

**Music Therapy Service Delivery Trends in Special Education Settings in the Mid-Atlantic
Region of the United States**

By

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Music Therapy Service Delivery Trends in Special Education Settings in the Mid-Atlantic
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Abstract

This survey research sought to identify music therapy service delivery trends in special education settings in the Mid-Atlantic Region of the United States. A total of 25 individuals who oversee the provision of special education programming and services in public school districts in Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, and West Virginia were included in this study. The majority of participants indicated that music therapy services are not being provided in their respective school districts. Inadequate funding, limited access to music therapists and their services, and a lack of awareness of music therapy were identified as factors that impact the provision of music therapy services in special education settings within the Mid-Atlantic Region. The findings of this study point to an overall need for increased advocacy for music therapy services in special education settings at the client/family level, the community level, the school district administrative level, the state level, and the federal level. Further research in each state would provide a clearer picture of these trends and would be beneficial in guiding music therapists, district administrators, and clients/families who are seeking music therapy services.

Keywords: music therapy, survey research, special education, Mid-Atlantic Region

Music Therapy Service Delivery Trends in Special Education Settings in the Mid-Atlantic Region of the United States

The education system in the United States has evolved over the past several decades to include several pieces of legislation that have impacted the provision of special education services for students with special needs. With the authorization of new legislation has come increased access to a variety of specialized services as deemed necessary for students within this population. Under the federal education laws that are currently in place, music therapy can be considered a necessary service for students receiving special education programming. Funding, advocacy, and legislation have all significantly impacted special education at the state level and at the federal level over the past few decades, although the extent to which those factors have impacted music therapy service provision in special education is unclear. The purpose of this research is to examine the music therapy service delivery trends as they apply to special education programming in public school districts within the Mid-Atlantic Region of the United States.

Literature Review

Special Education in the United States

Over the last 200 years, several significant developments in the United States education system have had substantial impacts on the services available to students with disabilities. During the 1800s, students with disabilities were not deemed eligible to be part of public education. As shifts in legislation occurred over time, an increasing number of educational services were made available to these students; however, education for these students was still

highly segregated and considerably limited in comparison to that of typically developing students (Adamek & Darrow, 2018).

With the authorization of several significant pieces of legislation (e.g., the Regular Education Initiative, the Education for All Handicapped Children Act, the Americans with Disabilities Act, Section 504), a shift toward a more inclusive and integrated model of special education arose (Ritter-Cantesanu, 2014). With the changes in legislature came a shift in the way the United States education system viewed special education. The concept of “special education” shifted from that of a permanent placement where students were to be educated to that of an accommodating array of services that is available for students with special needs (Adamek & Darrow, 2018).

IDEA. In 1990, the Individuals with Disabilities Education Act (IDEA) was passed. This law, originally known as the Education for All Handicapped Children Act, served to ensure that all children with disabilities would have access to special education services designed to meet their individualized needs in order to prepare them for further education and for life after graduation [20 U.S.C. Sec. 1400 (d)]. The reauthorization of IDEA in 1997 placed a stronger emphasis on making the general curriculum available to all students, while the second reauthorization of IDEA in 2004 sought to promote higher standards for students, increased parental involvement and participation in the special education process, and use of research-based practices (Adamek & Darrow, 2018).

IDEA guarantees that all students with disabilities have access to a free and appropriate public education (FAPE) under the *zero reject* principle. This principle indicates that no student, regardless of disability and severity of disability, can be denied educational services [20 U.S.C. Sec. 1400 (c)(3)]. IDEA also indicates that all students are entitled to nondiscriminatory and

unbiased evaluations to determine disability, eligibility for special education, and eligibility for necessary related services [20 U.S.C. Sec. 1414 (b)]. Under this law, educational services must be provided in the least restrictive environment that is suitable for the student's unique needs [20 U.S.C. Sec. 1412 (a)(5)(A)]. Parental and student participation is encouraged in the process of developing and implementing the student's educational program. Due process, or a set of guidelines and safeguards, is also in place under IDEA, protecting students and their parents from discriminatory or unfair practices and ensuring their rights [20 U.S.C. Sec. 1415 (b)].

Another important component of IDEA includes that of an *appropriate education* [20 U.S.C. Sec. 1400 (c)(3)]. Under this principle, the education of students with disabilities must be designed to suit the unique needs of each student, be of no cost to the family of the student, and must be deemed appropriate for the student based on his/her diagnosis and specific needs [20 U.S.C. Sec. 1400 (d)(1)(A)]. In order for an educational program to be deemed "appropriate," it must be one in which the student is making progress and is showing marked benefits from receiving special education services [20 U.S.C. Sec. 1401 (9)]. For school-aged children, this involves the development of an Individualized Education Program (IEP). An IEP is defined by law as "a written statement for each child with a disability that is developed, reviewed and revised" [20 U.S.C. Sec. 1401 (14)] and is developed in a collaborative fashion by the student, his/her family, the teacher, related service members, and other professional members of the educational team [20 U.S.C. Sec. 1414 (d)(1)(B)].

Approximately 13% of all students enrolled in public schools qualify for and receive special education services under IDEA (National Center for Education Statistics, 2018). IDEA defines a list of 13 disability categories under which students may qualify for special education services. These categories include those with specific learning disabilities, speech or language

impairments, intellectual disabilities, emotional disturbances, multiple disabilities, hearing impairments, orthopedic impairments, other health impairments, visual impairments, autism, deaf-blindness, traumatic brain injuries, and developmental delays [20 U.S.C. Sec. 1401 (3)(A)]. The number of students with diagnoses included in the list of thirteen under IDEA continues to climb at a steady rate, increasing by about 100,000 students from year to year (National Center for Education Statistics, 2018).

Models of special education. Over time, education for students with disabilities has moved from the exclusion model of the 1800s to a much less restrictive inclusion model. The term *inclusion* refers to a model of education in which students with disabilities are primarily educated in the general education setting with supplementary supports and services being provided in the classroom as needed. The current trend in special education is to create partnerships between special educators and general educators in an effort to limit the need for more restrictive settings (Adamek & Darrow, 2018). The shift toward inclusion-based models is evidenced by a rise in the percentage of students served under IDEA who spend most of the school day (i.e., 80% or more of their time) in general classes. Over a five-year period, the percentage of these students increased from 47% to 63% (National Center for Education Statistics, 2018).

Research has shown many benefits of the inclusion model. Wilson (2002) noted benefits of inclusion for students with special needs, for peers without disabilities, and for the teachers and school systems. Inclusion models have often yielded increased opportunities for students with disabilities to interact with appropriate role models while promoting self-determination and self-advocacy. For students without disabilities, inclusion models have been shown to increase acceptance of differently-abled students while providing opportunities to serve as positive role

models, mentors, or peer tutors. For teachers, administration, and school systems, inclusion models can provide opportunities to create an atmosphere of acceptance and understanding of individual differences (Wilson, 2002).

Although inclusion is the current trend of education, many students in the United States receive special education services through other models, including social mainstreaming, pull-out and self-contained models, and specialized placements outside of their home/public school districts. (Adamek & Darrow, 2018, pp. 80-82). Students in the social mainstreaming model are often included during general education classroom instruction with a focus on increasing social interactions with same-aged and typically developing peers. In a pull-out model, students are often educated in a general education inclusive classroom and then pulled out of the classroom and/or into a resource room where individualized services are provided. Students within a self-contained model are educated in a separate special education classroom for all or most of the day and do not receive instruction with typically developing peers. For students who require more restrictive environments in order to successfully access special education services, separate schools, residential facilities, and homebound/hospital placements are also options.

Music Therapy

The American Music Therapy Association (AMTA) defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (2018, para. 1). After assessing the client’s strengths, needs, and responsiveness to music, the music therapist provides treatment that may include singing, moving to, creating, and/or listening to music in a way that addresses the needs of the client.

There is a wide range of goals of music therapy that may address many domains of functioning, including physical, emotional, cognitive, and social focuses, often simultaneously.

According to the AMTA (2006), music therapy may be used in special education to help students attain the educational goals identified in their IEPs. Music therapy goals for students in special education settings might include the development of cognitive, communication, behavioral, sensorimotor, emotional, and social skills. For some students, participation in music therapy may also stimulate attention and increase motivation to engage more fully in activities throughout the educational environment (Acebes-de Pablo & Carabis-Galindo, 2016).

Benefits of Music Therapy for Students Receiving Special Education Services

Even during the time of highly segregated special education programs, music has played an important role in the education of students with special needs (Solomon, 1980). As early as the 1800s, music was sometimes utilized as a diagnostic tool and in the treatment of speech and language problems. Singing was used by professionals in the special education system to improve speech, breathing, and articulation skills (Solomon, 1980, p. 236).

