dedicated to my parents: Sheila Hoffer, Warren Hoffer, and Mary Pendleton-Hoffer, who have been the greatest musical influences in my life. They instilled in me the value of music and education at an early age, nurtured my musical development, and enthusiastically supported my career path and advanced education in music therapy. I also dedicate this to my beautiful children, Dylan and Kaylee, who epitomize the “music child.” They continue to motivate and inspire me to make a positive difference in this unpredictable world. May music and compassion live on in them, whatever they choose to do in their bright futures. Without the love, genuine interest and abounding encouragement of my family and incredible network of friends, this journey would not have been possible.

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Chapter 1

INTRODUCTION

The music therapy profession, one of many helping professions, is both highly rewarding and meaningful, and also emotionally and physically draining. Many music therapists experience a high level of stress on the job due to the emotionally-charged nature of the work and the potential for physical exhaustion. Most people are inundated with media coverage of school violence, terrorism, and general ugliness in the world. Personal losses, family conflicts, uncertainty in the workplace, among other things, contribute to an individual's stress, anxiety, and general outlook. To counter these sources of stress, music therapists need to practice self-care. Unfortunately, most music therapists do not actively work to counter the effects of stress. This study was undertaken to determine what percentage of therapists engage in self-care and which techniques are most commonly utilized. The impact of stress and burnout and overall perceptions of the profession and professional association are emphasized.

The music therapist's work environment involves daily exposure to the devastating Ds: disease, disability, disfigurement, dysfunction, disaster, even death. Music therapists must constantly think on their feet for their clients, often feeling exposed and suffocated. We witness families grieving, clients struggling, and policies impeding advancement. We regularly observe people in physical and emotional pain, dealing with stunted functioning and the need for conflict resolution. It's not always pretty. To a music therapist, all of this can be downright depressing, discouraging, depleting, desensitizing, deflating, and destructive.

Despite all this, we remain optimistic and passionate about music therapy. We celebrate our clients' baby steps of progress and breakthroughs. We continue to establish long-term goals and behavioral objectives designed for success, learning, and healing. It seems to be in a music therapist's nature to be flexible and resilient. The positive outlook that is inherent in this line of work may balance some of the drawbacks, but the inconsistency and other negative aspects of the profession can take its toll on a music therapist's attitude and motivation.

The topic of this research became somewhat of a personal crusade for this author, as I myself had fallen victim to the overwhelming demands of the profession and my own tendency to take too much upon myself. While in graduate school, I was working full-time between three jobs and managing a family. Complexity science tells us that we're healthiest on the edge of chaos (Crowe, 2004), yet I found myself spiraling into the chaos! I had no time whatsoever to engage in self-care. I was sleep-deprived, stressed out and burned out for longer than I care to admit. My vocal health was being compromised, my physical and emotional health were being adversely affected, and my personal relationships were suffering as a result. As a conscious effort in self-care, I sought professional counseling and started to develop strategies to reprioritize, simplify, and slow down, but that's easier said than done. Over-functioning just seems to be in my nature and apparently I'm not alone.

As I began this investigation into the phenomenon of professional burnout and need for self-care, I discovered that many of my colleagues were in a similar situation. I realized that we need to get a handle on all of this not only for our own wellness, but so that we can be mindful and fully present with and for our clients. Music therapists give so

much of themselves through sympathy, empathy, and treatment. There's a certain degree of drive and control in a helping professional's personality that might become an overdeveloped sense of responsibility. We're champions for our clients, but what about ourselves?

In considering the common personality traits of music therapists, Moreno (1969) suggested that personality is formed from past experiences and therefore developed before music therapists even enter the field; thus, personality may be as or even more important than training. Common personal attributes, qualities, and attitudes among music therapists include the following:

- good physical and mental health
- energy and stamina
- emotional stability
- self-confidence
- good judgment
- common sense
- the ability to think clearly and quickly
- a genuine interest in others
- good communication and personal interaction skills
- a love for music, strong musical skills, and musical expressiveness
- creativity
- flexibility
- perseverance
- resourcefulness

- the ability to apply and integrate knowledge and experience gained from a wide variety of sources
- good coping skills
- a high level of frustration tolerance
- self-confidence
- intelligence, insight, and imagination
- openness to new ideas and solutions
- genuine interest and desire to help people
- empathy, sincerity, patience, tact, and understanding
- ability to relate to others
- observation skills
- problem-solving skills
- motivation
- competence
- efficiency

(Peters, 2000).

Quinn (1986) examined attitudes and personality traits of music therapists utilizing the *Work Values Inventory*, *Personality Research Form*, *Adjective Checklist*, and the *California Psychological Inventory*. Altruism, independence, achievement, harm-avoidance, endurance, order, nurturance, defensiveness, self-control, intraception, dominance, psychological mindedness, and self-acceptance were all highly rated.

Dileo (2000) describes the “virtuous music therapist” as, “one who acts according to ideal principles, and who does what is right, because it is right, not out of fear of

professional or legal sanctions” (p. 27). Dileo’s “short list” of therapist virtues is caring, empathy, courage, and prudence. She believes these virtues are essential to ethical thinking and necessary components of an effective therapeutic process.

Fowler (2006) investigated the relationship between personality characteristics, work environment, and the professional well-being of music therapists and the following specific factors: age, level of education, income, attitudes regarding the workplace, attitudes toward work, and measures of stress and stress management. Fowler’s results from the *Maslach Burnout Inventory* indicated that music therapists experience an average level of emotional exhaustion, a low level of depersonalization, and a high level of personal achievement. The *Stress Profile* determined that professional longevity is positively correlated to cognitive coping strategies and a greater perception of personal achievement.

Many music therapists carry a heavy emotional burden due to their work; however, they are well-equipped and up to the task. According to Vega (2010), the typical personality traits of a music therapist include: emotional sensitivity, reasoning, apprehension, warmth, openness to change, self-reliance, extraversion, anxiety, abstractedness, rule-consciousness, and self-control.

There is clearly much agreement among researchers about music therapists’ personality qualities and attributes. What perhaps needs further evaluation is how music therapists cope with the negative aspects of the profession, such as stress and anxiety. Stress is a natural response to ongoing demands on an individual. Some levels of stress are healthy, but can rapidly become unhealthy and need to be addressed. Anxiety is a natural instinct that alerts us to danger. As with stress, low levels of anxiety are healthy

and normal, but can become unhealthy and destructive when excessive. In music therapy practice it is a tricky balancing act of developing purposeful music interventions, keeping up on documentation, acquiring new skills, maintaining board-certification status, pursuing and maintaining meaningful personal relationships, and striving for physical and mental health. Many of us constantly compare ourselves to others and convince ourselves that we fall short.

Length of time in the field may have some impact on all of this and the five-year mark in practice seems to be a critical point in the profession. After five years of practice, many music therapists leave the profession, often to pursue study and work in related human services disciplines. Others find this benchmark as a springboard to further their education and advance their practice. Some music therapists return to graduate school once they start to experience burnout and/or reach a glass ceiling at their place of employment. Advanced training enables professionals to re-energize and position themselves better in the marketplace (Cohen & Behrens, 2002).

Those who commit to advanced education and training will strengthen and expand the attributes of the bachelor's degree-level music therapist for greater expertise and competence in various areas of the discipline: music, clinical practice, theory, research, creative arts therapies, college teaching, supervision, and administration (Bruscia, 1986). An advanced practitioner possesses the traits of empathy, genuineness, respect, self-disclosure, warmth, immediacy, concreteness, confrontation, potency, and self-actualization (Crowe, 2013). Advanced practice involves mindfulness and the ability to be more present with and for clients, as well as the ability to identify and incorporate various theories, philosophies and models into practice (Crowe, 2013).

The aforementioned personality traits, as well as the perceptions, self-awareness, and coping mechanisms of the individual music therapist, may provide insight into the status of the profession. As of July 10, 2013 there are 5672 board-certified music therapists internationally (CBMT, 2013). The Certification Board for Music Therapists (CBMT) has seen its numbers steadily increasing, while the American Music Therapy Association (AMTA) has either remained consistent or seen some decrease in its membership over the past several years. The comparison of membership numbers between CBMT and AMTA for the past five years is depicted below:

<u>Year</u>	<u># CBMT Members</u>	<u># AMTA Members</u>
2013 (as of July 1)	5672	3573
2012	5649	3668
2011	5394	3532
2010	5120	3394
2009	4917	3527
2008	4728	3527

(CBMT, 2013; AMTA, 2008-2013)

It can be speculated that AMTA's maintenance or decrease in membership is due to the economy or that the same number of professionals entering the profession are leaving due to burnout or other professional interests, but other reasons are explored as part of this research.

It is the opinion of an AMTA Senior Advisor that membership numbers are dynamic and fluctuate seasonally (Else, 2013). AMTA sees spikes in membership around the national and regional conferences when people take advantage of the conference membership rates. A few theories into the phenomena of AMTA's membership maintenance or decrease include the following: (1) the economy and personal budgets play a role and music therapists may prioritize fees for CBMT over AMTA since their first priority is likely to maintain the credential; (2) a generational transition appears to be occurring with significant growth in student memberships and a rising rate of retirees; (3) the MT-BC credential requires both musical and clinical skills in a specialized and challenging profession. The degree program to develop these skills is not cheap and some individuals may need a period of financial recovery before registering for AMTA membership; (4) the labor market is also a factor. As long as there are job equivalents—or labor substitutes—membership growth will be relatively slow. Many music therapists work side by side with therapeutic recreation staff, but they are not equivalent. Anytime a job posting is for a music therapist, recreation therapist, etc., there is a professional labor pool competition. Workforce growth may become dependent upon advocacy and government recognition (both state and federal), and a solid foundation of research (Else, 2013).

AMTA's Director of Membership Services and Information Systems reported that in analyzing membership, AMTA has actually been seeing small increases in overall membership numbers each year for the past five years (Elkins, 2013). However, it does appear that a small decrease in professional members correlates somewhat with increases in student and graduate student members. It is believed that economic difficulties are a

factor in making decisions about joining organizations and charitable giving, and often in uncertain economic times, people choose to go back to school. In addition, many individuals may join AMTA when they need a specific member benefit or when the regional or national conference is in their area, but they let the membership lapse in the following year. When board certification, but not necessarily AMTA membership, is required for jobs, AMTA membership is something many people have to make hard decisions about. AMTA often sees people joining every other year or every couple of years (Elkins, 2013).

These insights, along with the experiences and opinions of practicing board-certified music therapists nationwide, are used as the foundation for the research illustrated here. The purpose of this study is to identify and discuss perceptions of the music therapy profession and professional association, the impact of stress and burnout, and the need for self-care. Descriptive results are presented through both qualitative data and quantitative statistics.

Chapter 2

LITERATURE REVIEW

A fair amount of research on the topic of this study exists in the literature. The following review breaks down previous research into the categories of (1) job satisfaction, (2) stress and burnout, and (3) self-care.

Job Satisfaction

Many perceptions of the music therapy profession by music therapists are related to job satisfaction, which is similar to the concept of employee morale. Job satisfaction results from a combination of employee expectancies, the extent to which physiological and psychological needs are met, and employee values or conflicts between needs and values (Braswell, Decuir, & Jacobs, 1989).

Braswell, Decuir, and Jacobs (1989) found through a survey study that music therapists evaluate their jobs with a pleasurable emotional state, and the nature of their work and other conditions of employment contribute to high job satisfaction. Study results also suggest that salary and length of service play significant roles in job satisfaction. Salary increase, age, and academic degree were statistically significant variables. Aspects of job satisfaction rated most positively by music therapists included independence in work, importance of the job, challenge of the job, opportunity to learn, immediate supervisor, job security, staff relationships, and professional respect. Additional factors contributing to job satisfaction include annual merit raises, urban and suburban job locations, and observing client progress (Vega, 2010).

Vega (2010) found that job satisfaction is closely linked to longevity and advanced degrees, and that the highest degree earned is significantly predictive of length of time in the field. In a study of the relationship between type of degree and professional

status in clinical music therapists, Cohen and Behrens (2002) determined that music therapists who had been in the field longer and those who had been employed at more jobs over the years tended to be more satisfied.

Professional connections and networking appear to be another factor of job satisfaction. Many music therapists participate in peer supervision, while others do not have the time or opportunities to engage in professional feedback and brainstorming. Stewart (2000) found a positive correlation between job satisfaction and peer support, as well as engagement in personal and professional development.

Regardless of job satisfaction, some board-certified music therapists need to seek additional work in other fields to meet their expenses, and a considerable number of music therapists are not currently employed in music therapy jobs. Closely related non-music therapy types of work that some music therapists undertake include special music education, teaching adapted music lessons, applied music teaching, and music performance. Less closely related work includes music education, special education, and a variety of mental health services. Some earn or supplement their incomes through work completely unrelated to the profession of music therapy (Lacy & Hadsell, 2003).

Stress and Burnout

Occupational burnout is a growing problem among helping professionals who work in human services, such as music therapy, occupational therapy, physical therapy, speech/language pathology, psychology, social work, nursing, and teaching. The online Merriam-Webster Dictionary (2013) defines burnout as, “exhaustion of physical or emotional strength or motivation, usually as a result of prolonged stress or frustration.”

According to Freudenberger (1974), “occupational stress” or “burnout” is to, “fail, wear out or become exhausted by making excessive demands on energy, strength, or resources” (p. 159). Cherniss (1980) describes burnout as, “a process that begins with excessive and prolonged levels of job stress. The process is completed when the workers defensively cope with the job stress by psychologically detaching themselves from the job and becoming apathetic, cynical or rigid” (p. 21).

Burnout occurs over time and may develop in a series of five stages: honeymoon, fuel shortage, chronic symptoms, crisis, and hitting the wall (Greenberg, 2002). As stated by Greenberg, individuals feel high levels of job satisfaction in the honeymoon stage. During the fuel shortage stage, individuals begin to fatigue and have difficulty sleeping, which may lead to the chronic symptoms stage of exhaustion, susceptibility to disease, and the psychological effects of anger and depression. In the crisis stage, the individual can develop an illness that may result in loss of work and personal relationship challenges. Symptoms of the final stage, hitting the wall, can contribute to life-threatening illnesses such as heart disease or cancer.

Stress affects everyone, yet different people experience different stressors. The response of the body to change, demand, pressure, or threat from outside is known as the stress response. The aim of the stress response is to bring the agitated body back to normal and to enable it to protect itself from the external situation. Excessive stress can cause physical, psychological, emotional, and social damage. Ideal stress management involves finding one’s own optimal level of stress for healthy functioning (Cotton, 1990; Jaffe & Scott, 1984).

Rowe (1999) believes that some individuals may be more prone to stress and burnout due to a lack of “cognitive hardiness.” She says that “hardy” individuals view life with interest and excitement, and demonstrate characteristics of control, commitment, and challenge. A “high hardy” individual will perceive a stressful event in a more positive light and will be less likely to perceive it as a stressor. Rush (1995) found that high hardy individuals utilize control coping—proactive coping and cognitive assessments of the situation. “Low hardy” individuals are more likely to engage in escape coping or avoidance of the stressor, which may result in built up stress and tension.

In a presidential column to members of the National Association for Music Therapy, Bitcom (1981) reported several factors that may contribute to burnout among music therapists, including constant change and adaptation to the point of apathy, over-policing, unrealistic workloads with low pay, compromising ideals, lack of respect, continuous crisis intervention, “going by the book” leadership attitudes, limited opportunities for sharing and contributing to decision-making, and excessive control of emotional expression.

In a study of job satisfaction by Forney, Wallace-Schutzman and Wiggers (1982), interviews yielded data suggesting that burnout was affected by the individuals’ internal and external environment, and that burnout had a number of causes, including boredom, lack of advancement opportunities, feedback and challenges, and lack of time for one’s personal space and self-development.

Overall, reasons cited for burnout among music therapists include: unrealistic workloads, insufficient pay, limited job market, limited opportunities for advancement, making continuous adjustments due to crisis intervention, lack of administrative support,

lack of respect and direction, compromising ideals, having to perform activities outside of the field, micro management, lack of autonomy, lack of staff recognition, absence of adequate support networks or outside interests, boredom or lack of motivation, and problems or pressures in personal life (Bitcom, 1981; Knoll, Reuer, & Henry, 1988; Oppenheim, 1987).

Oppenheim (1987) obtained demographic data from randomly selected music therapists to correlate with degrees of occupational stress or burnout, as measured by the six subscales of the Maslach Burnout Inventory. The total sample scored in the medium range of burnout on five of the six subscales. The primary criticisms concerning their work as music therapists focused on inadequate salary, lack of respect and support from administrators, and having to perform activities outside their field.

Salmon and Stewart (2005) reported data from a survey of music therapists working with terminally ill patients and the stressors associated with this population. Continuous exposure to grief and death was the most cited source of stress. The manifestations of stress most often cited were fatigue, feelings of inadequacy, sadness, illness, and avoidance of patients. Perceived related symptoms included fatigue, anxiety, lack of sleep, irritability, headache, depression, and muscle tension.

Additional job stressors reported in the literature include time constraints, conflict with co-workers and administration, and population-specific challenges. Other physical symptoms of burnout have been reported to include anxiety, exhaustion, increased use of drugs and alcohol, nervousness, insomnia, backaches, and headaches (Maher, 1983; Spicuzza & Devoe, 1982).

Closely related to stress and burnout is “compassion fatigue,” a compelling condition that is characterized by physical and psychological exhaustion resulting from excessive professional demands that drain personal resources (Leon, Altholz & Dziegielewski, 1999). Compassion fatigue is often referred to as the cost of caring for people with emotional pain, and its detrimental effects can include exhaustion, an inability to focus, and a decrease in productivity, as well as unhappiness, self-doubt, and loss of passion and enthusiasm (Lester, 2010).

While compassion fatigue manifests itself differently in each individual, some common characteristics of compassion fatigue include decreased concern for clients, decrease in positive feelings or empathy for clients, physical and emotional exhaustion, increased job dissatisfaction, and feelings of hopelessness related to the job that carry over into other areas of the individual’s life (Figley, 1995; Maslach, 1976; Pines & Kafry, 1978; Valent, 1995).

