Effectiveness of Music Therapy Education in Addressing Multicultural Competencies:

Survey of Music Therapy Program Directors

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Azusa Higotani Bies

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This thesis titled
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Survey of Music Therapy Program Directors

by
AZUSA HIGOTANI BIES

has been approved for
the School of Music
and the College of Fine Arts by

Louise Steele
Associate Professor of Music

Charles A. McWeeny
Dean, College of Fine Arts
Abstract

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Effectiveness of Music Therapy Education in Addressing Multicultural Competencies:
Survey of Music Therapy Program Directors

Director of Thesis: Louise Steele

With the rapidly growing diversity in the United States, understanding cultural influence on human behaviors and becoming competent to work with culturally diverse populations have become important among human service professionals. The present study examined effectiveness and challenges of music therapy undergraduate programs in addressing multicultural competencies listed under AMTA Professional Competencies. A questionnaire was developed and sent to directors of undergraduate music therapy programs to assess their perception of effectiveness and challenges in teaching those multicultural competencies. Results indicated that a majority of directors perceived their programs effective; however, acknowledged the existence of multiple challenges. Although the results of the survey should not be generalized due to a low response rate, it provides insights into how to further develop multicultural education in the field of music therapy. Future research may utilize more objective tools and investigate correlations among different variables to pinpoint influential factors to effective multicultural education.

Approved: _____________________________________________________________

Louise Steele

Associate Professor of Music
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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>3</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>4</td>
</tr>
<tr>
<td>List of Tables</td>
<td>7</td>
</tr>
<tr>
<td>List of Figures</td>
<td>8</td>
</tr>
<tr>
<td>Chapter 1: Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Cultural Diversity and Human Service Professions</td>
<td>9</td>
</tr>
<tr>
<td>Development of Multicultural Education: Counseling Psychology</td>
<td>11</td>
</tr>
<tr>
<td>Development of Multicultural Education: Nursing</td>
<td>12</td>
</tr>
<tr>
<td>Development of Multicultural Education: Music Therapy</td>
<td>13</td>
</tr>
<tr>
<td>Chapter 2: Review of Related Literature</td>
<td>15</td>
</tr>
<tr>
<td>Concept of Multicultural Music Therapy</td>
<td>15</td>
</tr>
<tr>
<td>Multicultural Competencies in Music Therapy</td>
<td>18</td>
</tr>
<tr>
<td>Elements of Effective Multicultural Education</td>
<td>21</td>
</tr>
<tr>
<td>Purpose of Present Study</td>
<td>25</td>
</tr>
<tr>
<td>Chapter 3: Methodology</td>
<td>27</td>
</tr>
<tr>
<td>Subjects</td>
<td>27</td>
</tr>
<tr>
<td>Research Design</td>
<td>27</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>28</td>
</tr>
<tr>
<td>Procedures</td>
<td>28</td>
</tr>
<tr>
<td>Chapter 4: Results</td>
<td>30</td>
</tr>
<tr>
<td>Research Question 1</td>
<td>30</td>
</tr>
<tr>
<td>Research Question 2</td>
<td>35</td>
</tr>
<tr>
<td>Qualitative Data</td>
<td>38</td>
</tr>
<tr>
<td>Chapter 5: Discussion</td>
<td>40</td>
</tr>
<tr>
<td>Limitations</td>
<td>45</td>
</tr>
<tr>
<td>Recommendations for Future Research</td>
<td>46</td>
</tr>
<tr>
<td>References</td>
<td>48</td>
</tr>
<tr>
<td>Appendix A: Survey</td>
<td>56</td>
</tr>
</tbody>
</table>
Appendix B: Courtesy Email to American Music Therapy Association........................ 61
Appendix C: Consent Letter to Subjects .................................................................... 62
Appendix D: Reminder Email to Subjects.................................................................... 64
List of Tables

Table 1. Perceived Effectiveness of Music Therapy Curriculum in Teaching Multicultural Competencies: Number of Responses (Percentage in Parentheses) .................32
Table 2. University/Community Resources Utilized by Respondents: Number of Responses (Percentage in Parentheses) .......................................................34
Table 3. Perceived Challenges of Music Therapy Curriculum in Teaching Multicultural Competencies: Number of Responses (Percentage in Parentheses) .................37
Table 4. Other Influential Factors When Teaching Multicultural Competencies Identified by Respondents: Number of Responses (Percentage in Parentheses) .................39
## List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Perceived effectiveness of music therapy curriculum in teaching multicultural competencies: Mean percentage of the responses.</td>
<td>33</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Perceived availability of culturally diverse clients for music therapy practicum in the community</td>
<td>34</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Perceived existence of challenges in teaching multicultural competencies in music therapy programs</td>
<td>35</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Types of challenges in teaching multicultural competencies in music therapy programs: Mean Percentage</td>
<td>38</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

Cultural Diversity and Human Service Professions

The United States, once called a “melting pot,” is now referred to as either pluralistic or a multicultural society (Hertzberg, 2002). In such a society, different cultures are to be respected rather than being “melted” into a majority culture through assimilation. In fact, the United States (U.S.) Census Bureau (2005b) reported that approximately 20% of the entire population currently speaks a language other than English. Within the bilingual population, 55.4% speaks English very well while the remaining 44.6% speaks less than very well. Ethnically, approximately 25% of the U.S. population identifies themselves as African American, Asian/Asian American, Native American, Pacific Islander, Hispanic, or mixture of different races (U.S. Census Bureau, 2005a). Moreover, it is also estimated that nearly half of the pre-college school population will be represented by people of color after 2010 (Rollick & Chinn, 2006).

Though the term, culture, is often used synonymously with ethnic custom, culture in the contemporary scholastic world refers to a “blueprint for our thoughts, feelings, and behaviors” (Gollinick & Chinn, 2006, p. 16). It defines who we are and what we believe in terms of race/ethnicity, age, disability, religion, socio-economic status, sexual orientation, indigenous heritage, geographical location and/or gender. A cultural group is not defined solely by color of skin or nationality but more importantly by a belief system shared by a group of people. The growing cultural diversity has created challenges in various systems within the society such as governments, corporations, education, health care, and other similar institutions. In order to conquer the challenges, scholars in
different fields have studied the influence of culture on human behaviors and have discussed the need for multicultural competencies (Atkinson, 1994; Borden, 1991; D'Andrea & Daniels, 1991; Gollinick & Chinn, 2006; Green, 1999; Leininger, 2002; Matsumoto, 1996; Moreno, 1988; Sue, Arredondo & McDavis, 1992; Sue & Sue, 1977).

For example, Borden (1991) focused on the influence of culture on human communication. While acquiring the superficial knowledge and behaviors of a culture seemed to be enough for effective intercultural communication during the early years, Borden went further to discuss differences in underlying cognitive structures that may generate misunderstandings and conflicts in such communication.

Similarly, Matsumoto (1996) suggested that the increased awareness of cultural impact on human behaviors should help us "avoid personalizing the source of conflict and misunderstanding in our interactions and focus on the reasons the misunderstanding may have arisen in the first place" (p. 309). Among various concepts that are influenced by culture, health care was one of the most important concepts discussed by Matsumoto. He presented the idea that culture plays an important role in defining health, illness, and abnormal behaviors, and thus those aspects should be taken into consideration when providing health care services for culturally diverse clients. In fact, providing culturally sensitive and congruent services has become an essential issue in many human services such as social work, counseling, and nursing (Ridley & Kleimer, 2003). As previously suggested by Rodgers (1957), having an empathic understanding of a client’s belief system and conveying this empathy are two conditions that are essential in therapeutic relationships. In order to achieve this empathy, an understanding of cultural influences
contributing to the client's feelings, thoughts, and behaviors is critical. The same may be said of all helping human service professions that work with a wide variety of client populations.