Wilson (2002) noted that as the focus of special education has shifted over time to more inclusive models, music has been increasingly recognized as an activity or class through which students with disabilities can be more readily mainstreamed and integrated with their typically developing peers. Although participation in music provides increased opportunities for integration for students with disabilities, an array of challenges have arisen over the years in regard to successfully meeting the needs of the special education population through the structured music education curriculum. As a result, a need for collaboration with academic specialists, such as music therapists, in special education is on the rise. These collaborations have

resulted in an increase in research in regard to music therapy with students with disabilities over the last few decades (Wilson, 2002).

Recent research suggests that music therapy can be a useful tool in promoting the growth of children with special needs across several developmental domains. In children with autism and other intellectual disabilities, music therapy provides opportunities for increased engagement and interaction with other people, thus laying the foundation for continued socioemotional growth (Drossinou-Korea & Fragkouli, 2016). Participation in music-based activities within an academic setting has been linked to increases in empathy (Cross, Laurence, & Rabinowitch, 2012; Rucsanda, 2016) as well as increased compassion (Hietolahti-Ansen & Kalliopuska, 1991) and self-esteem (Blasco Magraner & Bernabé Valero, 2016) in children.

Research also suggests that music therapy can be an effective tool in supporting the academic and cognitive needs of students in special education. Participation in academically focused music therapy sessions may enhance the development of students' ability to read, write, and recognize words (Register, 2001), and engagement in singing-based interventions implemented by music therapists may improve the development of functional communication skills (Mendelson et al., 2016). Music therapy has also been linked to increases in joint attention skills, as well as the increased generalization of these skills into various social contexts within the school (Vaiouli, Grimmet, & Ruich, 2015).

In addition to the ways in which music therapy can promote developmental growth in individual students, music therapy has been found to aid in fostering positive relationships within the context of educational programs as a whole. Research suggests that when music therapy is incorporated into the structure of a school and is implemented by a credentialed music therapist, the benefits may include increases in interactions, improvements in emotional expression,

increases in effective communication, and an overall sense of community (McFerran, Thompson, & Bolger, 2016).

Music Therapy as a Related Service

Music therapy and IDEA. Students receiving special education services have a wide array of unique needs and therefore require individualized combinations of related services and accommodations. Given the diversity of these students in this regard, it is increasingly necessary for music professionals working in schools to be skillful in adapting and accommodating these needs (Brown & Jellison, 2012). For this reason, the role of music therapists in educational settings has expanded (Simpson, 2002). Although it is not specifically defined in the language of the IDEA law [20 U.S.C. Sec. 1401 (26)(A)], music therapy has been deemed a related service that can be provided for students who qualify for special education services in the United States (Adamek & Darrow, 2018; Ritter-Cantesanu, 2014; Simpson, 2002).

When music therapy is deemed necessary for a student to benefit from his or her educational program, it may be specified as a related service on the student's IEP (Ritter-Cantesanu, 2014). Music therapists may work individually or in a group with students who receive music therapy services as outlined on their IEPs. The focus of music therapy within this context is often on helping students improve developmental skills related to their educational program goals (Wilson, 2002). Music therapists might also consult with classroom teachers to aid in finding ways to incorporate music into the structure of the classroom or with music educators to help provide adaptive strategies for students with special needs (Abbott & Sanders, 2013).

Profile of the music therapy profession in special education. The most recent workforce analysis conducted by the AMTA (2017) examined the profile of music therapists

working in the field during the year 2016. This analysis provides several valuable pieces of information that pertain to the topic of music therapists working in special education settings in the United States. Thirteen percent of respondents indicated that they work with individuals who are diagnosed with some sort of intellectual disability (e.g., Autism Spectrum Disorder, Intellectual/Developmental Disabilities, and Rett Syndrome), and 11% of respondents indicated that they work in children's facilities or other school settings (daycares, preschools, early intervention programs, and K-12 schools) (p. 15). Approximately 31% of all respondents indicated that they received some sort of reimbursement (e.g., government funding, third party reimbursement) for their services in 2016. Of those respondents, only 7% indicated that their reimbursement came from special education funding (e.g., IDEA) (p. 28).

Factors that May Impact the Provision of Music Therapy Services in Special Education

Government and school district oversight. Although music therapy has been deemed a related service that can be included on a student's IEP and can be included in his/her educational program, the actual provision of services tends to be impacted by individual state regulations pertaining to IDEA. Additionally, the provision of services for each student with special needs is ultimately decided upon by the student's nexus school district (Ritter-Cantesanu, 2014). Several factors play a role in whether or not recommended music therapy services are actually approved by a school district, including the availability of sufficient funding (Ritter-Cantesanu, 2014) and effective parental and legislative advocacy (Simpson, 2002). Many school districts continue to struggle with providing adequate special education opportunities for their students in accordance with the mandates of the IDEA law (Adamek & Darrow, 2018).

Funding. The AMTA's Workforce Analysis indicates that 11% of music therapists work in schools and/or children's facilities and 7% of music therapists receive special education

funding as reimbursement for their services (AMTA, 2017). With 11% of surveyed music therapists indicating that they work in educational settings where they serve children with disabilities, but only 7% of those surveyed indicating that they received reimbursement through IDEA funding, a discrepancy emerges.

Although federal funding is available to states to assist in providing students with appropriate special education and necessary related services [20 U.S.C. Sec. 1461], these funds have been found to be inadequate in assisting states in meeting the expectations of the law (McCann, 2013). With the authorization of IDEA, federal congress set a maximum target that states can receive from federal grants at 40% of the excess cost for special education services; however, the states currently receive approximately 16% of the excess costs for educating their students with special needs, leaving the states in a position of having to make up the difference to cover the total costs of special education (Dancy, 2016).

With the reauthorization of the No Child Left Behind Act (NCLB) in 2002 and the initiation of the Common Core State Standards (CCSS) in the education system, a noticeable shift in the focus of education has been placed on student performance (Ritter-Cantesanu, 2014). The 2015 authorization of the Every Student Succeeds Act (ESSA) placed further emphasis on accountability and testing, allowing for only 1% of all students (usually those who are diagnosed with severe cognitive disabilities) in each school district to take alternate assessments (Adamek & Darrow, 2018).

Many schools invest large portions of their funding and resources into preparing students for standardized tests that come along with the standards set by NCLB, CCSS, and ESSA. Adding additional related services can be expensive, particularly in situations where the number of students receiving special education services continues to increase while the level of federal

funding does not increase. Because of budgetary constraints, it can be difficult to add a related service such as music therapy in a school system that is already struggling to budget for the growing needs of their students requiring special education (Ritter-Cantesanu, 2014).

Advocacy. The 1997 amendments to IDEA included the addition of the *due process* principle, which redefined the advocacy role of parents in the design process and implementation of their child's special education program [20 U.S.C. Sec. 1415 (b)]. This amendment allowed for the creation of more cooperative partnerships between school staff and parents, enhancing the parents' positions as equal members of the IEP team. For this reason, effective collaboration between parents, school staff, and music therapists is essential in increasing access to music therapy services for students with disabilities served under IDEA (Simpson, 2002).

In securing music therapy services within the special education system, it is essential that parents take on the primary advocacy role. Although music therapists may serve as a guide for the parents in the process, moving the clinician out of the direct advocacy role is helpful in preventing any conflict of interest issues that may arise from the school district (e.g., promoting the clinician's employment with a school district) and protects the integrity of any assessments that may be completed (Simpson, 2002).

It is common, however, for parents to be unaware that music therapy is a related service under IDEA that can be included in a student's IEP. This issue is further exacerbated by the fact that the term *music therapy* does not actually exist within the IDEA statute [20 U.S.C. Sec. 1401], leading to possible misconceptions and misinterpretations on behalf of the school districts (e.g., a school district not believing that music therapy is in fact considered a related service, leading to the district refusing to include music therapy on a student's IEP). For this reason, it is important for music therapists to serve as advocates who can effectively inform parents and

school districts of state regulations and important documents that do state that music therapy can be included on an IEP (Simpson, 2002).

Advocacy in the Mid-Atlantic Region. For the purpose of this paper, focus will be on the seven states in the Mid-Atlantic Region of the United States (New York, Pennsylvania, West Virginia, Virginia, Maryland, Delaware, New Jersey). Over recent years, several official documents have emerged in these states, stating that music therapy can in fact be considered a necessary related service and can be included in a student's special education program. Although music therapy is not clearly identified as a related service in the New York State regulations pertaining to IDEA, a letter from the state's Office of Special Education offered official clarification that music therapy could be included on a student's IEP if it is deemed necessary in order for the student to benefit from his/her special education program (AMTA, 2013). Similarly, the Commonwealth of Virginia clearly identifies music therapy as an available related service, stating:

The list of related services is not exhaustive and may include other developmental, corrective, or supportive services (such as artistic and cultural programs, and art, music, and dance therapy), if they are required to assist a child with a disability to benefit from special education" (Virginia Department of Education, 2018, para. 1).