Maslach (1978) recognized that factors such as type and severity of the client’s problems, the client’s prognosis, and the agency’s structure and policies could affect levels of burnout among human service professionals. Smith and Steindler (1983) reinforced the concept that certain types of patients, which they term “difficult patients,” can increase the potential for professional burnout. They specifically identify three categories of such patients to include: (1) the stubborn patient, (2) the manipulative patient, and (3) the violent and paranoid patient. The authors propose that professionals working with these types of clients must develop detachment and confidence, and should collaborate with other professionals.

The concept of compassion fatigue has been linked to the potential development of what is commonly known today as secondary traumatic stress disorder (Figley, 1995). Figley identifies causes of trauma in workers as: (1) the use of empathy by the worker, (2) the worker's own traumatic experiences, (3) the resurfacing of the worker's unresolved trauma created by the victim's trauma, and (4) working with vulnerable populations such as traumatized children. Figley also points out that those professionals who perceive themselves as saviors are more vulnerable to experiencing secondary trauma.

Self-Care

Salmon and Stewart (2005) reported data from a national survey investigating self-care for the music therapy professional, evaluating the awareness of self-care needs and identifying the range of music experiences used to meet those needs. Ninety-five percent of participants reported using music outside of the workplace. Outside uses of music included listening to music, going to concerts, playing in a band, composing/songwriting, performing, playing/singing for self, community/social music-sharing, and singing in a choral group. Outside music was reported to provide the following benefits: support general coping, enhance relaxation, energize, release stress, provide an emotional outlet, facilitate self-expression, provide distraction, and stabilize or center the individual. Norman (2009) also found that music therapists who participate in music experiences more often have higher levels of work engagement, with some variation depending on type of experience, setting, and purpose.

Salmon and Stewart (2005) also reported areas of general support for self-care, which include family, friends, exercise, church, and leisure activities. The coping

strategies most frequently identified were creative expression, spiritual practice, exercise, collegial support, and a social life outside of work. Many respondents who work in end-of-life care acknowledged their work as challenging and emotionally difficult, as well as rewarding, meaningful, and a privilege.

In a study on self-care for social workers who work specifically in the hospice environment, McInnis-Dittrich (2009) emphasized how working with terminal illness on a daily basis activates one's own anxiety about death and creates tremendous physical and emotional stress. The authors say it is essential to be sensitive to indicators that stress is becoming problematic and take measures to alleviate it before it causes physical or emotional damage or professional burnout. They recommend that helping professionals be realistic about their ability to influence the quality of life for dying patients and remain grounded in a solid sense of their place in the natural world to balance the demands of their jobs with their own emotional and physical well-being. The authors suggested that helping professionals become intensely aware of their own limitations in the role of helping professional, recognize that grieving the loss of a patient who has died is imperative, and know when to seek supervision and support to process losses.

Professional or peer supervision is frequently mentioned in the literature as a means of professional self-care. Forinash (2001) believes supervision is a journey, or odyssey of sorts, in which supervisor and supervisee learn and grow and from which both, very likely, leave transformed in some way. She says, "While personal growth is not the focus of supervision, it is a common by-product for both participants" (p.1). Some may consider personal growth to be a benefit of self-care.

Jackson (2008) found that those music therapists who participate in supervision give it a higher importance rating than those who do not participate; however, the majority of respondents indicated that they felt professional supervision is at least moderately important. She proposed that professional supervision has the potential to support the continued growth and development of the music therapist, which in turn benefits the therapist, the clients, and the profession in general. Jackson lists other creative/expressive arts therapies and related professions that identify supervision as a component of ethical and competent practice, including the National Association of Drama Therapy, the American Dance Therapy Association, the American Psychological Association, the American Association for Marriage and Family Therapy, the Australian Association of Social Workers, and the British Association for Counseling and Psychotherapy.

Bitcom (1981) also suggested keeping in touch with other professionals through conferences or support groups, as well as other practical strategies including partaking in enjoyable extracurricular or recreational activities, eliminating unnecessary stress such as extra paperwork, developing and documenting personal goals, prioritizing family and friends, continuing education, involvement in the employer's decision and policy making, and having a sense of humor.

In response to open-ended questions about personal coping strategies for reducing stress, Fowler (2006) found that respondents engaged in playing music for fun, going to movies, reading, scrapbooking, being outdoors, exercising, getting adequate rest, eating nutritiously, confiding in coworkers and trusted friends, attending conferences, prayer,

leaving work at the office, focusing on the good things, and repeating the mantra, “It’s not my problem.”

Oppenheim (1987) suggested preventive measures to burnout, which include professional counseling, in-service training in health, nutrition and stress management, daily exercise, hobbies, plenty of sleep, continued learning, maintaining unscheduled leisure hours, termination of unhealthy relationships, goal setting, and peer support.

In a study about stress management in the health care field, specifically with staff in a nursing home unit for patients with Alzheimer’s Disease, McCarthy (1992) found that guided imagery with music, stretching to music, and massage with music were successful stress-reducing interventions. Knoll, Reuer, and Henry (1988) believed the key to successful stress management was having options to cope with sources of stress. The authors suggested clearly defining the specific problem, listing all alternative solutions, evaluating each option, and then moving forward to resolve the situation. They also mentioned that on occasion, stress can be a positive factor that may end procrastination, aid in creativity, and lead to lively and open communication.

Leon, Altholz and Dziegielewski (1999) stated that all helping professionals are vulnerable to compassion fatigue and caution that countertransference issues may be a contributor. The authors advised that the helping professional needs to safeguard against having his/her feelings about his/her own personal circumstances spill over into the therapeutic work with the client. They also proposed that the availability of professional supervision is essential, as it helps to create a safe haven to seek support and direction in identifying, addressing, decreasing, and preventing any further development of compassion fatigue. Although Leon, Altholz and Dziegielewski provided insights from a

gerontology perspective, their suggestions for preventing compassion fatigue translate to most populations served by music therapists. Their suggestions for self-care involved a balanced life with support systems in the areas of physical health and fitness, relaxation and regeneration, creative expression, interpersonal relationships, and spiritual practice.

Swezey (2013) stated that self-care can be seen as not only critical for individual professionals, but also for the growth of the helping professions and the quality of care which clients receive. Swezey found the five most commonly used strategies for career sustaining behaviors to be the following: (1) maintain a sense of humor; (2) spend time with partner and/or family; (3) maintain self-awareness; (4) try to maintain objectivity about clients; and (5) reflect on positive experiences. A portion of the music therapy field was identified in his study as being at risk for burnout and secondary traumatic stress, both of which can affect stress, satisfaction, and client care. Swezey recommended that music therapy professionals take the time to assess the stressors of their work and the strategies they utilize for their professional well-being. He added that it is important for music therapists to use strategies in a variety of self-care domains, including psychological, physical, and spiritual.

Music therapists are more emotionally exhausted, feel less detached from their clients, and feel more confident and successful than the average mental health worker (Vega, 2010). Because music therapy is a distinctive and customizable profession, the music therapist's methods of self-care should be equally distinctive and customized.

Chapter 3

METHODS

This non-experimental, descriptive research project sought to achieve both quantitative and qualitative results through an internet survey of professional, board-certified music therapists who are the very topic of the phenomena being investigated.

Participants

All participants were actively practicing board-certified music therapists. Following Institutional Review Board (IRB) approval (Appendix A), a list of all current board certified music therapists was obtained from the Certification Board for Music Therapists (CBMT) in mid-August, 2013. The list of over 5422 anonymous e-mail addresses was already filtered by the CBMT to include only those music therapists who had given permission to release their e-mail addresses. The list was delivered electronically to the researcher and was pre-sorted alphabetically by the first letter of the e-mail address in an Excel spreadsheet. Fifty e-mail addresses that were familiar to the researcher were eliminated from the list. The survey administration company (Survey Monkey) identified 189 e-mail addresses that had previously opted out, and three e-mail addresses were invalid. Of the board-certified music therapists' information obtained, 5180 were e-mailed an invitation (appendix B) on September 7, 2013 to participate in an online survey (appendix C and D).

Procedure

The online questionnaire was developed and prepared using Survey Monkey. The questions examined music therapists' perceptions of the profession and professional association, the impact of stress and burnout, and the need for self-care. Multiple choice,

Likert scale, and open-ended questions were used. Categories in matrix of choices questions were developed from categories in the literature and the researcher's particular areas of interest for investigation. The questionnaire was presented to the researcher's advisory committee and the university's IRB, and approved for the final online version. The e-mail invitation was sent to the population ($N = 5180$) through Survey Monkey's website. Individual messages were sent without identifying information of the recipient's or any other subject's e-mail information. No tracking devices were used in the message formatting. The message explained the purpose of the study and directed subjects to the online survey, where they were informed that their participation and completion of the survey was their implied consent. Both the e-mail invitation and cover letter of the survey indicated that the survey is intended for board-certified music therapists who are currently practicing music therapy. Prospective respondents were asked to complete the survey by September 30, 2013.

Ethical Considerations

To comply with the highest ethical standard and to prevent dual relationships, the researcher's professional colleagues, current and former subcontractors and students, friends, and acquaintances, as recognized by e-mail address, were eliminated from consideration for this study.

Surveys were administered anonymously and responses were stored on a secure server so that identification of participants was not possible. The survey was configured to collect anonymous responses. Only the researcher had access to aggregate data and no individual responses were identified. All data was kept in the researcher's password-protected personal laptop computer and will be destroyed December, 2015.

Materials

Materials for this research included: (1) a list of all current board-certified music therapists, purchased from the Certification Board of Music Therapists for the student research fee of one hundred dollars; (2) access to the internet and Survey Monkey, an online survey administration company, utilized for twenty-four dollars per month/ninety-six dollars total, from August to November, 2013; (3) a secure laptop computer with Microsoft Word, Microsoft Excel, and SPSS Statistics 22 software.

Method of Analysis

Completed survey responses were automatically compiled into aggregate form for analysis by Survey Monkey. These results were utilized in Survey Monkey's format, converted to Excel, and loaded into SPSS for data analysis in descriptive statistics. Mean scores and percentages of nominal variables were generated from an independent sample. Bivariate correlation was used to determine means and standard deviation between dependent variables. ANOVA was used to compare mean scores of dependent variables with independent variables of two or more categories. For qualitative purposes, the researcher reviewed more than 2000 open-ended responses, which were segmented and coded by category, and further sub-grouped by specific area of perception and insight.

Quantitative data was extracted from Survey Monkey's compiled responses including:

- gender
- age
- marital status
- number of children age 17 or younger living in household

- race/ethnicity
- highest degree earned
- primary instrument
- number of years in practice
- number of hours working per week in music therapy
- AMTA or NAMT membership in the past
- current AMTA membership
- job satisfaction
- amount of work with populations that are highly emotionally charged
- amount of work with populations that have the potential for personal physical injury
- balancing emotionally and physically draining clients with those who are less demanding
- mindfulness and presence for clients
- consciousness of the potential for countertransference and other professional obstacles
- ability to deal with personal issues with death, disability, etc. in a healthy and effective manner
- experiences with personal losses or challenges while practicing
- ability to effectively and professionally practice having experienced personal losses or challenges
- the belief that one must be in good mental/emotional health to be an effective music therapist

- the belief that one must be in good physical health to be an effective music therapist
- considering leaving the music therapy profession
- reasons for considering leaving the profession
- activities of self-care engaged in
- reasons for continuing to feel motivated and inspired in the profession

Qualitative data included:

- explanations of why respondents are not current members of AMTA
- theories into why CBMT numbers have been steadily increasing while AMTA membership has remained consistent or declined
- experiences and insights about the impact of stress, burnout, compassion fatigue, and job satisfaction
- experiences and insights about the need for music therapists to engage in self-care

Common themes were coded and unique comments were listed by category and subgroup.

Chapter 4

RESULTS

Of the 5180 e-mailed invitations to participate in the online survey, 829 were completed, yielding a response rate of 16%. Results are presented in both quantitative and qualitative data.

Demographics

Female music therapists accounted for 90% of respondents, and males accounted for 10%. Ages of respondents are shown in Table 1. More than 60% of respondents are married; marital status is shown in Table 2. More than 70% of respondents have no children; number of children age 17 or younger living at home is shown in Table 3. Respondents are predominantly white/Caucasian; race/ethnicity is shown in Table 4. Most respondents have earned a bachelor's degree/equivalency or master's degree; highest degree earned is shown in Table 5. Instrumentalists accounted for 67% of respondents, and vocalists accounted for 33%. Music therapists practicing up to five years accounted for the largest group of respondents; the years of practice for all respondents are shown in Table 6. Music therapists who practice 31-40 hours per week accounted for the largest group of respondents; the number of hours in music therapy practice per week for all respondents is shown in Table 7.

Table 1
Age

Category	<i>n</i>	%
21-29	292	35.35
30-39	254	30.75
40-49	124	15.01
50-59	99	11.99
60 or older	57	6.90

Table 2
Marital Status

Category	<i>n</i>	%
Single	278	33.90
Married	496	60.49
Separated or Divorced	41	5.00
Widowed	5	0.61

Table 3
How Many Children Age 17 or Younger at Home

Number	<i>n</i>	%
None	578	70.15
1	129	15.66
2	87	10.56
3	21	2.55
4	7	0.85
More than 4	2	0.24

Table 4
Race/Ethnicity

Category	<i>n</i>	%
American Indian or Alaskan Native	0	0.00
Asian/Pacific Islander	30	3.79
Black or African American	14	1.77
Hispanic American	15	1.89
White/Caucasian	733	92.55
Other	22	2.78

Note. Fill-in responses for “Other” included mixed/multiracial, American Italian, Caribbean, Middle Eastern, and Western Indian.

Table 5
Highest Degree Earned

Degree	<i>n</i>	%
Bachelor’s/Equivalency	425	51.45
Master’s	368	44.55
Doctorate	33	4.00

Table 6
Years of Practice

Number of Years	<i>n</i>	%
0-5	332	40.19
6-10	202	24.46
11-15	98	11.86
16-20	64	7.75
21-25	48	5.81
26-30	35	4.24
31-35	25	3.03
36-40	18	2.18
41+	4	0.48

Table 7
Hours Per Week in Music Therapy Practice

Number of Hours	<i>n</i>	%
1-10	224	27.32
11-20	134	16.34
21-30	98	11.95
31-40	287	35.00
41+	77	9.39

Professional Perceptions and Opinions

Respondents were asked a series of questions related to job satisfaction and professional and ethical responsibilities, with the Likert scale options of strongly disagree, disagree, neither agree or disagree, agree, and strongly agree. Respondents reported an overall high level of job satisfaction with an average rating of 4.11 (out of 5). An average rating of 3.76 reflected the statement that at least 50% of respondents' music therapy work is with highly emotionally charged populations, and an average rating of 3.06 reflected the statement that at least 50% of work is with populations that have the potential for personal physical injury of the therapist. Respondents reportedly try to balance emotionally and physically draining clients with those who are less demanding, with an average rating of 3.24. An average rating of 3.96 indicates that a significant number of respondents believe they are always mindful and present for their clients. A majority of respondents believe they are conscious of the potential for countertransference or other professional obstacles, with an average rating of 4.24. A majority of respondents also believe they are able to deal with personal issues with death, disability, etc. effectively, with an average rating of 4.10. Respondents reported an

average rating of 4.22 in having experienced personal losses or challenges while practicing as a music therapist, and an average rating of 3.48 in believing that personal losses or challenges have not affected their ability to practice. An average rating of 4.53 reflected the statement that music therapists must be in good mental/emotional health to be effective, and an average rating of 4.21 reflected the statement that music therapists must be in good physical health to be effective. These results are depicted in Table 8.

Table 8
Professional Observations, Perceptions and Opinions

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I generally experience a high level of job satisfaction.	1.63%	6.15%	6.90%	50.31%	35.01%
At least 50% of my work is with populations that are highly emotionally charged.	2.13%	15.66%	15.41%	37.72%	29.07%
At least 50% of my work is with populations that have the potential for personal physical injury.	9.80%	31.66%	15.33%	29.27%	13.94%
I try to balance my emotionally and physically draining clients with those who are less demanding.	4.02%	16.71%	35.05%	39.82%	4.40%
I believe that I am always mindful and present for my clients.	0.13%	7.42%	9.43%	62.01%	21.01%
I am conscious of the potential for countertransference or other professional obstacles in my practice.	0.13%	0.75%	4.91%	63.27%	30.94%
I am able to deal with personal issues with death, disability, etc. in a healthy and effective manner.	0.25%	1.63%	7.79%	68.47%	21.86%
I have experienced personal losses or challenges while practicing as a music therapist.	0.75%	5.15%	3.39%	52.26%	38.44%

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Personal losses or challenges have NOT affected my ability to effectively and professionally practice as a music therapist.	1.89%	18.74%	19.62%	49.18%	10.57%
I believe that I must be in good mental/emotional health to be an effective music therapist.	0.00%	0.50%	2.51%	40.58%	56.41%
I believe that I must be in good physical health to be an effective music therapist.	0.00%	1.88%	6.78%	59.97%	31.37%

AMTA

More than 96% of study participants reported that they have at some point in their career been a member of AMTA or NAMT; however, only 61% are currently members of AMTA. Those who are not currently members were asked to explain why. The overwhelming response was affordability. Several respondents stated that the membership and conference costs are prohibitive and/or the benefits are not worth the investment. A number of music therapists reported that they are in graduate school or unemployed, but intend to join again. Some respondents indicated that they let their membership lapse when they don't plan to attend conferences. Others reported that membership is not required or paid for by their employer and they don't have the financial resources to pay out of pocket. Those music therapists who work under a different title and combine their practice with another discipline often have memberships in ancillary associations that are less expensive and more pertinent to their jobs. Some of these associations mentioned by respondents include the following: American Psychological Association, American Counseling Association, National Association of

Social Workers, American Occupational Therapy Association, American Speech-Language-Hearing Association, American Nurses Association, National Certification Council for Activity Professionals, American Federation of Teachers, and National Association for Music Education.