**Development of Multicultural Education: Counseling Psychology**

Ethical considerations in counseling with racial and ethnic minority individuals began to draw the attention of counselors and psychologists in the early 1970s. A conference report by Korman (1974) suggested that providing counseling service to racial and ethnic minority clients without an understanding of the cultural differences is unethical. This notion was supported by three published studies which examined mental health care services provided by Anglo therapists for both clients of color and Anglo clients at community mental care facilities (Sue, Allen & Conaway, 1978; Sue & McKinney, 1974; Sue, McKinney, Allen, & Hall, 1974). The results obtained from these three studies showed that 50% of clients of color did not return for treatment after the initial counseling session in contrast to the Anglo clients’ rate of 30%. The findings clearly suggested that the cultural barriers that exist in cross-cultural communication do occur in counseling. Sue & Sue (1977) presented the idea that counseling is a “white middle-class activity” (p. 427) and that cultural barriers in terms of language, class-bound values, culture-bound values, and non-verbal communication can be sources of conflict/misinterpretations.

The discussion on multicultural counseling in the 1970s led to a landmark article by Sue et al. published in 1982. In this article, culture was defined as a fundamental aspect of every individual’s life, not limited to minority individuals but all human beings.
Hence it was the responsibility of all participating counselors and psychologists to become more culturally competent in this diverse society. The authors conceptualized the cross-cultural counseling competencies in terms of beliefs/attitudes, knowledge, and skills, which go beyond the mere academic study of the subject. This threefold cross-cultural competency became a base for Multicultural Counseling Competencies (MCC) developed in 1992 by Sue, Arrendondo, and McDavis. MCC has received much attention from other health care professionals due to its implication for all multicultural mental health practice. With this trend, the importance of multicultural counseling education has been emphasized at an organizational level through the code of ethics and educational guidelines produced by American Psychology Association (Atkinson, 1994). Therefore, multicultural education is “no longer an option of counseling psychology programs, but it is a requirement” (p. 300).

**Development of Multicultural Education: Nursing**

In the field of nursing, the term *transcultural* has been used as an equivalent of multicultural in the discussion of cultural diversity. Medeleine Leininger, a nursing theorist, proposed transcultural nursing as a field of study in the mid 1950s in order to “provide care that is meaningful and fits with cultural beliefs and life ways” (Leininger, 1999, p. 9). Leininger who gave definition to this field of study drew upon the field of anthropology in the development of the *Theory of Care Diversity and Universality* and established the method of ethnonursing research to discover cultural factors that influence health care in specific cultural groups (Leininger, 2002).
As the body of knowledge in transcultural nursing expanded during the 1980s (Leininger, 1989), the increasing number of undergraduate and graduate nursing programs started to incorporate cultural education into their curriculum. In fact, the American Nurses Association (ANA) took a role in promoting cultural education by publishing the guidelines for the inclusion of cultural education within the nursing school curriculum in 1986 (Grant & Letzring, 2003). Moreover, the American Association of Colleges of Nursing (AACN) now supports the inclusion of cultural education into the nursing curriculum at all baccalaureate, master, and doctoral levels in their published curriculum recommendations and suggested multicultural competencies (AACN, 1995; 2006; 2008). This trend toward recognition of the importance of cultural competencies is now pervasive in the health care community as each profession more or less addresses the issue, to some degree, at an organizational level (American Physical Therapy Association, 2008; Green, 1999; National Association of Social Workers, 2001; Wells, 2005).

Development of Multicultural Education: Music Therapy

Since the first article written on the multicultural aspects of music therapy by Moreno in 1988, the field of music therapy has given increased attention to the cultural issues from various perspectives. Based on a review of music therapy literature, multicultural topics discussed include (a) the concept and role of culture in the therapeutic process (Brown, 2002; Brucia, 1998; Lewis, 2002; Ruud, 1998), (b) music therapists’ attitudes toward multiculturalism (Darrow & Molloy, 1998; Toppozada, 1995), and (c) the necessity for multicultural education (Bradt, 1997; Chase, 2003a; Chase,
Case studies and articles on the subject show that the concept of culture has been understood in the practice of music therapy particularly in regard to how it influences the therapeutic process (Ansdell, 2002; Dos Santos, 2005; Elwafi, 2005; Forrest, 200; Jones, Baker & Day, 2004; Shapiro, 2005; Stige, 2002a; Stige, 2002b; Yehuda, 1997).

In spite of the voiced need for cultural education expressed in academic writings, there have been no guidelines set forth by American Music Therapy Association (AMTA) to integrate the conceptual discussion of multicultural clinical practice into music therapy education. Although the AMTA Code of Ethics, and Standards of Clinical Practice mention culture sensitive care, with no organizational guideline or consensus on what to be taught, quality and quantity of multicultural music therapy education may lack consistency in the undergraduate AMTA approved curriculum. Discovering how the cultural aspects of music therapy are addressed in the undergraduate programs will reveal the gap, if any, between the on-going theoretical discussion of multiculturalism and the reality of music therapy education. Such findings may guide the organizational leadership of AMTA to address the need for cultural education by developing guidelines for teaching the subject in degree programs. The following literature review will examine the previous and on-going discussion on multicultural music therapy education in close relation to the literature from other health care fields.
Chapter 2: Review of Related Literature

Concept of Multicultural Music Therapy

In the field of music therapy, Moreno (1988) was one of the first to introduce the idea of multicultural music therapy. He argued that music therapy practice in the United States (U.S.) tended to be ethnocentric, exclusively relying on the music of the western world in spite of the cultural diversity of the clientele. Moreno's main focus was on the acquisition of ethnic musical skills, which would allow music therapists to relate musically to clients from different ethnic backgrounds. In addition, he presented the idea that the use of ethnic music could benefit the majority-culture clients when improving their motivation and increasing their tolerance to a new, unfamiliar experience. Moreno suggested that ethnic musical idioms be included in music therapy training programs to foster the students' multicultural music skills.

Moreno's perspective on multicultural music therapy has been supported by a few case studies. Forrest (2001) explored the use of ethnic music as a means to create and maintain social, individual, and historical identity of dying patients. His case study of a Russian woman illustrated how traditional Russian folk music helped her access old memories and resolve her past conflicts. Similarly, Shapiro (2005) and Dos Santos (2005) also insisted that the exposure to culturally different music benefits various clients including majority-culture clients by increasing their flexibility and tolerance.

On the other hand, some authors discussed the role of music as a universal language or bridge between different cultures in therapeutic relationships. For instance, Yehuda (1997) took a qualitative approach to reveal musicians' and music therapists'
struggle with multicultural encounters in Eastern Europe. The qualitative analysis of
eleven interviews indicated that most interviewed participants expressed difficulty using
an unfamiliar musical language. However, the comments from the interview participants
also revealed that focusing on both music and/or sociocultural similarities between the
therapist and client was more likely to be therapeutic than trying to master the client's
musical language. Lewis (2002) also suggested the role of creative arts as a universal
language in cross-cultural communication. Lewis postulated that the creative arts could
be used as a non-verbal communication to facilitate cultural differences between the
therapist and the client. In this case, a culturally sensitive therapist builds a bridge using
artistic communication between two different cultures instead of identifying him/herself
with the client's cultural identity.