In a document regarding the Commonwealth of Pennsylvania's contingency funds for special education, the state's Department of Education indicates that music therapy can be funded as part of a student's special education program if a need is established, if the service is properly documented on the IEP, and if the associated costs are properly itemized (Pennsylvania Department of Education, 2017). A report by the Maryland State Autism Task Force (a group created by the Maryland State Department of Education, Division of Special Education/Early

Intervention Services) states that music therapy is “effective for some individuals with autism” and that “music therapy may be provided in a private setting or included in a child’s early intervention or school program” (Maryland State Department of Education, 2004, p. 43). Currently, no official documents that identify music therapy as a related service in West Virginia, Delaware, and New Jersey could be located in the state department of education databases.

Although these documents are publicly accessible and have been helpful in promoting the inclusion of music therapy in special education programs in certain cases, not all parents and/or administrators are necessarily aware of them. For this reason, it is important for music therapists to maintain an awareness of the current legislation, regulations, and official documents that may be of assistance when advocating for a family who is seeking music therapy services for their student (Simpson, 2002).

Purpose

Funding, advocacy, and legislation have all had considerable impacts on special education in the United States over the past few decades. However, there is little clarity regarding the extent of the impact on the provision of music therapy services in special education. Thus, the purpose of this research is to examine the trends and variations in music therapy service delivery in special education settings in the Mid-Atlantic Region of the United States. Research questions include:

- Where is music therapy being provided as a related service in special education in the Mid-Atlantic Region? Where is music therapy *not* being provided as a related service in the Mid-Atlantic Region?

- What factors impact whether or not a school district approves and provides music therapy services as a related service (e.g., accessibility to music therapists and their services, level of general information about music therapy, administrators not knowing that music therapy can be provided as a related service, funding)?

Method

Participants and Recruitment

In order to acquire accurate information that reflects the research questions, participants' responses were only included if they were employed by a public school district within the Mid-Atlantic Region of the United States (New York, New Jersey, Delaware, Pennsylvania, West Virginia, Virginia, and Maryland) and were coordinators of special education services in their respective school districts. Participants were recruited through purposive sampling as there were clear parameters for participation (Curtis, 2016).

Methodology

This research was conducted from a postpositivist objectivist stance as the information was collected systematically through the use of specific questions, and the target population provided objective and neutral information (Cohen, 2016). Survey research was conducted to quantitatively examine the trends of music therapy service delivery in special education settings in the Mid-Atlantic Region. Participants were surveyed as a means of gathering information as it pertained to: the locations of where music therapy is and is not being provided as a related service in special education settings in the region; how music therapy services are being provided; and the reasons why music therapy is not being provided in some areas.

A questionnaire-based survey was distributed to school district administrators who coordinate special education services within their respective districts and therefore have

knowledge of the services being approved and provided for their students. Information gathered through the survey included general information about each participant's location (e.g., school district, state, city) and a description of music therapy service delivery (or lack thereof) in their respective school districts. The questionnaire-based survey included a set of closed-ended questions (See Appendix A).

Data Collection and Analysis

The survey was conducted online and was formulated and distributed via SurveyMonkey. The participants' completion and submission of the survey indicated their consent to participate in this study (See Appendix B). Because all of the included questions were closed-ended (with the exception of the option to answer "other" and fill in information accordingly), data analysis was quantitative in nature. Careful attention was given to the results in regard to trends and common answers within geographical areas in the Mid-Atlantic Region.

Results

A recruitment letter (Appendix B) and a link to the survey were distributed via email to a total of 427 potential participants within the Mid-Atlantic Region. Immediately following the email being sent, response emails for 30 of the addresses came back indicating that those particular addresses were no longer in use. This suggests that the school districts represented by these particular 30 email addresses had outdated or incorrect contact information listed on their websites. With 30 of the email addresses being invalid, the total number of potential participants dropped to 397. Responses were collected via SurveyMonkey for a total of 27 participants. Of the initial 27 participants, a total of 25 consented to participate and completed the survey in full.

All of the 25 participants met inclusion criteria, as evidenced by their responses of "Yes" to the first survey question (i.e., Are you an individual who oversees special education services

in a school district within the Mid-Atlantic Region of the United States [Pennsylvania, New York, New Jersey, Delaware, Maryland, West Virginia, Virginia]?). Six of the seven targeted states are represented in the data gathered from the participants' responses. Data for Delaware could not be gathered through the responses, as none of the responses indicated that any of the 25 participants serve a school district in Delaware. Refer to Table 1 for information regarding the number of responses from each of the seven targeted states.

Table 1

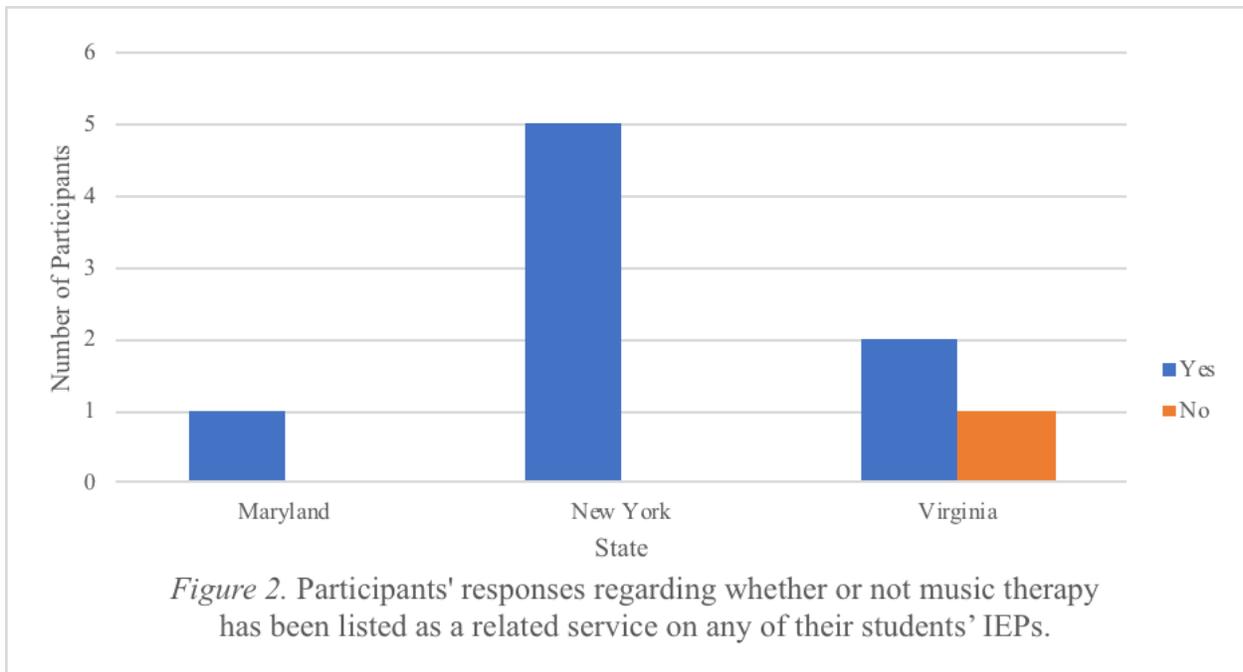
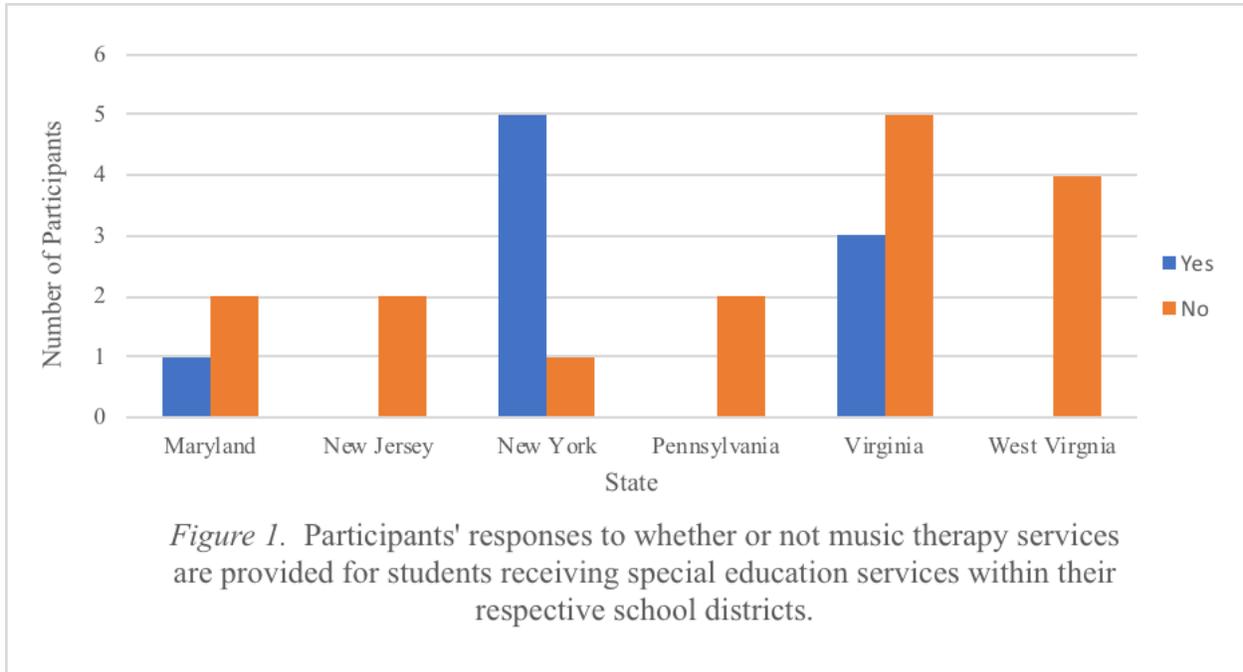
Participant Locations