Following are some noteworthy responses to why membership in AMTA is not current:

- “The organization requires a lot of money for membership. While I was a huge proponent of AMTA in my college years, it has not benefited me as a professional. I do not earn enough on my salary as a music therapist to justify membership.”
- “I cannot afford the cost of membership in addition to the mandatory CBMT annual fee and the cost of money that goes towards getting CMTEs.”
- “Cost is higher than benefit usually, unless I am able to attend a national conference.”
- “The people in charge of AMTA seemed to have forgotten that music therapists do not make a lot of money. What they charge in fees and conferences is ridiculous and unaffordable to music therapists.”
- “Cost; not confident with the direction of the profession.”
- “I do not feel that AMTA uses the money from memberships wisely. I have not seen an increase of music therapy jobs since I entered the profession in early 2007. This is extremely disheartening. Being a full time music therapist is quite scary. The prospects are not good in this economy.”

- “I don't feel that the services I receive warrant the rather high annual fee; I don't think they are particularly strong representatives of the interests of music therapy.”
- “I cannot find a job in the field. I have asked for help from AMTA as a fellow MT and they will not help unless I pay a fee. I cannot afford the fee. When I have been a member, I didn't really see the benefit other than some access to literature and job searches.”
- “Money is one reason, but I have often felt that the emphasis at ATMA was more on the behavioral aspects of music therapy, and I tend to find more use and interest in the psychodynamic and interpersonal uses of it.”
- “Dues are too expensive; I became increasingly focused on medical music therapy, which is not my focus; the organization has minimal power in the mental health field (i.e., with insurance companies or other third party payers).”

Survey participants were also asked if they have any theories into why CBMT numbers have been steadily increasing over the past several years while AMTA membership has remained consistent or experienced some decrease. The majority of the 664 responses reiterated the expense of membership facet and the complaint of cost versus benefit. Another common response was that AMTA membership is not a requirement to practice, whereas board certification is. CBMT dues are necessary to maintain the credential, while AMTA membership is not. Some of the following quotes echo these notions, while others bring up additional issues.

From a cost versus benefit perspective:

- “While AMTA offers great resources and benefits to music therapists, it is an added expense during a slow economic time.”
- “AMTA is very pricey and the majority of companies do not compensate for such expenses. Salaries of the majority of music therapists are incongruent with the price of AMTA.”
- “AMTA membership is expensive and music salaries are often low. That has been why I was not a member before this year. It was difficult to see the benefits compared to the cost of membership. It is better now that AMTA allows membership payments to be broken up.”
- “The membership fees are SO expensive while the return often seems limited. Acquaintances have told me that they find our fees surprising compared to what they pay for their associations and conferences.”
- “I prefer to use my money for self-care, vacations, etc. because I can't afford to pay the AMTA dues and the fees to attend conferences, plus pay for CMTEs on my salary. I usually budget on a five year plan based on my need for CMTEs so I know when to join AMTA.”
- “All my professional costs go into continuing education and supervision/self-care.”
- “I would rather spend the money on continuing education, personal growth.”
- “I am blessed to work for a company that pays the annual dues. If my employer did not pay, I would have no reason to be a member.”

From the perspective of AMTA versus CBMT:

- “You have to pay CBMT dues to maintain your [certification] (and pay for liability insurance) but AMTA is not required.”
- “Board certification more directly impacts marketability. If finances dictate making a choice, maintaining MT-BC takes priority.”
- “In a profession where salaries rarely commensurate with specialty and training, professionals must choose which organization garners their financial resources. With only room for one, the choice is clear.”
- “CBMT may be increasing because there are more avenues to use to offer [CMTes] online and MTs continue to desire to grow professionally and see the need for skill sets with diverse populations to continue to make a living in the practice.”

From a political perspective:

- “Political agendas in the main circle of AMTA office. Lack of forward thinking. Lack of fundraising outside of the membership. Always asking members to pay more, help with fundraising. Taking so long to update the website...then updating it so it looks ten years behind the times. The personal interests of the main office seem to override the interests of the masses. Conferences have turned into political platforms that do not represent the majority of the members.”
- “AMTA in my opinion, based on my experience, acts more as a club and less as a professional support. The conferences (which are the best support and inspiration!) are outrageously expensive for me. How discouraging to have every

desire to connect with other music therapists so I can learn and grow, but the cost is exorbitant.”

- “Sometimes I feel like AMTA is a clique that I really am not part of.”
- “AMTA's definitions of music therapy come across as defensive when compared to definitions used by music therapists in other countries or in regions not as heavily influenced by the national organization. I question the strong alignment with rehab therapists while ignoring the aspects of music therapy more closely aligned with counseling and psychotherapy, and I wonder why more attention isn't given to collaborating with fields such as psychobiology/psychoneuroimmunology. Also, I have encountered too many bachelor level music therapists who believe that their training and learning is sufficient to deal with issues of transference and countertransference, yet demonstrate very little awareness into how they affect others in their interpersonal interactions (with patients and coworkers). It puzzles me that there is still an ongoing debate about master's level entry, when no other related discipline allows this to be the professional standard (for good reason).”
- “I don't feel like the AMTA provides that much support—you have to work hard to get to know everyone in the AMTA and join a board, but if you don't do those things—and especially if you're working in a faraway state or a rural area—it feels like an island. So it doesn't seem worth paying money to get four journals a year. I think the AMTA could make it clearer what they offer and how to get those things more easily, whether that's connections to peer supervision groups or help with state recognition, etc.”

- “AMTA financials show a high salary for the top executives, which I do not support because it doesn’t seem right in such a low-paying profession.”
- “Too much emphasis on ‘celebrity’ PR and not enough on scientific research.”
- “To be honest, I’ve resented paying membership to the AMTA, although I’ve done it, because I was told I ‘owed it’ to my profession. The ‘advocacy’ talked about often feels like defensiveness. The AMTA ought to be spending much more time and attention on scientific research rather than on advocacy.”
- “I don’t believe the AMTA is providing the advocacy and public education that this field needs to grow in the eyes of the healthcare community. Too much focus is spent on programs/media that are about the general positive effects of music on the human condition and have nothing to do with the music therapy profession or the benefits of a therapeutic relationship with music therapists. It continues to confuse the general public and provides zero support for the work that we do. Additionally, for new professionals there are very few resources that can support them with the difficulties of oftentimes being isolated in one’s workplace or geographic area. Little emphasis is placed on peer or professional supervision and the positive effects it can have on career longevity.”
- “Lack of communication and community among members, members feeling they are not heard at a national level, lack of swift action by AMTA when problems arise.”

Miscellaneous perceptions:

- “Because of all of the information available online, more music therapists are using the web for ideas, professional support, and networking, rather than AMTA.”
- “New MTs are embracing the age of technology and communicating through it to help one another and further the profession.”
- “I want to see more about research, resources, and outcomes—all things that will help increase our salaries to reflect the amount of worth that we actually have.”
- “Burnout in the field may be a cause, along with repetition of the job or not experiencing meaningful interactions or outcomes of the therapy.”
- “The varied approaches present in the field, a lack of uniform understanding of language and professionalism, and high dues and conference fees (even for students) can be alienating for young professionals.”

Positive outlooks and proactive considerations:

- “Some music therapists are not informed as to the critical work AMTA is doing; MT as a profession would not exist without this organization.”
- “I don't think people are really educated on how to use their membership to the fullest.”
- “Perhaps MTs are not availing themselves of services the AMTA has to offer.”
- “Perhaps new music therapists do not feel as obligated to get involved or advocate for the profession because there has been an increase in knowledge about what music therapy is (media exposure, news stories, etc.), so they don't feel as if they

need to have that level of involvement in professional development, networking, and advocacy.”

- “I don't think people really know or understand the value of AMTA until they engage in advocacy efforts and receive the support of AMTA.”
- “I find this saddening—I believe we should all be members of our professional organization.”

Considering Leaving the Profession

Although respondents reported an overall high level of job satisfaction, 36.3% agreed and 9.39% strongly agreed that they have considered leaving the profession at some point during their career, with an average Likert scale rating of 2.85 out of 5 (Likert scale options were again strongly disagree, disagree, neither agree or disagree, agree, and strongly agree). Low salary was the most commonly acknowledged reason for considering leaving the profession, followed consecutively by the continued need to “sell” music therapy, burnout, stress, minimal/limited/inconsistent work opportunities, and workplace politics. Complete results appear in the chart below and Table 9.

I have considered leaving the music therapy profession for the following reasons:

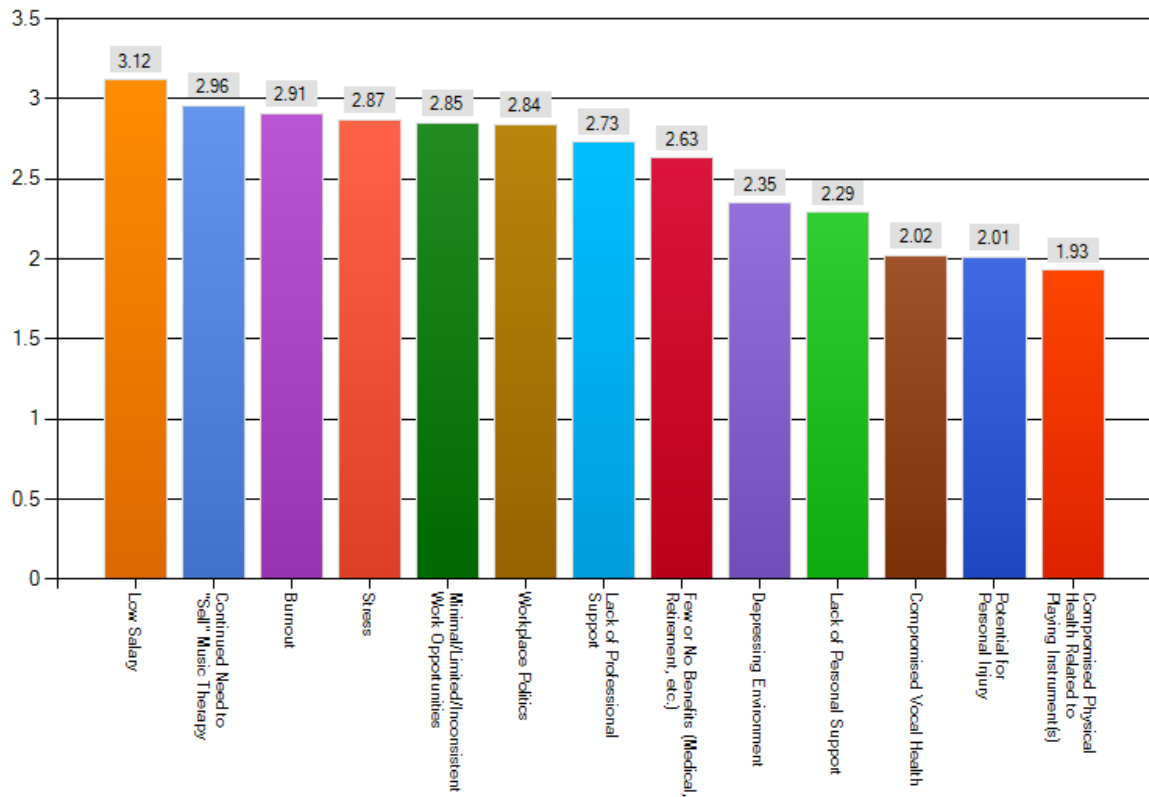


Table 9
Reasons for Considering Leaving the Profession

Reason	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Low salary	15.59%	20.56%	17.20%	29.44%	17.20%
Continued need to "sell" music therapy	19.92%	22.22%	15.58%	26.15%	16.12%
Burnout	20.00%	22.04%	13.74%	35.37%	8.84%
Stress	19.22%	25.58%	13.40%	32.61%	9.20%
Minimal/limited/inconsistent work opportunities	22.27%	23.62%	15.38%	24.02%	14.71%
Workplace politics	21.41%	25.88%	15.58%	21.54%	15.58%
Lack of professional support	23.51%	27.43%	13.92%	22.84%	12.30%
Few or no benefits (medical, retirement, etc.)	26.05%	28.63%	14.25%	18.45%	12.62%

Reason	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Depressing environment	30.33%	32.79%	12.98%	19.67%	4.23%
Lack of personal support	28.51%	37.11%	15.83%	13.78%	4.77%
Compromised vocal health	37.86%	37.17%	13.17%	9.19%	2.61%
Potential for personal injury	38.25%	37.16%	12.30%	10.25%	2.05%
Compromised physical health related to playing instrument(s)	40.38%	38.47%	10.64%	8.73%	1.77%

An “Other” category permitted respondents to write in additional reasons and comments. Common themes included the following:

- to start/raise a family
- family needs and circumstances
- to return to school and change jobs/pursue other passions
- to become an administrator
- to pursue other musical endeavors (singing, songwriting, recording)
- need to tour to express self as a performing artist
- dual careers/working in another profession in addition to music therapy
- division of responsibilities/only practicing music therapy as part of job duties
- being “stuck” in an inappropriate department
- underutilization
- being considered “ancillary”
- no pay increases, which is “demoralizing”
- no career ladder

- difficulty in finding work where fees are reimbursable
- frequent layoffs
- impact of economic realities
- expensive continuing education
- too much travel/excessive driving without reimbursement
- lack of perceived professional credibility and respect
- the field is “underrepresented and undervalued”
- uninformed managers
- regulation and policy changes
- pressure to take data and give research presentations at non-music therapy conferences
- moral dilemmas with schools or other environments
- an overabundance of music therapists in the area
- pompous attitudes in the profession
- dislike of professional association
- limited opportunities for professional growth and development
- amount of CMTEs to maintain certification
- professional rejections
- personal doubts and insecurity/decreased confidence in skills
- rarely achieved goals due to lack of follow-up and reinforcement from parents and teachers
- tired of working with a particular population
- boredom/need for a change of scenery

- vicarious traumatization
- compromised emotional and/or physical health
- physical problems from moving equipment and traveling
- age and arthritis

Several respondents had very specific and concrete reasons for considering a professional change. Following are some thought-provoking comments:

- “The math just doesn't add up in this profession. You spend your time and money going from client to client, and you are getting paid a very minimal hourly rate. You are responsible for paying for your own health insurance. How do you make it work? I don't know if I can do it anymore because it just doesn't make any financial sense. It's so hard to admit this to myself because I believe in music therapy. The profession as a whole just isn't progressing in an effective manner. It's all over the place.”
- “This career is supplemental at best. Despite how much I love it, I have had to come to terms with the fact that I cannot rely on it as a way to be fulfilled and also support my life. I have to work two to three jobs just to make it. It has been a very difficult five years.”
- “Salary does not include gas mileage, time spent planning, and time processing and documenting sessions.”
- “My boss is very negative and the staff has no resources. ‘I can only do what I can do’ is my philosophy: if you cut my job into too many demanding slices, each slice is smaller and I cannot be the therapist that I want to be.”

- “After years of searching for a MT job and being told multiple times from different sites ‘our volunteers provide that service,’ I realized I could no longer spend time constantly advocating and educating potential employers about MT as a profession. I was not able to support myself financially and could not make my student loan payments. I was also discouraged by the perceived lack of urgency on the part of the MT community to push for licensure in my state (PA), which in my opinion is essential to survival of the profession. I went back to school for my master of OT degree and have seen the difference that licensure makes in terms of job availability and reimbursement. I’ve also been surprised by a number of OTs who have no idea that MT is a profession, and who consider listening programs they offer to be ‘music therapy.’ So now I advocate and educate OTs as someone with training in each field and finally feel that I am making a difference!”
- “Educating co-workers and facilities about the field feels like an everyday occurrence and can be rather draining.”
- “I believe that music therapists have to defend and explain their profession to people constantly. We are often not viewed as a part of an integrated clinical team...much more like a fringe entertainment gimmick. I believe that the profession of music therapy should be much more accessible for other healthcare professionals (who are proficient musicians) to obtain board certification. We need more credibility in the profession.
- “Not taken seriously by other health professionals/viewed as the ‘entertainer’ or ‘music lady.’”
- “We. Need. Licensure.”

- “Frustration with the profession; lack of preparation of students entering our internship program often in basic skills.”
- “Feeling that there are so few competent music therapists, I don't want to count myself among them.”
- “I interpret a sense of elitism in our profession; a lack of support from professionals of other disciplines seems to make us so quick to promote ourselves as if we are more important than we actually are. I have seen music therapists belittle music volunteers, who sometimes provide services with as much method as we do, simply because they are not certified. In our struggle to justify our existence in the healthcare setting, I feel that we often may appear naive, or even ignorant, of the fact that our services are complementary—not curative.”
- “While I have experienced all of these [reasons for considering leaving the profession] at one point or another, it is always due to the place of work rather than the field itself. When things have gotten very bad due to all of the things mentioned above, I've made the decision to leave the place of employment, never the field.”
- “Last week I got a busted nose and black eye from a home-bound client; family of client did nothing to acknowledge injuries.”
- “I thought I had reached the pinnacle of what music therapy could offer.”

A number of music therapists commented that they have never considered leaving the profession. One respondent shared the following proactive statement: “I wouldn't consider leaving. If any of the abovementioned categories occurred, I would make changes, such as work at a different facility, discuss with my supervisor how difficult

conditions can be improved, use drums & guitar while my voice was healing, or sing a capella with tambourine while my hands were healing, or meet with other creative arts therapists every few months to give and receive professional support, or go to a professional development day workshop to get replenished.”

Self-Care

Respondents reportedly engage in a variety of self-care activities. Using Likert scale options of never, occasionally, monthly, weekly, and daily, respondents identified healthy diet and rest as primary activities of self-care, followed consecutively by recreation/leisure time with loved ones, exercise, hobbies, and prayer. Complete results appear in the chart below and Table 10.

