What We Do and Who We Are: The Role of Music Therapy Scope of Practice and Scope of Competence in the Development of Professional Identity

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Abstract

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What We Do and Who We Are: The Role of Music Therapy Scope of Practice and Scope of Competence in the Development of Professional Identity

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Unique for being the only professional document created in collaboration between the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT), the Scope of Music Therapy Practice plays an important role in clarifying boundaries, training, and skills for the music therapy profession (AMTA & CBMT, 2018). Other documents which inform the role of music therapists in the United States include the AMTA Standards of Practice, the AMTA Advisory on the Levels of Practice, the AMTA Standards for Education and Clinical Training, the AMTA Code of Ethics, the CBMT Board Certification Domains, and the CBMT Code of Professional Practice. Also, the AMTA Professional and Advanced Competencies list knowledge and skills needed to be a professional or advanced clinician. Overall, these documents outline knowledge, skills, and training requirements needed for a Board Certified-Music Therapist (MT-BC) and have been found to overlap with themes in existing research thought to be factors in professional identity development (Adams et al., 2006; Brewer, 2017; Bruscia, 1987; McIntyre, 2018). Currently there is no knowledge in the literature in music therapy which explores the history nor intent of the AMTA and CBMT Scope of Music Therapy Practice document. Furthermore, although research addressing professional identity development in music therapy is growing, no current research takes

into consideration the role of regulatory documents as an influencing factor (Brewer, 2017; Bruscia, 1987; Kim, 2011; McIntyre, 2018).

The purpose of this qualitative case study was to explore the intent and development behind the AMTA and CBMT Scope of Music Therapy Practice document as well as its relationship to the AMTA Professional Competencies and the CBMT Board Certification Domains. Furthermore, how the Scope of Music Therapy Practice document, in addition to other influential documents in the field, are currently being utilized in professional practice and training in the field of music therapy was investigated, along with their influence on professional identity development. Two semi-structured interviews, with distinct protocols based on each participant's role within the profession, with purposefully selected participants were used in the generation of data. After employing reflexive thematic analysis procedures, the researcher identified three primary emergent themes: Identity in Context, Multifarious Protection, and Clarity and Communication. Sub-themes included Perspective, Confidence, Growth, Intention, Accountability, Boundaries, Collaboration, Integration, and Advocacy. According to the participants, the AMTA and CBMT Scope of Music Therapy Practice, as well as other documents produced by AMTA and CBMT were viewed as influential to professional identity development due to clarification of skills and boundaries. Researcher recommendations to music therapists include intentionally using these documents for awareness, self-evaluation, and personal accountability.

Dedication

To my grandfather who has given me unwavering support since the beginning. From the first band concert to the last paper, I've always been able to count on your love and encouragement.

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Table of Contents

Page

List of Tables

Page

Chapter 1: Introduction

When working within the context of a treatment team, understanding professional roles becomes increasingly important. How one perceives their own professional role is one of the first steps in determining workplace interactions and collaboration (Adams et al., 2006). One primary means for regulation of professional boundaries and responsibilities comes through the determination of a profession's scope of practice (McCue, 2018). Scope of practice denotes professional and legal bounds for services in health care professions, as opposed to domains or competencies that are outlined in education and training standards. Mourraille (2018) states, "If scope of practice is a legal issue, scope of competence is an ethical one" (para. 1). This distinction can be particularly challenging for professions such as music therapy that do not have professional licensing in all states and require clinicians to provide services across many populations and settings (American Music Therapy Association [AMTA], n.d.b; Certification Board for Music Therapists [CBMT], n.d.a; McCue, 2018; Weidner et al., 2018).

Scope of practice developed in response to the establishment of licensing in health care professions (Federation of State Medical Boards, 2005; National Council of State Boards of Nursing [NCSBN], 2009). Unlike a certification or accreditation, licensure is granted and recognized by a governmental authority and provides permission for a clinician to engage in their occupation (Rooney & Ostenberg, 1999). Licensure supports the regulation and establishment of safe practice through evaluating competence and often involves title protection and improved reimbursement efforts (Federation of State

Medical Boards, 2005). Currently, only fourteen states have licensure in music therapy, an area of focus for the American Music Therapy Association and the Certification Board for Music Therapists (AMTA, n.d.b; CBMT, n.d.b). While not all music therapists are licensed, a Scope of Music Therapy Practice was developed in 2015 to further clarify the roles and responsibilities of music therapists (AMTA & CBMT, 2018). Whether or not the utilization of the Scope of Music Therapy Practice document differs between licensed and unlicensed music therapists has yet to be explored in music therapy literature.

In the field of music therapy, there are several documents aside from the Scope of Music Therapy Practice that can be identified as being influential in role determination and the level of skill considered necessary to perform one's duties. These include but are not limited to the AMTA Professional and Advanced Competencies, the AMTA Advisory on Levels of Practice, and the CBMT Board Certification Domains. These documents were created by one of two key agencies that play a role in the education and certification of music therapy professionals.

The first, the American Music Therapy Association (AMTA), was established in 1998 with a mission to, "advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world" (AMTA, n.d.b) While AMTA influences levels of clinical practice, ethical guidelines, and research for the field of music therapy, one of their primary roles includes the identification of professional competencies. AMTA established a competency-based education structure, utilizing the AMTA Professional Competencies to guide areas addressed in education and clinical training (AMTA, 2021). A student's ability to perform the competencies outlined

by AMTA are evaluated throughout the academic and internship processes to determine a student's eligibility for board certification.

Certification in the field of music therapy is awarded by the Certification Board for Music Therapists (CBMT). Established in 1986, CBMT is responsible for determining what skills and knowledge professionals are actively utilizing in the field. Information collected by CBMT is evaluated and incorporated into its national examination so to measure professional competence. Those who pass the exam are assigned the Music Therapist-Board Certified credential, or MT-BC (CBMT, 2021). Both CBMT and AMTA influence the work of music therapists through their regulatory documents and polices. The agencies collaborate with one another; however, their purpose and mission are independent of one another (CBMT, 2021). All music therapists who are certified through CBMT do not necessarily hold membership in AMTA—roughly 23% of certified professionals are professional members of AMTA (AMTA, 2021). Regulations and policies enforced by AMTA do not necessarily impact certified professionals who are not members of the national organization.

An important distinction for music therapy professionals is the difference between AMTA's Professional Competencies and CBMT's Board Certification Domains. The Professional Competencies are standards established for "…ensuring the quality of education and clinical training in the field of music therapy" (AMTA, 2013, para. 1). Adopted in 1999, the competencies were formulated based on existing competencies from the American Association for Music Therapy (AAMT) and the National Association for Music Therapy (NAMT) which merged in 1998 to become what is now

the American Music Therapy Association (AMTA, 2013). The original document has been revised and reevaluated over time, in support of advancements in the field. The knowledge and skills outlined in the AMTA Professional Competencies relate to content areas that are addressed in undergraduate music therapy programs (Gfeller & Davis, 2008).

While AMTA's Professional Competencies address entry-level skills and qualifications for professionals, the CBMT Board Certification Domains define what skills and knowledge are necessary to practice as a competent professional (CBMT, 2020). The domains are created as a result of information gathered in a Practice Analysis Study, most recently administered in 2019. The study is comprised of information gathered from a focus group and survey of current music therapy professionals in order to identify job tasks relevant to the field. Because information is gathered based on what skills music therapists are actively using, the domains are meant to represent, "the most current tasks performed and knowledge needed to practice music therapy competently" (CBMT, 2020).

The discrepancy between how music therapists are trained versus how they actually practice pulls attention toward the development of professional identity. Professional identity development in music therapy has been explored in music therapy literature (Brewer, 2017; Bruscia, 1987; Kim, 2011; McIntyre, 2018). Themes including internal motivations, beliefs, external validation, education and training, and significant experiences are identified (Brewer, 2017; Bruscia, 1987; McIntyre, 2018). Adams et al. (2006) identifies, "the attitudes, values, knowledge, beliefs, and skills that are shared with

others within a professional group," as being foundational in the development of professional identity as well (p. 56). Professional identity reflects an individual's beliefs regarding their professional roles and is informed by legal and professional standards set by a larger profession (Brewer, 2017).

Professional identity development in relation to scope of practice and scope of competence have been explored in related fields (Adams et al., 2006; Brown et al., 2011; Goldman et al., 2010; McCue, 2018). The literature highlights the importance of understanding professional roles while engaging in interdisciplinary treatment. If one has a clear understanding of their duties and role on a treatment team, there is often a correlation to higher rates of job satisfaction (Adams et al., 2006; Kim, 2012). Job satisfaction has been identified as an important preventative factor for burnout (Gooding, 2019).

Since the responsibility of setting educational, ethical, clinical and professional competencies are split between two different agencies in the field of music therapy, an exploration of its impact on professional identity development should be further explored. Documents including but not limited to the Professional and Advanced Competencies, Levels of Practice, Standards of Education and Clinical Training, and Code of Ethics have been established by AMTA while the Board Certification Domains and Code of Professional Practice have been established by CBMT. While many of the documents created by either agency are created independently of one another, one document created in collaboration is the Scope of Music Therapy Practice (AMTA & CBMT, 2018). Limited research exists exploring the role of Scope of Practice in music therapy. Further

investigation is required to determine if this document, influenced by both AMTA and CBMT, plays a role in professional identity development.

Problem Statement

Scope of practice is a concept applied to healthcare professions to convey the range of clinical and professional responsibilities of fully qualified professionals within a given field (AMTA & CBMT, 2018; Federation of State Medical Boards, 2005; McCue, 2018). In music therapy, scope of practice is the only document created in collaboration between AMTA and CBMT, as it encompasses education and clinical training requirements as well as certification. Based primarily in providing legal regulations for licensed professionals, it is unclear how the music therapy scope of practice is being utilized by music therapy clinicians today, noting only fourteen states currently having licensure (CBMT, n.d.b).

Information outlined in a profession's scope of practice overlaps with components found to be influential in the development of professional identity. These overlapping components include the knowledge, skills, education and training (Adams et al., 2006; Brewer, 2017; Bruscia, 1987; McIntyre, 2018). Similarly, the Professional Competencies outlined by AMTA, and the Board Certification Domains outlined by CBMT address similar areas, skills and training competencies. How these documents influence early stages of professional development have yet to be explored. Studies in related fields have explored the role of scope of practice and scope of competence in interprofessional collaboration and professional identity (Adams et al., 2006; Brown et al., 2011; Goldman

et al., 2010; McCue, 2018). No literature currently exists exploring how these topics intersect in music therapy.

The purpose of this study was to explore the intent and development behind the AMTA and CBMT Scope of Music Therapy Practice document as well as its relationship to the AMTA Professional Competencies and CBMT Board Certification Domains. Furthermore, how the document is currently being utilized in professional practice and training in the field of music therapy was investigated. These issues were explored through semi-structured interviews with two music therapy professionals—both selected by the present researcher based on their experience and knowledge relating to the research questions associated with the present study. A qualitative inquiry of intent versus application of the Scope of Music Therapy Practice was determined to be the first step necessary in conducting a formal, thorough exploration of these issues. This is due to the limited research surrounding the influence of key documents on the Scope of Music Therapy Practice and its relevance to development of professional identity.

Research Questions

Six research questions have been identified as a means for guiding the exploration of the presented purpose.

1) What considerations were taken in the development of the Scope of Music Therapy Practice document?

2) How was the document intended to be used by music therapy clinicians and was the intended use different for music therapists practicing in a state with licensure?

3) What considerations were taken to determine whether or not the document was created by either AMTA or CBMT or done in collaboration?

4) How are issues relating to scope of practice negotiated in the professional setting?

5) What is the function of scope of practice in regard to professional identity, language, and regulation?

6) What regulatory or official documents are referenced to or utilized in the training of music therapists during internship?

Through the exploration of intended use versus clinical utilization of the Scope of Music Therapy Practice document, it is hoped that a better understanding of role determination and the influence of documents such as the Professional Competencies and Board Certification Domains can be developed. Obtaining a clearer understanding of how these documents are utilized in the professional setting may also provide a means for better understanding the development of professional identity in young professionals. Lastly, results from this study may guide future exploration into the impact of the separation of music therapy's national organization and certifying body.

Definition of Terms

Scope of Practice: Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability (Federation of State Medical Boards, 2005).

Scope of Competence: The range of professional activities of the individual practitioner that are performed at a level that is deemed proficient (Brodhead et al., 2018).

Professional Identity: The attitudes, values, knowledge, beliefs, and skills that are shared with others within a professional group (Adams et al., 2006).

Chapter 2: Review of Literature

American Music Therapy Association

History Before Unification

Established formally in 1998, the formation of the American Music Therapy Association (AMTA) was a result of the unification of two, existing associations—the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT) (Davis & Gfeller, 2008). While the clinical application of music had been explored prior to the formation of these two associations, music therapy, before this point, was not a recognized, established profession (p. 33).

NAMT was the first music therapy association established in support of improving educational and training standards for music therapists (Davis & Gfeller, 2008). Established in 1950, Boxberger (1963) describes the primary purpose of the association:

> …the progressive development of the use of music in medicine, through; advancement of research, distribution of helpful information, establishment of qualifications and standards of training for therapists. (p. 3)

Through the early work of NAMT, certification standards were developed, and a Registry of Music Therapists was created. The Registered Music Therapist (RMT) became the first designation for credentialed music therapists, established in 1956 (Davis & Gfeller, 2008).

Twenty-one years following the creation of NAMT, in 1971, the Urban Federation for Music Therapists was established, later called AAMT (Aigen & Hunter,

2018). To distinguish themselves from NAMT, AAMT focused their attention on the advancement of music therapy through, "…standards for competence, certification, research, familiarizing related communities, and creating employment opportunities" (Hardy, 2018). In 1972, AAMT established a credential separate from that established by NAMT, the Certified Music Therapist (CMT).