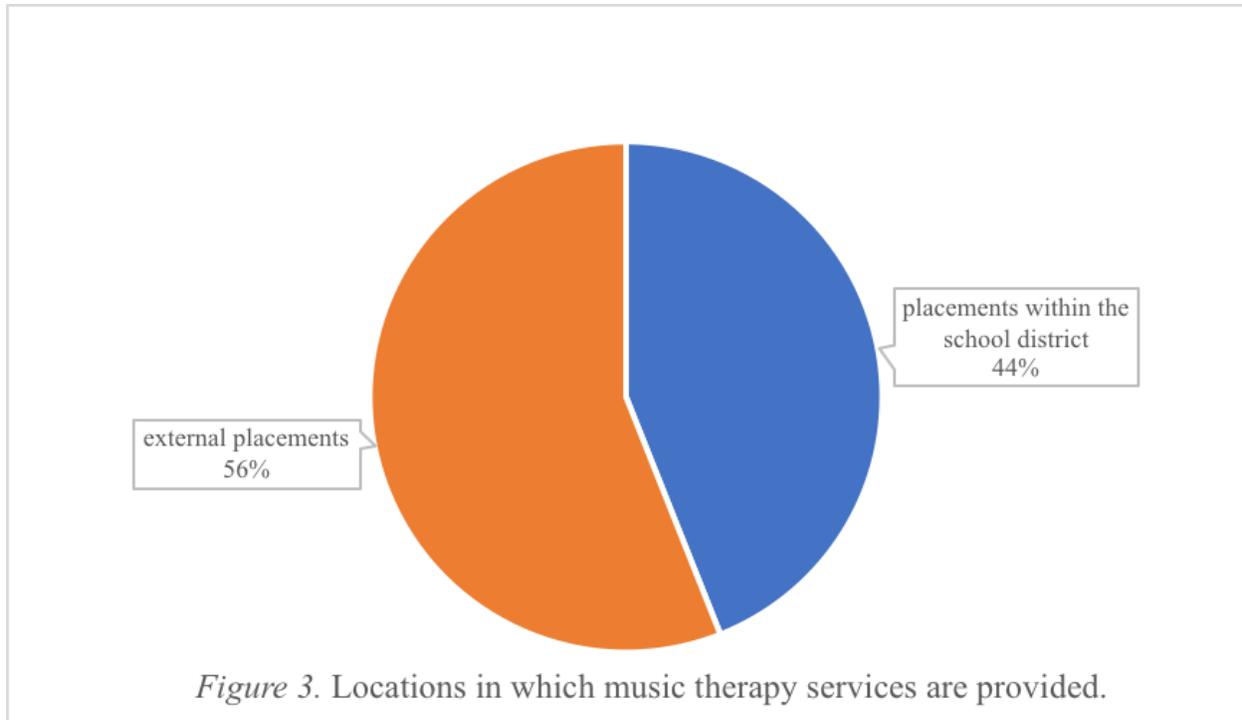
	<i>n</i>	<i>%</i>
Total Participants (N=25)		
Delaware	0	0%
Maryland	3	12%
New Jersey	2	8%
New York	6	24%
Pennsylvania	2	8%
Virginia	8	32%
West Virginia	4	16%

Music Therapy Service Provision

Music therapy services were noted to be part of special education services in nine (36%) of the participants' school districts (see Figure 1). These participants were then asked if music therapy has been listed as a related service on their students' IEPs. Of these nine participants, eight (89%) responded affirmatively (see Figure 2). These eight participants were then asked where music therapy services are provided. Five participants (63%) indicated that music therapy is provided in the schools within their respective school districts, and two participants (25%) indicated that music therapy is provided in external sites (see Figure 3). It should be noted that one participant from New York indicated that the special education population within his/her

school district receives music therapy services in schools within the school district as well as in external sites.

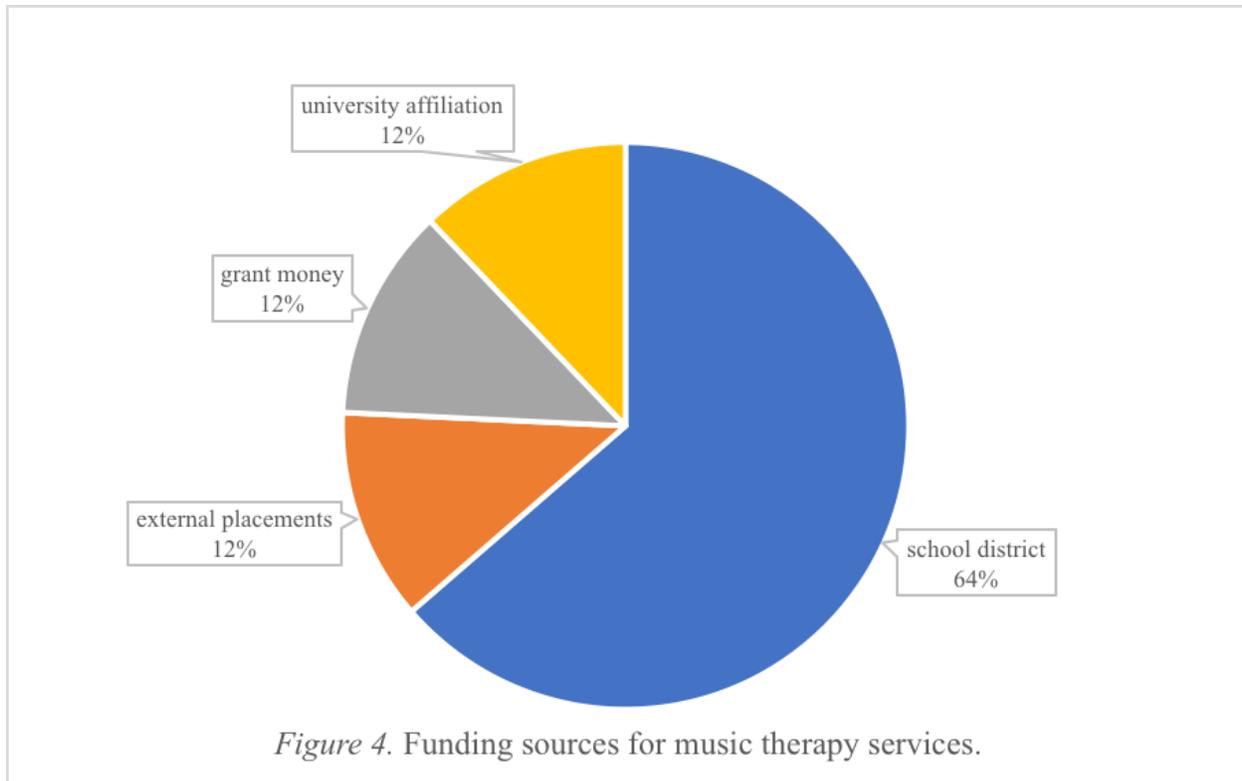




Four participants (50%) checked “Other.” These included services via “nonpublic school,” “out of district schools,” “special class at BOCES,” and “private day placements.” For the purpose of analyzing the data pertinent to this question, all four of these responses were categorized music therapy services being provided in external sites (see Figure 3).