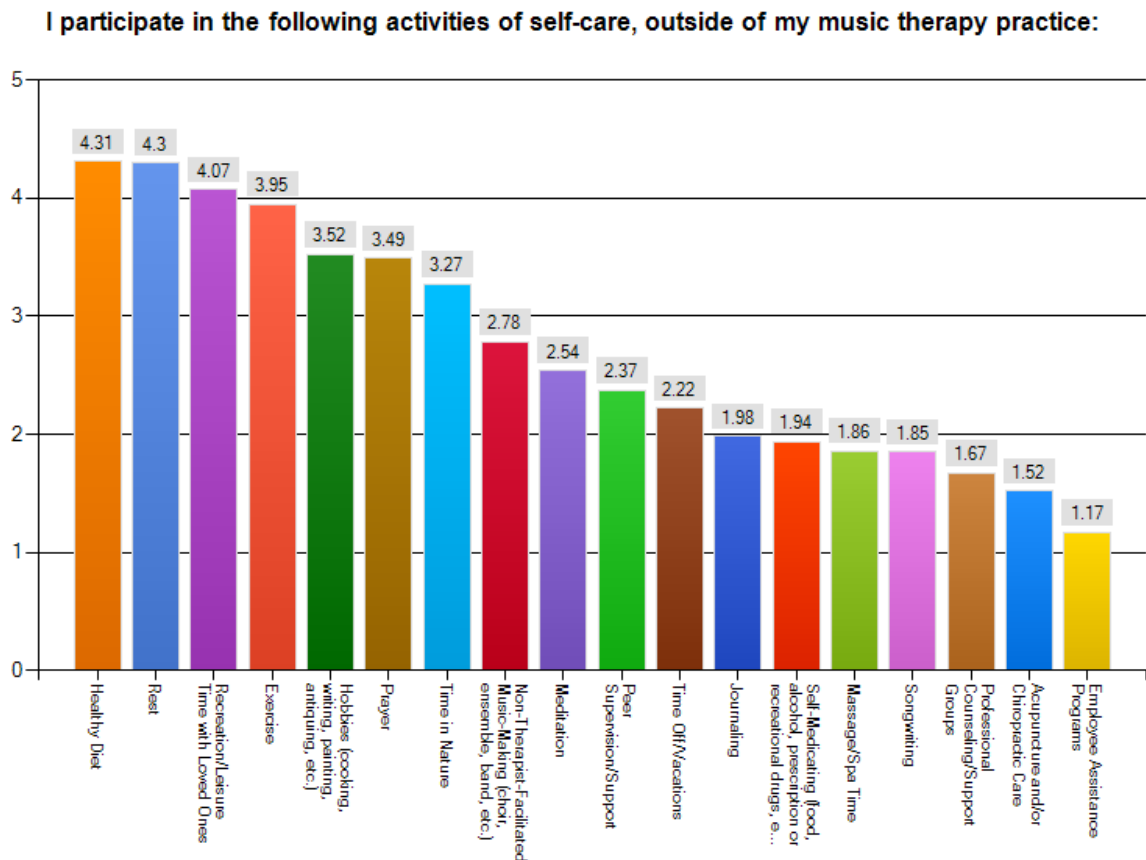


Table 10
Activities of Self-Care

Activity	Never	Occasionally	Monthly	Weekly	Daily
Healthy diet	0.76%	10.25%	4.05%	27.22%	57.72%
Rest	0.64%	11.72%	2.80%	26.50%	58.34%
Recreation/leisure time with loved ones	0.63%	6.84%	8.10%	53.80%	30.63%
Exercise	1.91%	14.25%	6.11%	42.62%	35.11%
Hobbies (cooking, writing, painting, antiquing, etc.)	5.33%	18.53%	13.71%	43.91%	18.53%
Prayer	19.39%	17.22%	1.91%	17.86%	43.62%
Time in Nature	3.81%	25.25%	22.46%	37.06%	11.42%
Non-therapist-facilitated music-making (choir, ensemble, band, etc.)	17.41%	31.64%	10.55%	35.96%	4.45%
Meditation	32.19%	29.26%	4.33%	20.99%	13.23%
Peer supervision/support	21.63%	40.97%	20.10%	13.87%	3.44%
Time off/vacations	4.33%	75.32%	15.78%	3.69%	0.89%
Journaling	42.09%	36.48%	7.78%	8.93%	4.72%
Self-medicating (food, alcohol, prescription or recreational drugs, etc.)	47.81%	30.08%	6.68%	10.80%	4.63%
Massage/spa time	35.62%	46.31%	15.52%	1.78%	0.76%
Songwriting	40.20%	44.27%	8.27%	4.71%	2.54%
Professional counseling/support groups	57.83%	25.73%	8.66%	7.13%	0.64%
Acupuncture and/or chiropractic care	67.98%	17.35%	9.95%	4.59%	0.13%
Employee assistance programs	88.57%	11.98%	2.06%	0.26%	0.13%

An “Other” category permitted respondents to write in additional activities of self-care, which included the following:

- crying for release
- silence
- non-music/talk/comedy radio in the car before, between and after sessions
- taking full hour lunch breaks
- personal acceptance
- reflecting on encouraging client reactions (e.g.: smiles, hugs, asking when the next session is)
- clinical supervision
- attending special trainings
- personal psychotherapy
- personal music therapy
- music improvisation/guided imagery/mandalas
- attending concerts
- listening to music
- learning a new instrument
- participating in other peer groups (e.g.: book clubs)
- yoga
- fostering animals
- shopping
- social media

- imagining a different field that would use MT skills

Motivation and Inspiration

A number of factors reportedly keep music therapists motivated and inspired in the profession. With the Likert scale options of strongly disagree, disagree, neither agree or disagree, agree, and strongly agree, the highest response for the reason why music therapists continue to feel motivated and inspired was the gratification/satisfaction of the results of their work. This was followed consecutively by engagement in self-care, loving the work regardless of income, attending conferences and symposiums, diversification among various populations, and keeping professional life separate from personal life. Complete results appear in the chart below and Table 11.

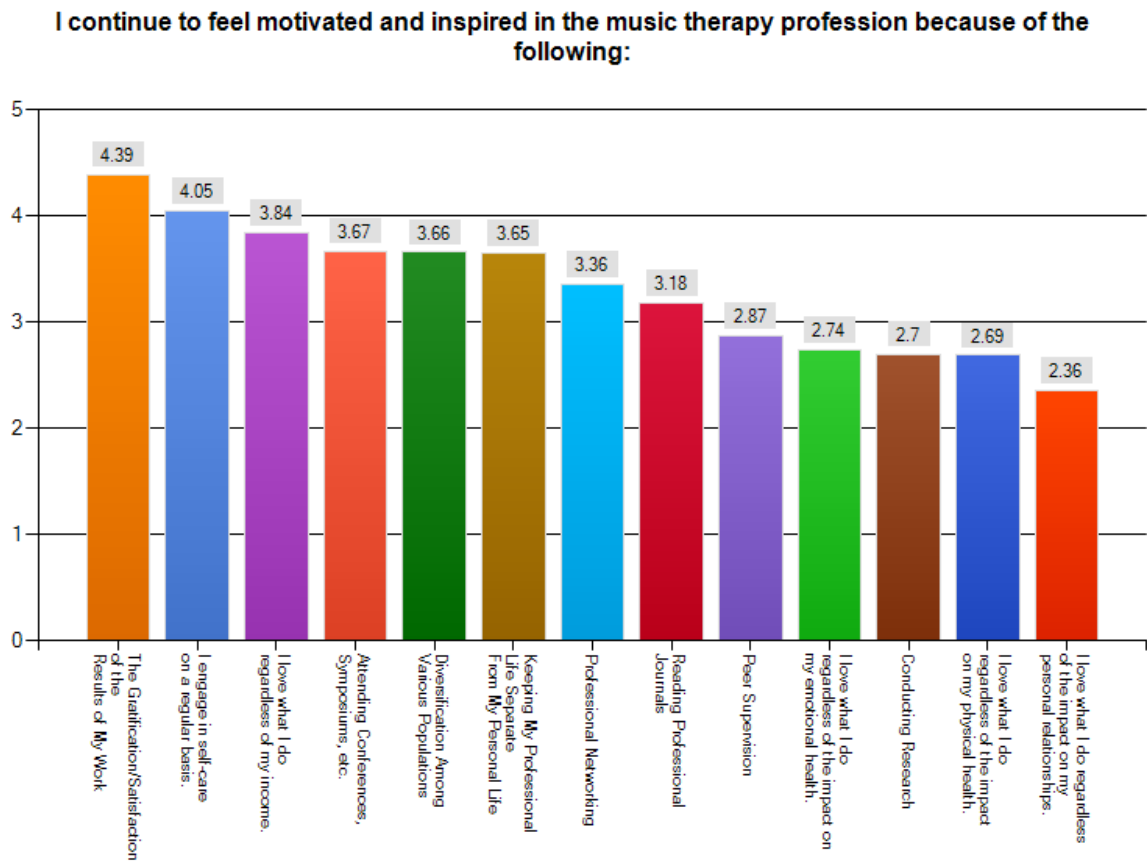


Table 11
Reasons for Continuing to Feel Motivated and Inspired in the Profession

Reason	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The gratification/satisfaction of the results of my work	0.51%	1.02%	6.01	43.86%	48.59%
I engage in self-care on a regular basis	0.89%	5.10%	13.12%	50.19%	30.70%
I love what I do regardless of my income	2.68%	9.32%	17.62%	42.27%	28.10%
Attending conferences, symposiums, etc.	5.13%	9.74%	18.08%	47.05%	20.00%
Diversification among various populations	2.81%	7.14%	26.40%	48.21%	15.43%
Keeping my professional life separate from my personal life	2.56%	9.10%	27.31%	42.82%	18.21%
Professional networking	5.62%	14.56%	26.82%	44.06%	8.94%
Reading professional journals	7.30%	15.36%	34.19%	38.67%	4.48%
Peer supervision	11.60%	24.48%	34.66%	23.45%	5.80%
I love what I do regardless of the impact on my emotional health	11.00%	34.53%	28.77%	20.59%	5.12%
Conducting research	16.20%	24.68%	37.28%	16.58%	5.27%
I love what I do regardless of the impact on my physical health	11.76%	35.29%	29.92%	18.03%	4.99%
I love what I do regardless of the impact on my personal relationships	18.44%	42.38%	26.38%	10.12%	2.69%

An “Other” category permitted respondents to write in additional reasons why they continue to feel motivated and inspired, which included the following:

- “I love music and sharing it.”

- “Knowing that my work makes a difference in patients' lives.”
- giving back to the community
- “What I do has a positive impact on my emotional and physical health.”
- allowing self to grieve and reflect
- having a mindset of work when actively engaging with clients
- continuing education and learning about other populations
- focusing on one population
- professional accomplishments—writing and publishing
- “Because it’s easy, pays well and allows time to do my passion work.”
- “The Facebook groups have made a huge difference in my feeling connected to a larger community of MTs.”

Statistical Analysis

Three Pearson correlation tests revealed weak relationships among the dependent variables: job satisfaction and considering leaving the profession ($r = -.37$), job satisfaction and engagement in self-care ($r = .23$), and considering leaving the profession and engagement in self-care ($r = -.14$).

*N*s, means, and standard deviations for each group within the independent variables (age, marital status, children or no children, highest degree earned, and years in practice) are displayed in order of means in Tables 12, 15, 17, 20, 22, 24, 26, 28, 30, 32, 34, 36, 39, 42, and 44, respectively. A series of one-way analysis of variance tests (ANOVA) was used to compare differences in mean scores of each dependent variable as a function of categories within each respective independent variable. Results are

presented in Tables 13, 14, 16, 18, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 38, 40, 41, 43, and 45.

Table 12
Means and standard deviations of job satisfaction by age

<i>Age Group</i>	<i>n</i>	<i>M</i>	<i>SD</i>
21-29	281	4.00	.93
40-49	122	4.03	.91
30-39	244	4.12	.87
50-59	96	4.28	.83
60+	53	4.53	.70
Total	797	4.11	.91

Table 13
ANOVA comparing job satisfaction by age (N = 797)

<i>Source</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	5	4.35	5.31	.00	.032
Error	776	.79			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = <.82$).

Table 14
Post-hoc tests (Bonferroni) for job satisfaction by age (with means)

	20s	40s	30s	50s	60+
Mean	<u>4.00</u>	4.03	<u>4.12</u>	<u>4.28</u>	<u>4.53</u>

Note. Underline indicates non-significance ($p < .05$)

Table 15
Means and standard deviations of considering leaving the profession by age

Age Group	<i>n</i>	<i>M</i>	<i>SD</i>
21-29	281	2.80	1.37
40-49	121	2.98	1.32
30-39	244	2.91	1.43
50-59	96	2.76	1.39
60+	53	2.68	1.33
Total	796	2.85	1.38

Table 16
ANOVA comparing considering leaving the profession by age (N = 799)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	5	2.10	1.10	.36	.007
Error	790	1.90			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .34$).

Table 17
Means and standard deviations of engagement in self-care by age

Age Group	<i>n</i>	<i>M</i>	<i>SD</i>
30-39	243	3.95	.86
21-29	275	4.03	.88
40-49	119	4.05	.83
50-59	94	4.22	.81
60+	52	4.29	.72
Total	785	4.05	.85

Table 18
ANOVA comparing engagement in self-care with by age (N = 789)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	4	2.52	3.51	.00	.022
Error	776	.71			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = <.81$).

Table 19
Post-hoc tests (LSD) for engagement in self-care by age (with means)

	30s	20s	40s	50s	60+
Mean	<u>3.95</u>	<u>4.03</u>	<u>4.05</u>	<u>4.22</u>	<u>4.29</u>

Note. Underline indicates non-significance ($p = <.05$)

Table 20

Means and standard deviations of job satisfaction by marital status

Category	<i>n</i>	<i>M</i>	<i>SD</i>
Single	313	4.04	.97
Married	478	4.15	.84
Total	797	4.11	.90

Note. Single, Separated or Divorced, and Widowed were collapsed into one category.

Table 21

ANOVA comparing job satisfaction by marital status (N = 797)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	2	3.57	4.50	.01	.011
Error	794	.79			

Levene's Test of Equality of Error Variances indicates a lack of homogeneity of variance between groups ($p < .03$). Therefore, these results should be interpreted with caution.

Table 22

Means and standard deviations of considering leaving the profession by marital status

Category	<i>n</i>	<i>M</i>	<i>SD</i>
Single	306	2.92	1.37
Married	470	2.81	1.40
Total	782	2.85	1.39

Note. Single, Separated or Divorced, and Widowed were collapsed into one category.

Table 23
ANOVA comparing considering leaving the profession
by marital status ($N = 799$)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	1	1.60	.83	.47	.002
Error	779	1.92			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .44$).

Table 24
Means and standard deviations of engagement in self-care
by marital status

Category	<i>n</i>	<i>M</i>	<i>SD</i>
Single	306	4.11	.83
Married	470	4.00	.86
Total	782	4.05	.85

Note. Single, Separated or Divorced, and Widowed were collapsed into one category.

Table 25
ANOVA comparing engagement in self-care by marital status ($N = 789$)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	1	3.69	4.58	.01	.012
Error	779	.72			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .18$).

Table 26

Means and standard deviations of job satisfaction by children/no children

Category	<i>n</i>	<i>M</i>	<i>SD</i>
No Children	555	4.09	.91
Children	240	4.16	.84
Total	797	4.11	.90

Note. Categories of # of children were collapsed into the two categories of Children or No Children.

Table 27

ANOVA comparing job satisfaction by children/no children (N = 797)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	2	4.86	6.14	.002	.015
Error	794	.79			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p < .50$).

Table 28

Means and standard deviations of considering leaving the profession by children/no children

Category	<i>n</i>	<i>M</i>	<i>SD</i>
No Children	544	2.86	1.39
Children	236	2.81	1.37
Total	782	2.85	1.39

Note. Categories of # of children were collapsed into the two categories of Children or No Children.

Table 29
ANOVA comparing considering leaving the profession by children/no children ($N = 799$)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	1	.62	.32	.73	.001
Error	779	1.92			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .76$).

Table 30
Means and standard deviations of engagement in self-care by children/no children

Category	<i>n</i>	<i>M</i>	<i>SD</i>
Children	238	3.89	.88
No Children	545	4.12	.83
Total	785	4.05	.85

Note. Categories of # of children were collapsed into the two categories of Children or No Children.

Table 31
ANOVA comparing engagement in self-care by children/no children ($N = 789$)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	2	4.19	5.88	.003	.015
Error	782	.71			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p < .16$).

Table 32
Means and standard deviations of job satisfaction by highest degree earned

Degree	<i>n</i>	<i>M</i>	<i>SD</i>
Bachelor's/ Equivalency	405	4.08	.89
Master's	345	4.12	.93
Doctorate	31	4.32	.79
Total	782	4.11	.90

Table 33
ANOVA comparing job satisfaction by highest degree earned (N = 797)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	2	.62	.76	.52	.003
Error	778	.81			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .55$).

Table 34
Means and standard deviations of considering leaving the profession by highest degree earned

Degree	<i>n</i>	<i>M</i>	<i>SD</i>
Bachelor's/ Equivalency	405	2.96	1.40
Master's	345	2.74	1.36
Doctorate	31	2.68	1.47
Total	782	2.85	1.39

Table 35
ANOVA comparing considering leaving the profession by highest degree earned (N = 799)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	2	4.66	2.44	.06	.009
Error	778	1.91			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .09$).

Table 36
Means and standard deviations of engagement in self-care by highest degree earned

Degree	<i>n</i>	<i>M</i>	<i>SD</i>
Bachelor's/ Equivalency	406	3.96	.88
Doctorate	31	4.10	1.04
Master's	347	4.14	.79
Total	785	4.06	.85

Table 37
ANOVA comparing engagement in self-care with by highest degree earned (N = 789)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	3	2.49	3.48	.016	.013
Error	781	7.14			

Levene’s Test of Equality of Error Variances indicates lack of homogeneity of variance between groups ($p < .03$).