As both associations developed, independent details regarding training standards and requirements for educational programs were established (Hardy, 2018). Each association had their own credentialling and published journals; NAMT developed the *Journal of Music Therapy* (JMT) in 1961 and *Music Therapy Perspectives* in 1984 while AAMT published *Music Therapy* staring in 1980 (Davis & Gfeller, 2008). With a division in education standards, credentialing procedures, and professional recognition, there were seven professional music therapy designations in existence by 1993 (Aigen & Hunter, 2018).

History After Unification

After twenty-seven years of functioning as two, independent associations, NAMT and AAMT merged in January of 1998 to create the American Music Therapy Association (AMTA) (Davis & Gfeller, 2008). In an article written by the presidents of each association at the time of unification, Dr. Kenneth Aigen and Dr. Bryan Hunter describe the apprehension and tension expressed by members of each association as organizational and regional differences were identified (Aigen & Hunter, 2018).

As part of the unification agreement, guidelines were established to guide the integration of both associations. Included in these guidelines was the understanding that

the NAMT's governing structure would be maintained, task forces and transitional teams would be established, educational programs supported by either association would be supported by AMTA, and credentials would be granted exclusively through CBMT (Hardy, 2018). Although NAMT's organizational structure was preserved, a representative from AAMT was elected to support the new administration (Aigen & Hunter, 2018).

Since unification, strides toward licensure and positive government relations have been evident (Aigen & Hunter, 2018). Additionally, under one association, multiple partnerships and collaborations have allowed for improved advocacy for the music therapy profession as a whole. The Publications tasks force, established in the merge, narrowed down the publications from each association to establish AMTA's current journals *Journal of Music Therapy* and *Music Therapy Perspectives* (Hardy, 2018). As the unification progressed, official AMTA documents were established.

Training and Education Standards

In addition to credentialing, Aigen and Hunter (2018) identified clinical training and education as primary concerns for the new AMTA. In an effort to investigate this issue post-unification, the Education and Clinical Training Commission was formed. The Commission was comprised of five members from both former associations. Recommendations from this committee resulted in a change in the organizational structure for training and education, ultimately leading to the creation of the Education and Training Advisory Board (AMTA, 2005).

AAMT followed a competency-based education approach which was later adopted by NAMT, prior to unification (Aigen & Hunter, 2018). The competency-based approach to education and training is still utilized today. These competencies are regularly reevaluated and revised to incorporate advances in the field (AMTA, 2013). AMTA established two sets of competencies based on the Advisory on Levels of Practice, a document created by the Education and Training Advisory Board in 2005. The document delineates professional and advanced levels of practice, noting, "characteristics, preparation, and skills within four domains for each of the two levels" (AMTA, 2005).

For the purposes of this study, competency at the professional level was examined, as the advanced level of practice and associated competencies relate to an above-average level of experience or training. The AMTA professional competencies are divided into three primary sections including music foundations, clinical foundations, and music therapy. Adopted in 1999, the competencies guide education standards for music therapy training programs. The Standards for Education and Clinical Training Document states, "A bachelor's degree program should be designed to impart professional level competencies…while also meeting the curricular design outlined by NASM" (2021).

Education standards for a bachelor's degree in music therapy includes 45% of curriculum in music foundations, 15% in clinical foundations, 15% in music therapy, 20-25% in general education, and 5% in electives (AMTA, 2021). While all areas must be addressed in curriculum, university programs are responsible for the development and

creation of specific coursework. Due to the utilization of competency-based approaches, significant variation exists from program to program (AMTA, 2021).

Part of music therapy training also includes the completion of a clinical internship amounting to 1200 hours (AMTA, 2017). Internship requirements can be completed through student applications to an AMTA National Roster Internship Site or through an established agreement with the student's university—referred to as a university-affiliated internship program. Requirements for National Roster internship programs are outlined and regulated though AMTA and include specifications regarding the internship's length, supervising clinicians, and training responsibilities.

Document Creation and Association Committees

For the past twenty-four years since its creation, AMTA has been tasked with developing official documents and procedures relating to the function and regulation of the association and its mission. As music therapy has advanced in recognition and gains legislative ground, standards for regulatory documents increased in necessity. Official documents relating to education, training, professional practice include the Scope of Music Therapy Practice, Code of Ethics, Standards of Practice, Professional and Advanced Competencies, Standards for Education and Clinical Training, and National Roster Internship Guidelines (AMTA, n.d.a).

Reevaluation and development of these documents is maintained through established boards and committees in AMTA. Committees and councils change and adapt in the face of presenting needs for the music therapy profession (AMTA, 2020). Currently, there are fifteen committees structured under three councils. These councils

include the Council on Association Services, Council on Education and Clinical Training, and the Council on Professional Practice.

Certification Board for Music Therapists

History and Purpose

Prior to the unification in 1998, NAMT pushed forth efforts to clarify credentialing so to improve possibilities for service reimbursement as well as strengthen credibility. To make this credentialing available to both AAMT and NAMT members, NAMT funded the independent establishment of the Certification Board for Music Therapists (CBMT) (Aigen & Hunter, 2018, p. 186; AMTA, n.d.b). Through this process, music therapists could receive the MT-BC credential regardless of what association their program was supported by. Because CBMT was established prior to unification and encompassed professionals from both associations, CBMT was preserved as the credentialing body for music therapists.

Individuals holding the NAMT credential, RMT, or the AAMT credential, CMT, were grandfathered into CBMT's new designation of Music Therapist-Board Certified (Aigen & Hunter, 2018). CBMT became the first and only certifying board for music therapy, measuring competence through a board exam (CBMT, 2021). Aigen and Hunter (2018) discuss the difficult transition into the MT-BC credential due to a lack of strategic planning prior to implementation (p. 186). Because AMTA was not yet established, CBMT was forced to coordinate and collaborate with both AAMT and NAMT. As previously mentioned, at one point in time, seven designations existed for music therapists, many of which were discontinued after unification.

Two years after its inception in 1983, CBMT administered their first board certification exam (AMTA, n.d.b; CBMT, n.d.a). By 1986, they became fully accredited by the National Commission for Certifying Agencies (NCCA) and have since presented certification to over 9,000 music therapists in the United States and abroad (CBMT, n.d.a). In addition to regulating certification and recertification requirements for the field, CBMT includes increasing the recognition of the MT-BC credential in their mission. CBMT also monitors compliance and maintenance of the certification, taking steps as needed towards disciplinary action. Procedures for this are outlined in the CBMT Code of Professional Practice (CBMT, 2011). While CBMT is independent of AMTA, both agencies work in collaboration with one another in the censoring of scope of practice, in regulatory affairs and legislative issues, and in research supportive of the field (CBMT, 2021).

Examination and Domains Creation and Revision

One of the primary responsibilities of CBMT includes the creation and evaluation of the national board exam. The exam is comprised of 150 multiple choice questions that are developed by a committee of music therapists who determine questions based on current board certification domains (CBMT, 2020). Of the 150 questions, only 130 are scored. The remaining 20 questions are pretest questions meant to evaluate effectiveness for future exam development. Candidates are provided with three hours to complete the exam and must meet the minimum passing score to receive certification. Passing scores are determined through the Angoff Method, which CBMT (2020) describes as a method, "…in which expert judges estimate the passing probability of each question on the

examination" (p. 13). Individuals are not eligible to become candidates for board certification unless they have completed the training requirements established by AMTA (AMTA, n.d.a; CBMT, 2020).

The board certification exam is directly informed by the CBMT Board Certification Domains. Domains are determined though a Practice Analysis study, administered to current music therapy professionals so to accurately reflect the skills and knowledge being utilized in the field (CBMT, 2020). The most recent study was completed in 2019, providing newly revised domains in 2020. The Practice Analysis study compiles data collected from both a survey of practicing professionals as well as insight collected from a focus group. Focus group participants are nominated based on their expertise working with major populations served by music therapists. The focus group, known as the Practice Analysis Committee, involves input from ten professionals so to identify all relevant job tasks for the field.

Once collected, job tasks identified by the committee are reviewed and incorporated into an in-depth survey administered to credentialed professionals (CBMT, 2020). According to CBMT (2020), the survey aims, "…to identify the importance of each task related to safe, competent practice." Once survey results are collected, data is reviewed and analyzed, informing the creation of current, board certification domains. In addition to informing questions used in the examination, the domains also guide what Continuing Music Therapy Education (CMTE) credits can be used towards recertification (CBMT, n.d.a). Music therapists must be recertified every five years, attaining 100 hours of continuing education credits.

State Licensure and Title Protection

One benefit to unification in 1998 was the enhanced ability for music therapists to attain licensure in their given state (Aigen & Hunter, 2018). To date, only fourteen states have licensure or regulation for music therapists including Wisconsin, Iowa, Rhode Island, Connecticut, Georgia, Virginia, Maryland, New Jersey, Oklahoma, Utah, Nevada, Oregon, North Dakota, and California (AMTA, 2022). In addition to providing title protection, attaining licensure is considered a priority in music therapy due to the formal regulations placed on education, training, continuing education, practice, and public protection (CBMT, n.d.a).

AMTA (n.d.b) discusses the impact of licensure on increasing employment opportunities as well as funding due to an inclusion with state health and education regulations. Licensure also assists to ascertain whether an allied health profession, such as music therapy, can be covered or reimbursed (Institute of Medicine, 1989). Due to the legal ramifications associated with license violation, licensure is considered the most restrictive state regulation (p. 237). While certifications, such as that awarded by CBMT, confirm competence and knowledge in an area, licensure represents formal recognition by regulatory bodies (Hummel, 2022; Institute of Medicine, 1989).

Scope of Practice

History in Health Care Professions

Scope of practice a term used to define the level and type of care a trained health care professional is qualified to provide so to support the health and safety of the patients being served (AMTA & CBMT, 2018; Federation of State Medical Boards, 2005;

National Council of State Boards of Nursing [NCSBN], 2009). According to the NCSBN (2009), physicians were the first health care professionals to receive legislative recognition (p. 5). In general terms, the practice of medicine is broadly defined, so as health care professionals began seeking representation, it became increasingly important to distinguish their roles and tasks from other professions (McCue, 2018).

Consequently, as the establishment of a scope of practice became customary, tension arose—the concept of scope of practice became a means for professional distinction versus a means for public protection (McCue, 2018; NCSBN, 2009). NCSBN (2009) describes the ongoing challenges of defining scope of practice:

> Typically, these debates are perceived as turf battles between two or more professions, with the common refrain of, "this is part of my practice so it can't be part of yours." (p. 3)

Scope of practice is recognized as a complex issue, especially as health care providers engage in interdisciplinary services (Federation of State Medical Boards, 2005). While maintaining professional accountability is important, it is important to keep in mind the intended use of scope of practice in its efforts to improve and protect client care (Federation of State Medical Boards, 2005; McCue, 2018; NCSBN, 2009).

Scope of practice is primarily associated with legal regulation and self-protection for health care professionals in addition to its role in patient protection (McCue, 2018). As healthcare continues to evolve, it has become increasingly important to recognize the likelihood of overlaps in scope of practice as more than one profession can be qualified to address similar domains (NCSBN, 2009). This is particularly relevant to fields such as

music therapy and child life as they are not necessarily licensed in their practice and held under state regulation but perform a wide range of tasks across a variety of domains (Federation of State Medical Boards, 2005; McCue, 2018). When considering education and training, NCSBN (2009) also stresses that, "It is not realistic to require a skill or activity to be taught in an entry-level program before it becomes part of a profession's scope of practice" (p. 11). As skills and advancement occur within a profession, not all providers will be competent in these areas.

Scope of Practice in Music Therapy

The Scope of Music Therapy Practice as it is today was established in 2015 in a collaborative effort made by AMTA and CBMT (CBMT, 2021). Because scope of practice encompasses requirements for education *and* certification, input from both associations was necessary. The document was established four years after the first states received licensure for music therapy in 2011 (AMTA, 2011). The document addresses skills, knowledge, potential for harm, education, training, and certification requirements for music therapists (AMTA & CBMT, 2018). While AMTA and CBMT have a recognized Scope of Music Therapy Practice document, it is not yet fully established in other countries such as Canada where service delivery is similar (Pearson, 2018).

Prior to 2015, a CBMT Scope of Practice document was in existence, outlining areas that are now recognized as the CBMT Board Certification Domains (Walworth, 2009). Walworth discusses the 2010 edition of the Scope of Practice in relation to job tasks as well as an outline for exam content. Reflective of the current procedures for the CBMT Board Certification Domains, content was gathered from the Practice Analysis

Survey, administered every five years. Unlike the current Scope of Music Therapy Practice, the CBMT Scope of Practice reflected job tasks as opposed to consumer protection (AMTA & CBMT, 2018).

Scope of practice is not a concept that has been discussed in-depth in music therapy literature. While the term is commonly used in discussions surrounding service delivery, ambiguity regarding music therapy's scope persists (Harmony Music Therapy, 2018). This has resulted in issues for AMTA and music therapy clinicians as they receive criticism from related professions such as speech-language pathology. The American Speech-Language-Hearing Association (ASHA) expressed concern of state regulation of music therapy services due to the perceived infringement on their own scope of practice and challenges presented in service reimbursement. ASHA has consistently opposed legislation attempts for music therapists in which music therapists are able to address and treat communication disorders (n.d.).

Professional Identity

Development of Professional Identity

While research regarding professional identity is of growing interest in the field of music therapy, it has been thoroughly explored in related professions (Adams, 2006; Brewer, 2017; Chin, 2020; Klein & Beeson, 2022). Research suggests a link between professional identity and job satisfaction, which has shown to be a strong factor in the prevention of burnout (Kim, 2012; Lu et al., 2019). While factors influencing professional identity vary, many agree that it is how one defines their professional role

through their training, education, attitudes, beliefs, and experiences (Adams et al., 2006; Chin et al., 2020; Ibarra, 1999).