Funding for Music Therapy Services

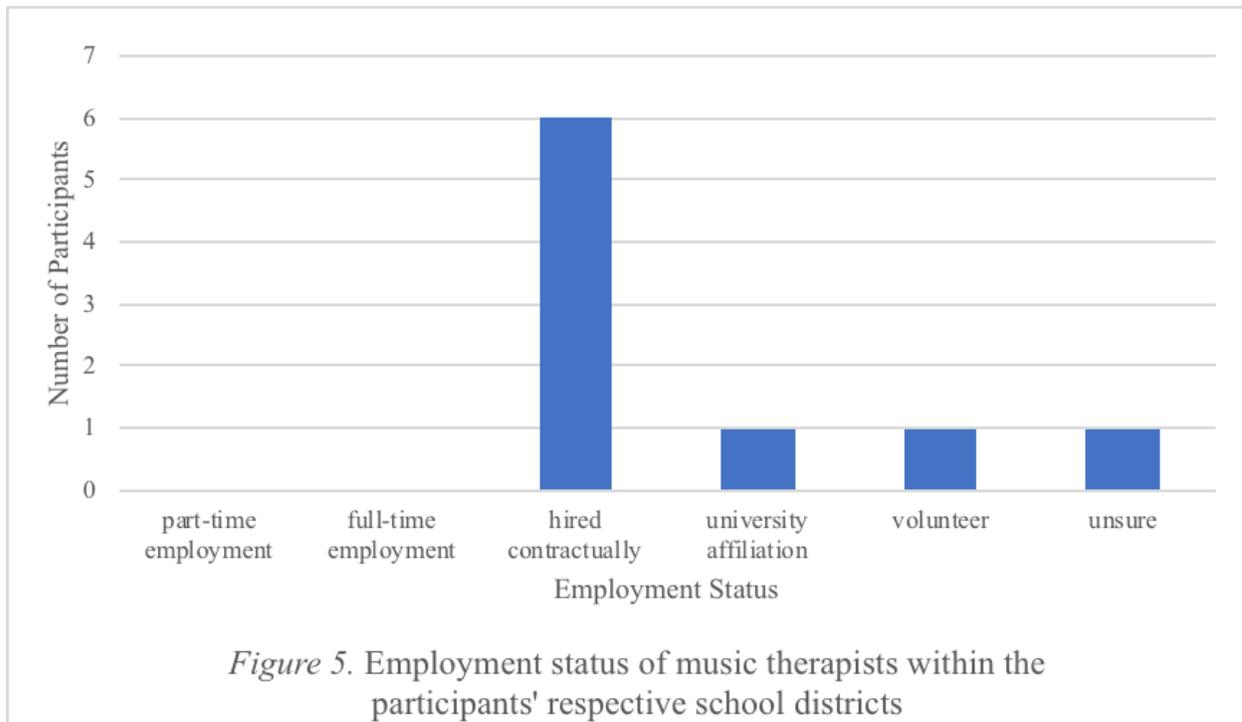
Of the eight participants who affirmed that music therapy was listed as a related on services on IEPs, five participants (64%) indicated that music therapy is funded by their respective school districts, and one participant (12%) indicated that music therapy is funded by the external sites in which it is provided (see Figure 4). It should be noted that one participant from New York indicated that music therapy services are funded both by the school district and by the external sites in which it is provided.



Two participants (25%) responded “Other.” One of the participants who responded “Other” indicated that music therapy services are funded through grant money. This participant is located in New York. The second participant who responded “Other” indicated that services have been provided by music therapy students from a local university in Virginia. It should be noted that this participant also indicated that music therapy services have been funded by the school district.

Employment for Music Therapists in Special Education

Of the nine participants who affirmed that music therapy services are provided as part of special education programming for their students, six (67%) indicated that their school districts’ music therapists are hired contractually. No participants indicated that their music therapists hold part-time or full-time employment within the school district (see Figure 5).



One participant (11%) indicated that music therapists do not hold employment status within the school district because they are music therapy students at a local university. One participant (11%) indicated that the music therapists in his/her school district are volunteers, and one participant (11%) did indicate that he/she was unsure of the nature of their music therapists' employment within his/her school districts (see Figure 5).

These nine participants were then asked to indicate the certification and/or license their districts' music therapists hold (see Figure 6). Three (33%) of the nine participants indicated that their music therapists hold a national board-certification (i.e., MT-BC credential). All three of these participants are located in New York. One participant (11%) indicated that his/her school district's music therapist holds a state license. This participant is also located in New York.

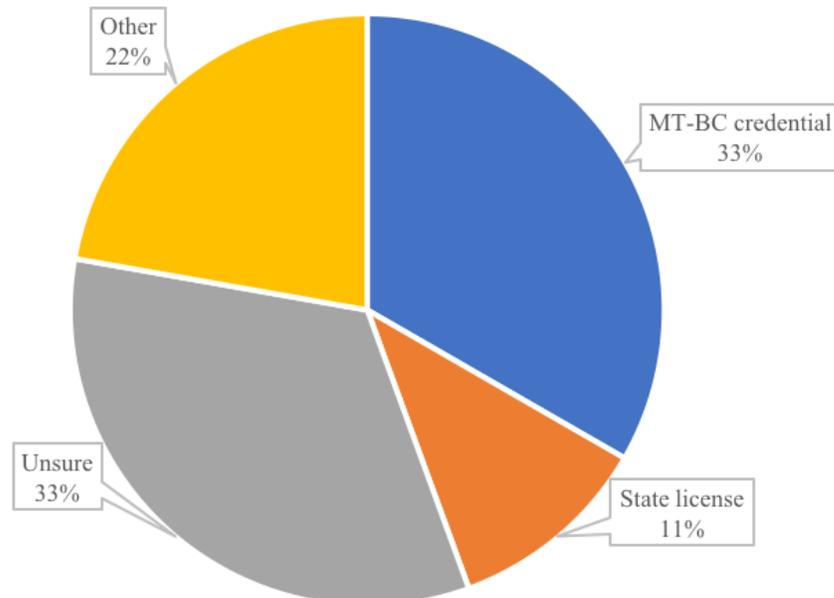


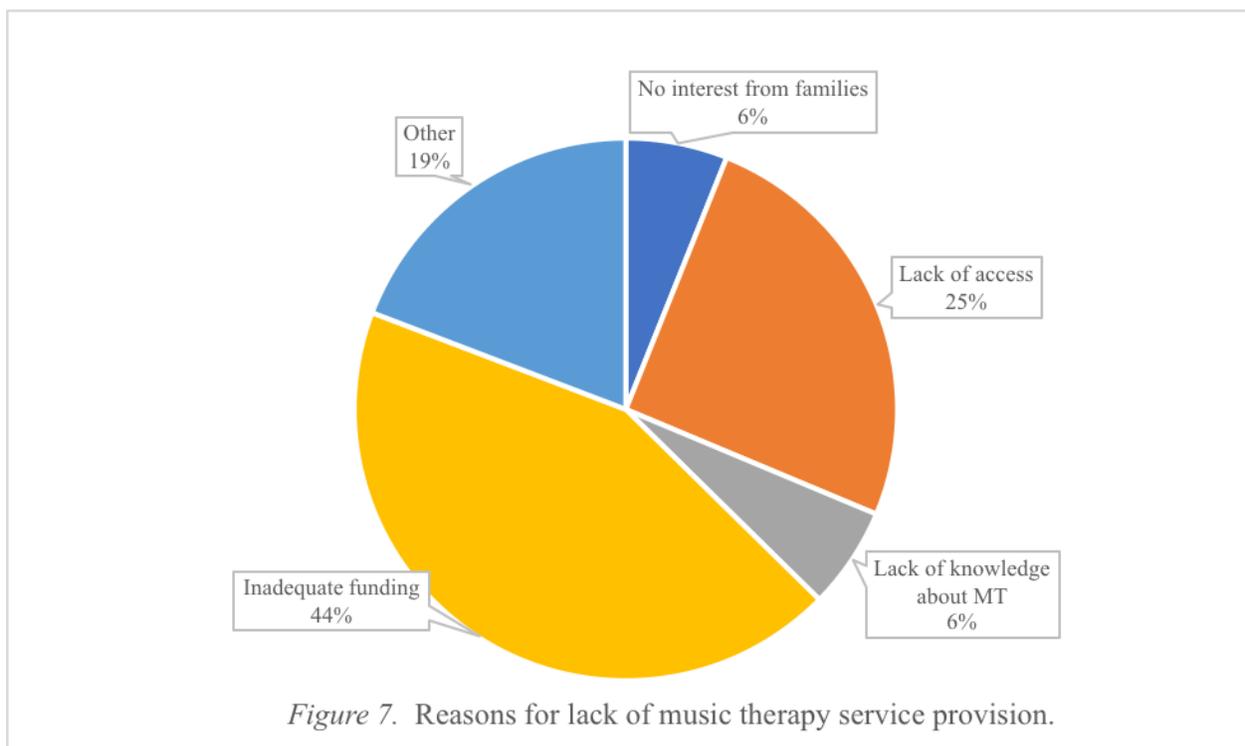
Figure 6. Certification and/or licenses held by music therapists in participants' respective school districts.