While there is no doubt that music is an essential part of interpersonal
communication in music therapy, some scholars and music therapists have argued that
acquiring ethnic musical skills is not enough to become culturally competent. For
instance, Bradt (1997) approached the issue of multicultural music therapy from an
ethical point of view referring to the discussion of culturally competent care in the field
of counseling. Bradt voiced the opinion that the understanding of ethical issues in
multicultural counseling is just as important as learning ethnic musical idioms. This is
because assessment, treatment, and evaluation in any of the therapies entail culture-
related ethical issues in determining the client's normal/abnormal behaviors and
appropriate goals in their socio-cultural contexts. Bradt made it clear that the
multicultural competencies of counselors can be applied to necessary clinical skills of music therapists.

Brown (2002) also included ethical considerations, cultural empathy, one's world-view, and the role of music in one's culture as critical components of multicultural music therapy. These components were also explored in an article written by Jones, Baker, and Day (2004). These authors described the process of developing appropriate music therapy interventions with young Sudanese refugees based on the examination of their world-view regarding health, music, and spirituality as well as their traditional musical idioms. Similarly, Ruud (1998) emphasized the fact that an individual's sense of health and well-being is closely related to the formation of their identity within a socio-cultural context. Thus, cultural context plays an important part in the therapeutic process when clients engage in reminiscence or life review through music. Ruud described this process as the following:

People plot scripts that organize the events of their lives into coherent narratives. In a certain sense, these scripts are based on certain value scale or world views, as illustrated by the particular metaphors used to create coherence in these stories (p. 68).

Other music therapists viewed culture in relation to the meaning of music therapy experiences in a local context. Case studies by Stige (2002a) clearly showed that changes in music therapy sessions could be directly reflected in the clients' social context outside of the therapy room. In other words, not only the clients but also their living communities were part of the music therapy process. Therefore, changes in clients
occurred together with those in the communities. Based on his qualitative analysis of his own experiences, Stige (2002a; 2002c) introduced the idea of culture-centered or community music therapy which has also been accepted and explored by others in the contemporary music therapy literature (Ansdell, 2002; Brucia, 1998; Ruud, 1998).

Evidenced by the various viewpoints on multicultural music therapy discussed previously, it seems safe to state that neither using ethnic music nor learning the facts about different ethnic groups is enough to be a culturally competent music therapist. Instead, possible components of multicultural music therapy education suggested by Chase (2003a; 2003b) include self-evaluation, learning about culture, and adapting clinical practice. However, the music therapy literature on this matter is still sparse in volume and content, and lacks clear consensus on what constitutes multicultural music therapy. This creates challenges for educators and clinicians when addressing multicultural education in the undergraduate music therapy curriculum.

**Multicultural Competencies in Music Therapy**

As cultural awareness has grown within the field of music therapy, the question of how best to address multiculturalism in the music therapy curriculum becomes paramount. The American Music Therapy Association (AMTA) addresses multicultural topics in sections 2.1 and 2.2 of the AMTA Standards of Clinical Practice (AMTA, 2008c). The standards refer to the responsibility of Board Certified Music Therapists (MT-BC) to take the client's cultural background into consideration when developing and conducting a music therapy assessment. In the AMTA Professional Competencies, the multicultural competencies are also addressed in the sections under Clinical Foundations.
(14.5), Music Therapy (16.4, 16.5, and 18.4), and Professional Role/Ethics (22.9 and 22.11). AMTA advanced competencies were also finalized and published in 2009 to help various advanced training programs define their requirements. In these recently published competencies, multicultural issues are even more clearly mentioned as follows:

- Apply knowledge of norms and practices of other cultures to the supervisory process (Professional Practice, 2.7).
- Adapt and select musical material for different musical cultures and sub-cultures (Professional Development, 7.8).
- Selectively modify music therapy approaches based on knowledge of the roles and meanings of music in various cultures (Professional Development, 8.7).
- Work with culturally diverse populations, applying knowledge of how culture influences issues regarding identity formation, concepts of health and pathology, and understanding of the role of therapy (Professional Development, 8.8).
- Understand how music therapy is practiced in other cultures (Professional Development, 8.9).

Although AMTA recognizes the need for multicultural training in music therapy education, results from previous studies have shown that the inclusion of multicultural education in the formal music therapy curricula is extremely challenging. For instance, Toppozada (1995) explored music therapists' attitudes toward and knowledge of multicultural issues. Results indicated that a majority of the survey respondents agreed on the need for multicultural competencies. However, there was disagreement over whether or not multicultural training is necessary in formal music therapy education, due to an already overloaded music therapy undergraduate curriculum.

The findings from Toppozada's study were supported and expanded by Darrow and Molloy (1998). In this study, the researchers reviewed 25 randomly selected music
therapy programs approved by the National Association for Music Therapy (NAMT) in terms of the requirement for multicultural education. They also surveyed NAMT members including professionals and students in major metropolitan areas in the United States about multicultural issues, assuming that those professionals/students were in frequent contact with clients from diverse racial and ethnic backgrounds. The review of selected programs revealed that few undergraduate programs require multicultural classes in their major course work in spite of a perceived necessity for multicultural training evident in the survey results. In fact, the survey responses indicated that many participants felt their university training inadequate, reporting that they developed their multicultural music clinical skills through professional work experience and continuing education after college.

Valentino (2005) explored the impact of previous education on music therapists' multicultural competencies. Identifying cultural empathy as a critical factor in successful cross-cultural therapeutic relationships, the researcher assessed American and Australian music therapists' cross-cultural empathy using a measurement instrument developed in the field of counseling psychology. The results showed that the previous cross-cultural training received significantly correlated to a higher score on empathy. Research studies by other health care professionals have also found a similar correlation between the individual's previous multicultural education and self-perceived multicultural competencies (Bellini, 2002; Holcomb & Myers, 1999; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-Davis, Reynolds, Dings, and Ottavi, 1994).
Although the importance of multiculturalism has been much discussed in the field of music therapy, few researches have investigated to what extent it is reflected in music therapy undergraduate education. On the other hand, researchers in other health care fields such as psychology, counseling, social work, and nursing have conducted various studies to investigate the state of multicultural education in their university training programs. Those studies provide great insight as to what may be necessary for effective multicultural education in music therapy undergraduate programs.

**Elements of Effective Multicultural Education**

Some of the early studies regarding the status of multicultural education in health care fields were published in clinical psychology and counseling. Boxley and Wagner (1971) conducted a survey of graduate students in clinical psychology to determine the level of their multicultural training. The researchers composed a questionnaire to assess (a) the representation of non-white faculty and students, (b) the recruitment of minority group students, (c) the courses related to multicultural competence, and (d) the diversity of practicum clients. Padilla, Boxley, and Wagner replicated this study in 1973 to examine the improvement in each element of multicultural education for clinical psychologists. The researchers stressed the importance of increasing the number of minority group students, which would lead to an increase in the number of minority group faculty in the future.