Ibarra (1999) discusses how individuals adapt and form their understanding of themselves through newly presented roles and opportunities. Through a negotiation of who an individual is in the workplace and who they hope to be, one begins to adapt their values and outward presentation to match the new situation (p. 3-4). Much of the literature indicates the synthesis of role negotiation and expectation with the concept of self in professional identity formation (Brewer, 2017; Ibarra, 1999). In addition to how the profession is perceived, it is also a matter of professional self-concept (Chin et al, 2020, p. 91).

Adams et al. (2006) cites professional socialization as a possible factor in the development of professional identity, particularly for young professionals. This concept supports the idea that professional identity development begins prior to an individual entering the workforce. Through professional socialization, experiences in training help to internalize values and norms held by the occupation, becoming integrated into a person's sense of self (Cohen, 1981). Adams et al. (2006) notes that while in training, it is important to recognize:

> …there may be differences between the idealized version of the profession, as portrayed *to* novice professionals, and the real work practiced *by* the existing members of the profession. (p. 57)

Much of professional identity literature acknowledges the role of training and education in the development of professional identity as it provides one of the earliest impressions

of the occupation. Through understanding one's professional identity prior to entering the workforce, students can be better equipped to transition through a solidified self-concept and understanding of their role (Chin et al, 2020).

Professional Identity in Music Therapy

One of the primary additions to factors incorporated into the formation of professional identity in music therapy is one's musical identity (Bruscia, 1987). As part of the training requirements needed for certification, music therapists must study a primary instrument, establishing themselves as a musician as well as a therapist (p. 19). Additional factors contributing to professional identity development in music therapists are similarly aligned to those found in related professions. These factors include internal motivations, beliefs, external validation, experiences, education and training, and skills (Brewer, 2017; Bruscia, 1987; McIntyre, 2018).

Kim (2012) examined the role of collective self-esteem, a type of professional identity, in a therapist's job satisfaction and burnout. Due to the specialized nature of a music therapist's work, Kim suggests that many music therapists may have a difficult time clarifying their roles, particularly within a multidisciplinary team (2012, p. 66). Increased job demands and lack of perceived support within a team setting negatively impacts job satisfaction, and contributes to higher rates of burnout (Gooding, 2019). Within music therapy training, Bruscia (1987) argues that ambiguity and a sense of identity best addressed though assuring music therapists are, "fully knowledgeable of and highly skilled in their discipline" (p. 27). When an individual can be confident within

their skillset, their workplace confidence is improved, improving their job satisfaction and consequent retention.

If an individual's knowledge, training, and experiences play a role in the development of professional identity, it becomes important to recognize what commonalities exist among music therapists. Within the current structure of AMTA's training and education guidelines, significant variation occurs both within the collegiate experience as well as the clinical internship. With a competency-based approach to education, university programs can choose how to address each skill and standard (AMTA, 2021). Regional differences, in addition to the theoretical orientation of the professors, can largely influence the way a student is trained as well as how they develop their philosophy of treatment (Aigen, 2005). The internship experience too can vary greatly, taking into account the location, population, and certified therapists providing guidance and supervision.

In considering the concrete factors that unite the music therapy profession, policies and standards produced by AMTA and CBMT are evident. All music therapists are under the ethical guidelines and standards of practice produced by AMTA (2019). Similarly, all music therapists are bound by their scope of practice (AMTA & CBMT, 2018). While limited research has investigated what qualities unite the music therapy profession Stewart (2000) identifies communication through music, empathy, and musical spontaneity as shared values. It is not reasonable to expect a unified approach to music therapy practice, however, an understanding of collective self-esteem and professional identity may be valuable in the creation of community and an occupational

support system (Kim, 2012). Going forward, further exploration into what qualities and skills unite the music therapy profession may be valuable in the understanding of collective self-esteem and professional identity development.

Chapter 3: Methodology

The purpose of this study was to explore the development and current utilization of the AMTA and CBMT Scope of Music Therapy Practice document. Additionally, the role of scope of practice and other official documents created by AMTA and CBMT in the development of professional identity was investigated. In order to account for the development of the Scope of Music Therapy Practice as well as their current clinical utilization, two music therapy clinicians were interviewed, and a qualitative case study design was used. The design utilized semi-structed, in-depth interviews to address the identified research questions.

Research Questions

1) What considerations were taken in the development of the Scope of Music Therapy Practice document?

2) How was the document intended to be used by music therapy clinicians and was the intended use different for music therapists practicing in a state with licensure?

3) What considerations were taken to determine whether or not the document was created by either AMTA or CBMT or done in collaboration?

4) How are issues relating to scope of practice negotiated in the professional setting?

5) What is the function of scope of practice in regard to professional identity, language, and regulation?

6) What regulatory or official documents are referenced to or utilized in the training of music therapists during internship?

Participants and Inclusion and Exclusion Criteria

Participants for this study included professionals, (n = 2) purposefully selected based on their knowledge and expertise associated with the development and utilization of official documents in music therapy. Purposefully selecting participants in this study allowed for a deeper understanding of the problem as well as a means to explore the presented research questions (Creswell & Creswell, 2018).

Both of the identified participants were board-certified music therapists as designated by the Certification Board for Music Therapists (CBMT) in order to meet the criteria for selection. At least one participant was currently providing clinical music therapy services and had a part in the training and education of music therapy interns through a National Roster Internship site as determined by AMTA. The other identified participant was knowledgeable of the development and creation of the Scope of Music Therapy Practice document in order to meet the criteria for selection.

IRB Approval, Recruitment, and Consent Procedures

Prior to the start of the study, the researcher obtained approval from the Ohio University Institutional Review Board (IRB) so to assure all ethical guidelines were strictly adhered to (See Appendix D). All participation was voluntary. Selection of participants occurred through consultation with the researcher's advisor, in addition to a review of past and present AMTA committee members.

Identified participants were contacted by the researcher via email and invited to participate in the study. Individuals who agreed to engage in the study were presented with an electronic informed consent form, detailing the benefits and risks of participation.

Included in the consent documentation was the consent to record. A copy of the informed consent document can be referenced in Appendix A. All consent forms were reviewed in their entirety, and consent was communicated via email to the researcher.

All data collected from this study was stored and secured in alignment with regulations set by the IRB. All audio recordings were stored in a password secured database to be accessed only by the researcher. Permission was obtained to reference identifying information for both participants being interviewed. Due to the nature of the data being collected, consent to preserve transcripts was obtained as part of the informed consent procedures.

Interview Procedures

To account for differences in experience and perspective, interviews from two participants were required. Following the acquisition of consent, an interview with each participant was scheduled. Interviews were semi-structured, and each were scheduled to be a maximum of 60 minutes. The first interview lasted approximately 54 minutes, and the second lasted approximately 35 minutes. Interview sessions were scheduled via Zoom and recorded to allow for data analysis post-interview. Once data had been collected, member checking was used so to ensure the accuracy of collected information.

Individual Interview Procedures

One-on-one, semi-structed, in-depth interviews were utilized so to optimize the interview time and provide a systematic approach to discussion (Jamshed, 2014). Interview times lasted for an estimated 60 minutes and took place through an online, video conferencing platform, Zoom. Identification of an appropriate meeting time and

was arranged via email, in advance. To allow for participant preparation and encourage thorough responses, an outline of the primary questions was provided four days prior to each scheduled interview.

The purpose of the interviews was to identify perceptions and applications of official documents regulating the music therapy profession. Additionally, questions aimed to explore the influence of these documents, namely scope of practice, on the development of professional identity for music therapy students completing their clinical internship. Two, separate interview guides were utilized and correspond to the participant's identified knowledge area.

The first participant, selected for their knowledge of documentation development, was asked interview questions using the guide outlined in Appendix B. Questions addressed included an exploration of the process and intent behind the creation of the Scope of Music Therapy Practice document. The processes of collaboration between AMTA and CBMT were explored. Additionally, the application of the Scope of Music Therapy Practice for licensed music therapists versus non-licensed music therapists was addressed. The interview concluded with a discussion of how other related documents such as the AMTA Professional Competencies and the CBMT Domains influence clinical training in the field of music therapy.

The second participant, a practicing music therapy clinician and internship director, was asked interview questions using the guide outlined in Appendix C. Questions aimed to explore the current utilization of music therapy documents in the training of undergraduate students. Additionally, the use of the Scope of Music Therapy

Practice document was discussed in relation to interprofessional collaboration and working on an interdisciplinary team. Unlike the guide outlined in Appendix B, no questions were asked regarding document creation. Specific questions explored the participant's view on the use of documents, including the Professional Competencies and CBMT Domains, in navigating their own professional identity.

Once the researcher had completed each interview, all audio from the interviews were transcribed using an audio to text converter on Microsoft Word. All text was then edited by the researcher and compared to the original voice recordings. A copy of the interview transcription was sent to each interviewee so to ensure the accuracy of all recorded responses. The completed, reviewed interview transcriptions can be referenced in Appendices E and F.

Data Analysis

Data collected from the transcribed interviews was then analyzed using reflexive thematic analysis procedures outlined by Braun and Clarke (2006). Steps outlined in the procedure included familiarization with the data, the generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Transcription, editing, and review of interview content was included in the initial familiarization with the data. Analysis of content was appropriately coded and interpreted by the researcher using an inductive approach. In utilizing an inductive approach, codes were generated independently from pre-existing perceptions and frameworks (Braun & Clarke, 2006, p. 12). Initial codes were reviewed, and data was collated based on perceived relationships prior to the generation of themes.

Searching for themes included the identification and sorting of related codes. The researcher evaluated relationships between codes utilizing mind maps and tables grouping codes under potential themes. Potential themes were then re-evaluated, revised, and compared to original codes and the data set as a whole. Based on data extracts and relevance to the data set, candidate themes were integrated and narrowed down into working themes and sub-themes. Themes and sub-themes were defined and named in relation to the represented data and reviewed by the researcher's advisor. All finalized themes were then interpreted in relation to the identified research questions.

Validity and Reliability Measures

All interview questions used in the study were reviewed by an advisor prior the interview so to ensure all questions were free of bias and are relevant to the established research questions. In order to assess the reliability of the recorded interview responses, member checking was utilized after interviews were completed. The researcher provided transcriptions of the recorded interviews to each participant to be reviewed prior to analysis in order to assure that the recorded information accurately represented the participant's views, feelings, and statements.

Additional measures included input and evaluation from an external auditor. In other words, an individual unfamiliar with the proposed study reviewed finalized materials including the research questions, data, and analysis to ensure accuracy and continuity of any presented findings (RWJF, 2008). Finally, the researcher engaged in journaling throughout the study so to reflect on any research bias's that emerged during the study. This also presented a means for processing the present researcher's experience,

encouraging reflexivity and supporting transparency throughout the research process (Creswell & Creswell, 2018).

Researcher's Stance and Bias

Due to the active and personal role of the researcher in the data analysis and interpretation of results, it is important to recognize the intersection of the researcher's own identity and experiences in the research process. To further explore this role, the researcher engaged in journaling throughout the data collection and analysis, supporting reflexivity and bringing awareness to personal reactions and biases.

The perception and interpretation of documentations being explored in this study are integrated into the researcher's own training and experiences as a music therapist. As a full-time clinician, feelings and reactions to participant responses were informed by personal experiences in training and practice. Perceptions of ambiguity in role determination and personal professional identity were informed by the researcher's experience as an equivalency student, entering music therapy at a later stage of academic and personal development as compared to undergraduate peers. In seeking clarity regarding scope and boundaries, the researcher perceived similar uncertainty in other professionals in the field. The interpretation of significance in the findings of this study are motived, in part, by the researcher's own desire for clarity and curiosity relating to influential forces in training and development.

Chapter 4: Results

Participants and Interview Reflections

Participants for the study were purposefully selected in collaboration with the researcher's advisor based on their professional experience and relevance to identified research questions. Both participants consented to include identifying information in the publication and dissemination of finalized results prior to being interviewed. Including detailed information on each participant's background, education, and professional engagement was considered necessary for interpreting responses to the interview questions as well as for the acknowledgement of present biases.

Informed by the researcher's constructivist viewpoint, describing each participant accounts for the subjectivity of each participant's experience (Creswell & Creswell, 2018). The constructivist viewpoint suggests that meaning is informed by an individual's historical and social perspectives and further generated by community interaction (p. 8). In acknowledging the background of each participant, the personal experiences of each participant can be considered in the construction of their responses.

The addition of the researcher's own reflections and perceptions of the interview process are included to increase transparency. Including researcher accounts of each interview also reflects the active role of the researcher in the data collection process. Thoughts, feelings, and reactions, detailed below, are informed by the researcher's journaling before and after the scheduled interviews. Participant descriptions and interview reflections are listed in the order in which they were interviewed.

Participant 1: Dr. Deanna Hanson-Abromeit, MT-BC

Dr. Hanson-Abromeit has been a faculty member at the University of Kansas (KU) since 2013 and currently serves as an associate professor of music education and music therapy (The University of Kansas, 2022). She received her Bachelor of Music and Master of Arts in music therapy from the University of Iowa and completed her PhD in education at the University of Kansas. During her interview, Dr. Hanson-Abromeit noted being a nontraditional undergraduate, informing her education and perception of training

Dr. Hanson-Abromeit has been board-certified since 1996, gaining significant experience in healthcare settings (The University of Kansas, 2022). Her research emphasis is with infants in the medical and community setting, leading the Baby-Music Intervention lab at the University of Kansas. Dr. Hanson-Abromeit is noted for her development of the *Therapeutic Function of Music Plan* among her significant contributions to music therapy research. Her work has been recognized by the University of Kansas as well as AMTA.

In addition to her contributions to research, Dr. Hanson-Abromeit has given many years of service to both AMTA and CBMT (The University of Kansas, 2022). During her interview, she discussed her service on the Continuing Education Committee for CBMT as well as the Board of Directors. She also holds experience with the AMTA Assembly of Delegates. Dr. Hanson-Abromeit was one of six representatives from CBMT involved with developing the Scope of Music Therapy Practice.