Three participants (33%) stated that they are unsure what certification and/or license their school districts' music therapists hold. Two of these three participants did indicate in another question that students in their school districts receive music therapy services in external placements and not in schools within the district. The third participant indicated in another question that music therapy services are provided in schools within his/her school district. Two participants (22%) responded "Other." One of these two participants indicated that his/her school district's music therapist is a student from local university in Virginia. The second participant wrote "not applicable" as part of his/her response.

Lack of Music Therapy Service Provision

The 16 participants (64%) who indicated that music therapy services are not provided as part of special education programming in their respective school districts (see Figure 1) were

asked to state, to the best of their knowledge, why music therapy had not been approved for their students (see Figure 7). The largest group of these 16 participants (43%) expressed that inadequate funding has prevented their school districts from providing music therapy services, followed by the four participants (25%) who expressed that there is limited access to music therapists and their services in their locations. One participant (6%) indicated that no interest in music therapy has been expressed by families or by educational teams thus far, while one participant (6%) indicated that educational staff and administrators are unaware that music therapy can be included on a student's IEP.

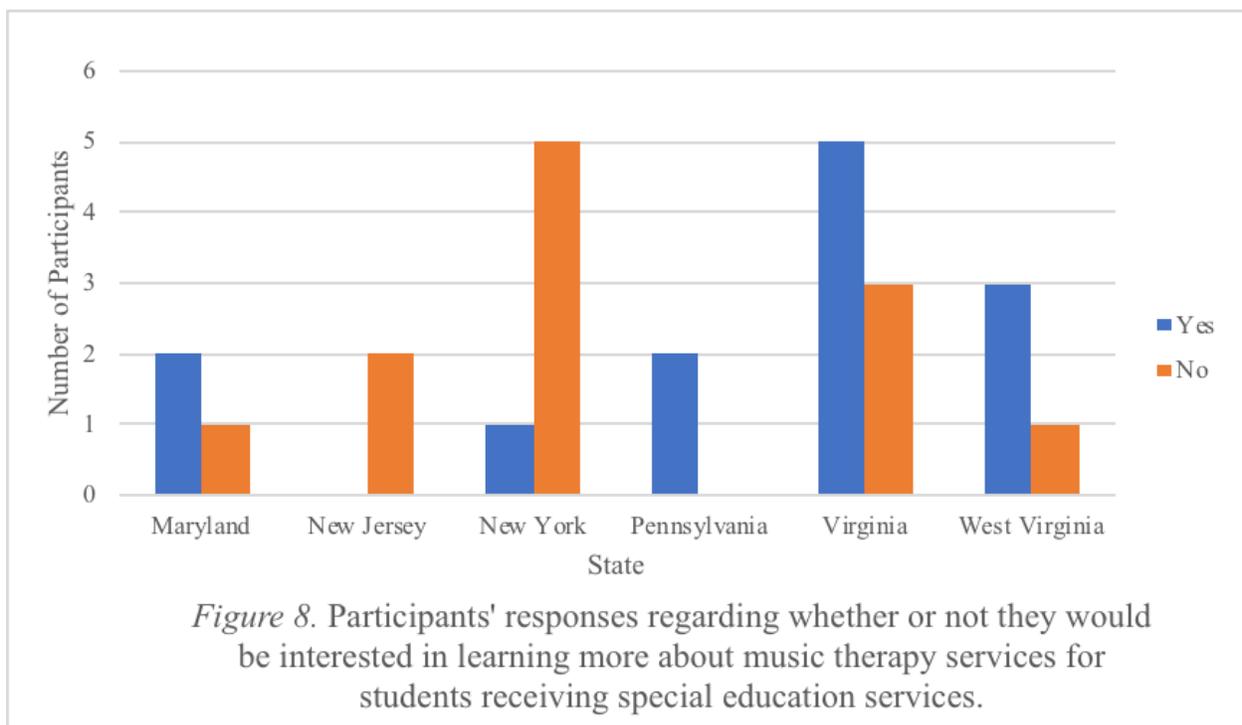


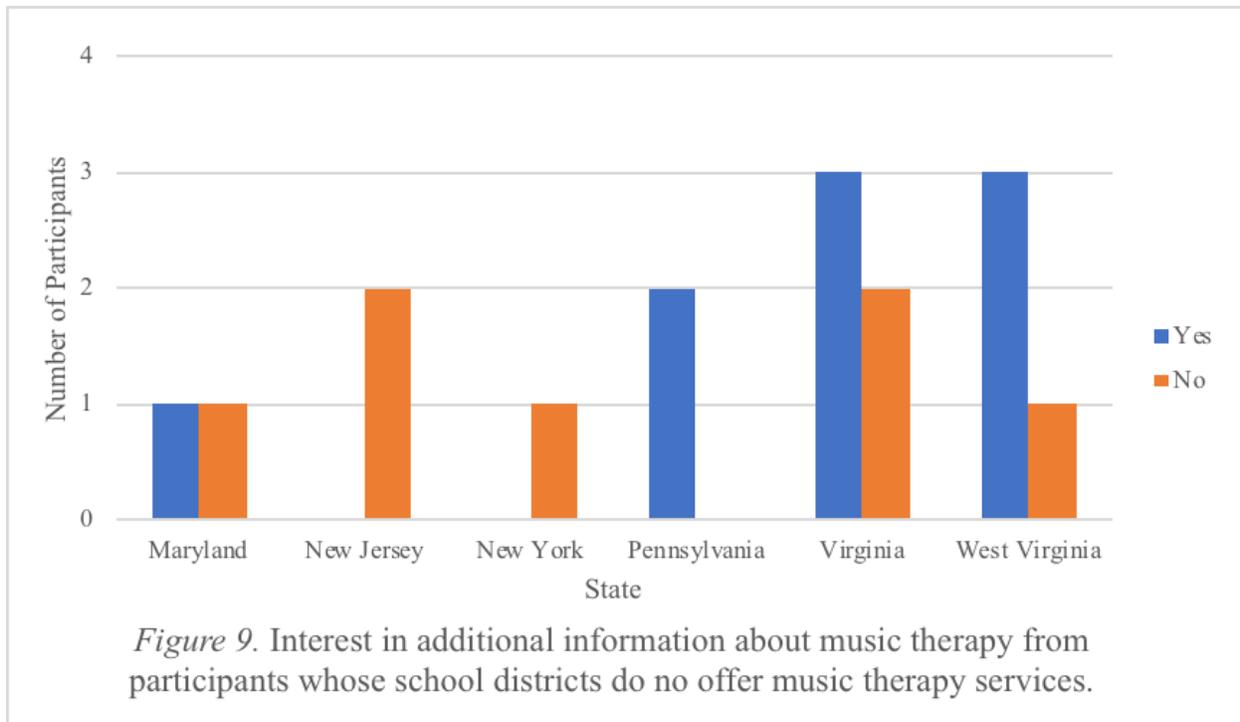
Three participants (19%) responded “Other.” One of these three participants expressed that music therapy services are offered but none of the students within his/her school district currently require it. One participant, who is located in New Jersey, stated that music therapy has not been deemed necessary per the FAPE requirement for his/her state [20 U.S.C. Sec. 1401 (9)]. The third participant expressed a combination of factors that have prohibited music therapy

service provision in his/her school district, noting that administration is unaware of any music therapists in the area and that it is an “infeasible expense at this time.”

Administrative Interest in Music Therapy

All 25 participants were asked whether or not they would be interested in learning more about music therapy for students receiving special education services. Of these 25 participants, 13 (52%) affirmed that they would be interested in receiving additional information (see Figure 8). Of the 16 participants whose school districts do not provide music therapy services, nine (56%) expressed interest in learning more about music therapy (see Figure 9).





Discussion

The participants' responses point to several trends in music therapy in special education within the Mid-Atlantic Region. Trends related to location, funding sources, IEP related service provision, and employment statuses of music therapists were identified. The majority of the participants' responses indicate that music therapy services are not provided as part of special education programming in their respective school districts. Based on the participants' responses, location, inadequate funding, limited access to music therapy services, and a general lack of understanding surrounding music therapy factor into the identified lack of music therapy services in special education.

Prevalence of Music Therapy in Special Education in the Mid-Atlantic Region

Locations where music therapy is prevalent. Six of the seven targeted states are represented in the data. No participants indicated that their school districts are located within the

state of Delaware. The majority of the participants (64%) indicated that music therapy services are not currently being provided in their respective school districts. Participants from only three states indicated that music therapy services are provided as part of their students' special education programs. The highest percentage of these responses came from New York (83%), followed by Virginia (38%) and Maryland (33%). Participants from New Jersey, Pennsylvania, and West Virginia consistently indicated that music therapy services have not been approved for students in their school districts; however, one cannot make the assumption that music therapy services are not being provided in school districts elsewhere in those states based on the small sample size in this study.