However, the results from a study by Bernal and Padilla (1982) indicated that there was no correlation between the presence of non-white faculty and the number of culture related courses taught within clinical psychology department. Bernal and Padilla
also studied the following elements: (a) the use of community and university resources such as ethnic studies department, consultants for minority issues, minority people in the community (both professional and non-professional); (b) the faculty involvement in the multicultural matters (supervising students working with minority clients, attending seminars, presenting on the matter, and conducting related research studies); and (c) the faculty's attitude toward multicultural training. The results of the study showed a lack of faculty interest and/or experience in such matters, hindering the development of multicultural education in many programs. In order to assess the level of multicultural counseling training more accurately,

D'Andrea and Daniels (1991) incorporated these elements to propose four stages of multicultural program development: (a) Culturally Entrenched Stage, (b) Cross-Cultural Awakening Stage, (c) Cultural Integrity Stage, and (d) Infusion Stage. According to the authors, maturity of multicultural education in a counseling program increases as the program goes through these stages. Following the recognition and acceptance of the needs for multicultural education, the program starts integrating multicultural courses into their core curriculum (Cultural Integrity Stage). At the final Infusion Stage, multicultural education becomes pervasive in the program and is addressed in all courses where students can demonstrate their multicultural understanding in different contexts. The authors also stated that a successful development of multicultural education in a counseling program requires not only changes in its curriculum but also support from the hosting college/university.
Other studies have revealed specific issues regarding faculty involvement in multicultural counseling education. Hills and Strorizer (1992) found that most of the multicultural materials in counseling psychology programs were taught by assistant and adjunct professors, suggesting that more involvement of full professors was crucial in the development of systematic multicultural education. Moreover, their study revealed that newer professors from minority groups showed a higher level of participation in multicultural education, supporting the importance of recruiting minority group students to produce future generations of multicultural educators. The results from the study by Dinsmore and England (1996) confirmed the need for more involvement of senior faculty for the development of multicultural education in counseling programs. Based on the stages of multicultural counseling training proposed by D'Andrea and Daniels (1991), Dinsmore and England assessed the maturity of multicultural education in counseling programs in the United States. Results of their study indicated that the maturity of multicultural education in each program was directly influenced by the participation of senior faculty members. The researchers suggested that, unlike the newer professors who had more opportunities for multicultural training in their university education, senior professors are in need of more assistance in diversity issues.

Ryan, Carlton, and Ali (2000) emphasized the same issue of faculty development in cultural issues in nursing curricula, indicating the total dependence on one particular professor for their cultural education. Similarly, a survey study conducted by the Council on Social Work Education (CSWE) showed insufficient multicultural training opportunities and resources available for faculty members (Abramovitz, 2008). To
promote the faculty development in diversity issues, it was suggested that the CSWE center should increase the scholarship opportunities for multicultural research, provide information and sponsor educational activities.

Reviewing the related literature for the present study revealed seven different factors that influence the development of multicultural education for health care professionals:

1. Representation of and effort given in recruiting minority group faculty and students.
2. Number of courses, units, seminars, and/or workshops devoted to multicultural issues.
3. Diversity of the community where the school is located and availability of culturally diverse clients in practicum experiences.
4. Faculty attitudes toward the inclusion of multicultural training.
5. Faculty participation in the multicultural education, research, and practice.
6. Availability and utilization of university and community resources.
7. Institutional and/or organizational support for the development of multicultural education.

As suggested by Hills and Strorizer (1992), periodically evaluating university programs following this criteria is important in order to determine effectiveness of organizational effort to promote multicultural training and to identify areas needing more improvement.

Such studies to assess effectiveness of multicultural education have been sparse in the field of music therapy. The results from a study by Darrow and Molloy (1998) indicated that there were few multicultural courses offered and that many music
therapists expressed a lack of multicultural training during their college education. One of the main obstacles in addressing multicultural competencies is the element of time, considering the already overloaded music therapy curriculum (Toppozada, 1995). No additional studies, however, have investigated the reality of multicultural education in AMTA-approved music therapy programs since the study published by Darrow and Molloy in 1998.

**Purpose of Present Study**

The purpose of the present study was to explore the current state of multicultural education in music therapy by surveying music therapy program chairs/directors regarding their curriculum and multicultural competencies. In this study, *multicultural competencies* referred to knowledge, attitude and skills stated in the AMTA Professional Competencies (2008b) as follows:

- Demonstrate awareness of one’s cultural heritage and socio-economic background and how these influence the perception of the therapeutic process (Clinical Foundations-Therapeutic Relationship, 14.5).
- Select and implement effective culturally based methods for assessing the client's assets, and problems through music (Music Therapy-Client Assessment, 16.4).
- Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development (Music Therapy-Client Assessment, 16.5).
- Develop and maintain a repertoire of music for age, culture, and stylistic differences (Music Therapy-Therapy Implementation, 18.14).
• Demonstrate knowledge of and respect for diverse cultural backgrounds (Professional Role/Ethics, 22.9).
• Demonstrate skill in working with culturally diverse populations (Professional Role/Ethics, 22.11).

The following research questions were explored:

1. What are the program chairs/directors' perceptions regarding the effectiveness of their curriculum in addressing the multicultural competencies?
2. What are the program chairs/directors' perceptions of challenge when addressing the multicultural competencies in their curricula?

The results from the study revealed challenges experienced by music therapy educational programs in addressing multicultural competencies and provided implications as to how to promote multicultural education within the field. The author also made statements regarding the current state of multicultural music therapy education based on information gained from the study.
Chapter 3: Methodology

Subjects

The subjects for the present study included program chairs/directors in undergraduate music therapy programs approved by AMTA. AMTA approved music therapy programs were identified utilizing the AMTA School Directory (American Music Therapy Association, 2009). Those programs in foreign countries including Canada were excluded from this study. Programs that only offer a graduate degree in music therapy were excluded from the study. Chairs/directors of those programs that offer both undergraduate and graduate programs were asked to base their responses only on their undergraduate programs. There was a total of 65 music therapy programs that met requirements for the present study. E-mail addresses of those participants were obtained from each university's website. AMTA was notified of the survey distribution to participants.

Research Design

A descriptive survey design was used to explore the program chairs/directors' perceptions regarding the effectiveness and challenges of their curriculum in addressing multicultural competencies. The researcher summarized the survey results using a descriptive analysis (mean, standard deviation, and frequency distributions) to answer the research questions stated above. Relationships between variables were not explored in this study.
Questionnaire

A questionnaire for the study was designed to solicit information related to the current state of multicultural competency education in music therapy programs (see Appendix A). The first section of the questionnaire inquires about program chairs/directors' perceptions of effectiveness and challenges when addressing the multicultural competencies in their curriculum. In the second section, yes/no and multiple-choice questions were utilized to collect information about the curriculum such as course titles if any multicultural courses were offered, community resources utilized and the ethnic diversity of practicum clients. A space for additional comments was provided at the end of each section. The survey was created for distribution via an online survey tool called SurveyMonkey (http://www.surveymonkey.com/).