Researcher Reflection: Interview 1

My interview with Deanna was my first time interacting with her beyond email correspondence. Any nervousness I felt prior to the interview was quickly put at ease with her inviting presence and cheerful demeanor. She sat in what appeared to be a home office, seemingly very relaxed. Upon asking my first question, I was amazed with the wealth of information she provided. I was very engaged in everything she said—her acknowledgement of some of limitations within music therapy documents and training validated my own personal feelings.

Throughout the interview, I altered my delivery of questions slightly to keep the flow more conversational. While I had not anticipated commenting on her responses, I couldn't help to agree or get excited to learn more about her thoughts as an academic and researcher. I was very conscious not to let my own feelings be too heavily conveyed in the conversation and found myself reflecting her responses back to her when tempted to discuss my own thoughts at length.

She spoke at a quick pace, but it was clear she had spent time reviewing my questions in advance and thinking about how she wanted to respond. All of her answers were robust and exceeded any prior expectations I had. The interview lasted almost the entire hour, wrapping up approximately 54 min after logging on. After concluding the interview, I felt very excited with the content I had gathered as well as reassured as to the importance of the questions I had posed.

Participant 2: Piper Laird, MM, MT-BC

Piper Laird is the Music Therapy Coordinator and internship director at Banner – University Medical Center in Phoenix, AZ. She received her bachelor's degree from Northern Arizona University and completed her master's degree at Florida State University. Her clinical training also includes her recognition as a Neurologic Music Therapy Fellow.

In addition to her role at Banner – University Medical Center, Piper Laird has served with AMTA and the Western Region chapter of the American Music Therapy Association (WRAMTA). Her roles include serving on the AMTA Assembly of Delegates as well as the Competency Review Taskforce. As a current Co-Chair of the AMTA Competency Review Task Force, Piper Laird is knowledgeable about the Professional and Advanced Competencies, the function of the CBMT Domains, and is leading current revisions to the competencies. She has also contributed to music therapy research and education through her participation at regional and national music therapy conferences.

Researcher Reflection: Interview 2

I logged on to meeting feeling encouraged by my first interview with Deanna but also fatigued after a long day at work. Like my first interview, I had not interacted with Piper beyond email correspondence prior to the interview. Upon entering the meeting, Piper pointed out that I had put the incorrect time zone abbreviation after our interview time and so she had planned for the interview to be an hour earlier than when it took

place. I immediately felt embarrassed as well as apologetic and felt the desire to rush through the interview so not to take up too much of her time.

Although the miscommunication in scheduling was communicated as an inconvenience, Piper's presentation was generally pleasant and gentle. She attended the meeting from her work office, appearing fatigued after having worked all day. Once we transitioned to addressing the interview questions, the flow of conversation was established, and I felt myself growing more comfortable.

Piper spoke clearly, concisely, and confidently in response to each question I asked. I was surprised at how succinct her responses were in comparison to my first interview. It was clear she had prepared for the interview ahead of time and answered exactly what I had asked without much elaboration. I perceived the interaction more like an interview than a conversation, feeling at times uncertain how to comment on her very clear responses. While her responses were brief, I was impressed with how clear and educated her answers were.

As a result of her obvious preparation and concise answers, the interview lasted only 35 min. I left the interview feeling confident that I had obtained sufficient information but also slightly uncertain as to how well I had facilitated the interview because of how brief the interaction was. Upon reflecting on her responses, I was again impressed with her evident competence and intelligence. I reflected that her incorporation of documentation into training was likely an ideal, and I was left wondering how many professionals were as intentional in their training of students as she is.

Thematic Results

After a reflexive thematic analysis informed by procedures outlined by Braun and Clarke (2006), three primary themes and nine sub-themes emerged from the data set. A summary of each phase can be referenced in Table 1. Finalized themes included: (a) Identity in Context, (b) Multifarious Protection, and (c) Clarity and Communication. Emergent sub-themes related to the primary themes included Perspective; Confidence; Growth; Intention; Accountability; Boundaries; Collaboration; Integration; and Advocacy.

Table 1

Phases of Thematic Analysis

Phase	Description of the Process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Note. Reprinted from "Using Thematic Analysis in Psychology," by V. Braun, and V. Clarke, 2006, *Qualitative Research in Psychology, 3*(2), p. 35.

Defining and naming of themes occurred after significant processing and sorting of initial codes occurred. The generation of initial codes resulted in 113 codes which were collated into 13 broad categories. Codes were reviewed at length in relation to their associated data and re-collated by potential themes. Six potential themes were developed based on initial groupings and codes were combined based on similarity with other codes, discarded based on repetition or relevance, or resorted. Revision and narrowing down of codes resulted in 51 codes in the third phase of analysis.

The 51 remaining codes were grouped under the six potential themes identified in phase three and reviewed against the data excerpts during Level 1 of the fourth phase of analysis. Re-evaluation of potential themes based on the codes and data extracts resulted in the discarding of one of the six potential themes and the narrowing down to 20 broad sub-themes. During Level 2 of the fourth phase of analysis themes and sub-themes were refined, compared to the data set and data extracts, and revised into the final three themes and nine sub-themes. Each identified theme was compared to the overall data set and considered against initially generated codes. Themes were named based on the elements of the data they represent.

Theme 1: Identity in Context

Identity in Context refers to an individual's perception and interpretation of information and events based on the setting and level of experience with which they are working. *Identity in Context* was a prevailing theme throughout both interviews as participants described the fluctuation of identity over time as an individual interprets

information based on a specific point in time. Sub-themes emergent in relation to this theme included *Perspective, Confidence,* and *Growth.*

Perspective. *Perspective* is defined as, "a mental view or prospect," and is a concept that emerged within both data sets when discussing identity (Merriam Webster, n.d.e). Both participants reference the how roles influence our perspective on situations and knowledge acquisition. Approaching situations as a student, academic, researcher, or clinician can greatly influence the way a situation or interaction in conceptualized.

Dr. Hanson-Abromeit: So, if I'm identifying as an academic, then my roles and my priorities are different than if I'm identifying as a clinician, and my roles are different. If I'm identifying as a researcher, how I'm putting priorities in place change and shift. So, I think professional identity is really related to how you personally give yourself boundaries and give yourself roles, like how you define the ways in which you sit in the profession.

Dr. Hanson-Abromeit: …I used to do this with students a lot, do you identify yourself as a musician first or as a therapist first? And where do those things fit and how do they integrate? Because as a music therapist, you're not either or, you're both.

Piper Laird: And then, especially, like I said, having interns understand what other people's scope are. You know, I think people, I think students oftentimes will take defense when somebody else is using music like—whoa, time out, we don't own it. But there might be an overlap in what that is and how great to be able to have a discussion based on that, that allows us to move forward to pull those

relationships together, to connect with other professionals who, maybe you're going to learn something from.

Piper Laird: I think the other thing that kind of comes up a lot of times is comparing scope with those different professionals. So really making sure that I understand what their scope is, and then helping them to understand what my scope is, and talking about the similarities and differences.

Confidence. *Confidence* refers to, "A feeling or consciousness of one's powers or of reliance on one's circumstances," which is a sub-theme discussed directly and indirectly in both data sets (Merriam Webster, n.d.b). Piper Laird cites confidence directly in relation to professional identity growth, noting its role in role determination. While Dr. Hanson-Abromeit does not discuss confidence directly, she discusses the role of experience in professional identity and role determination.

Dr. Hanson-Abromeit: So, my scope in certain areas of practice is probably wider because of my years of experience. Like in the NICU, I have been working in the NICU for like 25 years, and I've been doing research, and practice, and training, and so my scope and my understanding of that is much deeper than someone that's just graduating and maybe had a semester or went to a training.

Piper Laird: It comes from a sense of confidence. As you're going through and you're gaining the knowledge, you're gaining the skills you're gaining here, be through the training that allows you to know that what you're doing is going to provide safe and effective practice for the consumer.

Piper Laid: I think that the professional identity that we have is the application and the confidence to put those things forward and go—yeah, yeah, that's what this is, and also the confidence to say I don't know and be able to be a little bit vulnerable within some of that because I don't know everything.

Piper Laird: So, I think professional identity is confidence, but at the same time, understanding that there has to be a growth mindset, that you're going to continue to learn through what it is that you're doing. And the more you learn, the more you practice, the more training you have, the more confident you're going to be, which then feeds a positive cycle forward.

Growth. *Growth* ties to the idea of continuing education and recognizing gaps of knowledge when addressing new situations or referencing influential documents. In both data sets, the importance of continued learning is referenced multiple times. When and how key documents in music therapy are used also was discussed in relation to growth, as Dr. Hanson-Abromeit references the impact of documents on professional identity development, “at kind of these distinct times in development.” Dr. Hanson-Abromeit also discusses the growth as an individual as experience is gained.

Dr. Hanson-Abromeit: …my knowledge of evidence-based practice in a particular area of expertise is much deeper. So, I think it could have a really big impact on our professional identity because it shifts with where you are emphasizing, and I, I think so often we come out kind of as these generalists, and it can be one of the hurdles for us, right?

Dr. Hanson-Abromeit: So, I think it [scope of practice] has, it could have a role in helping to shape our identity and then, where are my gaps? What do I need to learn? Where do I go get continuing education? In what areas?

Piper Laird: And it's a huge growth, a huge growth spurt that happens during internship. It's one of the reasons I love it is, you know, and then why I've done this for so long, is because I really enjoy having the opportunity to see somebody go from not really having a professional identity outside of being a student to then developing into this person who's going to be able to go out and provide services and that transition and that transformation is—I'm always in awe of these students who come in, and we see them at the beginning, and it's like I'm not sure I can do this, to the end where they're like—yeah, bring it on.

Piper Laird: So, I think professional identity is confidence, but at the same time, understanding that there has to be a growth mindset, that you're going to continue to learn through what it is that you're doing. And the more you learn, the more you practice, the more training you have, the more confident you're going to be, which then feeds a positive cycle forward.

Piper Laird: Really looking at what those domains are to be able to identify areas that maybe they didn't get education on, or something that they feel like they have an area of opportunity to grow in, that it gives them more... like almost like a playbook, so to speak, of what other areas that they might be able to continue their education in.

Theme 2: Multifarious Protection

Throughout both data sets, participants reference the need for protection in nearly every area of their work. *Multifarious Protection* is in reference to the need to protect the consumer, clinician, student, and discipline as a whole throughout work and daily interactions. *Multifarious Protection* is addressed in the three emergent sub-themes of *Intention, Accountability, and Boundaries.*

Intention. *Intention* is defined as, "a concept considered as the product of attention directed to an object of knowledge" (Merriam-Webster, n.d.c). In the prevention of harm, being mindful and attentive to work is highlighted in importance by both participants. How students and clinicians are utilizing resources is also referenced.

Dr. Hanson-Abromeit: So, it kind of goes back to that conscious ethical awareness of wait—do I have the training and skill set to do this situation? Do I have the knowledge needed to ask these questions in this way, to provide this musical experience?

Dr. Hanson-Abromeit: I think, if we were more conscious about these aspects of the scope of practice and we're thinking about them more intentionally as we are practicing, I think we'd be more satisfied with our work, and we would also be questioning it and pushing it forward a little bit... more too.

Dr. Hanson-Abromeit: It gave them pause to just think about—oh wait, I have to think about this more intentionally, I can't just blindly go in and do this stuff and sing the songs and play the drums, I have to actually think about it more intentionally.

Piper Laird: There's not a document that AMTA or CBMT puts out that I don't reference at some point during internship. They all have very different functions, and so it's being able to speak to those functions for students is something that I really tried to make sure happens right up front from internship.

Accountability. *Accountability,* as denoted in this sub-theme, relates both to personal and professional accountability. Related to *Intention*, Dr. Hanson-Abromeit discusses the importance of self-reflection and personal accountability as a means of protection for the consumer. This sub-theme is particularly present within the first dataset as it relates to the Scope of Music Therapy Practice document. As a profession, there are limited ways in which individuals can be held accountable, making personal accountability even more valuable.

Dr. Hanson-Abromeit: So how are people, how are students taking responsibility? It's kind of like when you advise them in what courses to take. If, you know, the advisor is *advising* but they're not responsible for making sure you got all your classes for your degree. And so, how much responsibility are students taking towards self-evaluation?

Dr. Hanson-Abromeit: So, I think one of the roles that the scope of practice could have and should have probably in active practice is checking ourselves, right? So, it kind of goes back to that conscious ethical awareness of wait—do I have the training and skill set to do this situation?

Dr. Hanson-Abromeit: So, but basically, the taking away someone’s board certification is related to the consumer, right? So, it's not, I did harm to another music therapist,

it's harm to, or something immoral, or unethical to the consumer, or their potential for that.

Piper Laird: … I help the intern to again, understand what those boundaries are. And a lot of it comes up with the implementation and what's going on in the session in the moment. And, you know, when that counseling skill gets to—well, OK, we've gone far enough, there's nothing else within your scope or your experience level to be able to continue with this patient, let's find another source for them to be able to have that.

Piper Laird: One of the things that I really appreciated about the document [scope of practice] was the beginning of this conversation about harm and how that plays into what it is that we do as music therapists, and it's really helpful when talking with students as we talk about what potential harm there could be.

Boundaries. *Boundaries* are defined as, "something that indicates or fixes a limit to extent," which is referenced in the data set as a means for what music therapists are or are not qualified to do (Merriam-Webster, n.d.a). Recognizing and interpreting boundaries is a primary means towards *Multifarious Protection.*

Dr. Hanson-Abromeit: And I think the scope for scope of practice, it kind of gives us some boundaries of what, as a professional music therapist, are we allowed to do? What kind of fits in our package of our profession?