IEP. The majority (89%) of the nine participants who did indicate that music therapy services are provided for students in their school districts expressed that this service is listed on their students' IEP. This suggests that, in most cases, students who receive music therapy as part of their educational programs do have it identified as a related service on their IEPs.

Only one of these participants indicated that music therapy services are provided but are not listed on students' IEPs. This participant indicated in a later question that "volunteers visit the classroom," which is a service that would not be listed on an IEP. This response raises the question of whether or not the service being provided truly is music therapy or if it is a musician who is not a trained and credentialed music therapist (AMTA, 2018, para. 1) visiting a classroom within the district.

Service Delivery Trends

Location. The number of participants who indicated that music therapy is provided in schools within their respective districts is fairly similar to but slightly lower than the number of

participants who indicated that music therapy is provided in external placements (e.g., nonpublic schools, out of district schools, BOCES, private day placements). The responses from both New York and Virginia were split (i.e., 50% stated that music therapy is provided in-district, and 50% indicated that music therapy is provided in external sites), while the included participant from Maryland indicated that music therapy services are only provided in external sites. This data suggests that music therapy is provided in both public schools and in external placements but is slightly more prevalent in external placements.

Funding. The funding sources identified through the participants' responses include funding from the school districts, funding from external sites in which music therapy is provided, and grant money. One participant indicated that music therapy services are provided by students from a nearby university. It is unclear whether this is a financial expense for this participant's school district or if it is funded by the university. Because these university students are most likely providing services to fulfill the required supervised clinical training hours as identified in the Scope of Music Therapy Practice (AMTA, 2015), one can assume that they do not yet hold the national board certification credential and would therefore not be seeking formal payment from the school district as an employee or contractor.

The majority (56%) of the included participants indicated that music therapy is funded by the school districts themselves. This group was followed by the 22% who indicated that music therapy is funded by the external sites in which the services are provided and the 11% who indicated that music therapy is funded through grant money. This data suggests that music therapy services are most commonly funded by the school districts but can also be funded via other means.

Employment. The nine participants who indicated that music therapy is provided for students receiving special education services in their districts primarily indicated that music therapists are hired contractually and are not employed by the school district. This information holds several implications for music therapists working in special education settings, as independent contractors typically do not receive the benefits and protections that employees do. Independent contractors are usually responsible for any liabilities and damages and incurred in their practice, are not entitled to benefits under the Fair Labor Standards Act [29 U.S.C. Sec. 203], and are not protected against discrimination under the many laws that are currently in place (Lawlor & Willey, 2017). This piece of information raises concerns in regard to the employment of music therapists in the profession, as these responses suggest that music therapists working in special education settings may not be receiving the employment benefits and protections that others working within a school system are receiving.

One participant indicated that he/she is unsure of whether or not his/her district's music therapist is hired contractually. This participant indicated in an earlier question that music therapy services are provided in external placements and not in the schools within the district. For this reason, it can be assumed that this participant most likely does not have access to the external placement's employment records and would therefore have limited or no knowledge regarding the music therapist's employment/contract.

Two participants indicated that their music therapists are not contractually hired but are also not district employees. One of these participants expressed in his/her response to a different question that students from a nearby university provide music therapy services for the school district. University students typically are not paid to provide these services, so it can be assumed

that this district would not be hiring the university students through employment or contractually. The other participant expressed in his/her response to a different question that music therapy is provided by “volunteers.”

Based on participants’ responses to this question, there appears to be a lack of clarity regarding the certifications and licenses the music therapists working within these school districts hold. One participant indicated that his/her district’s music therapist holds a state license. This participant is from New York, where the License of Creative Arts Therapy (163 N.Y. Sec 8404, 2010) is in place for Master’s level music therapists. Only three participants (all from New York) indicated that their music therapists hold the national MT-BC credential. No participants from the other states indicated that their music therapists hold this credential. This is concerning and points to a potential need for clarification at the administrative level within these school districts, as the MT-BC credential is required in each state in order to practice as a music therapist.

Reasons for Lack of Music Therapy in Special Education

The participants’ responses indicated a range of reasons that music therapy is not provided for students in their school districts. The most common reason was that there is a lack of funding for music therapy services (44%), followed by there being limited or no access to music therapists and their services in the geographical locations of the participants’ school districts (25%). Other reasons included that no interest in music therapy had expressed by families or educational teams (6%) and that educational staff and/or administrators were unaware that music therapy could be included on a student’s IEP. Other important responses included that music therapy had not been deemed “necessary” according to the state’s definition of FAPE [20

U.S.C. Sec. 1400 (d)(1)(A)] and that music therapy is offered but the school district does not currently have any students who require it.

Maryland. All relevant participants from Maryland indicated that music therapy is not provided in their school districts because there is limited or no access to music therapists. It should be noted that the most recent Workforce Analysis (AMTA, 2017, p. 11) indicates that there are 89 music therapists who are members of the AMTA in the state of Maryland. While there may be a true lack of access to music therapists and their services in these locations within the state, the presence of music therapists as indicated in the Workforce Analysis raises the possibility that district administrators are unaware of the music therapists in their areas.

New Jersey. One participant from New Jersey indicated that music therapy services are not provided because there is limited or no access to music therapists and their services in the area of his/her school district. The other participant from New Jersey expressed that music therapy had not been deemed necessary in accordance with the “free and appropriate” component of FAPE [20 U.S.C. Sec. 1400 (d)(1)(A)]. This participant’s response suggests that his/her school district could not justify approving music therapy services for students because it had not been deemed “appropriate” and was therefore an infeasible expense for the school district. This is consistent with recent findings that states are not receiving adequate levels of funding from the federal government for special education services to fulfill the requirements of FAPE under the IDEA law (McCann, 2013; Dancy, 2016). These two responses suggest that not only is funding for music therapy services an issue in New Jersey, but access to services in certain locations is also a concern.

New York. One participant from New York indicated that music therapy services are not provided in his/her school district due to a lack of adequate funding. Again, this is consistent with recent findings that states are not receiving adequate levels of funding from the federal government for special education services to fulfill the requirements of FAPE under the IDEA law (McCann, 2013; Dancy, 2016).

It should be noted that out of six participants in New York, only one participant stated that music therapy is not provided in his/her school district. It is also important to note that the five participants who did indicate that music therapy is provided in their school districts were located in the same geographical area (i.e., the Capital Region of New York). The one participant who did state that music therapy is not provided in his/her school district was not located within that region of the state. School districts on the western side of the state and in the New York City area were not represented in the data. Further research regarding the available funding for music therapy services in special education in each of the geographical regions of New York would be beneficial in painting a clearer picture of the reasons that music therapy may not be provided for students in this state.

Pennsylvania. One participant from Pennsylvania indicated that music therapy services are not provided due to a lack of adequate funding. The other participant stated:

Although we are aware that music therapy exists, we do not have knowledge of any music therapist, nor has our SAP liaison recommended or know any music therapist.

From an administrative perspective, research has not been discussed and to have a music therapist in-house is an infeasible expense at this time.

This participant's response points to a combination of factors that have prevented his/her school district from approving music therapy services. This participant indicated that his school district does not know of any music therapists in their area, which suggests a lack of access to music therapy services. The participant's response also points to a lack of adequate funding, as well as a lack in access to research about music therapy in special education.

Both participants indicated that their school districts are located in the Greater Pittsburgh area on the western side of the state. School districts from the central and eastern areas of the state were not represented in this study. Further research regarding the available funding for music therapy services in special education in each of the geographical regions of Pennsylvania would be beneficial in painting a clearer picture of the reasons that music therapy may not be provided for students in this state.

Virginia. The Virginia participants' responses suggest an array of reasons regarding why music therapy is not provided in their school districts. Two participants indicated that there is a lack of adequate funding for music therapy services. One participant indicated that there is limited or no access to music therapists and their services, and one participant indicated that there has been no interest in music therapy from families or educational teams thus far.

One participant did state that music therapy services are offered through his/her school district but the district does not currently have any students who require the service. This suggests that music therapy services have not been deemed necessary for the current students in this particular district and potentially speaks to the requirements of FAPE.

West Virginia. The majority of participants from West Virginia indicated that music therapy is not provided in their districts due to a lack of adequate funding. One participant did

note that reason music therapy services are not currently provided through his/her district is because the educational staff and/or administrators were unaware that music therapy could be included as a related service on a student's IEP. Considering the fact that this participant is someone who coordinates special education services (i.e., this participant indicated that he/she met the inclusion criterion of overseeing special education services in his/her district), this response indicates that he/she was unaware of this information. With advocacy in this district in particular, information could be shared regarding the benefits of music therapy in special education populations and the availability of music therapy services, which could potentially result in increased access to music therapy services.