Table 38
Post-hoc tests (Bonferroni) for engagement in self-care by highest degree earned (with means)

	Bachelor’s/ Equivalency	Doctorate	Master’s
Mean	<u>3.96</u>	<u>4.10</u>	4.14

Note. Underline indicates non-significance ($p = <.05$).

Table 39
Means and standard deviations of job satisfaction by # of years in practice

# Years	<i>n</i>	<i>M</i>	<i>SD</i>
0-5	321	3.96	.92
21-25	47	4.09	.88
26-30	34	4.15	.96
16-20	62	4.18	.90
6-10	195	4.21	.86
11-15	93	4.22	.81
31+	44	4.48	.85
Total	797	4.11	.90

Note. The # of years in practice categories of 31-35, 36-40, and 41+ were collapsed into one category of 31+.

Table 40
ANOVA comparing job satisfaction by # of years in practice (N = 797)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	7	2.38	3.03	.004	.026
Error	789	.79			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p < .98$).

Table 41
Post-hoc tests (Bonferroni) for job satisfaction by # of years in practice (with means)

	0-5	21-25	26-30	16-20	6-10	11-15	31+
Mean	<u>3.96</u>	4.09	4.15	4.18	4.21	<u>4.22</u>	4.48

Note. Underline indicates no significance ($p = <.05$).

Table 42

Means and standard deviations of considering leaving the profession by # of years in practice

# Years	<i>n</i>	<i>M</i>	<i>SD</i>
0-5	315	2.78	1.40
21-25	45	3.13	1.25
26-30	34	2.71	1.34
16-20	59	2.81	1.40
6-10	192	2.97	1.40
11-15	93	2.87	1.38
31+	43	2.63	1.40
Total	782	2.85	1.39

Note. The # of years in practice categories of 31-35, 36-40, and 41+ were collapsed into one category of 31+.

Table 43

ANOVA comparing considering leaving the profession by # of years in practice (N = 799)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	6	1.49	.77	.61	.007
Error	774	1.93			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .64$).

Table 44
Means and standard deviations of engagement in self-care by # of years in practice

# Years	<i>n</i>	<i>M</i>	<i>SD</i>
0-5	315	3.99	.89
21-25	45	4.11	.75
26-30	34	4.26	.71
16-20	59	4.05	.84
6-10	192	4.06	.81
11-15	93	3.95	.86
31+	43	4.35	.87
Total	782	4.05	.85

Note. The # of years in practice categories of 31-35, 36-40, and 41+ were collapsed into one category of 31+.

Table 45
ANOVA comparing engagement in self-care by # of years in practice (N = 789)

Source	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Partial Eta Squared</i>
Group	6	1.08	1.51	.16	.013
Error	774	.72			

Levene's Test of Equality of Error Variances indicates normal homogeneity of variances between groups ($p = .16$).

Only two difference tests revealed a lack of homogeneity of variance (job satisfaction by marital status and self-care by highest degree earned). Four ANOVAs were significant (job satisfaction by age, engagement in self-care by age, engagement in self-care by highest degree earned, and job satisfaction by number of years in practice), so *post hoc* tests were run only on those.

The final two questions of the survey generated extensive qualitative data. The penultimate question asked participants if they have any experiences or insights about the impact of stress, burnout, compassion fatigue, and job dissatisfaction, and their implications and consequences on music therapists and the music therapy profession.

Responses reflected awareness and opinions in the following categories:

- low income
- obligatory advocacy
- lack of respect/acknowledgement
- lack of administrative support/workplace politics
- excessive caseloads/paperwork, unfair division of responsibilities, and inconsistent scheduling
- isolation
- commute/travel
- fatigue/exhaustion/giving too much of self
- populations/clients/stress from clinical issues
- vocal/physical injuries
- domestic guilt
- lack of training and ability to identify triggers of stress and burnout
- specific examples/experiences
- miscellaneous/comprehensive general opinions

The final question asked if participants have any experiences or insights about the need for music therapists to engage in self-care. Common themes in responses fall under the following categories:

- taking time for self
- separation/balance between work and home
- peer support and supervision
- personal therapy
- music-making outside of work
- non-musical hobbies
- exercise and nutrition
- vocal health
- spiritual practice
- meditation and reflection
- self-awareness/identity/ability to identify stressors
- populations
- flexibility/willingness to make a change
- boundaries
- professional goals
- in the clinical setting
- miscellaneous/general opinions and experiences
- affirmative comments

A comprehensive list of quotes, as perceived by the researcher to be most pertinent, valuable, and insightful, appears in Appendix E.

Chapter 5

DISCUSSION

Conclusions

Of the 829 practicing board-certified music therapists who participated in the survey, most were female, more than half were married, nearly three-quarters had no children, and the overwhelming majority was white/Caucasian. Most had a Bachelor's degree or equivalency, had been practicing up to five years, and worked 31-40 hours per week.

Overall, music therapists rated job satisfaction as high, but there were a number of negative perceptions about the profession. The most common negative perception about the professional association was the high cost of professional membership. Despite some negative perceptions about the profession and professional association, a significant number of music therapists expressed a passion for what they do. Of those who have considered leaving the profession, low salary was the most commonly reported reason. Reported contributors to stress and burnout, which could lead to considering leaving the profession, were the continued need to "sell" music therapy, minimal work opportunities, workplace politics, and feeling undervalued.

Music therapists appeared to have a solid grasp on professional responsibilities and ethics related to countertransference, the ability to separate personal issues from practice, the ability to consistently be mindful and present for clients, and the need to be in good physical and mental health. Respondents identified healthy diet and rest as primary activities of self-care, and reportedly stay motivated and inspired in the profession predominantly because of the gratification/satisfaction of their work.

Respondents shared insights and experiences related to stress and burnout in multiple categories, including low income, obligatory advocacy, lack of respect and administrative support, need to commute, giving too much of self, stress from clinical issues, vocal and physical injuries, and lack of training. Reflections about the need for self-care included the categories of taking time for self, balance between work and home, peer support and supervision, personal therapy, personal music-making, hobbies, exercise and nutrition, and spiritual and meditational practice.

Statistical analysis through SPSS generated a number of interesting results. The low correlation between job satisfaction, considering leaving the profession, and engagement in self-care indicates that participants who have high job satisfaction may still consider leaving the profession, and that self-care is not a significant factor in job satisfaction or considering leaving the profession.

The following assumptions can be made in further examining the ANOVA results:

- Job satisfaction appears to increase with age, with the exception of a reversal between the 30s and 40s, which might be attributed to respondents in their 40s experiencing more attrition than other age groups. Standard deviation tends to go in opposite directions than means, suggesting more variance in the 20s and less in the 60s. It is possible that those in the older age groups have more self-acceptance and less desire to achieve at this stage in their life and career.
- Engagement in self-care also appears to increase with age, with the exception of a reversal between the 20s and 30s.

- Job satisfaction is reportedly higher among married than single respondents. This may be due to less financial stress with two incomes, more personal support, etc.
- Job satisfaction appears to be higher among respondents with children, as opposed to no children. Practicing as a music therapist may provide a needed productive balance between family and work for these individuals.
- Engagement in self-care is reportedly higher among respondents with no children. This may be due to those with no children having more time and personal freedom compared to those with children.
- Respondents with a master's degree report the highest level of self-care. There is a significant difference at the .05 level between those with a bachelor's/ equivalency degree and those with a master's or doctorate. This may be due to a higher awareness of, education about, and need for self-care in advanced practice.
- Respondents with more than 30 years of experience practicing music therapy reported the highest level of job satisfaction, while those with up to five years of experience reported the lowest level of job satisfaction. Variances in other age groups indicate, however, that job satisfaction does not increase with years of experience. Those with 21-30 years of experience report lower job satisfaction than those with 20 or fewer years. This may be attributed to life changes and major events that occur in particular stages of life and career.

Implications

The number of participants in this study and the quality of their responses are indicative of the relevance of this subject matter. The extensive nature of the more than 2000 comments further suggests that the impact of stress and burnout and the need for

self-care are important topics for music therapists. Comments related to professional responsibilities and ethics imply an inherent and learned self-actualization among music therapists, particularly among those with more experience and education. Many are well aware of stressors related to the profession and the need to engage in activities of self-care; however, self-care may need to become more of a priority with consistent commitment.

Several potential issues emerged from the study and may be worth considering further. First, lack of time and money appear to have an impact on whether or not and how frequently music therapists engage in self-care. One respondent said, “At this point, self-care is a luxury. I have to work so much, I don't have money or time for yoga, nature hikes, etc. Some people do have good circumstances and are not on their own. In my opinion they are the ones who can love what they do despite income. I'm very sad to say that is no longer an option for me.” This comment may also tie into the differences in stressors between single and married music therapists. Another respondent said, “In my situation I am not the primary income in my family so my job is the ‘extra’ job. If my husband had a lower paying job our life would be very different.” Music therapists who are married and have a dual income may not feel the financial stress as much as single music therapists. (This was also indicated in the ANOVA findings, discussed above.)

The second issue to emerge from the study considers how lower scored activities of self-care such as massage/spa time, acupuncture and/or chiropractic care, and professional counseling/support groups may also have to do with finances. Why don't more music therapists engage in these particular activities? Perhaps they are not covered

by insurance and it's too expensive to pay out of pocket. Perhaps music therapists are unable to make time for these activities.

Third, and similarly, why don't more music therapists participate in employee assistance programs? It may be that these programs are not available since so many music therapists work part-time and/or don't receive benefits. It may also be that they're simply not interested or don't have time to participate. In addition, more than 75% of respondents reported that they only occasionally take time off/vacations. Reasons for this may include lack of vacation funds, unpaid vacation policies, and lack of time.

Fourth, professional and peer supervision were frequently mentioned in fill-in comments as ways of maintaining motivation and inspiration in the profession; however, supervision was rated 10th out of 18 categories in activities of self-care. Could it be that music therapists don't have opportunities to participate in professional and peer supervision or these opportunities are not being effectively promoted?

Finally, a considerable number of respondents expressed dissatisfaction with AMTA, predominantly because of cost verses benefit. It is likely that many music therapists—AMTA members or not—may not be fully aware of all the benefits AMTA offers. This may require further education and promotion on AMTA's part.

Recommendations

For this study to be replicated, some minor adjustments in the survey design and language would be necessary. First, Question #3 about marital status should include an option for "domestic partnership." Second, Question #7 about primary instrument should utilize a multiple choice box with the options of instrument families or all instruments, as opposed to a fill-in comment/essay box. Third, in Question #24 if respondents check

“strongly disagree” or “disagree” to having considered leaving the music therapy profession, they should skip Question #25 (“I have considered leaving the music therapy profession for the following reasons”) and be automatically directed to Question #26 about activities of self-care. Because of a possible unintentional bias in the study design, a question asking respondents why they have never considered leaving and choose to remain in the profession should perhaps be incorporated before moving on to Question #26. “Receiving music therapy” should be included as an activity of self-care option in question #26. A question might be added to determine if respondents consciously engage in methods of self-care. For example, do individuals spend time in nature for the sake of self-care or because it’s simply something they enjoy? Specific terms may need to be defined in the questionnaire for study participants (and readers) who are unfamiliar, including “transference” and “countertransference”, “mindfulness”, and “presence”. Finally, the overall design could be better constructed for deeper statistical analysis of variances and correlations.

It might prove interesting to conduct further analysis of variance between the independent variables from demographic categories with the dependent variables in questions 13-27 of the survey, with respect to perceptions of professional responsibilities and ethics, reasons for considering leaving the profession, specific activities of self-care, and what keeps music therapists inspired and motivated. In addition, a comparison between age and years of practice might generate some differences in perceptions, as a number of individuals pursue a music therapy education later in life as a change in career or after raising children, or for other reasons that may be worth investigating.

One of the limitations of this study was that data was gathered from music therapists who were still working in the field, rather than those who had left the profession, which may not have been completely representative of the entire population. It might be of value to gather data from music therapists who have left the profession for professional dissatisfaction or for other personal factors (e.g.: exiting the work force to raise children); however, these individuals would be difficult if not impossible to contact if they're no longer members of professional organizations on easily accessible rosters, which would prove challenging for research.

Another issue in the present study is that the sample included many more females than males. This was somewhat expected, as the 2012 AMTA Member Survey and Workforce Analysis reflects 11% male respondents and 89% female respondents (AMTA, 2012). It would be noteworthy to further investigate the male perspective and experience.

There was perhaps an unintentional bias in asking non-members of AMTA why they are not members, but not asking those who are members what the perceived benefits of membership are and why they maintain membership. The survey questions about AMTA lend themselves to more negative insights and observations, resulting in an imbalanced report of perceptions of the professional association. AMTA does not represent all music therapists and may or may not function to change music therapists' perceptions or to help decrease professional burnout. This subject would be better investigated in a separate study. Additionally, more in-depth interviews with representatives of AMTA and CBMT would provide a better balance of information and opinions. A splinter study could approach perceptions of the profession from a more

positive perspective. Why do music therapists stay in the profession? What do they love about their work? What do they find rewarding and meaningful? What are they passionate about in the field? Similarly, is there a relationship between social/professional networking and job satisfaction, stress and burnout, and the need for self-care?

Numerous fill-in responses suggested that there is a lack of advanced training and that bachelor's level music therapists are not ready to effectively fulfill the obligations of their work. Perhaps further study comparing bachelor's, master's, and doctorate degrees and the associated curricula, training, and readiness of music therapists should be conducted. It might be recommended that educators better prepare undergraduates for the realities of the profession and the need for self-care. In addition, other negative perceptions that arose in the study could be further investigated, regarding the recommendations that music therapy should be a master's degree profession, that entry-level music therapists are not adequately prepared, and the need for more quantitative research in the field.

It might also prove interesting to further break down levels of stress, burnout, compassion fatigue, etc., in working with specific populations and clinical environments. For example, is working in hospice more stressful than working with children with autism? Is the abnormal psychology population more emotionally draining than working with clients who have brain injuries? Do practitioners experience a different sense of safety and comfort working in a clinic as opposed to a prison? Issues of specific-population and environmental stress might emerge in the areas of impact on personal relationships, physical health, and emotional health.

The premise of this study could lend itself to other “helping” disciplines and it is recommended that further research be conducted and compared to studies with other adjunctive therapies such as psychiatry/counseling, social work, nursing, physical therapy, occupational therapy, and speech/language pathology. The dependent variables of job satisfaction, considering leaving the profession, and engagement in self-care might vary among disciplines. A comparison between the music therapy and music education professions might also be telling.

Further study into vocal health might be appropriate, as a substantial number of survey respondents mentioned overuse and injury. Music therapy requires a high level of voice use. Functional voice disorders and vocal problems have affected both those who claim the voice as a primary instrument, as well as those who claim the voice as a secondary instrument. The most common voice issues include vocal fatigue, excessive phlegm, chronic throat clearing, persistent cough, voice breaks, loss of high end of vocal range, dysphonia or hoarseness, aphonia or loss of voice, nodules, a change in vocal quality or pitch, and perceived overuse or abuse of the voice (Boyle & Engen, 2008). These issues can be prevented with proper training, use and care. Vocal health is crucial for music therapists to maximize vocal quality and ensure a sustainable, robust instrument throughout long days of voice use (Boyle & Engen, 2008). Investigation into physical injuries related to playing instruments and the overall physicality of the job should also be considered.

Finally, the potential issue of self-medicating might be explored. In this study, 15% of participants reportedly self-medicate weekly or daily. This isn't a high percentage, but it may be high enough to cause concern. Respondents commented that

they self-medicate with food, sweets, chocolate, coffee/caffeine, alcohol, and prescription medication. What specific prescription medications are music therapists using? Are they using anti-depressants and/or anti-anxiety medication? What recreational drugs are music therapists using? Are marijuana, narcotics, or other substances being abused? How much caffeine, alcohol, sugar, and fat are people consuming and how is it affecting their health and overall well-being? These particular questions imply a higher level of potential psychological harm to a survey participant. While this in itself is not unethical, it would be important for a caveat to be employed in a cover letter and/or initial email to this effect if further study were to be pursued.

It was the purpose of this study to examine practicing board-certified music therapists' engagement in self-care as needed from the impact of stress and burnout, and which activities of self-care are most effective, as well as perceptions of the music therapy profession and professional association. It seems clear that music therapists experience a considerable level of stress and burnout in their work and need to engage in regular self-care. Negative perceptions of the profession and professional organization may be negated by job satisfaction, but music therapists should utilize their skills of self-actualization, reflection, and introspection to determine how to continue feeling motivated and inspired in their work.

We rationalize our lack of time for self-care, but must learn to trust ourselves and the power of intention and nurture ourselves with the gift of proactive good health. We need to embrace our inner wisdom, as well as our inner child, and energize the inner spirit in the face of cynicism and over-functioning that has become the norm. Music therapists do not have to settle for feeling defeated and downtrodden. While the

possibility of burnout is strong, it is not inevitable. With proper identification of triggers for stress/burnout and coping strategies through self-care, music therapists can remain active, motivated, inspired, challenged, and satisfied in the profession.

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APPENDIX A

OFFICE OF RESEARCH INTEGRITY AND ASSURANCE

IRB APPROVAL

To: Robin Rio
MUSIC BUIL

From: Mark Roosa, Chair
Soc Beh IRB

Date: 07/09/2013

Committee Action: Exemption Granted

IRB Action Date: 07/08/2013

IRB Protocol #: 1306009371

Study Title: A Survey of Board-Certified Music Therapists: Perceptions of the Profession,
the Impact of Stress and Burnout, and the Need for Self-Care

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

APPENDIX B

SURVEY PARTICIPANT INVITATION

Dear Music Therapy Colleague,

I am a graduate music therapy student at Arizona State University under the direction of Professor Robin Rio in the School of Music. I am conducting a research study to examine board-certified music therapists' perceptions of the profession, the impact of stress and burnout, and the need for self-care.

I am recruiting practicing board-certified music therapists to participate in an online survey, which will take approximately 15 minutes to complete.