Dr. Hanson-Abromeit: So, I think professional identity is really related to how you personally give yourself boundaries and give yourself roles, like how you define the ways in which you sit in the profession.

Piper Laird: Even though I've worked in the field for 25 years, like understanding where my boundary is, and knowing like, if I needed to go into another area like, that I have to have training within that.

Piper Laird: If there are things that fall outside of what's in the scope, which is the assessment, planning, implementation, evaluating, and then documenting, if there are things that fall outside of what those are, then that's where I help the intern to again, understand what those boundaries are.

Piper Laird: So, very familiar with that scope of practice and I think the document itself, again, gives that high level overview of what can be done and what can't be done. It gives us some boundaries, some parameters for practice…

Theme 3: Clarity and Communication

Clarity and Communication refer to how skills, knowledge, and qualifications of music therapists are both understood by those in the field and how that information is communicated to others. Across the data set, both participants discuss the interpretation and comprehension of professional roles and how those roles play into the context of a treatment team. The sub-themes highlight primary components of understanding and communicating these aspects through *Collaboration, Integration,* and *Advocacy.*

Collaboration. *Collaboration* refers to working with other professionals within or outside of music therapy. Due to both participants having experience in the medical setting, extracts from the data set primarily focus on the role of music therapy on a hospital treatment team. Both participants discuss using uniform or common language in these settings to help provide a means for communication between disciplines.

Collaboration was also a large focus of data surrounding scope of practice creation, as AMTA and CBMT navigated working together. Important to this definition is the understanding that two parts (i.e., agencies or disciplines) work together towards a common goal while preserving their individual autonomy.

Dr. Hanson-Abromeit: …it was really the scope of practice at that time, which is now called Board Certification Domains, is really an exam content outline, right? It outlines the certification exam, so it didn't really fit the definition of scope of practice as it was understood by others outside of our discipline.

Dr. Hanson-Abromeit: And then this kind of idea of overlap of services, that we have this recognition, that we're not coming in and saying we can do it all, but that we do address things that are common from other professions and disciplines, and that that's where the collaboration is really important too.

Piper Laird: So, I think, that when we when we had the scope of practice change from it being kind of a nebulous thing, to having something that's a CBMT, AMTA document that's together, that that was really thrilling for me as a practitioner to really be able to have something, again that I can hand to my CEO, and have him understand.

Piper Laird: I think the other thing that kind of comes up a lot of times is comparing scope with those different professionals. So really making sure that I understand what their scope is, and then helping them to understand what my scope is and talking about the similarities and differences. So, if I'm talking with a speech pathologist, just talking about—yeah, I can work on speech

Piper Laird: You're going to learn from them about how, how their scope works and their function within the hospital and what it allows you to do what you do and celebrate what you're able to do with a patient that maybe somebody else doesn't have the opportunity to do.

Integration. According to Merriam-Webster (n.d.d), to integrate means, "to form, coordinate, or blend into a functioning or unified whole." Throughout the data set, the importance of drawing from multiple documents within AMTA and CBMT is referenced. Integration of ideas and knowledge allows for flexibility and comprehensiveness.

Dr. Hanson-Abromeit: …this needed to be a shared document, from my perspective and kind of what I remember, because we have to represent a unified whole as a profession, right?

Piper Laird: So, I use all the documents. There's not a document that AMTA or CBMT puts out that I don't reference at some point during internship. They all have very different functions, and so it's being able to speak to those functions for students is something that I really tried to make sure happens right up front from internship.

Piper Laird: So, I really try to interweave those [code of ethics, code of professional practice, standards of practice] together and all along the way, really educating on the differences, the importance of each one, and then during different parts of the internship, each one kind of come up in different ways and then we can talk more about them.

Piper Laird: I wish I could give you a single one. I really think it's important for music therapists to understand and know each of the documents and the function of each of the documents. You're going to need them at different times during the career, whether that's going from student to professional in professional development.

Advocacy. *Advocacy* refers to work done by music therapists to communicate to other disciplines, consumers, or legislative officials the skills and benefits related to the profession. This sub-theme is thoroughly supported throughout the data set.

Dr. Hanson-Abromeit: So, I think the document is important, one because of legislation, and keeping recognition for our profession, which is important from a kind of a government standard. If we're recognized by state bodies, by federal bodies, as being a profession that needs protections, that requires, you know, licensure and training to actually provide this service. That also then translates to public knowledge that understands, hey, not everybody is a music therapist just because they can play the guitar and sing songs with me really well.

Dr. Hanson-Abromeit: So, this coming together actually, for the scope of practice, was a really important document to represent unity of the profession and the discipline. And to have this shared document that could be used in the work of government relations from AMTA and regulatory affairs from CBMT, as they were moving towards licensure and recognition state by state by state.

Piper Laird: I go back again to that skill set of what I bring to the table, and I show it off in a lot of different ways. So, whether that's telling a story about a patient who had the opportunity to do a legacy bucket list item while they were here in the

hospital that they wouldn't have gotten a chance to do outside of there, and that music therapy was able to provide that nobody else could.

Piper Laird: And within all of that, I think the bigger piece is building those relationships, building the connections between the people and using things like scope to be able to say and bring, be able to bring people closer to understanding what it is that I do when I'm in a room.

A summary of thematic results along with text examples can be seen in Table 2. All themes and data extracts were then considered in response to the original six research questions and addressed.

Table 2

Summary of Thematic Results with Supporting Text

Theme	Sub-Theme	Participant	Supporting Text
Identity in Context	Perspective	Dr. Hanson-Abromeit	So, if I'm identifying as an academic, then my roles and my priorities are different than if I'm identifying as a clinician, and my roles are different. If I'm identifying as a researcher, how I'm putting priorities in place change and shift. So, I think professional identity is really related to how you personally give yourself boundaries and give yourself roles, like how you define the ways in which you sit in the profession.
		Dr. Hanson-Abromeit	…I used to do this with students a lot, do you identify yourself as a musician first or as a therapist first? And where do those things fit and how do they integrate? Because as a music therapist, you're not either or, you're both.
		Piper Laird	And then, especially, like I said, having interns understand what other people's scope are. You know, I think people, I think students oftentimes will take defense when somebody else is using music like—whoa, time out, we don't own it. But there might be an overlap in what that is and how great to be able to have a discussion based on that, that allows us to move forward to pull those relationships together, to connect with other professionals…

Table 2: continued

Theme	Sub-Theme	Participant	Supporting Text
		Piper Laird	I think the other thing that kind of comes up a lot of times is comparing scope with those different professionals. So really making sure that I understand what their scope is, and then helping them to understand what my scope is and talking about the similarities and differences.
		Piper Laird	I think the other thing that kind of comes up a lot of times is comparing scope with those different professionals. So really making sure that I understand what their scope is, and then helping them to understand what my scope is and talking about the similarities and differences.
	Confidence	Dr. Hanson-Abromeit	So, my scope in certain areas of practice is probably wider because of my years of experience. Like in the NICU, I have been working in the NICU for like 25 years, and I've been doing research, and practice, and training, and so my scope and my understanding of that is much deeper than someone that's just graduating and maybe had a semester or went to a training.
		Piper Laird	It comes from a sense of confidence. As you're going through and you're gaining the knowledge, you're gaining the skills you're gaining here, be through the training that allows you to know that what you're doing is going to provide safe and effective practice for the consumer.
		Piper Laird	I think that the professional identity that we have is the application and the confidence to put those things forward and go—yeah, yeah, that's what this is, and also the confidence to say I don't know and be able to be a little bit vulnerable within some of that because I don't know everything.
		Piper Laird	So, I think professional identity is confidence, but at the same time, understanding that there has to be a growth mindset, that you're going to continue to learn through what it is that you're doing. And the more you learn, the more you practice, the more training you have, the more confident you're going to be, which then feeds a positive cycle forward.

Table 2: continued

Theme	Sub-Theme	Participant	Supporting Text
	Growth	Dr. Hanson-Abromeit	…my knowledge of evidence-based practice in a particular area of expertise is much deeper. So, I think it could have a really big impact on our professional identity because it shifts with where you are emphasizing, and I, I think so often we come out kind of as these generalists, and it can be one of the hurdles for us, right?
		Dr. Hanson-Abromeit	So, I think it [scope of practice] has, it could have a role in helping to shape our identity and then, where are my gaps? What do I need to learn? Where do I go get continuing education? In what areas?
		Piper Laird	And it's a huge growth, a huge growth spurt that happens during internship. It's one of the reasons I love it is, you know, and then why I've done this for so long, is because I really enjoy having the opportunity to see somebody go from not really having a professional identity outside of being a student to then developing into this person who's going to be able to go out and provide services and that transition and that transformation is—I'm always in awe of these students who come in, and we see them at the beginning, and it's like I'm not sure I can do this, to the end where they're like—yeah, bring it on.
		Piper Laird	So, I think professional identity is confidence, but at the same time, understanding that there has to be a growth mindset, that you're going to continue to learn through what it is that you're doing. And the more you learn, the more you practice, the more training you have, the more confident you're going to be, which then feeds a positive cycle forward.
		Piper Laird	Really looking at what those domains are to be able to identify areas that maybe they didn't get education on, or something that they feel like they have an area of opportunity to grow in, that it gives them more... like almost like a playbook, so to speak, of what other areas that they might be able to continue their education in.
Multifarious Protection	Intention	Dr. Hanson-Abromeit	So, it kind of goes back to that conscious ethical awareness of wait—do I have the training and skill set to do this situation? Do I have the knowledge needed to ask these questions in this way, to provide this musical experience?

Table 2: continued

Theme	Sub-Theme	Participant	Supporting Text
		Dr. Hanson-Abromeit	I think, if we were more conscious about these aspects of the scope of practice and we're thinking about them more intentionally as we are practicing, I think we'd be more satisfied with our work, and we would also be questioning it and pushing it forward a little bit... more too.
		Dr. Hanson-Abromeit	It gave them pause to just think about—oh wait, I have to think about this more intentionally, I can't just blindly go in and do this stuff and sing the songs and play the drums, I have to actually think about it more intentionally.
		Piper Laird	There's not a document that AMTA or CBMT puts out that I don't reference at some point during internship. They all have very different functions, and so it's being able to speak to those functions for students is something that I really tried to make sure happens right up front from internship.
	Accountability	Dr. Hanson-Abromeit	So how are people, how are students taking responsibility? It's kind of like when you advise them in what courses to take. If, you know, the advisor is *advising* but they're not responsible for making sure you got all your classes for your degree. And so, how much responsibility are students taking towards self-evaluation?
		Dr. Hanson-Abromeit	So, I think one of the roles that the scope of practice could have and should have probably in active practice is checking ourselves, right? So, it kind of goes back to that conscious ethical awareness of wait—do I have the training and skill set to do this situation?
		Dr. Hanson-Abromeit	So, but basically, the taking away someone's board certification is related to the consumer, right? So, it's not, I did harm to another music therapist, it's harm to, or something immoral, or unethical to the consumer, or their potential for that.
		Piper Laird	… I help the intern to again, understand what those boundaries are. And a lot of it comes up with the implementation and what's going on in the session in the moment. And, you know, when that counseling skill gets to—well, OK, we've gone far enough, there's nothing else within your scope or your experience level to be able to continue with this patient, let's find another source for them to be able to have that.

Table 2: continued

Theme	Sub-Theme	Participant	Supporting Text
		Piper Laird	One of the things that I really appreciated about the document [scope of practice] was the beginning of this conversation about harm and how that plays into what it is that we do as music therapists, and it's really helpful when talking with students as we talk about what potential harm there could be.
	Boundaries	Dr. Hanson-Abromeit	And I think the scope for scope of practice, it kind of gives us some boundaries of what, as a professional music therapist, are we allowed to do? What kind of fits in our package of our profession?
		Dr. Hanson-Abromeit	So, I think professional identity is really related to how you personally give yourself boundaries and give yourself roles, like how you define the ways in which you sit in the profession.
		Piper Laird	Even though I've worked in the field for 25 years, like understanding where my boundary is, and knowing like, if I needed to go into another area like, that I have to have training within that.
		Piper Laird	If there are things that fall outside of what's in the scope, which is the assessment, planning, implementation, evaluating, and then documenting, if there are things that fall outside of what those are, then that's where I help the intern to again, understand what those boundaries are.
		Piper Laird	So, very familiar with that scope of practice and I think the document itself, again, gives that high level overview of what can be done and what can't be done. It gives us some boundaries, some parameters for practice…
Clarity and Communication	Collaboration	Dr. Hanson-Abromeit	…it was really the scope of practice at that time, which is now called Board Certification Domains, is really an exam content outline, right? It outlines the certification exam, so it didn't really fit the definition of scope of practice as it was understood by others outside of our discipline.
		Dr. Hanson-Abromeit	And then this kind of idea of overlap of services, that we have this recognition, that we're not coming in and saying we can do it all, but that we do address things that are common from other professions and disciplines, and that that's where the collaboration is really important too.

Table 2: continued

Theme	Sub-Theme	Participant	Supporting Text
		Piper Laird	So, I think, that when we when we had the scope of practice change from it being kind of a nebulous thing, to having something that's a CBMT, AMTA document that's together, that that was really thrilling for me as a practitioner to really be able to have something, again that I can hand to my CEO, and have him understand.
		Piper Laird	I think the other thing that kind of comes up a lot of times is comparing scope with those different professionals. So really making sure that I understand what their scope is, and then helping them to understand what my scope is and talking about the similarities and differences. So, if I'm talking with a speech pathologist, just talking about—yeah, I can work on speech
		Piper Laird	You're going to learn from them about how, how their scope works and their function within the hospital and what it allows you to do what you do and celebrate what you're able to do with a patient that maybe somebody else doesn't have the opportunity to do.
	Integration	Dr. Hanson-Abromeit	…this needed to be a shared document, from my perspective and kind of what I remember, because we have to represent a unified whole as a profession, right?
		Piper Laird	So, I use all the documents. There's not a document that AMTA or CBMT puts out that I don't reference at some point during internship. They all have very different functions, and so it's being able to speak to those functions for students is something that I really tried to make sure happens right up front from internship.
		Piper Laird	So, I really try to interweave those [code of ethics, code of professional practice, standards of practice] together and all along the way, really educating on the differences, the importance of each one, and then during different parts of the internship, each one kind of come up in different ways and then we can talk more about them.