These responses suggest that in West Virginia, a combination of a general lack of funding and a need for increased advocacy factor into the lack of music therapy services in the state. It should be noted that participants' responses represented a variety of geographical locations within the state. This suggests that their responses regarding reasons for not providing music therapy in their districts is consistent across the state and is not centralized to one specific location.

Interest in Music Therapy Services

Based on the participants' responses, there is a general interest from special education coordinators in learning more about music therapy. The majority of all included participants (52%) stated that they would be interested in receiving more information about music therapy for students receiving special education services. The majority (56%) of participants who indicated that their school districts do not provide music therapy services for their students did state that they would be interested in learning more about music therapy. This piece of data suggests that

the majority of administrators whose districts do not offer music therapy services would be open to learning more about it. This is an important piece of information, as openness to discussing music therapy and its benefits could ultimately increase access to music therapy services.

Limitations

It is important to note the limitations of this study in order to gain a clearer picture of the music therapy service delivery trends in special education within the Mid-Atlantic Region. The sample size is considered a limitation in this study, as there were only 25 included participants. With the recruitment email actually reaching a total of 397 individuals, the response rate was approximately 6.3%. Although six of the seven states had at least two respondents represented in the data, a larger sample size would provide a much clearer picture of the music therapy service delivery trends in special education in this region.

Another limitation of this study is that only six of the seven targeted states were able to be represented in the data. Because no participants indicated that their school districts are located in Delaware, no information regarding that state could be gathered. Although the participants from the other six states did provide responses that helped to provide information pertinent to the research questions, a clearer picture of the service delivery trends within the region as a whole would have been possible with even one response from Delaware.

Further research in each state (with a focus on including all geographical areas within each state) would provide additional information about these trends and would be beneficial in guiding music therapists, district administrators, and clients/families who are seeking music therapy services in special education settings. Additionally, having conversations with members of the target audience (rather than utilizing a survey) would provide opportunities for expansion

of pertinent information that would also paint a clearer picture of the service delivery trends in the region. This study could also be replicated in other regions of the country to provide clearer pictures of the service delivery trends in different areas of the United States.

Conclusion

Despite the limitations of the study, the participants' responses provided valuable information that speaks to the current music therapy service delivery trends in special education within each of the six included states as well as in the Mid-Atlantic Region as a whole. The lack of funding that was expressed by many participants has been an ongoing issue historically in the education system (Ritter-Cantesanu, 2014) and appears to be a consistent issue in the current climate of special education that factors into the lack of music therapy service provision in the Mid-Atlantic Region.

An important consideration in future efforts to increase access to music therapy is in the importance that advocacy work holds in the process of securing adequate funding for the provision of these services. In order to increase access to music therapy services for this specific population, education about music therapy would be beneficial at the client/family level, the community level (e.g., other advocacy groups that work to increase access to services for special education populations), the school district administrative level, the state level, and the federal level. Additionally, several participants indicated that their districts have limited or no access to music therapists and their services and that in some states there is a general lack of understanding of what music therapy is and that it can indeed be listed as a related service on a student's IEP.

The combination of these statements points to a general need for increased advocacy. Educating district administrators about music therapy, the practice, the training and certification

involved, the benefits, and the fact that it can be considered a related service would provide the information necessary for them to make informed decisions about whether or not approving the service would be appropriate for the students they serve.

Perhaps the greatest potential for advocacy in music therapy with this population lies in the education of potential clients and their families. Educating this group about music therapy is a necessary piece in the advocacy process, as families play a crucial role in the special education process and in initiating conversations about which services are appropriate and necessary for their loved ones. When clients and their families are well-informed about the services that are available to them, they are able to more readily make decisions and advocate for the provision of these services (Simpson, 2002). Without this information, however, many clients will continue to miss out on music therapy services because they and their families are unaware that it is a service that could potentially be available and of benefit to them.

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Appendix A

Survey Questions

1. Are you an individual who oversees special education services in a school district within the Mid-Atlantic Region of the United States (Pennsylvania, New York, New Jersey, Delaware, Maryland, West Virginia, Virginia)?

- Yes
- No
 - Thank you for your interest in participating in this study. Your response indicates that you are not part of the target audience of this survey. Please forward the link for this survey to the appropriate personnel in your school district.

2. Where is the location of the school district in which you oversee special education services?

- City → fill in the blank
- State → fill in the blank

3. Do any students who receive special education services within your school district receive music therapy services as part of their educational programs?

- Yes
 - Has music therapy been listed as a related service on any of these students' IEPs?
 - Yes
 - Where are the services provided? Please check all that apply.
 - Music therapy is provided in the schools within the school district
 - Music therapy is provided in external sites.
 - Other (please specify).

- How are music therapy services funded? Please check all that apply.
 - Music therapy is funded by the school district.
 - Music therapy is funded by the external sites in which they are provided.
 - Music therapy is funded through insurance.
 - Music therapy is funded through private pay by facilities.
 - I am not sure how music therapy is funded for the students in my school district.
 - Other (please specify).
- Is the music therapist a full time employee of your school district?
 - Yes
 - No
 - I am not sure if the music therapist is a full time employee.
- Is the music therapist a part time employee of your school district?
 - Yes
 - No
 - I am not sure if the music therapist is a part time employee.
- Is the music therapist hired contractually to provide music therapy service (i.e., not formally employed within the district)?
 - Yes
 - No
 - I am not sure if the music therapist is hired contractually.

- Please indicate the certification/license your school district's music therapist holds. Please check all that apply.
 - National Board Certification (i.e., MT-BC credential)
 - State license (e.g., LCAT)
 - I am unsure what certification/license my school district's music therapist holds.
 - Other (please specify)
- No
 - How are music therapy services provided for students receiving special education services through your school district?
 - Classroom-based music therapy groups that are not listed on students' IEPs
 - Music therapy consultation
 - Other (please specify)
 - Does your school district employ or contract with a music therapist?
 - A music therapist is employed by the school district.
 - A music therapist is contracted by the school district.
- No
 - To the best of your knowledge, please indicate why music therapy has not been approved for students receiving special education services in your school district.
 - No interest in accessing music therapy services has been expressed by students' families and/or educational teams thus far.

- There is limited or no access to music therapists/music therapy services in the location of our school district.
- Educational staff and/or administrators within our school district are unaware that music therapy is a related service that can be included on a student's IEP.
- There is not adequate funding for the provision of music therapy services within our school district.
- Other (please specify)

4. Would you be interested in learning more about music therapy services for students receiving special education services?

- Yes
 - Additional information about music therapy can be found on the American Music Therapy Association's website musictherapy.org. For additional questions, please contact the researcher at myersa6@hawkmail.newpaltz.edu.
- No

Appendix B

Recruitment Letter

Dear Education Professional,

You have been invited to participate in a research study titled “Exploring Music Therapy Service Delivery Trends in Special Education Settings in the Mid-Atlantic Region.” This study is being conducted by Amy Myers, MT-BC in partial fulfillment of her master’s degree at SUNY New Paltz. The purpose of this research is to examine the trends and variations in music therapy service delivery in special education settings in the Mid-Atlantic Region of the United States.

Participants and Eligibility

You have been selected to participate in this study because of your role as an individual who is employed by a public school district within the Mid-Atlantic Region of the United States (New York, New Jersey, Pennsylvania, West Virginia, Virginia, Maryland, or Delaware) and oversees special education services within your respective school district.

Participation

If you agree to participate in this study, you will be asked to complete a short survey via SurveyMonkey. This survey is comprised of a series of yes or no and short answer questions and is estimated to take approximately 10 minutes to complete. Your participation is completely voluntary and you may withdraw at any point without penalty.

Risks and Benefits

Risks are minimal and are no greater than those encountered in everyday life. There are no expected benefits to subjects, nor will your participation result in compensation. Although you may not receive direct benefit from your participation, others may ultimately benefit from the knowledge obtained from this research.

Confidentiality

All survey responses and data will remain confidential. There will be no questions that require your personal information or compromise your anonymity. Please be aware that while every effort is taken to safeguard your data once received on SurveyMonkey servers, it is possible that someone other than the intended recipient may see your responses due to the nature of online surveys.

Consent

Your participation, completion, and submission of this survey will indicate your consent to participate in this study.

Contact

If you have any questions regarding the study, please contact the researcher, Amy Myers, at myersa6@hawkmail.newpaltz.edu or the researcher's supervisor, Dr. Heather Wagner at wagnerh@newpaltz.edu.

Thank you for your time and interest,

Amy Myers, MT-BC,

Graduate student, SUNY New Paltz

myersa6@hawkmail.newpaltz.edu