Procedures

A total of 65 emails was sent out to directors/chairs of music therapy programs that met the requirements for the present study. The researcher emailed and notified AMTA of the purpose and procedure of the present study prior to the proposal submission to the Institutional Review Board (IRB) at Ohio University. After obtaining approval from the IRB at Ohio University, music therapy chairs/directors' email addresses were obtained from the official university websites of each college or university in which an AMTA approved music therapy undergraduate degree is offered. A letter from the researcher's thesis advisor (see Appendix B) was sent to all potential participants via email one week prior to the survey distribution by email to notify them of the up-coming study and to request their participation.
Following the initial letter, each music therapy undergraduate chair/director was sent an e-mail with a web address to the online survey. In the email, the researcher introduced herself and requested their volunteer participation in the study. The email contained a consent letter for the present study and a web address to the online survey, as well as brief information about the researcher (see Appendix C). The consent letter explained the purpose of the research, confidentiality, and voluntary participation. Completion of the online survey by the participants was regarded as equivalent to their signed consent to be part of the study, allowing the researcher to use the survey results in the form of publication, presentation, and other educational activities. A second email was sent to all subjects as a reminder two weeks after the initial contact (see Appendix D). The participants were given a choice of whether or not they wished to receive a summary of the results on completion of the study. The survey was closed two weeks after that second reminder email. Data obtained from the online survey was analyzed using statistical analysis tools included with Microsoft Excel.
Chapter 4: Results

This descriptive survey research was conducted to determine the undergraduate music therapy chairs/directors' perceptions regarding (a) the effectiveness of their curricula in addressing the multicultural competencies and (b) the challenges when addressing the multicultural competencies in their curricula. All survey responses were categorized and entered into an excel spreadsheet for an analysis using mean and frequency to answer the research questions. The response rate to this online survey was 44.6 % with a total of 29 out of 65 subjects participating in the study. All respondents (N=29) answered twelve questions regarding the effectiveness and challenges of their curriculum in addressing the cultural competencies and four questions regarding the cultural resources they utilize.

Research Question 1

Survey results regarding the effectiveness were analyzed using mean and frequency to answer the following research question: What are the program chairs/directors' perceptions regarding the effectiveness of their curriculum in addressing the multicultural competencies?

Table 1 shows the respondents' perceived effectiveness of their curricula in addressing six different multicultural competencies listed under AMTA Professional Competencies. Over 50 % of respondents perceived their curricula effective/very effective in each competency. A relatively higher number of people selected "neutral" for competency 14.6 (N=11, 37.9 %), 16.5 (N=10, 34.5 %), and 22.11(N=9, 31.0 %). Competency 22.9 and 18.14 received the higher percentage in the category of
"effective/very effective" compared to other competencies. The mean percentages of responses to those six competencies are shown in Figure 1. Overall, 60% of respondents consider their curriculum either "very effective" or "effective." The standard deviation of responses to all six competencies is: 11.4% (effective/very effective); 8.8% (neutral); and 5.2% (poor/very poor).
Table 1

*Perceived Effectiveness of Music Therapy Curriculum in Teaching Multicultural Competencies: Number of Responses (Percentage in Parentheses)*

<table>
<thead>
<tr>
<th>Competency</th>
<th>Very Effective</th>
<th>Effective</th>
<th>Neutral</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.5 Demonstrate awareness of one’s cultural heritage and socio-economic</td>
<td>3 (10.3)</td>
<td>14 (48.3)</td>
<td>11 (37.9)</td>
<td>1 (3.4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>background and how these influence the perception of the therapeutic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.4 Select and implement effective culturally based methods for assessing</td>
<td>1 (3.4)</td>
<td>13 (44.8)</td>
<td>10 (34.5)</td>
<td>5 (17.2)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>the client's assets, and problems through music.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.5 Select and implement effective culturally based methods for assessing</td>
<td>4 (13.8)</td>
<td>15 (51.7)</td>
<td>7 (24.1)</td>
<td>3 (10.3)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>the client's musical preferences and level of musical functioning or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.14 Develop and maintain a repertoire of music for age, culture, and</td>
<td>8 (27.6)</td>
<td>14 (48.3)</td>
<td>5 (17.2)</td>
<td>2 (6.9)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>stylistic differences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.</td>
<td>10 (34.5)</td>
<td>13 (44.8)</td>
<td>5 (17.2)</td>
<td>1 (3.4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>22.11 Demonstrate skill in working with culturally diverse populations.</td>
<td>4 (13.8)</td>
<td>14 (44.8)</td>
<td>9 (31.0)</td>
<td>2 (6.9)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
Several other questions were asked in relation to the effectiveness of the respondents' curricula. Only one respondent identified a music therapy course covering multiculturalism. A second respondent reported being in the process of designing such a course to offer in the near future. In terms of educational resources, one or more university/community resources were utilized by a majority of respondents in the past as shown in Table 2. Only 13.8% (N=4) reported never using those resources. Over 50% of the respondents perceived that culturally diverse clients are "always" or "mostly" available for students' practicum in the community as shown in Figure 2.

Figure 1. Perceived effectiveness of music therapy curriculum in teaching multicultural competencies: Mean percentage of the responses.
Table 2

*University/Community Resources Utilized by Respondents: Number of Responses (Percentage in Parenthesis)*

<table>
<thead>
<tr>
<th>Resources</th>
<th>Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural educator/speaker from community</td>
<td>15 (51.7)</td>
<td></td>
</tr>
<tr>
<td>Professors from other departments</td>
<td>10 (34.5)</td>
<td></td>
</tr>
<tr>
<td>Ethnic musicians</td>
<td>17 (58.6)</td>
<td></td>
</tr>
<tr>
<td>Cultural events in the university and/or community</td>
<td>19 (65.5)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5 (17.2)</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 2. Perceived availability of culturally diverse clients for music therapy practicum in the community.*
Research Question 2

Survey results regarding the challenges were also analyzed using mean and frequency to answer the following question: What are the program chairs/directors' perceptions of challenge when addressing the multicultural competencies in their curricula? While over 60% of the respondents perceived their curriculum "effective" or "very effective", 75.9% identified at least one or more challenging factors in teaching those cultural competencies (Figure 3).

Figure 3. Perceived existence of challenges in teaching multicultural competencies in music therapy programs.
Table 3 shows challenging factors chosen by respondents for each competency. On the questionnaire respondents were allowed to choose multiple challenging factors that are applicable to their programs when addressing the specific competencies. Lack of time received the highest percentage for competencies 14.5 and 18.14, while lack of material was the biggest perceived challenge in teaching the competency 16.4. Half of the respondents perceived no challenges in teaching the competency 22.9, while the other half of the respondents do perceived multiple challenges addressing the competency. Mean percentages of responses for each challenging factor are listed in Figure 4. Among those five challenging factors, lack of time and materials were perceived more challenging than other factors.
### Table 3

**Perceived Challenges of Music Therapy Curriculum in Teaching Multicultural Competencies: Number of Responses (Percentage in Parentheses)**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Lack of Clarity</th>
<th>Lack of Expertise</th>
<th>Lack of Time</th>
<th>Lack of Materials</th>
<th>Other</th>
<th>No Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.5 Demonstrate awareness of one’s cultural heritage and socio-economic background and how these influence the perception of the therapeutic process.</td>
<td>4 (13.8)</td>
<td>3 (10.3)</td>
<td>14 (48.3)</td>
<td>6 (20.7)</td>
<td>3 (10.3)</td>
<td>5 (17.2)</td>
</tr>
<tr>
<td>16.4 Select and implement effective culturally based methods for assessing the client's assets, and problems through music.</td>
<td>3 (10.3)</td>
<td>7 (24.1)</td>
<td>8 (27.6)</td>
<td>10 (34.5)</td>
<td>4 (13.8)</td>
<td>3 (10.3)</td>
</tr>
<tr>
<td>16.5 Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development</td>
<td>3 (10.3)</td>
<td>5 (17.2)</td>
<td>11 (37.9)</td>
<td>6 (20.7)</td>
<td>5 (17.2)</td>
<td>5 (17.2)</td>
</tr>
<tr>
<td>18.14 Develop and maintain a repertoire of music for age, culture, and stylistic differences.</td>
<td>2 (6.9)</td>
<td>4 (13.8)</td>
<td>13 (44.8)</td>
<td>7 (24.1)</td>
<td>3 (10.3)</td>
<td>9 (31.0)</td>
</tr>
<tr>
<td>22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.</td>
<td>3 (10.3)</td>
<td>3 (10.3)</td>
<td>10 (34.5)</td>
<td>4 (13.8)</td>
<td>2 (6.9)</td>
<td>15 (51.7)</td>
</tr>
<tr>
<td>22.11 Demonstrate skill in working with culturally diverse populations.</td>
<td>3 (10.3)</td>
<td>3 (10.3)</td>
<td>10 (34.5)</td>
<td>5 (17.2)</td>
<td>11 (37.9)</td>
<td>5 (17.2)</td>
</tr>
</tbody>
</table>
Figure 4. Types of challenges in teaching multicultural competencies in music therapy programs: Mean Percentage.