Table 2: continued

Theme	Sub-Theme	Participant	Supporting Text
		Piper Laird	I wish I could give you a single one. I really think it's important for music therapists to understand and know each of the documents and the function of each of the documents. You're going to need them at different times during the career, whether that's going from student to professional in professional development.
	Advocacy	Dr. Hanson-Abromeit	So, I think the document is important, one because of legislation, and keeping recognition for our profession, which is important from a kind of a government standard. If we're recognized by state bodies, by federal bodies, as being a profession that needs protections, that requires, you know, licensure and training to actually provide this service. That also then translates to public knowledge that understands, hey, not everybody is a music therapist just because they can play the guitar and sing songs with me really well.
		Dr. Hanson-Abromeit	So, this coming together actually, for the scope of practice, was a really important document to represent unity of the profession and the discipline. And to have this shared document that could be used in the work of government relations from AMTA and regulatory affairs from CBMT, as they were moving towards licensure and recognition state by state by state.
		Piper Laird	I go back again to that skill set of what I bring to the table, and I show it off in a lot of different ways. So, whether that's telling a story about a patient who had the opportunity to do a legacy bucket list item while they were here in the hospital that they wouldn't have gotten a chance to do outside of there, and that music therapy was able to provide that nobody else could.
		Piper Laird	And within all of that, I think the bigger piece is building those relationships, building the connections between the people and using things like scope to be able to say and bring, be able to bring people closer to understanding what it is that I do when I'm in a room.

Addressing Research Questions

The acquisition of the three themes and nine sub-themes were a result of an inquiry guided by six presented research questions. All research questions were a primary influence on the design of both sets of interview questions and resulting data has been analyzed in the aforementioned processes. The first three questions were addressed in the first interview with Dr. Hanson-Abromeit and related to the creation, intention, and process of developing the Scope of Music Therapy Practice document. The final three questions were addressed in both interviews but primarily addressed by Piper Laird through her role as a clinician and internship director. One question inquired about the negotiation of scope of practice in a professional setting, one addressed professional identity development, and one addressed clinical training for interns.

The answers to each of the presented research questions will be addressed below, in addition to their relationship to emergent themes and sub-themes: (a) Identity in Context, (b) Multifarious Protection, and (c) Clarity and Communication and sub-themes Perspective; Confidence; Growth; Intention; Accountability; Boundaries; Collaboration; Integration; and Advocacy.

Question 1: Scope of Practice Considerations

The first research question inquired about considerations taken in the development of the Scope of Music Therapy Practice. In her interview, Dr. Hanson-Abromeit states, "... this [scope of practice] really came out of government relations from AMTA and regulatory affairs from CBMT." Due to its role in licensure and application with legislators and other professionals, Dr. Hanson-Abromeit explains that the document served as a means for others to understand music therapy using a language and format

already in use. The interaction and perception of music therapy as represented by this document relate to the theme *Clarity and Communication*, particularly in *Collaboration* and *Advocacy.*

Both Dr. Hanson-Abromeit and Piper Laird comment on how the Scope of Music Therapy Practice was important in starting the conversation surrounding harm. Dr. Hanson-Abromeit states, "…part of the legitimacy of getting licensure, is that licensure is a protection for the consumer, and if you can't demonstrate that something could create harm, there's no reason to provide protection." Introducing the possibility of harm was an essential role with the scope of practice document. Other considerations included whether or not the document was created by AMTA or CBMT, which addressed in the third research question.

Question 2: Intended Use

The second research question asks: How was the document intended to be used by music therapy clinicians and was the intended use different for music therapists practicing in a state with licensure? The original motivation behind creating the Scope of Music Therapy document was more in an effort to clarify the role of music therapy for others as opposed to being interpreted by clinicians, as Dr. Hanson-Abromeit describes. Due to the language and understanding of scope in other professions, the document was to be used as a tool for clinicians in advocating and protecting the profession. Piper Laird describes how scope can be presented to others stating, "…that was really thrilling for me as a practitioner to really be able to have something, again that I can hand to my CEO, and have him understand."

The themes of *Multifarious Protection* and *Clarity and Communication* relate in addressing this question as the scope communicated the need for protection of music therapists and consumers. As Dr. Hanson-Abromeit describes the intent of the scope as a means for understanding at all levels, including through to the consumer:

> If we're recognized by state bodies, by federal bodies, as being a profession that needs protections, that requires, you know, licensure and training to actually provide this service. That also then translates to public knowledge that understands, hey, not everybody is a music therapist just because they can play the guitar and sing songs with me really well.

Both participants discuss the importance of recognition and protection as music therapy continues to grow as a profession.

Question 3: Collaboration between AMTA and CBMT

Question three inquires as to why the Scope of Music Therapy document was created by both AMTA and CBMT as opposed to one, as it is the only official document in music therapy created in collaboration between both agencies. This question was addressed by Dr. Hanson-Abromeit who described the need for representing the unified profession, “this needed to be a shared document, from my perspective and kind of what I remember, because we have to represent a unified whole as a profession.”

Relating heavily to the theme of *Clarity and Communication,* in particular *Integration,* Dr. Hanson-Abromeit’s response touched on both the need of working as a unified front for licensure, but not to the extent of it blurring the distinction between the two agencies. The need for clarity and distinction between the agencies was emphasized

throughout Dr. Hanson-Abromeit's interview, "…protecting the exam is really its ultimate... like, we have to do that to have any integrity in, kind of, the outside world." She describes how too much collaboration, outside of the necessary work towards licensure, would actually be a detriment to the profession as a whole.

Question 4: Scope of Practice Issues in Professional Settings

Question four addresses how issues of scope are negotiated in the professional setting. This question was particularly relevant to Piper Laird's experience in the medical setting, where she discussed working frequently with other professionals in the context of a treatment team. Communicating and recognizing scope as it is indicated in this question, are tied to themes two and three, *Multifarious Protection* and *Communication and Clarity.* In respecting our own scope of practice, as well as the scope of those professionals we are working with, protection of the consumer can be maintained. Piper Laird also references scope as a protection of duties in the workplace, "I was able to pull out the scope of practice, pull out the domains, and say these are the things that I *can* do and what you're asking me does not align with that."

Regarding the observance of others violating scope, Piper Laird notes the importance of not making assumptions regarding someone else's scope. Due to the flexibility of scope with additional training and experience, it is difficult to determine if the skills or techniques being applied are truly in violation. Piper Laird describes questioning the adherence of scope as a means for relationship building and discussion:

> But there might be an overlap in what that [scope] is and how great to be able to have a discussion based on that, that allows us to move forward to pull those

> relationships together, to connect with other professionals who, maybe you're going to learn something from.

In a more regulatory response, Dr. Hanson-Abromeit notes one of the few ways in which scope violations can be addressed is through the revoking of certification. Policies laid out in CBMT's Code of Professional Practice outline the processes for compliance as well as disciplinary action (CBMT, 2011).

Question 5: Scope of Practice Relating to Professional Identity

Question five states: What is the function of scope of practice in regard to professional identity, language, and regulation? In both interviews, participants were asked questions regarding whether or not scope influences professional identity. While Dr. Hanson-Abromeit's initial response was one of uncertainty, both participants agreed that scope plays a role in professional identity development. The function of scope in relation to language and regulation was addressed and explored in previous questions.

Relating to the themes of *Identity in Context* as well as *Communication and Clarity* Piper Laid explains how scope provides a sense of grounding in clarifying roles and boundaries, particularly for interns. When asked whether or not scope had an impact on professional identity Dr. Hanson-Abromeit's response was, "…my first gut response is uhm, no, probably not," referencing the unlikelihood of students and professionals reviewing and considering the document. She later states, "I think it should," discussing the importance of intentionality and self-evaluation. Strongly tied to the sub-theme *Accountability*, she notes her initial gut response being informed by uncertainty

surrounding professionals taking the time to integrate the documents into their self-concept.

In both responses, the participants discuss the function of scope as a means for clarifying skills, knowledge, and the overall perception of music therapy within the context of which you are working which tie strongly into both participant's definitions of professional identity:

Dr. Hanson-Abromeit: So, I think professional identity is really related to how you personally give yourself boundaries and give yourself roles, like how you define the ways in which you sit in the profession.

Piper Laird: So professional identity I think goes back to those skills, knowledge, and training and more so what I bring to the table. What I'm able to do that maybe somebody else can't do, or what I can contribute to what somebody else can do, whatever the profession is that I'm working with.

Question 6: Documents Used in Training

Question six asks—which regulatory or official documents are referenced or utilized in the training of students during internship? With her role as an internship director, this question was specifically aimed at exploring Piper Laird's technique to intern training. When asked which documents she utilized, she replied, "So, I use all the documents. There's not a document that AMTA or CBMT puts out that I don't reference at some point during internship." Piper Laird goes on to explain that each document has a specific function that has its application at various points across one's professional

career, "…helping interns to understand how they can use and utilize the documents themselves, not only during their internship, but then also in their professional life."

Influencing all three themes, the utilization of documentation is strongly represented in the sub-themes *Confidence, Intention,* and *Integration.* Piper Laird goes on to provide examples of how the utilization of documents is interwoven into her internship program noting, "…it seems to have worked pretty well, I've had a chance to coach quite a few interns at this point." While not specifically addressing the use of documents in training, Dr. Hanson-Abromeit also discussed how various documents provide different types of information to inform one's role and development.

It is important to note Piper Laird's role in AMTA, particularly within the Competency Review Taskforce. In engaging in these roles, her familiarity of AMTA documents is likely stronger than someone who is not an AMTA member. At the end of her interview, Piper Laird briefly mentions her unusual interaction with official documents, noting that her use of documents in training may not be an accurate reflection of how a majority of clinicians inform their training of students.

Summary

Final themes included (a) Identity in Context, (b) Multifarious Protection, and (c) Clarity and Communication while final sub-themes included Perspective; Confidence; Growth; Intention; Accountability; Boundaries; Collaboration; Integration; and Advocacy. All themes and interview responses informed the responses to the six, originally identified research questions.

The first three research questions aimed to explore the history and intent of the AMTA and CBMT Scope of Music Therapy practice document and was primarily addressed by Dr. Hanson-Abromeit. She explains that the document emerged out of government relations as well as efforts towards licensure and was created in collaboration as a means to represent the unified profession. The document was primarily intended to be used in communication with other professionals as well as for protecting the consumer, which Piper Laird explains is how she currently utilizes the document.

Piper Laird's interview responses primarily informed the responses to the final three research questions. In addressing question four, regarding the navigation of scope in professional settings, Piper Laird explains how scope provides clarity and boundaries for clinicians and other professionals. Due to the role of scope in outlining boundaries, skills, and training, both Piper Laird and Dr. Hanson-Abromeit address question five. Both participants identify the Scope of Music Therapy Practice as having a role in professional identity development. Finally, in addressing question six, Piper Laird notes the importance of all professional documents in the training of interns due to their unique functions and impact at various levels of professional development.

Chapter 5: Discussion and Conclusion

The purpose of this research study was to explore the intent and development of the AMTA and CBMT Scope of Music Therapy Practice document as well as to explore its relationship to the AMTA Professional Competencies and CBMT Board Certification Domains. Furthermore, how the Scope of Music Therapy document, in addition to other influential documents in the field, are currently being utilized in professional practice and training in the field of music therapy was investigated along with their influence on professional identity development.

Six research questions were developed to guide the investigation of the above concepts and were addressed through the design and facilitation of two, semi-structured interviews. Through the analysis and exploration of collected data, three themes and six sub-themes emerged. Responses to interview questions and the consideration of emergent themes allowed for each of the six, original questions to be addressed. Significant findings, the impact of those findings, applications to current research, limitations, and future directions are addressed in the following sections.

Significant Findings

Scope of Practice Development and Application

Overview and Data. A primary focus of the data set was the history and development of the Scope of Music Therapy Practice document. The first participant, Dr. Hanson-Abromeit, was purposefully selected for the study due to her role on the original committee tasked with creating the document in 2015. A majority of the interview

questions designed for her interview addressed the history, intent, and development of the scope of practice in music therapy so to better understand why the document came to be.

Dr. Hanson-Abromeit discusses the original intent as developing out of Government Relations from AMTA and Regulatory Affairs from CBMT as they worked to address licensure and recognition across states. From this interview, significant themes relating to *Multifarious Protection* and *Clarity and Communication* emerged. Dr. Hanson-Abromeit describes the document's original role as a means for recognizing boundaries, clarifying roles and language for other professions, and recognizing the need for protection—both for the consumer and as a profession.

Both Piper Laird and Dr. Hanson-Abromeit attributed the exploration of harm to the Scope of Music Therapy document. Both participants noted the limited discussions surrounding harm prior to the document's creation as well as the increase in the recognition and prevention of harm after its development. The increased recognition can be gleaned not only from personal accounts, but also in the examination of the CBMT Board Certification Domains, as questions related to harm increased in the years after the document's development.

The Scope of Music Therapy's role in protection and serving as a means for communication for other professions was a dominant focus in the data set, resulting in the emergence of the *Intention, Accountability,* and *Boundaries* sub-themes. In further exploration of the original committee tasked with creating the document, Dr. Hanson-Abromeit discusses the collaborative effort between AMTA and CBMT. The committee

was comprised of six representatives from both agencies and worked to represent the unified profession in its efforts towards licensure and protection for the consumer.