Your participation in this study is voluntary and anonymous. If you are willing to participate, please complete the survey by September 30, 2013.

Here is a link to the survey:

[SurveyLink]

This link is uniquely tied to this survey and your e-mail address. Please do not forward this message.

If you have any questions concerning the research study, please call me at (480) 332-1651 or e-mail me at Julie.Murillo@asu.edu.

Please note: If you do not wish to receive further e-mails from us, please click the link below, and you will be automatically removed from our mailing list.

[RemoveLink]

APPENDIX C

SURVEY COVER LETTER

**A Survey of Board-Certified Music Therapists: Perceptions of the Profession,
the Impact of Stress and Burnout, and the Need for Self-Care**

September 7, 2013

Dear Music Therapy Colleague,

My name is Julie Murillo, and I am a graduate music therapy student at Arizona State University under the direction of Professor Robin Rio in the School of Music.

I am conducting this research study as a course requirement for my thesis. The purpose of this study is to examine practicing board-certified music therapists' perceptions of the profession, the impact of stress and burnout, and the need for self-care. I am inviting you to participate in an online survey, which will take approximately 15 minutes to complete.

Your participation in this study is voluntary. You may skip questions if you wish. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. You were contacted for possible participation in this study because you are a Board-Certified Music Therapist (MT-BC). Please only complete the survey if you currently practice music therapy.

Possible benefits of your participation include insights into how you're personally affected by stress and burnout, and if engagement in activities of self-care impacts your attitude and motivation in the music therapy profession. Your responses to the survey will be used to inspire further examination into the music therapist's commitment to the profession and to determine if and what specific activities of self-care are recommended. There are no foreseeable risks or discomforts to your participation.

Your responses will be anonymous. The results of this study may be used in reports, presentations or publications, but your name will not be known.

If you have any questions concerning the research study, please contact the research team at:

Julie Murillo, MT-BC
Phone: (480) 332-1651
e-mail: Julie.Murillo@asu.edu

Advisor: Robin Rio, MA, MT-BC
Phone: (480) 727-6749
e-mail: Robin.Rio@asu.edu

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

Return of the survey will be considered your consent to participate. Thank you for your time and consideration.

Sincerely,
Julie Murillo and Robin Rio

APPENDIX D

SURVEY QUESTIONS

DIRECTIONS: Please check or fill in answers as indicated. Your anonymous participation in this study is your informed consent.

1. What is your gender? Female Male

2. Which category below includes your age?
 21-29
 30-39
 40-49
 50-59
 60 or older

3. What is your marital status?
 Single
 Married
 Separated or Divorced
 Widowed

4. How many children age 17 or younger live in your household?
 None
 One
 Two
 Three
 Four
 More than Four

5. Which race/ethnicity best describes you? (Please choose only one.)
 American Indian or Alaskan Native
 Asian/Pacific Islander
 Black or African American
 Hispanic American
 White/Caucasian
 Other. Please specify:

6. What is your highest degree earned?
 Bachelor's or Equivalency
 Master's
 Doctorate

7. What is your primary instrument? (Please list one.)

8. How many years have you been practicing as a board-certified music therapist?

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41+

9. Approximately how many hours per week do you practice music therapy?

- 1-10
- 11-20
- 21-30
- 31-40
- 41+

10. Have you ever been a member of AMTA (American Music Therapy Association) or NAMT (National Association of Music Therapy)?

- Yes No

11. Are you currently a member of AMTA (American Music Therapy Association)?

- Yes No

12. If you are NOT currently a member of AMTA, please explain why. _____

.....

13. I generally experience a high level of job satisfaction.

- Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

14. At least 50 percent of my work is with populations that are highly emotionally charged.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

15. At least 50 percent of my work is with populations that have the potential for personal physical injury.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

16. I try to balance my emotionally and physically draining clients with those who are less demanding.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

17. I believe that I am always mindful and present for my clients.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

18. I am conscious of the potential for countertransference or other professional obstacles in my practice.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

19. I am able to deal with personal issues with death, disability, etc. in a healthy and effective manner.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

20. I have experienced personal losses or challenges while practicing as a music therapist.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

21. Personal losses or challenges have NOT affected my ability to effectively and professionally practice as a music therapist.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

22. I believe that I must be in good mental/emotional health to be an effective music therapist.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

23. I believe that I must be in good physical health to be an effective music therapist.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

24. I have considered leaving the music therapy profession at some point during my career.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

.....

25. I have considered leaving the music therapy profession for the following reasons:

a. Burnout

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

b. Stress

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

c. Compromised Vocal Health

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

d. Compromised Physical Health Related to Playing Instrument(s)

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

e. Potential for Personal Injury

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

f. Depressing Environment

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

g. Low Salary

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

h. Minimal/Limited/Inconsistent Work Opportunities

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

i. Few or No Benefits (Medical, Retirement, etc.)

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

j. Workplace Politics

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

k. Lack of Professional Support

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

l. Lack of Personal Support

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

m. Continued Need to “Sell” Music Therapy

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

n. Other (please specify) _____

.....

26. I participate in the following activities of self-care, outside of my music therapy practice:

a. Rest

Never Occasionally Monthly Weekly Daily

b. Meditation

Never Occasionally Monthly Weekly Daily

c. Prayer

Never Occasionally Monthly Weekly Daily

d. Journaling

Never Occasionally Monthly Weekly Daily

e. Non-Therapist-Facilitated Music-Making (choir, ensemble, band, etc.)

Never Occasionally Monthly Weekly Daily

f. Songwriting

Never Occasionally Monthly Weekly Daily

g. Healthy Diet

Never Occasionally Monthly Weekly Daily

h. Exercise

Never Occasionally Monthly Weekly Daily

i. Massage/Spa Time

Never Occasionally Monthly Weekly Daily

j. Acupuncture and/or Chiropractic Care

Never Occasionally Monthly Weekly Daily

k. Hobbies (cooking, writing, painting, antiquing, etc.)

Never Occasionally Monthly Weekly Daily

l. Recreation/Leisure Time with Loved Ones

Never Occasionally Monthly Weekly Daily

m. Time in Nature

Never Occasionally Monthly Weekly Daily

n. Time Off/Vacations

Never Occasionally Monthly Weekly Daily

o. Peer Supervision/Support

Never Occasionally Monthly Weekly Daily

p. Professional Counseling/Support Groups

Never Occasionally Monthly Weekly Daily

q. Employee Assistance Programs

Never Occasionally Monthly Weekly Daily

r. Self-Medicating (food, alcohol, prescription or recreational drugs, etc.)

Never Occasionally Monthly Weekly Daily

s. Other (please specify) _____

.....

27. I continue to feel motivated and inspired in the music therapy profession because of the following:

a. Diversification Among Various Populations

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

b. Peer Supervision

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

c. Professional Networking

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

d. Attending Conferences, Symposiums, etc.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

e. Reading Professional Journals

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

f. Conducting Research

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

g. Keeping My Professional Life Separate From My Personal Life

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

h. The Gratification/Satisfaction of the Results of My Work

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

i. I love what I do regardless of my income.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

j. I love what I do regardless of the impact on my emotional health.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

k. I love what I do regardless of the impact on my physical health.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

l. I love what I do regardless of the impact on my personal relationships.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

m. I engage in self-care on a regular basis.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

n. Other (specify) _____

.....

28. CBMT numbers have been steadily increasing over the past several years while AMTA membership has remained consistent or experienced some decrease. Do you have any theories into this phenomenon? Please explain. _____

29. Do you have any experiences or insights about the impact of stress, burnout, compassion fatigue, and job dissatisfaction, and their implications and consequences on music therapists and the music therapy profession? Please explain. _____

30. Do you have any experiences or insights about the need for music therapists to engage in self-care? Please explain. _____

THANK YOU FOR YOUR PARTICIPATION!

APPENDIX E

PERTINENT QUOTES FROM QUALITATIVE DATA

(INSIGHTS, PERSPECTIVES, OPINIONS, EXPERIENCES, AND ADVICE)

Do you have any experiences or insights about the impact of stress, burnout, compassion fatigue, and job dissatisfaction, and their implications and consequences on music therapists and the music therapy profession? Please explain.

Low income:

- “I think that the primary reason for burnout in this field is less related to clinical stress and much more related to financial stress due to low salaries and limited benefits.”
- “The impact of stress from financial anxiety can be overwhelming and lead to increased feelings of burnout at work.”
- “[Stress and burnout] occur many times due to the extreme low income most MTs make, making them feel like they have to do more, schedule more, work longer hours, take more clients than they should, and stay employed at jobs that do not value their services.”
- “Burnout is definitely a problem in our facility. Wages have been frozen here for years and it is difficult to stay motivated when there are no raises on the horizon.”

Obligatory advocacy:

- “Many music therapists have to constantly define their profession, advocate for their professional scope of practice, and distinguish themselves from other professions. I believe these factors impact burnout rates.”
- “I think that the potential for burnout for those of us who are constantly educating, demonstrating, and serving as the only resource for MT in our areas is high. It takes a lot of energy to put yourself out there—many do it well, but it contributes to stress, burnout, job dissatisfaction, etc.”
- “I find the constant battle to explain why music therapy is a viable profession which offers valuable benefits to our clients exhausting. I wonder how much of this would go away if the field of music therapy was reimbursable at the same rate as, for example, social work.”
- “It's exhausting advocating for yourself and your job, constantly.”
- “I think that being in a field that is not well-defined and not well-understood by the community at large contributes to stress. I think the music therapy profession needs to clarify theories and methods and accept that we have to fit into the current model of healthcare if we are to become more understood. It seems that

there continues to be a divide in the profession between different philosophies and while this is important for the development of quality music therapy practice, it lends itself to continue to be misunderstood.”

Lack of respect/acknowledgement:

- “I feel as though MTs are treated as second class citizens at times. Many of my jobs have been contingent (i.e.: the patient no-shows, we don't get paid) and we are not paid for paperwork, session planning, etc. I feel as though MT is not valued and I struggle with constantly ‘selling’ and ‘proving myself’ to maintain a job.”
- “I was always educating people about music therapy and always working toward gaining respect for what it was I was doing. This, after a period of time, becomes cumbersome and takes the joy out of what it is we do.”
- “It's humiliating and depressing when psychiatrists are unwilling to consider the potential uses of music therapy and dictate that programs include time-occupying, entertaining groups rather than the use of real therapy, even after music therapy has been proven effective.”
- “When you have to continuously justify why you should be paid, essentially, the message you receive is that your work is not valid. Since music therapists are first and foremost musicians, it is easy to interpret that message as 'you are not valid' or 'your music is not valid,' because our identity as musicians is often tied into our identity as music therapists. This quickly leads to ‘why should I continue a job where I am never appreciated or validated?’”

Lack of administrative support/workplace politics:

- “While I enjoy the actual clinical work, it is the politics and lack of support from other colleagues and supervisors that is very discouraging.”
- “I have worked at the same place for 23 years, and my stress level and burnout are directly related to the support and climate of the facility. At times we have had a poor administration team, hostile or at least negative morale. I have trouble shielding myself from that energy and maintaining my own emotional health.”
- “I've gone under the title of ‘activity therapist’ and even then it's a battle to do the work I love. I've given up in some situations and surrendered to what was expected of me, with no motivation to prove them wrong. My fire is out.”

- “I have been in two situations with not only a lack of support, but criticism (what I do does not matter, we're being ‘too loud’ and have to stop disrupting). Couple this with challenging and dangerous populations, and being severely and consistently overworked.”
- “I work with mentally ill adults in an inpatient facility. Every day is stressful for many reasons. However, I find that it is primarily the administration and my coworkers that are the main cause of my stress and burnout.”

Excessive caseloads/paperwork, unfair division of responsibilities, inconsistent scheduling:

- “I am quite simply expected to do too much. I love my work with the patients, but it is the never-ending paperwork (up to 96 notes per day) that is suffocating.”
- “I am currently experiencing some burnout and dissatisfaction and I have only been practicing for nine months. My burnout is related to inconsistent scheduling (private practice), which results in not having any kind of set schedule. Also, I feel I am not being paid adequately for the hard work I put in every single day.”
- “As healthcare continues to change, there is also more inclination that people will be asked to do more and more but with fewer resources, staff or otherwise. That will increase stress and job dissatisfaction.”
- “We are in a career that is under-appreciated, under-recognized, under-paid, and we are asked to take on a role that is therapist, teacher, advocate, accountant, marketer, and whatever else.”
- “I think that having low levels of control with high amounts of hours and expectations are what contribute mostly to burnout.”

Isolation:

- “In my case, burnout stemmed from being the only ‘one of my kind.’ My work was very isolating.”
- “I feel burnout happens because too many music therapists are working alone, without support on a regular, daily basis.”
- “In my experience, feelings of isolation and lack of professional support and inspiration are what make the job most challenging. Most music therapists have a difficult enough time finding a job, let alone a job where they can work alongside a fellow music therapist.”

Commute/travel:

- “As a contract MT working largely in the schools, commuting is a big source of burnout for me. I commute almost as much as I practice. The schools also take too long to renew their contracts in the fall, so I am left unemployed for four months out of the year.”
- “It is often discouraging for me to handle the traveling between schools, packing the equipment and instruments in and out of the buildings, walking to and from classrooms, and tolerating the high temperatures outside and in my car when I return. And that's after finding a parking place a block away because of the high demand for close parking.”

Fatigue/exhaustion/giving too much of self

- “We work in a helping profession, in which we give all we can of ourselves and receive nothing in return aside from the satisfaction that comes from helping others. It is easy to become burned out.”
- “I think that music therapy is such a giving profession that burnout can be high as day in and day out a music therapist is constantly giving to others but not always giving to themselves. Also, I believe the stress is high as the profession is often performance-based in nature and can add stress with the constant singing and playing as well as the stress of always coming up with something new, as that becomes time-consuming and draining at times.”
- “The combination of overworking and being under-compensated for the amount of sheer physical strain and mental wear and tear can certainly lead to burnout.”
- “I think I get fatigued rather than burnt out, because I am still here, still a music therapist. If we let ourselves burn out because we are doing too much, we are going to lose our drive, our energy as a profession, and that is dangerous to ourselves and our clients. What can we offer our clients if we are burnt out, tired, and cynical?”
- “My husband often asks me why I am tired all the time. I don't think you can understand how draining working as a music therapist can be unless you are one yourself or work in a similar field. The fatigue from working at a job where you sit at a desk all day is very different from the work we do. My job is physically, emotionally, and mentally challenging. I feel that I am giving of myself in what I do and I think it is so important to remember that I need to replenish myself to stay balanced.”

- “The emotional and physical drain is simply too much for the monetary compensation and people, including myself, feel burnout and stress.”
- “Emotional, mental, and physical exhaustion caused by a high stress occupation lead to worse things than burnout. They can make an individual very ill and impact the livelihood of a family.”
- “The need to be ‘on’ all the time, to sing/play adequately, meet diverse needs of clients, and misunderstandings about what music therapy is and what it can do are all exhausting. Sometimes I wonder if I can muster the energy it takes to lead a large client group or a particularly difficult client.”
- “Music therapists take on too much and there is so much invested in the profession that it consumes one's whole life. That leads to stress, burnout and job dissatisfaction.”

Populations/clients/stress from clinical issues:

- “Working with patients that don't change or improve is more of a cause of burnout for me. Behaviors and personalities just don't budge.”
- “It is discouraging when we do not see immediate results or any results at all.”
- “When every client you work with has environmental/care related issues that prevent carryover of skills gained in music therapy sessions, burnout is the result. You begin to feel powerless and you don't even see the point in conducting a music therapy session.”
- “I believe that the stance that a therapist is there to fix a client is the very thing that leads to burnout.”
- “I think because it is a helping profession, music therapists are at high risk of burnout, because not all of our clients will improve, and some will get worse, and some may die.”
- “It is exceedingly difficult to feel as though I'm putting in more effort than my patients.”
- “[Burnout] lessens the effectiveness of what we as professionals do, and can severely impact our sessions and our clients, as we do not give them the care they deserve when we are stressed.”

Vocal health/physical injuries:

- “I've had issues with vocal health because of overuse and lack of self-care.”
- “Overuse of voice [can lead to] burnout.”
- “I believe that vocal health skills are undervalued at the academic level, resulting in injury that could be avoided due to lack of proper training.”
- “My experience has been physical stress on my right shoulder. I've had to stop practicing due to surgery.”
- “Over the years I have gone to a physical therapist, massage therapist, chiropractor, and acupuncturist for all the physical damage this profession has had on my body. It is expensive and ultimately I have not found the answer to being able to practice this profession for the long term.”
- “Damage to neck and hands due to guitar playing, and driving will curtail my career at some point.”
- “I struggled balancing seeing progress in clients and being physically injured by highly aggressive clients at a position for two years.”

Domestic guilt:

- “In order to be a good therapist, you need to be present and invested in your clients, so when I get home to my wife and our five-year-old daughter I am not always fully invested there. There is definitely some guilt associated with this.”
- “Being in a caregiving profession and then going home and being a wife, mom, and step-mom it is very easy to get burnt out.”

Lack of training and ability to identify triggers of stress and burnout:

- “Many times people don't always know or understand that they are in the process of burnout. In my experience both with myself and those that I supervise, people don't tend to realize that they are feeling stressed, etc. until they are into full burnout mode. This can be very detrimental to our profession if someone feels they need to get out of the profession due to whatever issues they are dealing with. However, it is even more dangerous for our profession when people may know and understand they are burned out on music therapy but choose not to/are not able to do anything about it.”