Qualitative Data

Comments solicited from the respondents (N=32) indicated other factors that influence the current state of multicultural education in their music therapy programs. Those comments were sorted into six different categories: (a) dominancy of Caucasian culture in music therapy, (b) difficulty addressing a wide variety of cultural aspects, (c) dependency on practicum/internship for cultural education, (d) lack of research, (e) lack of diversity in the community, and (f) multicultural competencies addressed in multiple levels as needed (Table 4). Among these factors, limited diversity in the location where a
university/college is located seems to be a significant obstacle when addressing multicultural competencies.

Table 4

Other Influential Factors When Teaching Multicultural Competencies Identified by Respondents: Number of Responses (Percentage in Parentheses)

<table>
<thead>
<tr>
<th>Comments from Respondents</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominancy of Caucasian and Western culture in music therapy creates challenges to teach multicultural competencies.</td>
<td>3 (9.4)</td>
</tr>
<tr>
<td>It is difficult to cover a wide variety of cultural aspects.</td>
<td>3 (9.4)</td>
</tr>
<tr>
<td>Multicultural competencies are left to be taught in practicum and internship</td>
<td>2 (6.3)</td>
</tr>
<tr>
<td>Effects of culture in music therapy have not been fully researched.</td>
<td>2 (6.3)</td>
</tr>
<tr>
<td>Diversity of the Community makes it easy/difficult to address multicultural competencies.</td>
<td>13 (40.6)</td>
</tr>
<tr>
<td>Cultural competencies are addressed in multiple levels throughout the curriculum as needed.</td>
<td>7 (21.9)</td>
</tr>
</tbody>
</table>
Chapter 5: Discussion

The purpose of this descriptive survey research was to explore the current state of multicultural education in music therapy by examining the program director/chair's perception of effectiveness and challenges of their undergraduate music therapy curriculum in the United States. The following research questions were explored using a descriptive survey study:

1. What are the program chairs/directors' perceptions regarding the effectiveness of their curriculum in addressing the multicultural competencies?
2. What are the program chairs/directors' perceptions of challenge when addressing the multicultural competencies in their curricula?

In all six different multicultural competencies, more than 50% of the respondents perceived their own program either "effective" or "very effective." At the same time, a majority of the respondents agreed that there are challenges in teaching those competencies.

Survey results support previous findings and also revealed perceptions of program chairs/directors regarding the current state of multicultural education in music therapy. In response to questions regarding challenges in teaching the multicultural competencies, the respondents most frequently selected "Lack of time due to imposed number of credit hours" which was also discussed in the study by Toppozada (1995). As one respondent stated, there are "too many things to teach in the number of credit hours available," forcing instructors to prioritize materials they teach in the classroom. "There are diversities in addition to culture that demand more of our attention; there is not time."
Under such circumstances, a large part of multicultural issues are inevitably left to be addressed in the general college curriculum, extracurricular activities, and clinical practice. As Darrow and Molloy (1998) found, very few music therapy programs offer specific multicultural courses as part of the core curriculum. In the current study only one respondent identified a course fully devoted to teach cultural topics in the present study. The lack of classroom time continues to be a major deterrent to giving additional dedicated time to multicultural training.

One respondent expressed, “I think the biggest challenge is that the majority of music therapy educators are Caucasian women. The professors themselves need to be more diversified.” In fact, the female and Caucasian dominancy in the field of music therapy is evident in the make-up of AMTA with an 88% Caucasian (88%) and 87% female membership (AMTA, 2008). Even though the study by Bernal and Padilla (1982) did not find a significant co-relationship between the number of minority faculty members and the number of culture-related courses in counseling programs, Hills and Strorizer (1992) did find that professors from minority groups tend to demonstrate higher levels of participation in multicultural education. Therefore, recruiting professors and students from minority groups will likely increase the diversity of current and future faculty in the field of music therapy, which may contribute to enhancing the quality of multicultural education.

Some colleges/universities utilize a more comprehensive approach than others to promote diversity education. For example, one respondent's college has a strong liberal arts core curriculum in which multicultural education is integrated throughout the course
of study and the college strives to promote diversity by recruiting minority faculty members. On the other hand, two comments by respondents indicated that multicultural courses have been removed from their general college curriculum. As discussed by D'Andrea and Daniels (1991), multicultural support from the institution is essential in order for an individual curriculum to reach the Cultural Integrity and Infusion Stages.

As the diversity of the community around the university was included as an important element of multicultural program development in previous studies (Boxley & Wagner, 1971), another obstacle identified in the current study was the cultural make-up of the campus and/or in the community. There were thirteen comments indicating that limited diversity in the on or off campus community makes it significantly difficult to address multicultural issues. For example, one respondent attributed their program’s success in multicultural education partly to an advantage of being in a metropolitan area and being exposed to diverse client population. For some music therapists or professors, unavailability of culturally diverse clients inevitably makes it difficult to address the competency “Demonstrate skill in working with culturally diverse population” (AMTA, Professional Role/Ethics, 22.11, 2008b) as reflected in comments from the respondents. In fact, nearly 50% of respondents stated that culturally diverse clients are available occasionally; thus limiting exposure of the pre-internship music therapy student.

Lack of appropriate teaching materials appears to be another major challenge. Providing faculty with appropriate teaching resources is an important factor in successful multicultural education which requires support at an organizational level. In the field of social work, Ryan, Carlton, and Ali (2000) suggested that the Council of Social Work
Education promote research activities by increasing faculty scholarships and sponsoring appropriate educational activities. In other health care fields, researchers have made efforts to develop *Multicultural Counseling Competencies* (Sue, Arrendondo, & McDavis, 1992) and the *Theory of Care Diversity and Universality* (Leininger, 2002). Clearly defined multicultural competencies have helped professional organizations recognize the importance of multicultural education and create organizational guidelines. Following these guidelines, many scholars in other health care fields have written textbooks and articles.

Developing more systematic definitions and educational materials that are consistent with those definitions will create a more specific and cohesive plan for teaching multicultural competencies for all educators to follow. For instance, one professor, in response to the competency 14.5 (Demonstrate awareness of one’s cultural heritage and socio-economic background and how these influence the perception of the therapeutic process) stated: “Because the dominant culture in the U.S. is Caucasian and the dominant heritage in music therapy is the same, it can seem awkward to emphasize ‘white’ culture as a competency.” Another respondent interprets the same multicultural competency as the following:

Students are required to examine the ways in which their gender, race, sexuality, able-bodiedness, class, religion, nationality, etc., impacts the therapy situation…They are required to explore their hidden assumptions and biases about themselves and about those they work with. They are introduced to disability studies, whiteness studies, multiculturalism, feminism, etc.
Establishing a detailed, concise definition of multicultural competencies will allow for a more consistent understanding of multicultural education among individuals in the field of music therapy.