In further exploring the collaboration between both agencies, Dr. Hanson-Abromeit engaged in discussion regarding the need for distinction between the two agencies:

> …I think one of the tricky things is that, sharing documents blurs the distinction between the mission and the vision of both of these agencies, and if we have too many shared documents, then we run into a lot of misconceptions which are already there, that are really challenging to overcome.

She notes that collaboration was necessary in representing the unified profession for the creation of the Scope of Music Therapy Practice, but further shared document creation could challenge the integrity of the Bord Certification Exam as well as the profession.

Questions addressed by both participants about the document's use in practice resulted in the emergence of both *Collaboration* and *Advocacy* sub-themes. Dr. Hanson-Abromeit in particular emphasizes the need for intentionality in the utilization of the scope of practice, but also in other documents such as the CBMT Board Certification Domains and the AMTA Competencies. *Intentionality,* a sub-theme of *Multifarious Protection* came up in both interviews as important in terms of awareness and self-evaluation. Being intentional not only re-enforces the boundaries of the profession, but aids in the clarification of roles and skills for other professionals.

Piper Laird spoke a great deal regarding the use of documents in collaboration. The competencies, domains, and scope can be utilized in communicating what skills and

job tasks we perform as music therapists. Important to this discussion was also the flexibility of scope based on levels of additional training and experience. Both participants spoke to this and is reflected in the theme *Identity in Context.* The role of documents and how they can be used in communication with other professionals was emphasized.

Summary and Impact. Exploring the history and intent of professional documents allows us to understand how they can be used both personally, but also as a tool professionally. If viewing the scope of practice as a document meant for boundary setting for music therapists, it may come across as limiting, and at times vague. While it does provide a sense of clarity and communicates expectations of skills and knowledge, the true function of the document cannot fully be appreciated until considering its role in communicating to others. One of the most personally impactful statements came from Dr. Hanson-Abromeit, "…if you can't demonstrate that something could create harm, there's no reason to provide protection." The scope calls us to be more accountable in our work as clinicians, but more importantly communicates to other's the legitimacy of the profession and why board-certification is necessary. It explains the skills needed, training, and importance of both in a form that is understood and recognized by others in the healthcare field.

Currently, there is little to no research surrounding the development and intent of the Scope of Music Therapy Practice document. Understanding the purpose of the document can provide a lens for *why* the document came to be as well gives a rationale behind what content was included. Without fully understanding the history, we cannot

fully understand its potential and impact. For example, if one does not consider the importance of AMTA and CBMT's distinction, they will not fully appreciate the significance of the two agencies coming together to create the Scope of Music Therapy Practice document. As Dr. Hanson-Abromeit states, "We need more people doing history kinds of things about our profession." In understanding the *why,* we can begin to compare the intent versus application in current practice and see the differences in how the document is actually being utilized in clinical work.

Documents in Professional Identity Development

Overview and Data. Another primary area of significance was how these documents, the Scope of Music Therapy Practice, AMTA Professional Competencies, and the CBMT Domains, influence professional identity development, particularly for students in internship. Both participants had a unique role in responding to questions related to this as Dr. Hanson-Abromeit works as an educator in music therapy and Piper Laird serves as an internship director. Piper Laird explains the use of documents both in providing grounding and role clarification, but also as tools that can be utilized throughout one's professional work. Dr. Hanson-Abromeit explains that documents such as these *could* and *should* play a role in informing how one identifies themselves and the profession, but questions how many professionals actively and intentionally use the documents in that way.

From student to professional, Piper Laird notes one of the most significant areas of growth comes in the form of confidence, which she links directly to professional identity. This confidence extends to the confidence to recognize limits as well as the

confidence to understand one's role on a treatment team. Present in both data sets, the concept of confidence is encompassed in the sub-themes of *Confidence, Growth,* and *Accountability.* Dr. Hanson-Abromeit notes that certainty and confidence in certain areas of practice may be stronger as specialization occurs and experience is gained. "…I think so often we come out kind of as these generalists, and it can be one of the hurdles for us," Dr. Hanson-Abromeit states. In solidifying one's place within the profession, growing expertise through training and on-the-job experience, confidence grows.

The impact of confidence in professional identity development is reflected in Bruscia (1987), in which he discusses the importance of internalized competence on the part of the clinician. He explains that being confident in one's skillset solidifies their sense of professional identity and increases job satisfaction and retention. As clinicians intentionally use documents such as the Scope of Music Therapy Practice, they can be grounded in the understanding of what their boundaries are as well as what skills and knowledge are expected of them.

Dr. Hanson-Abromeit notes that simply being aware of regulatory documents is not enough, they must be intentionally used and considered. Being intentional promotes self-reflection for clinicians as they are challenged to become more self-aware of the function and impact of key music therapy documents. As Piper Laird states:

> I really think it's important for music therapists to understand and know each of the documents and the function of each of the documents. You're going to need them at different times during the career, whether that's going from student to professional in professional development…

It is unclear, at this time, whether or not a majority of clinicians are intentionally reflecting upon professional documents in relation to their role, professional identity, or identification of boundaries. Regardless, the importance of intention in *Multifarious Protection* is argued through the results of this study.

Summary and Impact. With burnout being an area of concern for music therapists, being aware of preventative factors grows in importance (Gooding, 2019). If having a strong sense of professional identity is indeed linked to higher rates of job satisfaction, understanding what it means and how it is constructed is necessary. When training as students, knowledge is taught at the theoretical level, later to be turned into practice. We are taught using books, models, theories, and history *before* being entrusted with the work of a clinician. Part of that training comes in the exposure to key professional documents such as the AMTA Professional and Advanced Competencies, the AMTA Standards of Practice, AMTA Code of Ethics, the CBMT Board Certification Domains, and the CBMT Code of Professional Practice. As students work to construct the shared values, attitudes, and beliefs of their profession, they are influenced first by the foundational information they are provided (Adams et al., 2006). In other words, professional documents help to construct early impressions of professional identity for students and continue to shape professional identity as experience and training is gained.

While research addressing professional identity development in music therapy is growing, none of the research takes into consideration the role of regulatory documents as an influencing factor (Brewer, 2017; Bruscia, 1987; Kim, 2011; McIntyre, 2018). Both participants agreed that documents have a role in the construction of professional

identity, indicating an additional area for consideration. A majority of research identifies internal motivations, beliefs, external validation, education and training, and significant experiences as primary factors in professional identity development (Brewer, 2017; Bruscia, 1987; McIntyre, 2018). This question is echoed by Dr. Hanson-Abromeit:

> …I haven't ever really thought about it in terms of like, these documents and these guiding factors that create our professional identity, and then my next question is, are they accurate? Right? Like, is it the right professional identity that we want to have?

Having a strong sense of professional identity and a clear understanding of job duties has been linked to higher rates of job satisfaction, and in turn, aids in the prevention of burnout (Adams et al., 2006; Gooding, 2019; Kim, 2012). By exploring what elements contribute to professional identity development, we can begin to explore how to mitigate burnout in the music therapy profession. The identification of elements such as professional documents in professional identity development also help in reframing the value of those documents. If instead of viewing documents only as functional tools we viewed them as building blocks to professional identity in students, the level of intention and priority given those documents in training may increase.

Personal Reflections and Impact

Several reflections came up for me as the researcher during the study. One of the most prominent feelings was the that of validation. As a clinician myself, I found myself wondering, prior to the study, how I truly define myself within the profession. I also found myself wondering whether or not music therapy professionals were aware of and

intentionally referencing professional documents put out by AMTA and CBMT. Particularly in my interview with Dr. Hanson-Abromeit, I heard many of these thoughts and contemplations reflected.

Dr. Hanson-Abromeit stated, “I think I'm struggling with my professional identity right now after being in the profession close to 30 years, and it's evolved, right?” Even after years of experience in the field and being more familiar than average with the workings of AMTA and CBMT, she is struggling with her professional identity. I find myself being comforted in my own uncertainty, but also wary of why this might be the case. The echoing of uncertainty was an element of the experience that truly stood out to me.

The other reflection I found myself with centered around the role of the clinician. From my interview with Piper Laird, all the way through the writing process, I noted how infrequent we consider the perspective of the clinician. As I wrote the bios for both participants, I struggled to locate information on Piper Laird, despite her clear competence and work in the field. I reflect on myself as a clinician and think about being an almost invisible force in the field, oftentimes not being recognized in the same capacity as others.

To spend time being intentional with the professional documents like Piper Laird described takes time out of an already challenging and complex workload. Piper Laird described, “…at least once or twice a year, I go back, and I read them myself and think through—how does this apply to what it is that I'm currently doing?” Unlike educators in the field that work with these documents on a frequent basis, an extra layer of

intentionality is needed to reflect upon how the documents impact current roles. It makes me all the more appreciative of Piper's time, and more impressed with how thoughtfully she applies these concepts.

When I reflect upon what I learned in relation to scope of practice, I can better appreciate what the document stands for. Throughout my time in the field, I have so often heard professionals refer to scope without ever having a true understanding of its purpose. Recognizing the Scope of Music Therapy Practice as both a tool to be used in advocacy and legislation as well as a means for self-reflection adds to its value. Understanding too the significance of the collaboration between AMTA and CBMT in creating this document has been impactful. I appreciate Dr. Hanson-Abromeit's comments regarding the importance of maintaining distinction and feel as though the understanding of why that is the case should be better understood by music therapy professionals.

I am grateful that this study has overlapped with my first few years as a certified professional, as I have some reference for the impact of the information collected. In addition to starting conversations surrounding scope and document use in the development of professional identity, it has also pushed me to reflect on my intentionality in my own work and how I am being influenced by the decisions of our representative agencies. Lastly, I have a renewed appreciation for the work done by both AMTA and CBMT on behalf of the music therapy profession. It is difficult but necessary work that has such a significant impact on the future of the field and those we serve.

Considerations and Limitations

A primary limitation to this study was the small sample size (n = 2). While the information gathered by the interviews is beneficial in beginning to understand the current utilization of professional documents, factors influential to professional identity development, and the history and creation of the Scope of Music Therapy Practice document, these views cannot be generalized to represent the views of the whole music therapy profession. The background and experience of each participant should be considered.

The viewpoint of both participants was informed by their role and primary experience in a medical setting. Music therapists work with diverse populations in a vast number of settings, impacting the perception of what it means to be on an interdisciplinary team. Understanding how scope can be used in navigating interprofessional collaboration outside of the medical music therapy setting was not fully accounted for.

Both participants also had a longtime history in service with AMTA or CBMT. With only an estimated 23% of certified professionals holding membership in AMTA, it is difficult to determine how familiar the general population of music therapists are with AMTA and professional documents (AMTA, 2021). This may have a large impact on how documents are actively being used in the training of new professionals and may not reflect the style and utilization described by Piper Laird's approach.

Additionally, due to the qualitative nature of this study, it is not possible for the researcher's own views and experiences to not impact the analysis and interpretation of

results. While steps were taken to limit the impact of researcher bias including journaling, member checking, and review from an external auditor, the researcher is closely tied to each component of the study and cannot be without bias. As referenced in the *Researcher's Stance and Bias* section of the methodology, the researcher was motivated, in part, by their own desire to clarify their professional identity.

Recommendations for Future Research

Future recommendations include the expanding the number of participants so to obtain a more accurate representation of the views of the larger profession. Interviews or data collection from participants serving in a range of capacities with diverse populations may provide a more accurate representation of how professional documents in music therapy are being utilized. Gaining perspectives from professionals who have not served with AMTA or CBMT is also recommended.

Comparing document utilization between members of AMTA and those without membership may also be valuable in understanding the potential value of AMTA membership. Due to the variation in training programs and internship sites, consideration on the basis of document utilization may be a valuable point of exploration. While all board-certified music therapists fall under CBMT in their certification, it is recommended that a continuation of exploration into the intentionality behind document use as well as familiarly occurs.

A theme of this study *Identity in Context* reinforced the idea that the view and perceptions of skills, knowledge, and boundaries, shifts depending on your role and level of training and experience. Future recommendations include gathering the perspectives of

others in relation to the themes presented in the present study. This includes students, educators, and clinicians with a range of experience. In doing so, a better understanding of the impact of context and role may be acquired.

Recommendations for Music Therapists

The entirety of this study emphasizes the role and impact of professional documents in a way that has not been previously explored. The findings of this study stand as a call to action to music therapists, regardless of their role as a student, clinician, educator, or researcher, to be more aware and intentional with their work and the resources provided to them though AMTA and CBMT. Each professional document produced by AMTA and CBMT are created with a purpose and intent to serve and guide the field. When we understand *why* the document is created, we can construct a better understanding of its true potential in providing clarity and being utilized as a tool in our work. Furthermore, professional documents as a factor in professional identity development denotes a value that cannot easily be diminished. Professional documents provide an early impression of what it means to be a music therapist and are one of the few tools that unite a profession that serves and works in a diverse capacity.

As evidenced by current events and a lack of membership, AMTA faces a lack of confidence from music therapy professionals. In updates presented by AMTA's president, the acknowledgement of uncertainty is addressed and an effort towards change is communicated (Gooding, 2022). With the history of challenges present, it is easy to wonder whether a national agency like AMTA is necessary. It is the opinion of the researcher that it is not only necessary, but vital for the future of the music therapy

profession. Without AMTA music therapy loses a unifying and regulatory force that cannot be absorbed in the duties carried out by CBMT. The relevance and impact of professional documents is explored and demonstrated in this study.

It is my recommendation that music therapy clinicians take the time and energy to educate themselves on the history and intent of the documents that guided their education and training. In understanding their purpose, it is the belief of the researcher that a greater appreciation for the documents themselves can be had. In recognizing the *why* behind the document creation, we can begin to understand just how far we have come as a profession in the last seventy-two years—even if continued change is needed. Furthermore, familiarity with professional documents from both agencies can help clinicians to be aware of what tools they have at their disposal for advocacy and role determination. As Piper Laird states, "…so much of what we do is not quantifiable. But these documents help us to feel like there's a grounding and something that is quantifiable."