- “I don't think music therapy students/interns are given enough education about the importance of supervision and what countertransference really means. I've known students with master's degrees who didn't really know what countertransference was! It's unacceptable and it has a terrible impact on who those students become as therapists. As long as we don't get how the work is affecting us (or how to recognize that the work is affecting us), we're going to have high burnout. And we're not going to give the best care to our clients either.”
- “I think it is important to teach students [about self-care], so that it becomes ingrained into their lifestyle.”
- “Burnout is very real and was not discussed in both my undergraduate and graduate MT classes.”
- “Many music therapists are undertrained (desperate need for master's level entry) and work in isolation with little or no support which creates a lack of tenure in the profession.”
- “From my work with undergraduate music therapy students I feel that self-care needs to be taught early on in their education and then reminded of these aspects once an intern and then a professional.”
- “I think a concentrated effort in helping music therapy students and new practitioners establish good self-care practices would go a long way toward preventing the problems associated with burnout.”
- “Self-care needs to be taught, emphasized, and encouraged throughout school and our professional careers.”
- “I think this needs to be discussed and practiced MUCH more as we are receiving our music therapy education and training at school.”

Specific examples/experiences:

- “I worked full time as a music therapist in a special education cooperative for just shy of the first four years of my practice. It was the most draining four years of my life. I was in a work situation that was not very supportive and was running the program in ways that was not therapy, but rather an activity. I had another music therapist working with me, who had started the program and been there nearly 10 years. She was unwilling to change and look at the research to make the program the best it can be. I eventually quit in the middle of last year because the overwhelming stress I carried with me from the job was affecting every area of my life. My health and relationship with my husband mostly. I believe music

therapists who find themselves in situations similar to these run from the profession rather than embrace finding work in another facility.”

- “I worked for a hospice for one year as a full-time music therapist with great pay and benefits, but the job was so stressful and emotionally draining that I quit. I was managing a caseload of 90 patients, and traveling around 500 miles per week, and I felt stretched very thin. I was working around 60 hours a week to keep up with paperwork. I loved my work and I loved my patients, but felt taken advantage of and not valued.”
- “I live in a state with a Medicaid waiver in place that pays very high rates to music therapists. I think that there is less burnout here than in other states because we are recognized and compensated appropriately for our work. I think that burnout happens when music therapists are underpaid or feel unappreciated.”
- “I was burned out when I worked for a school for children with Autism. I was severely injured by a student and the school offered no support when I returned from medical leave. I was expected to provide therapy for over 130 children per week. When I asked for support because I was burned out and my throat/vocal chords literally hurt, I was laughed at and told, ‘Yeah, that's what happened to the last music therapist.’”
- “I got burned out having had a hospice job for less than a year. The expectations of me far passed those of a MT. I was a marketer, part of a psychosocial team, part of bereavement, and was on call all the time. On top of that, as a MT I was expected to travel to over 10 counties of a very large state, and they would not hire another therapist until my case load had reached 100.”

Miscellaneous/comprehensive general opinions:

- “Many music therapists do not practice appropriate clinical and professional boundaries, often engaging in dual relationships (sometimes unintentionally). Many also get too personally invested in their patients'/clients' lives.”
- “We are human, and as such, susceptible to [stress and burnout], perhaps even more so because of the intimacy and intensity that is often part of our practice.”
- “We hear and deal with really hard stuff day in and day out. After years in practice that can build up and make you numb and jaded.”
- “The times I have felt dissatisfied in my work have been when I have felt stagnant or disheartened by lack of upward mobility in the company I was working for or when I felt like I was not being adequately challenged.”

- “Personally, I get so wrapped up in creating, learning and providing music for others that I rarely listen to MY music or create music for MYSELF. In fact, I find I want the radio off in the car after work. After a full day of music, I want silence. When I think about that, I find it sad.”
- “The ‘shop is closed’ after working hours, which results in decreased creative spontaneity and a lack of desire to connect with those in the field.”
- “Perhaps we, as a profession, tend to combine our personal worth with the acceptance of our profession. I don't think this is conscious. Due to the very personal nature of creating music, this is bound to happen at times.”
- “I have observed that [burnout] impacts decision-making and judgment, and the credo to do no harm is compromised as a result.”
- “It's very easy to let the job take over all of your daily thoughts about how to give your best self and treat clients as they need. Soon the lack of personal time and relaxed free time in your life creates resentment for your job and clients.”
- “If not well taken care of, [stress] can create a reason to engage in negative and self-destructive behaviors.”
- “I developed an anxiety disorder as a result of burnout.”
- “You can quickly become burnt out using the same method.”
- “Maintaining certification is stressful.”
- “I find it difficult to be fully engaged in personal conversations (showing compassion, empathy, and interest) outside of work because of burnout.”
- “I would expect that MTs who are dealing with personal stressors (like illnesses or deaths in the family, a disabled child, divorce, etc.) would sometimes be less able to maintain the level of energy and compassion needed to be effective in their work.”
- “Especially for women who are parents, the stresses of both work and parenting get to be a lot if not supported enough through salary, benefits, etc. It feels like a lot of work for just a little benefit, and the work at home is a lot of work for no tangible pay/benefits outside of the emotional satisfaction of raising good kids and being a good wife, etc. Tough on women.”
- “Often MTs are looked at as a creative force, a ‘happy’ employee. I think because music is pulsing through us there is of course validity to this belief. This can lead to employers asking more of the MT, because we seem ‘happy’ and have a ‘fun’ job. So, I believe on top of working with clients, there is often more asked from

us as employees. Also, there is usually just one MT, so education is a part of day to day living which can be exhausting and isolating.”

- “I theorize that the vast differences between styles and education due to our large increase in scope of practice in the past few decades greatly impacts stress, burnout, etc. I also think that our profession is always playing catch-up with other professions and with the increase in CBMT numbers, jobs are getting more and more competitive.”
- “Many [hospice music therapists] experience stress and burnout because of the challenges of working with loss and grief, illness, and death. I think it is so important for clinicians to have supports in place both in the workplace and privately, so that people can process their experiences, have time to recover, and renew themselves.”
- “There is tons of research for nurses and people dealing with oncology issues and end of life. We need to expand to reach more professionals so we are able to maintain and increase the number of people joining and practicing in our profession. Career drift is a huge problem—we do not want people leaving our profession because they were not properly prepared to deal with the impact of stress, burnout, compassion fatigue, and job dissatisfaction.”
- “Burnout is very common with private practice because of running your own business, keeping up with paperwork, and driving too much. Music therapists have to give a lot, their attention and care to an individual every day of work. If the therapist does not receive care back in the home environment, burnout is likely.”
- “It can be very stressful when my job is not secure, and I have had dissatisfaction at work due to decreased staffing and increased client census. The current state of the economy is stressful, as the human services field is hit hard by a decrease in funding and so employers have less people and individual employees have a higher workload. For music therapists, this often means more clients or bigger groups. Often we're in employment that has very little upward mobility and little or no increase in pay, while the cost of living continues to go up. All of these external and occupational stresses contribute significantly to burnout and job dissatisfaction. I think that there are probably a lot of MT-BCs out there considering a career change or additional education (LMHC, LPC, LCSW, PhD) to make themselves more marketable/employable.”
- “Most music therapists struggle with low salaries and many jobs do not recognize music therapy as an effective evidence-based practice, so they have to constantly fight for the profession.”
- “I think it is a tough profession. Very few people who are not music therapists understand what the profession involves. The public in general has no idea. It is a

tough job to start with. Very emotionally-draining. It makes it even tougher when you constantly have to justify your worth.”

- “I recently went part-time partly because of burnout. I've been on the verge of leaving the profession due to lack of support for music therapy. There has been a heavy drive to bill, bill, bill, and bill some more. I have almost lost faith in the profession because of lack of funding and lack of knowledge of MT.”
- “The combination of lack of education about music therapy and the constant advocating that follows, emotional and physical fatigue, and not a great salary does make it difficult to continue on the days when staff still thank you for the entertainment versus the clinical role we play, despite efforts to prove otherwise.”
- “It's really hard feeling marginalized and disrespected all the time, and feeling like I can hardly provide for my family.”
- “I think that the profession is in serious danger. There are far too many dissatisfied therapists working with low salaries and no recognition.”
- “I think the independent or sub-contractor is the most common type of music therapist and the one closest to burnout at any given time.”
- “Most MTs I have known practice for about five years, then move on to something that pays more or garners more respect.”
- “I know if my job continues the way I'm working now I will not be doing it in five years.”

Do you have any experiences or insights about the need for music therapists to engage in self-care? Please explain.

Taking time for self:

- “People in helping professions tend to help others at the cost of neglecting themselves, which should be taken into account by every individual—taking time for yourself is non-negotiable!”
- “Do it! No matter what time constraints you think you may have, you must take time for yourself, whether it's an hour to take a walk out in the woods, or get a massage, go to the park and read a book, etc.”
- “I am a big believer in ‘me time.’ Sometimes you have to just let go of everything and do something you want to do, whatever that may be.”

- “Most important is to be aware of the need for self-care and to allow yourself that time each week despite a busy schedule.”
- “Decompression time is of utmost importance so that a person can fill the creative well again.”
- “Simply find something you enjoy (regardless of what others think of it) and do it as often as needed to feel whole and healthy. Sometimes it costs more than you would like, but find a way to make it work—it's worth it.”
- “Self-care is a huge part of being a competent therapist. Sometimes it's difficult to do in the rush of things, but it really is essential to let the therapist part of you rest and take care of your body and mind.”
- “Taking breaks is important...throughout the workday...and stopping work when you are done for the day!”
- “Give yourself time to regroup each day, even if it's at the end of the day, (dinner out, TV programs, etc.).”
- “Every week something big-ish or special (for me, some sort of artsy event or art-making); plus, daily little routines (for me, prayer and chill time with my partner to remind me about things outside of work that are really important to me).”
- “I have made a point throughout my career to work only specific days/hours, give myself ample time off for weekends, holidays, and vacations, and make sure I don't engage in work activities during my ‘off’ time. When I start feeling work stress, I plan to take a vacation or do something that will rejuvenate me.”
- “When I get overstressed, I have to retreat within myself and find something such as hiking or making music for fun. It does help put things back into perspective and take a break. Considering that I'm an introvert, I find that getting space with just myself is very helpful in my self-care. That doesn't mean I don't seek out support from other people. I do find that very helpful as well.”
- “Having time for yourself every day for things you want to do. Having moments to relax, self-reflect, and have clinical supervision or at least someone to talk to and/or express your thoughts and feelings.”
- “It is hard for people to break away from their coping/numbing tactics to engage in what is good and healthy. Their perception of time is skewed and their value of a moment's peace is low.”
- “I think we forget that self-care can happen each day. It doesn't have to be some big project. It can be minor, something that brings us happiness outside of work.”

- “Put it in your daily schedule, like you would a client.”
- “You're entitled to care for yourself. No one needs to give you permission!”

Separation/balance between work and home:

- “The more time we spend on business, the less time we spend with self-care and personal life experiences. Finding a healthy balance is an individual issue. Each therapist has to find their limit and balance.”
- “I think that too often, music therapists bring their jobs home with them. They do extra work outside of work time such as paperwork, learning new music, etc. I don't think that as music therapists, we are taught the value of personal time and keeping that separate from work time.”
- “Leave work at work. Have set times for work, and if you have to dip into non-work time, make sure you flex out time later. Have hobbies outside of music. Don't provide music therapy services for family unless you are ready for the intense emotions that come with mixing family and work.”
- “I am a big believer in making work life separate from my free time and home life. The only way for me to ‘unplug’ and not think about my sessions at home is to have nothing from work at home and nothing from home at work. This has created for me a mindset that my two ‘lives’ are totally separate, significantly reducing my stress when I'm at home.”
- “Self-care is a vital part to remaining grounded and being able to separate professional and personal life.”
- “I think that the younger generation of therapists is used to being fully available 24 hours a day, and that it is harder for them to understand the need to disconnect from work.”
- “I think anyone who is in a helping profession needs to be able to detach their professional lives from their personal lives to a certain extent; I believe the term is ‘compartmentalization.’”
- “I think a lot of music therapists do too much and don't say the word ‘no’ enough. People need to learn balance and not always accept something offered to them, even if it is prestigious or career-advancing. If you want to say ‘yes’ to something new, look at what else you are doing and see if you can reduce something else.”

- “Not taking work issues home, realizing that you are one of many potentially helping professionals helping that person.”
- “When I have felt like I was working all the time or taking my work home with me, those are the times when I have felt more burnt out or stressed. Leaving work at the office and exercise are the best ways to engage in self-care for me.”
- “It is important to designate time where ‘work’ is not allowed to be a part of your day and give yourself a break.”

Peer support and supervision:

- “It is essential that music therapists have professional support through supervision so that they can see their work objectively, uncover difficulties and become excited about the process even when it is a hard road.”
- “I learned early on to vent with peers and supervisors who were helpful in providing validation and/or getting me to see everything in perspective.”
- “I think the best we can do is rely on a strong peer network, and actively seek it when it does not exist in our places of work. I also think it's important to surround ourselves with healthy, positive, and passionate MTs who love their field unconditionally and always remember why they went into the profession.”
- “Supervision is a huge motivator. Sometimes just hearing about other MT-BCs' experiences can re-energize you. Knowing that you are not alone is a great support but also provides the motivation to participate in self-care and keep on going.”
- “I have found that it is easier to avoid [stress and burnout] if you have supervision from a fellow music therapist. I am able to become a better music therapist when I am given feedback. It allows me to grow as a professional.”
- “Peer or professional supervision is crucial for those who wish to find support and continual meaning in their work.”
- “Collaboration is important.”
- “Support should also be from other therapeutic professions and colleagues in order to further integrate our practice.”
- “Associate with other like-minded professionals (i.e. art therapists, dance therapists, play/drama therapists, etc.) for peer support if there are not many music therapists in your area.”

- “It is important for me to find someone at work that I can connect with and talk to in order to be happy at work and do my job effectively.”
- “I wish every MT had a mentor—someone who had been in the profession longer and could help with any situational questions.”
- “I think that having a mentor could have made a significant difference in my early career. That was not an option when I graduated, but I would encourage new therapists to seek out a mentor and establish a relationship.”
- “There should be more supervision and support groups available to practicing music therapists. I almost believe it should be a requirement for all therapists who have practiced five years or more.”
- “I believe that on-going clinical supervision helps improve integrity of clinical services, but it also helps prevent burnout.”
- “I think that peer support, group supervision, and consultation are of the utmost importance for music therapists working with any population or agency.”
- “I would say that strong peer support, networking, personal self-care (including my personal therapy), and supervision are most important for me in my slow growth as MT and human.”

Personal therapy:

- “Every good therapist has a therapist.”
- “I believe that music therapists must make use of personal therapy to remain healthy and to be of most good to our clients.”
- “Insight-oriented psychotherapy has been crucial to my ability to manage my work/life balance.”
- “My Bonny Method of Guided Imagery personal sessions have been key for my own self-care, and it is music therapy for the music therapist.”
- “I receive monthly Bonny Method sessions and find them extremely helpful.”
- “I have engaged in talk therapy and GIM therapy off and on over the years.”
- “I’ve also been seeing a counselor for some time to help me deal with depression, anxiety, and some countertransference issues. I wish I had found the courage to

start this sooner, and I wish there was more of a culture of doing personal therapy in our profession.”

- “We are music THERAPISTS. Why are so many of us afraid to go to THERAPY? ”

Music-making outside of work:

- “I try to use outside music making as often as possible. I believe for many music therapists music is a powerful stress reliever, but there must be a musical outlet outside of work (the stressor).”
- “We are artists and need time to make our own art.”
- “I am paid to play in a symphony on a regular basis and my symphony job is just as important to me as my music therapy job. Without an outlet for my own personal music making, it is hard for me to enjoy using music to help others.”
- “If involvement in music-making is only done at work, music may become only a means of income—a music therapist may lose his/her true love for it.”
- “I think it is very important to separate who you are as a musician and who you are as a music therapist. Often these get intertwined because it is our love and passion for music that leads most of us to choose a career of music therapy. However, as a musician I need opportunities to create music and perform by myself and with other musicians. These opportunities cannot and should not be found within the music therapy sessions (ethics!). They must be found outside and away from music therapy.”
- “For me, it was important to start making music for myself again. Music, which has been a huge part of my personal identity, had become something for my patients and when I started to perform and write songs again in my spare time, I became a more effective, happier, and healthier clinician. It was easier for me to be present with my patients and find meaning in the work.”
- “Playing in my own bands is what keeps me the most healthy.”
- “I play piano at home on a regular basis for self-care because it's not an instrument I use regularly in sessions.”

Non-musical hobbies:

- “I have found for myself I need non-musical hobbies to keep them separate from my work.”
- “I have found creating mandalas and journaling very helpful.”
- “Find unrelated hobbies (cooking, baking, sewing, etc.). These sorts of things recharge you and give your body and mind a break from that world.”
- “For me, it is knitting or crocheting. I often ‘solve’ a lot of the world's problems when I do that.”

Exercise and nutrition:

- “Since I have made exercise and good nutrition a priority, I am more balanced emotionally and available/present for my residents and interns.”
- “I have found that exercise is one of the most important aspects of self-care as it helps maintain both physical and emotional health (by releasing endorphins). This then helps prepare the therapist for challenges presented in the workplace.”
- “I have found that working out, such as running on a treadmill, and working out at my local gym, helps me to relieve stress.”
- “I play on a women's volleyball team, and feel this activity keeps me happy and relaxed. Nothing like team sports to cheer me up after a tough day at work.”
- “I personally experienced a lot of changes in my life including divorce, over a 100-lb. weight loss, a new marriage, house, etc. I found that when I started to eat healthy, attend support groups, and exercise, I felt better. I was practicing what I was trying to teach my patients. My patients notice too and comment on how good I look, etc. We reflect to our patients our health and wellness. If I'm not well, I cannot be there for them as I would like to be. I engage in self-loving activities so that I can be the best music therapist that I can be.”
- “I tell MT students that I instruct to be mindful of their posture, stress of playing instruments and everyday stress on using their shoulders. I have provided exercises and stretches for them to follow.”
- “Since I started monthly massages and bi-monthly spa services, my health and well-being have improved. Exercise is a HUGE part of my life as well, which has helped me physically and emotionally.”