In order to develop a systematic definition of multicultural competencies, more research and discussion within the field are essential. As one respondent pointed out, “The influence of culture on assessment is completely un-researched.” Multiculturalism has not been fully explored and systematically discussed within the field even though AMTA professional competencies refer to multicultural aspects of clinical practice. As seen in the field of counseling psychology, the process of developing well-defined multicultural competencies, evaluation tools, and teaching materials requires extensive research to prove the importance of multicultural training and organizational support to promote diversity education within the field. For instance, one respondent indicated "There is a need to increase the diversity of this training (classical/Western Art model) in order to reach populations that do not access such musical styles. It therefore needs to be addressed at the accreditation level (NASM) and at the college/university level as well.”

In spite of these challenges, respondents shared their creative ways to address multicultural issues in their curriculum. They utilized cultural speakers, international students’ presentations on different customs, experiential guest lectures, graduate students’ presentation on ethnic music, local music therapists with different cultural heritages, the campus diversity center, and cultural events on campus and/or in the community to give students multiple levels of opportunities to experience different cultural traditions and expose them to different worldviews. Utilization of these
community resources can contribute to increasing the quality of multicultural education as discussed in the study by Bernal and Padilla in 1982. With limited credit hours, most programs address multicultural issues as needed in multiple courses by including references to sources of music from different cultures, encouraging students to find and bring cultural music and discussion materials to a class, facilitating discussion, and teaching them music from various cultures. One respondent reported addressing multiculturalism in multiple courses as needed and still “[was not] a satisfactory level which would help our students become sensitive to the multicultural issues naturally imbedded within the clinical setting.” However, the commitment and effort of instructors to compensate the challenges and foster multicultural awareness in their students should be acknowledged. It is a struggle to cover multicultural issues in depth when significant time limitations and resources exist.

**Limitations**

Although a 44.6% of return to the emailed survey represents a greater response rate compared to a previous related study that utilized this type of survey distribution (Valentino, 2006), generalization must be approached with caution. Respondents equaled 29 (44.6%) of the available sample size of music therapy directors (N=65). The fact that only 44.6% of professors participated in the study may reflect a low interest in multicultural competencies among the survey subjects. If so, positive results of the survey may be attributed to the fact that those who responded to the survey had higher multicultural awareness and were more motivated to promote multicultural issues in their curriculum than those who did not respond.
The fact that not all eligible participants responded to the survey may also be related to the nature of the topic. Subjects' perceptions of cultural issues, especially in their own curriculum, is a personal and sensitive matter, which can trigger strong emotional reactions. Therefore, the respondents may have felt reluctant to participate in the survey or may have been inclined to provide socially acceptable answers. This leads to another limitation of the study, the subjective nature of the questionnaire. In spite of the researcher's effort to clearly define each question, respondents' subjective interpretations inevitably affect their responses. Due to these factors, caution should be exercised in generalizing the results of this study without further investigation. It is important to note that the results were based on the respondents' "perceptions" and therefore cannot be necessarily interpreted as the actual effectiveness of music therapy curriculum in teaching multicultural competencies.

**Recommendations for Future Research**

Since the early discussion of multicultural music therapy which began in the 1980s, many case studies and scholastic articles have been produced to demonstrate the necessity for the development of multicultural education in music therapy. Referring to the four stages of multicultural program development (D'Andrea and Daniels, 1991), the field of music therapy may be at the stage of cross-cultural awakening. Music therapists are aware of the importance of multicultural education and individual educators and clinicians are exploring ways to incorporate it into their training programs and clinical practice. In order to reach the next level of multicultural education in the field of music therapy, further discussion and research studies should be conducted to formulate a
model of multicultural education that meets the specific needs of the field. Only through these means will solutions to the practical challenges of teaching multicultural competencies be resolved.

Future research should continue to explore the influence of culture in the process of music therapy and elements of effective multicultural education. This would serve to further develop the AMTA definition of multicultural competencies and establish a systematic model to the teaching of those competencies in the field of music therapy. More objective assessment tools should be utilized to periodically evaluate the effectiveness and challenges of university programs teaching the music therapy curriculum. Because of classroom time restraints mentioned by the respondents, studying co-relations between specific teaching methods and students’ learning outcome may be helpful in developing teaching materials that are most beneficial to students. Development of effective teaching materials may also compensate the challenges of those programs in less diverse areas.

Understanding one’s cultural identity and its influence on the therapeutic process will continue to be an important part of music therapy practice. There is no shortcut to foster mature awareness of diversity. Success in this matter may only be achieved through the continued hard work of educators and field therapists in delivering the benefits of music therapy to a wider variety of individuals. In order to maximize the benefits of music therapy and contribute to the successful co-existence of multiple cultures in a community one lives in, cultural awareness is not a choice but a responsibility of each individual.
References


Retrieved from http://www.voices.no/mainissues/Voices1(2)Forrest.html


Appendix A: Survey

Effectiveness of Music Therapy Curriculum in Addressing Multicultural Competencies: A Survey of Program Directors

The culture-related competencies for music therapists are addressed in the AMTA Professional Competencies as follows:

14.5 Demonstrate awareness of one’s cultural heritage and socio-economic background and how these influence the perception of the therapeutic process (Clinical Foundations-Therapeutic Relationship).

16.4 Select and implement effective culturally based methods for assessing the client's assets, and problems through music (Music Therapy-Client Assessment).

16.5 Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development (Music Therapy-Client Assessment).

18.14 Develop and maintain a repertoire of music for age, culture, and stylistic differences (Music Therapy-Therapy Implementation)

22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds (Professional Role/Ethics)

22.11 Demonstrate skill in working with culturally diverse populations (Professional Role/Ethics)

In the following survey, the term, *multicultural competencies*, will refer to these competencies and *multicultural education* refers to the addressing of these competencies in the music therapy curriculum. The survey is designed to solicit descriptive information and your opinions regarding the addressing of multicultural competencies within your curriculum. In the first section, each competency will be stated separately followed by questions.
Section 1

1. How effective do you feel your overall music therapy curriculum (including both music therapy and other courses) is in addressing the following competency?

14.5 *Demonstrate awareness of one’s cultural heritage and socio-economic background and how these influence the perception of the therapeutic process.*


2. What do you think is the biggest challenge when addressing this multicultural competency in your curriculum?

   a. Lack of clarity in the stated competencies
   b. Lack of faculty expertise in the competency area
   c. Lack of time due to imposed number of credit hours
   d. Lack of appropriate teaching materials
   e. Other: Please specify _________________________________
   f. None

3. How effective do you feel your music therapy curriculum (including both music therapy and other courses) is in addressing the following competency?

16.4 *Select and implement effective culturally based methods for assessing the client's assets, and problems through music.*


4. What do you think is the biggest challenge when addressing this multicultural competency in your curriculum?

   a. Lack of clarity in the stated competencies
   b. Lack of faculty expertise in the competency area
   c. Lack of time due to imposed number of credit hours
   d. Lack of appropriate teaching materials
   e. Other: Please specify _________________________________
   f. None
5. How effective do you feel your music therapy curriculum (including both music therapy and other courses) is in addressing the following competency?