- “Yoga has made a world of difference not only in relaxation but also muscle strength and endurance. I used to get really bad backaches after working from sitting in the same guitar positions, but through stretches and breathing the knots can work themselves out naturally.”
- “I have started eating a whole food plant-based diet and exercising regularly with two hours of personal training a week. This has greatly decreased my anxiety and frustration and improved my quality of life, which has helped my practice immensely.”

Vocal health:

- “Vocal health is extremely important. You need to learn how to take care of your voice, how to sing and how not to sing.”
- “Vocal care is an important issue that is sometimes overlooked. I've known too many colleagues who have been dealing with vocal issues. I had to take a month of vocal rest last fall because of problems. Fortunately, they cleared up, but it definitely cut into my income. I've made changes in my practice now so that I'm using my voice less.”
- “Before going to school and becoming a MT-BC, I was a professional vocalist. I have supervised music therapy students and have experienced concerns over vocal stress and damage. Myself, I now have tendinitis in both wrists. Warming up vocally and instrumentally is highly important.”
- “One aspect of self-care that I suspect does not get attention but really should is the need to continue practicing and warming up our bodies and instruments at the start of the day (from tuning to vocalizing).”
- “At 57 I have continued to work full time and have experienced multiple injuries: knees, elbows, shoulder, and voice. Pacing yourself is very important, diversifying your accompaniment strategies may someday not be optional, and resting your voice at lunchtime with a good book has been a help for me (as opposed to eating in a noisy staff room and talking with coworkers).”
- “Self-care of the voice is crucial. I've learned to make sure that I don't strain my voice outside of work to avoid issues during sessions.”

Spiritual practice:

- “Connecting with my spirituality is a life-preserver.”

- “I feel that unless one has a significant spiritual life, it is almost impossible to remain consistent in providing treatment.”
- “My faith is paramount in maintaining physical and emotional health. Without it my life is chaos.”
- “I think spiritual nourishing is critical as far as self-care. My weekly or sometimes daily prayers for my residents and my ministry greatly help my frame of mind.”
- “Prayer with coworkers for leadership and working relationships helps tremendously.”

Meditation and reflection:

- “Meditation is essential for me to remain balanced, as well as prayer and journaling.”
- “Meditation for the mind and some kind of body care...movement, or massage, anything that works well to relieve stress and help feel renewed.”
- “My most effective method is quiet self-examination. When I think through and identify a need, I am then able to take the necessary action, and it works every time.”
- “Have a place to go that is your peaceful and safe space.”
- “I do yoga and meditation often and am currently working toward my 500 hour yoga certification in restorative yoga, which has been crucial in my well-being. I credit my ability to make it through this job to my yoga practice, which I do daily.”
- “I find my daily morning meditation practice invaluable in preparing me for the day and also supporting a spiritual point of view that the music therapy work does not ‘belong’ to me, although it is my responsibility to do the best work that I can and to always be ready for change and self-development.”

Self-awareness/identity/ability to identify stressors:

- “I believe self-care is important for all music therapists, but more important is the self-awareness of the therapist to identify when they are feeling stress or burnout or when their professional lives are affecting their personal lives (and vice versa).”
- “Self-awareness and 'cleaning out one's own closet' is critical to becoming an effective helper.”

- “Even after so many years in this field, I am still frequently reminded: I must practice what I preach! I must know myself, know what pushes my buttons, know what stresses me, and how to relieve that stress. The better I take care of me, the better therapist I become.”
- “I always process my sessions afterwards and try to assess my personal experience. We must have a deep level of self-awareness. If we are not aware of our needs, we cannot work to find solutions.”
- “Try hard to keep your MT identity sacred. Engage in things that reinforce that identity outside the framework of those ubiquitous professional challenges that tie into the ‘am I going to keep food on the table?’ emotional complex.”
- “Remember that music therapy does not define you. It is just your job. Not your identity.”
- “Without having learned to engage in self-reflection through a therapeutic music process, I would definitely have left the profession by now. Without self-reflection, the highly charged work environments left me emotionally exhausted as I was constantly dealing with my own reactions to them, (anger, anxiety, outrage, etc.). Self-reflection has helped me to live with and move through my own reactions to such highly charged environments.”
- “Self-care isn't just about relaxation and coping skills. It is also about knowing what we can and cannot handle.”
- “I have had to learn over the years when to say no and when to allow myself to refuel. I have become more aware of my need to do for myself in order to give more completely to my clients.”
- “Stay tuned into own needs: HALT (hunger, anger, loneliness, tired). If a need occurs from these categories, it is the professional’s responsibility to find a way to address it.”
- “We have to be well-rounded individuals—mentally, physically, emotionally, spiritually—and we have to be able to step back and say, ‘I need to slow down...I need to get some help...I need to lighten the load...I need to get more rest...’ If we aren’t honest with ourselves (it can be a pretty scary thing when you get down to the real nitty gritty of it all), then we will not be able to provide the self-care we truly need to be effective as a human being, much less as an employee, music therapist, colleague, or friend.”
- “I also just try to pay attention to my body as it tends to give me strong signals when I’m in need of self-care and in what way I need it. I find all this quite beneficial, and I think the latter part is essential to longevity and joy in the field.”

Populations:

- “I believe that music therapists should really try to figure out which populations they are drawn to and enjoy working with, not just taking a job because it's a job. If you are more passionate about the population you are working with, it truly helps prevent burnout and job dissatisfaction.”
- “Find the population and work setting that makes you most comfortable and productive.”
- “Working a job with a population that you love makes all the difference.”
- “Each music therapist needs to find the population group they get the most satisfaction out of working with.”
- “I work in a hospital. I believe therapists should be required to rotate between less severe and more severe populations to prevent burnout. I actually became severely depressed after working in palliative care for too long without rotation.”
- “The populations we deal with are often difficult and can literally suck the life out of you. I think it's very important to make sure you are taking care of your physical and emotional needs outside of work.”
- “It is important to recognize when you have reached your threshold of emotional strain with a certain population and seek other avenues of music therapy.”
- “It's good to be able to change populations. That helps.”

Flexibility/willingness to make a change:

- “Music therapy has the ability to be flexible. I do not need to stay with a population or workplace that is not healthy. I can always change either.”
- “I think it's important that music therapists realize when they are working in a toxic environment. We need to be willing to leave a position when it is not a good fit.”
- “The work environment can really make or break a therapist. Knowing if to change professions or to change job and/or population is a personal choice.”
- “If you are unhappy or stressed out constantly at work, you stop trying and you are no longer effective in your position. When I changed my work environment it became a lot easier to be creative in my interventions and to find the motivation to do well in my job.”

- “We need to stay positive and have the courage to make a change when we are unhappy.”
- “Changing up programs, modifying services and incorporating new ideas into your services really helps keep the sessions alive. It takes energy to do that and you need to be sure not to wait too long where you get to the point that you don't have the mental energy to create new things to do.”
- “Get on a schedule and stick to it, switch things out if they no longer are effective, find something else that works.”

Boundaries:

- “I have watched other therapists with poor boundaries and/or poor self-care habits burn out quickly. Setting realistic expectations for self and music therapy is vital. Often music therapists are taught that we can and should help everyone. This is not a healthy expectation.”
- “Being aware of and maintaining personal boundaries is key to avoiding burnout.”
- “I have felt more satisfied in my work as a music therapist when there have been very clear boundaries between my personal and professional lives.”
- “Proper boundaries are of utmost importance. Learn to say no!”

Professional goals:

- “I have found that being engaged in music therapy advocacy on a community, state, and national level has helped me stay enthusiastic about our profession. Not only serving the clients, but also serving the profession keeps me connected to other MT-BCs and helps me have opportunities to share about MT to other disciplines and audiences.”
- “It is so important to include professional goals and projects as part of your self-care, which I find builds motivation and creates a sense of purpose, which even generalizes to your quality of client care.”
- “I find going to conferences and continuing education sessions really can be very renewing. It is nice to be able to network with other professionals and gain insight. It gives me energy and inspiration in my practice as a music therapist.”
- “Keeping abreast of changes, through conferences, reading, and relationships with other MTs is very important.”

- “Keep discovering new skills and resources to prevent boredom or monotony and to keep growing professionally.”

In the clinical setting:

- “I can only be the rock I need to be for my patients if I am physically and mentally sound.”
- “There is no way we can care for others if we cannot (or will not) care for ourselves. Giving has to come from a healthy heart and mind.”
- “If you aren't managing your own stress it heightens your propensity to take on the stress of others and diminishes your ability to promote your clients' positive coping.”
- “As wonderful as our clients are, and music therapy is, we cannot let our work take over our lives, or we will not be effective therapists.”
- “When we do not care for ourselves we cannot give the clients everything they need.”
- “As in any helping profession, it is critical for music therapists to engage in self-care, both so they can be fully present for their clients and so they can serve as positive role models for their clients.”
- “Self-care is vitally important to create energy that crosses over into the clinical setting.”
- “Learn new songs and develop new activities—for the therapist's health, not just the client's.”

Miscellaneous/general opinions and experiences:

- “I think everybody approaches their work—and their lives—with a fresher perspective and clearer, more compassionate mind, if they have taken care of themselves.”
- “We must ‘fill the cup’ regularly with self-care to be able to consistently give in our practice.”
- “If MT-BCs do not ‘bank’ self-care, they become ‘overdrawn’ and for sake of personal survival, leave the profession, or they physically or mentally/emotionally ‘check-out,’ becoming less effective in the field.”

- “Implementing healthy self-care practices and having a personal outlet for self-expression has made a huge difference for me. Mindfulness, practicing remaining present in my day has also helped. When you first begin practicing you want to take every opportunity to work, however I quickly learned that taking on too many contracts/jobs without thinking of their impact on my energy level and emotional health was not sustainable.”
- “One must pace oneself and know one’s limits.”
- “I personally think those of us who have been in the field a while, who have a strong faith and a good background in taking care of ourselves (raised to maintain a good diet, get appropriate sleep, exercise, and have a wealth of family/friends/colleagues for support) do pretty well with the routine stress and burnout issues, the compassion fatigue, and can handle them without too much difficulty.”
- “I try not to take myself too seriously and make sure I do not bring emotions from my experiences home with me.”
- “Sometimes a change in scenery (i.e. job setting, home, friends, etc.) can help re-frame any frustrations occurring at work.”
- “You can't give what you don't have.”
- “Maintaining a reasonable work load is key. Over-reaching, because of the need for more income, can have adverse effects. Therapists need to make smart choices about the types, quality, and quantity of the work they accept, keeping in mind how work can adversely affect their well-being.”
- “If there is a good balance between musician and therapist things tend to be less stressful and easier to manage.”
- “I go running every morning and I meditate and participate in online forums to get new ideas.”
- “A great deal of the ability to prevent burnout or too much stress comes with experience. One must self-monitor. That's when I started exercising on a regular basis; I was feeling over-stressed and unhappy all the time and knew something had to change. It was not my profession that needed to change, it was the amount of time I was putting into it and the lack of time I was putting into my personal well-being. Being overworked in this profession is dangerous, so it is essential that one achieve a balance, especially if one has a family. Sometimes we feel guilty about taking time for ourselves, but it is absolutely necessary. We cannot be effective professionally if we are in bad shape personally and emotionally.”
- “It is best to do ongoing preventive maintenance than to suddenly realize that you have nothing left and need to halt everything while you refuel.”

- “When a patient passed away I found it helpful to write a condolence letter to the family, journal, meditate, light a candle, and/or play music for my own personal process.”
- “It’s important to engage in self-care to prevent unhealthy habits or behaviors.”
- “Self-care has to be taught from the beginning of training, but we have to do a much better job of screening and helping the ‘wounded healers’ that are so common in this profession.”
- “I think there is a strong need for music therapists' self-care tools/workshops/conferences, etc. ‘Music Therapy for Music Therapists’...I'd pay to go!”
- “I feel that self-care is necessary for all individuals, but in a field where we are exposed to the less-privileged or less-fortunate (and quite often, the extremes), we may require additional or more elaborate measures to remind ourselves of the positive aspects of life as well.”
- “One needs to stay on an even keel and protect one's sanity.”
- “Within the past 10 months, having experienced the loss of four significant family/ friends, I know that I have been more impatient with clients and need to take more time off, grieve, cry, and find peace in my soul. We as music therapists, or even as part of the human race, can provide more empathy when we give ourselves the self-care we need when life overwhelms us.”
- “MTs need an outlet that doesn't remind them of their work day (e.g.: going home and playing a song that reminds you of a client).”
- “I'd love to have a counselor, but that's what girlfriends are for!”
- “Because we give so much of ourselves in our work, we can't survive without self-care. We aren't able to do our work effectively if we aren't giving of ourselves (our deep, inner, personal selves) through our music-making, and that is a big emotional demand. That's why I don't understand why more emphasis isn't put on countertransference in our university programs, literature, online forums, etc.”
- “Many days it is the music I share with my clients that provides healing and restoration for myself as well. Spending time with my family, and taking care of my health with diet and exercise contributes to my wellness. I consider the fact that I am in a profession that allows me to be active, and not just sitting behind a desk, to be a benefit as well. I love the creativity and the fact that there is no end to learning in the field of music therapy.”

- “I think the combination of problems in my personal life, no vacation time, spending lots of time and effort in training to learn a new skill, and sickness created the perfect storm. I have learned from this that I MUST, at all costs, figure out how to put myself first.”
- “I am grateful for the relationships, personal beliefs, and activities in my life that keep me conscious of the need for balance.”
- “Self-care, I recently learned, is something women feel guilty about and men seek out. Interesting since our field is predominantly female, and no wonder we don't practice it enough.”
- “I think in general people don't know how to do self-care. It involves a lot of personal work, addressing tough issues, and working through things. I don't think that is valued highly in a society that pushes people to buck up, pretend there is nothing wrong, and work until you are burnt to a crisp.”
- “Physical rest is important for MTs’ voices and muscles.”
- “It has been my experience that facilities that offer self-care opportunities through the work environment have more emotionally stable employees as well as lower staff turnover.”
- “In my workplace, we have a wellness program dedicated to self-care for all employees. Specifically, the MT team has had presentations on best practices for maintaining physicality while playing instruments, yoga presentations, meditation and drumming...all for wellness and self-care.”
- “Silence is just as important as sound.”
- “Sleep, hydrate, and surround yourself with positive people. Use music therapy on yourself by creating a CD or playlist for certain emotions and stress to play on your way home or while transitioning into rest.”
- “There should be a culture shift in which we are required to complete self-care as part of being a professional music therapist. When self-care is suggested, rather than required, the caregiver will almost always prioritize this as a luxury, not a necessity, and hence will not engage in it regularly. Research shows that those who engage in regular intervals of self-care are better employees, spouses, friends, etc. This suggests that in order to have the best clinicians in the field, self-care should not be an option, but rather a requirement.”
- “We deal with grieving, patient loss, regression, behavior issues, etc. on a daily basis so self-care is vital in our field.”

- “Working mothers who are taking care of everyone else have no time for themselves. Self-care is a luxury then.”
- “[Self-care] is our ethical obligation.”
- “Stress can be mitigated with a combination of mind-body interventions, such as personal therapy, healthy diet, exercise, recreation, and a spiritual practice. Many of these can be integrated into a lifestyle that allows for additional experience, but these are at the core. Self-care does not have to be costly, but it does have to be done.”
- “Now that I am in an urban area and have friends nearby and engage in social activities on a weekly basis, I am so much happier.”
- “Just continue to remind yourself of the power behind the music you use and that maintaining a therapeutic approach is holistically healing in itself.”
- “I believe that the type of MT you practice influences your sense of satisfaction. If you are always engaged in a meaningful, music-focused, creative experience with your clients (as opposed to a more behavioral stance), I'd bet that you are more satisfied as you're staying true to the essence of why you got into the field.”
- “I wish music therapists treated each other with more respect. I'm disappointed in us.”
- “I had experienced a death in my family and didn't realize how it would impact me going back to work. I broke down as I received a hug from a coworker and realized I had not grieved the loss as I was caring for others in my family. I did not do any visits that day and only slowly started to see my less needy patients for the rest of the week.”
- “I think we as a field desperately need to work harder to promote self-care among therapists. During my internship, I was encouraged to drop out of a band I was playing in ‘because you have to be totally committed to music therapy.’ Essentially, I was told that to be a good therapist you cannot be anything other than a therapist. I think it is unfair to suggest that I am less of a therapist, or do not truly love what I do if I am unwilling to give 100% of my time and 100% of myself to that work.”
- “Visit your primary doctor on an annual basis.”
- “I try my best not to judge myself too harshly.”
- “Don't overwhelm yourself with the job of selling music therapy constantly and take care of your needs first or else you will be too sick to even go to work.”

- “Self-care should involve being in tune with one's self on a daily basis. This involves approaching a holistic way of thinking to stay optimal as a music therapist.”

Affirmative comments

- “My work as a music therapist has always made me proud of the difference I was making in the lives of my patients and this has sustained me even when aspects of my personal life were stressful.”
- “I believe that I am daily witness to amazing results through the power of music, which helps balance things.”
- “I believe that my love for music continues to be a therapeutic outlet for me. This is not necessarily in my work, but in my own personal life. I learn a lot from clients and that is fulfilling.”
- “It is the firsthand experiences with clients and one's own belief that one is providing essential quality of life-changing experiences that keeps one going on a day to day basis.”
- “I have found that I can actually use my music therapy sessions to engage so fully with my patients that I experience relief from personal stress.”
- “I think I am exceptionally fortunate in that I've developed a practice that inspires me and makes me feel valued as a person and clinician. This is non-negotiable for me and I am transparent about it. I work with organizations and families who pay well, prioritize appointments, follow through with home plans, offer multidisciplinary team collaboration, etc.”
- “I think people who are drawn to helping professions generally are equipped to cope with some of the stressors of their jobs because of how rewarding they find the experience of facilitating others' emotional and physical growth and development.”
- “I've found that despite burnout, low pay, stress, etc., music therapists still give their all in sessions and work hard to do the best for their clients.”
- “We are SO fortunate to be able to experience so many successes and achievements...and celebrating those successes and achievements reduces the amount of burnout and stress.”