16.5 Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development


6. What do you think is the biggest challenge when addressing this multicultural competency in your curriculum?

   a. Lack of clarity in the stated competencies
   b. Lack of faculty expertise in the competency area
   c. Lack of time due to imposed number of credit hours
   d. Lack of appropriate teaching materials
   e. Other: Please specify _________________________________
   f. None

7. How effective do you feel your music therapy curriculum (including both music therapy and other courses) is in addressing the following competency?

18.14 Develop and maintain a repertoire of music for age, culture, and stylistic differences.


8. What do you think is the biggest challenge when addressing this multicultural competency in your curriculum?

   a. Lack of clarity in the stated competencies
   b. Lack of faculty expertise in the competency area
   c. Lack of time due to imposed number of credit hours
   d. Lack of appropriate teaching materials
   e. Other: Please specify _________________________________
   f. None

9. How effective do you feel your music therapy curriculum (including both music therapy and other courses) is in addressing the following competency?

22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.

10. What do you think is the biggest challenge when addressing this multicultural competency in your curriculum?

   a. Lack of clarity in the stated competencies
   b. Lack of faculty expertise in the competency area
   c. Lack of time due to imposed number of credit hours
   d. Lack of appropriate teaching materials
   e. Other: Please specify _________________________________
   f. None

11. How effective do you feel your music therapy curriculum (including both music therapy and other courses) is in addressing the following competency?

   22.11   Demonstrate skill in working with culturally diverse populations.


12. What do you think is the biggest challenge when addressing this multicultural competency in your curriculum?

   a. Lack of clarity in the stated competencies
   b. Lack of faculty expertise in the competency area
   c. Lack of time due to imposed number of credit hours
   d. Lack of appropriate teaching materials
   e. Other: Please specify _________________________________
   f. None

13. Please provide comments, if any, regarding the addressing of multicultural competencies in your curriculum.
Section 2

1. Is there a music therapy course that is fully devoted to teach topics related to the multicultural competencies?
   a. Yes  b. No

2. If you answered "Yes" to the above question, please provide the course title (If there is more than one, list all the courses that apply).
   
   ________________________________________________________________

3. Which of the following university/community resources have you utilized when addressing the multicultural competencies in your curriculum. Check all that apply.
   a. Cultural educator/speaker from community
   b. Professors from other departments
   c. Ethnic musicians
   d. Cultural events in the university and/or community
   e. Other: Please specify____________________________________________
   f. None of the above

4. How would you describe the availability of culturally diverse clients in practicum experiences in your curriculum?
   a. Always available
   b. Mostly available
   c. Occasionally available
   d. Rarely available at all
   e. Do not know

5. Please provide comments, if any, regarding the addressing of multicultural competencies in the music therapy curriculum.
Appendix B: Courtesy Email to American Music Therapy Association

Dear Ms. Farbman,

My name is Azusa Higotani and I am a graduate student at Ohio University. I am writing to notify you of my upcoming thesis research study regarding multicultural education in music therapy. This descriptive survey study, approved by the Ohio University IRB, involves directors/chairs of AMTA approved undergraduate music therapy programs in the United States and I am planning to utilize the AMTA school directory to identify those programs. Email addresses of the directors/chairs will be obtained from individual university websites.

The purpose of this research is to assess the effectiveness and challenges in addressing multicultural competencies in music therapy education. An online survey will be distributed next month via email to the directors/chairs of undergraduate music therapy programs. No potential risks are involved in this study. Results from the survey may reveal challenges of music therapy training programs in addressing multicultural competencies and provide implications as to how to promote multicultural education within the field. Upon the completion of the study, you will receive a summary of the results.

If you should have any questions regarding my study, you can contact me or my thesis advisor at the phone numbers or email addresses listed below.
Thank you very much.

Sincerely,

Azusa Higotani, MT-BC, Graduate Student
Ohio University
561-333-0644
ah214906@ohio.edu

Professor Louise Steele, MMEd, MT-BC
Music Therapy Program Director
740-593-4249
SteeleA@ohio.edu
Appendix C: Consent Letter to Subjects

Dear Music Therapy Professors:

You are being asked to participate in a study concerning multicultural education in the music therapy curriculum. This email describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this email and your questions about the study are answered, you will be asked to participate in an online survey. Completion of the online survey will be regarded as equivalent to your signed consent to be part of the study, allowing the investigator to use the survey results in the form of publication, presentation, and other educational activity. This study is being undertaken as a master’s thesis at Ohio University.

EXPLANATION OF STUDY

With the growing cultural diversity, knowledge, skills and attitude to work with people from different cultural groups have become necessary competencies for various professionals in human service fields. However, studies to assess effectiveness of multicultural education have been sparse in volume and contents in the field of music therapy. Therefore, the present study has been designed to evaluate effectiveness and challenges in addressing multicultural competencies in undergraduate music therapy programs. As a survey participant, you will be asked to answer questions regarding the addressing of multicultural competencies in your curriculum.

Participation in this study is completely voluntary. If you are willing to participate, please use the link below to access the online survey. The survey will require 5-10 minutes to complete.

You should not participate in this study if your program only offers a master’s degree in music therapy. You must be 18 years of age or older in order to participate in this study.

RISK AND DISCOMFORTS
No risks or discomforts are anticipated in the present study.

BENEFITS
Your participation in this study will greatly help the field identify challenges of music therapy training programs in addressing multicultural competencies. The results of this study may provide implications as to how to promote multicultural education within the field.
CONFIDENTIALITY AND RECORDS

Any information you provide on the survey will remain anonymous as the SurveyMonkey website does not allow the investigator to store or track your email address. Your email addresses will not be attached to your responses nor identified whether or not you choose to participate in this study.

CONTACT INFORMATION

If you have any questions regarding this study, please contact myself or my thesis advisor at the numbers and emails listed below. You may also request to receive a summary of the results on completion of the study. If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

You may access the survey using the following link:
http://www.surveymonkey.com/s/HDN7M5K

Thank you in advance for your time and consideration.

Sincerely,

Azusa Higotani Bies, MT-BC, Graduate Student
Ohio University
561-333-0644
ah214906@ohio.edu

Professor Louise Steele, MMEd, MT-BC
Music Therapy Program Director
740-593-4249
Steelea@ohio.edu
Appendix D: Reminder Email to Subjects

Hello Music Therapy Professors,

This is a friendly reminder about the deadline of the survey concerning multicultural education in the music therapy curriculum and it will be available for two more weeks. If you are willing to participate in the survey and have not done so, you can access the survey using the link provided at the bottom of this email until April 18th. This study is being undertaken to complete a master's thesis at Ohio University. Completion of the online survey will be regarded as equivalent to your signed consent to be part of the study, allowing the investigator to use the survey results in the form of publication and presentation.

EXPLANATION OF STUDY

With the growing cultural diversity, knowledge, skills and attitude to work with people from different cultural groups have become necessary competencies for various professionals in human service fields. However, studies to assess effectiveness of multicultural education have been sparse in volume and contents in the field of music therapy. Therefore, the present study has been designed to evaluate effectiveness and challenges in addressing multicultural competencies in undergraduate music therapy programs. As a survey participant, you will be asked to answer questions regarding the addressing of multicultural competencies in your curriculum.

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No risks or discomforts are anticipated in the present study.

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Your participation in this study will greatly help the field identify challenges of music therapy training programs in addressing multicultural competencies. The results of this study may provide implications as to how to promote multicultural education within the field.
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You may access the survey using the following link:
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Thank you in advance for your time and consideration.

Sincerely,

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