Conclusion

This study explored the history and creation of the Scope of Music Therapy Practice document, utilization of professional documents in training, and how these documents inform professional identity development. Three themes including *Identity in Context, Multifarious Protection,* and *Clarity and Communication* emerged from the data set, allowing for an understanding of how these documents come together to clarify our roles for ourselves, communicate our roles to others, and in doing so protecting ourselves and those we serve.

These findings support the need for further research—both in exploring the history of document creation, and in examining the intentionality and influence of professional documents in professional identity development and practice. In the exploration of intent versus application, we can begin to consider the need for change. If documents are not being utilized in the way they were intended to, does that need to be addressed? Does it indicate the growth of the profession or a lack of awareness that these documents exist? This study supports the strength of recognizing the function of these professional documents and utilizing them to their fullest extent. It leaves only the question of whether or not the participants of this study are the standard or the exception in their approach.

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Appendix A: Ohio University Adult Consent Form Without Signature

Title of Research: What We Do and Who We Are: The Role of Music Therapy Scope of Practice and Scope of Competence in the Development of Professional Identity
Researchers: Trisha Wentworth, MT-BC
IRB number: 22-E-161

You are being asked by an Ohio University researcher to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks of the research project. It also explains how your personal information/biospecimens will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to participate in this study. You should receive a copy of this document to take with you.

Summary of Study

This study will explore the intent and development behind the AMTA and CBMT Scope of Music Therapy Practice document as well as its relationship to the AMTA Professional Competencies and CBMT Board Certification Domains. Furthermore, how the documents are currently being utilized in professional practice and training in the field of music therapy will be investigated. A qualitative inquiry of intent versus application of the Scope of Music Therapy Practice has been determined to be the first step necessary in conducting a formal, thorough exploration of these issues.

Explanation of Study

This study is being done because there is limited research surrounding the influence of key documents on music therapy scope of practice and its relevance to development of professional identity.

If you agree to participate, you will be asked to engage in a one-on-one, semi-structed interview that will take place via an online video conferencing platform. All interviews ***will be audio/video recorded*** for the purposes of data analysis. To fully represent the roles, perspectives, and qualifications of the participants, ***names will be included in the publication/dissemination of results.*** If you do not wish to include identifying information in the final publication/dissemination of results, please indicate this preference in the "Confidentiality and Records" section below.

You should not participate in this study if you are not a board-certified music therapist as designated by the Certification Board for Music Therapists (CBMT).

Your participation in the study will last at least 60 minutes. Additional time may be arranged if the original time allotted does not adequately address the identified research questions.

Risks and Discomforts

No risks or discomforts are anticipated.

Benefits

This study is important to science/society because there is no current music therapy literature exploring the creation or utilization of the Scope of Music Therapy Practice document. Additionally, the relationship between the Scope of Music Therapy Practice, the American Music Therapy Association's Professional Competencies, and the Certification Board for Music Therapist's Board Certification Domains has yet to be explored. Understanding the history and utilization of the identified documents will allow for an exploration of how scope of practice is used in the navigation of interprofessional collaboration.
You may not benefit, personally by participating in this study.

Confidentiality and Records

By agreeing to participate in this study, you agree to allow your name to be included in the publishing of the final paper as well as any transcripts from the original interviews that may be included with the final project. The inclusion of identifying information will support the experience and qualifications of the participant in relation to the addressed research questions.

☐ Check here if you agree to participate in the study but **do not** wish to include your name in the final publication/dissemination of results

Participant Name: _____

Your study information will be kept confidential by being kept in an online, secure database only to be accessed by the researcher and advisor. Original recordings will be deleted 10 months after the date which they were recorded.

Contact Information

If you have any questions regarding this study, please contact the investigator Trisha Wentworth, tw044817@ohio.edu, (989) 802-9559 or the advisor Dr. Kamile Geist, geistk@ohio.edu, (740) 593-4249.

If you have any questions regarding your rights as a research participant, please contact the Director of Research Compliance, Ohio University, (740)593-0664 or compliance@ohio.edu.

By agreeing to participate in this study, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- you have been informed of potential risks and they have been explained to your satisfaction;
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.
  Version Date: ***05/30/2022***

Appendix B: Interview Questions 1

Sample Interview Questions: Interviewee A—Document creation

Interviewer Prompts: "Tell me more about that" "Can you explain this in more detail?" "Can you give some examples?" "Can you describe what that experience was like?"

1. How do you define scope of practice?
2. How do you define professional identity?
3. What was your role in the development or creation of the Scope of Music Therapy Document?
4. What was the rationale behind establishing the scope of practice document? What role, if any, does licensure play in the development and intent of the document?
5. Describe the collaboration effort in creating the document between AMTA and CBMT. Why was the document created in collaboration with both organizations as opposed to one organization? Are there other documents you feel that could benefit from collaboration between the two organizations?
6. Why is a formal scope of practice document important? What does it cover that is not already addressed in existing AMTA and CBMT documents?
7. How do you feel the Scope of Music Therapy Practice can inform the work done by active music therapy clinicians?
8. How is the scope of practice regulated in music therapy practice? What happens if scope of practice is violated?

9. Scope of practice encompasses the “range of responsibilities of a fully qualified music therapy professional.” How do these responsibilities relate to the AMTA Professional Competencies and CBMT Domains if at all?
10. Do you feel as though scope of practice has an impact on professional identity development? Why or why not?
11. What document, the AMTA Professional Competencies or the CBMT Domains, is more influential in professional identity development?
12. What would you consider to be the most important documents for music therapy clinicians to be familiar with? Why?

Appendix C: Interview Questions 2

Sample Interview Questions: Interviewee B—Active clinician and internship director

Interviewer Prompts: "Tell me more about that" "Can you explain this in more detail?" "Can you give some examples?" "Can you describe what that experience was like?"

1. How do you define scope of practice?
2. How do you define professional identity?
3. In what capacity do you collaborate or work with professionals outside of music therapy? How do you navigate defining your role in an interdisciplinary treatment team?
4. Have you ever come across challenges staying within your scope of practice or observing others practicing outside of their scope? If so, how have you navigated addressing the problem? What documents, if any, have you found helpful in defining your role?
5. What documents, created by AMTA or CBMT do you reference when working with students? Are there any you find to be more important than others? Why or why not?
6. How do you clarify what skills are and are not appropriate for music therapists to perform when working with students in training?
7. In what capacity are you familiar with the Scope of Music Therapy Practice document? Do you feel that the document is necessary in clarifying roles and expectations? Why or why not? If not, are there other documents that you feel are more relevant for role determination?

8. Does understanding one's scope of practice influence their sense of professional identity? Why or why not?
9. What factors do you feel influence professional identity development in students versus professionals?
10. What document, the AMTA Professional Competencies or the CBMT Domains, is more influential in professional identity development?
11. What would you consider to be the most important documents for music therapy clinicians to be familiar with? Why?

Appendix D: IRB Approval Letter

Project Number	22-E-161
Project Status	APPROVED
Committee:	Office of Research Compliance
Compliance Contact:	Rebecca Cale (cale@ohio.edu)
Primary Investigator:	Trisha Wentworth
Project Title:	What We Do and Who We Are: The Role of Music Therapy Scope of Practice and Scope of Competence in the Development of Professional Identity
Level of Review:	EXEMPT

The Ohio University Office of Research Compliance reviewed and approved by exempt review the above referenced research. The Office of Research Compliance was able to provide exempt approval under 45 CFR 46.104(d) because the research meets the applicability criteria and one or more categories of research eligible for exempt review, as indicated below.

IRB Approval:	05/31/2022 11:33:31 AM
Review Category:	2

Waivers: A waiver of signature is granted on the consent form.

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. In addition, FERPA, PPRA, and other authorizations / agreements must be obtained, if needed. The IRB-approved consent form and process must be used. Any changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

It is the responsibility of all investigators and research staff to promptly report to the Office of Research Compliance / IRB any serious, unexpected and related adverse and potential unanticipated problems involving risks to subjects or others.

This approval is issued under the Ohio University OHRP Federalwide Assurance #00000095. Please feel free to contact the Office of Research Compliance staff contact listed above with any questions or concerns.

The approval will no longer be in effect when the Primary Investigator is no longer under the auspices of Ohio University, e.g., graduation or departure from Ohio University.

Appendix E: Interview Transcripts 1; Dr. Deanna Hanson-Abromeit, MT-BC

What We Do & Who We Are-Interview 1
6/23/2022 - DHA
I: Interviewer
P: Participant

I: Awesome, OK well again. Thank you very much for meeting with me this morning. We'll start with just the first question. How would you personally define scope of practice? It's the term we use all the time in our field, but it's not always, I think, understood in the same way, so I'm curious how you define it.

P: I was thinking about this, and I think it's boundaries, right? So uhm, I actually looked up,
you know, what does scope mean? And it it's basically this idea of, you know, the definition of scope is the extent of the area or subject matter that something deals with or to which it is relevant. And I think the scope for scope of practice, it kind of gives us some boundaries of what, as a professional music therapist, are we allowed to do? What kind of fits in our package of our profession? And it's tricky because it's really when you look at the scope of practice--it's really broad and kind of nebulous.

I: I agree, and that's actually one of the reasons that I'm interested in learning more about it, because there's actually studies in related fields that talk a little bit about how having an ambiguous scope of practice actually can lead to lower job satisfaction and higher rates of burnout. So it's definitely, I think, something that we should continue to consider.

P: Well, and I think it kind of, just to elaborate a little bit, I think that was pretty intentional, because when you look at other professions, their scope is more easily defined, right? Speech therapists, will they work in a single domain? Physical therapists work in a single domain. Music therapists work across domains, across populations that we really are very broad, and so to have this really narrow scope of practice is tricky.

I: It would be really limiting. But that does tie into, kind of in a roundabout way, to my second question, which is how do you define professional identity?

P: This is a tricky question for me actually, because I think I'm struggling with my professional identity right now after being in the profession close to 30 years, and it's evolved, right? It's changed a little bit, so I would say professional identity is that with which you define yourself within a certain discipline. Right, so for me as a music therapist, what does that mean? Well, my professional identity as a clinician was different than my professional identity as an academic.

So I think... but I'd also... so like as a clinician, I was definitely a clinician. It was all about the patients and exploring and asking questions like... why am I doing this? Why are they singing with another discipline, and what's the difference right? So there was always asking questions about what I'm doing and why I'm doing it as a clinician, which I think is what led me to graduate school in the first place. And those questions are still not satisfactorily answered, even though like doing research and trying to figure it out.

So then, that identity really kind of... it also kind of gives you the boundaries like the scope of practice, right? So, if I'm identifying as an academic, then my roles and my priorities are different than if I'm identifying as a clinician, and my roles are different. If I'm identifying as a researcher, how I'm putting priorities in place change and shift. So, I think professional identity is really related to how you personally give yourself boundaries and give yourself roles, like how you define the ways in which you sit in the profession.

I think one of the interesting things that I've always been really curious about is in music therapy, there's this expectation there. Do you just, and I used to do this with students a lot, do you identify yourself as a musician first or as a therapist first? And where do those things fit and how do they integrate? Because as a music therapist, you're not either or, you're both. But it's interesting because for me, you know, having conversations with my kids as they went through high school. You were either a kid in band, you're a person in band, or you were a band person, and they always defined themselves as a person in band, right? This was something that they did, and it was part of their identity, but it wasn't their primary identity. And I have kind of... translated that, because for me, I think growing up, I was always a person in band and I loved my music, but it was not the only thing that I loved. And so, I entered the profession with an identity of a therapist first... and that has also often created conflict because our training, for me personally, our training sits within schools of music, and I recently had this conversation with some colleagues and most people in schools of music, including music therapy, identify first as a musician.

So, when I had this conversation with some colleagues not so long ago, and we were talking about this idea of identity, even our students don't often identify *first* as a musician, they might identify more as a therapist. I came into this because I wanted to help people, and I love music, versus I came into this because I really love music and I wanted to do something that was worthwhile in the world right? So, the ways in which we define that.

I think for us, part of our challenge as music therapists is that there might be some expectations that we are musicians first and therapists second, and even our training kind of reflects that I think. We emphasize so much musicianship, and then we kind of dabble in the counseling, and then we're expected to just kind of know how to integrate it. But there are those that also identify as therapists first, and music is our modality in which we do it—so we have to have both. We have to have that strong. So, for us, I think our

professional identity is tricky because it is two distinct things that exist in their own realms of disciplines and we're, as a profession, we're trying to put them together.

I: I really appreciate that clarification, and I've noticed that come across a lot in literature right now as people try to explore music therapy professional identity. There's that huge argument of, are we musicians, or are we therapists, and how do we integrate them? So, I really appreciate that acknowledgement of that dual relationship.

I'm a little bit curious just for my own knowledge, where did you do your clinical training? Where do you go to school?

P: I did my undergrad degree and my masters at the University of Iowa and then my PhD at the University of Kansas. And I did my internship at the University of Iowa Hospitals and Clinics.

I: OK. Alright.

P: I was a nontraditional undergraduate, so I was 25 when I went and did my undergrad in music therapy.

I: OK, so you're coming in with a little more life experience than the average... I do feel like that can have an impact too, on your professional identity. Because you, ya' know, had to kind of figure out how to be a person first, yeah?

P: And I think that like, as an equivalency student, right? Like we see that a lot with the equivalency students, particularly when you place them in a class with freshmen. You know, you're like, developmentally *so* different, and your needs are different, and doesn't always work.

I: Definitely a unique experience. So, I'm jumping back into the scope of practice. I'm curious, just for clarification, what was your role in the development or creation of the new scope of music therapy document?

P: So uhm, when they decided that, when kind of the leaders of AMTA and CBMT... this really came out of government relations from AMTA and regulatory affairs from CBMT, and how they were facing questions about the scope of practice, from legislators and other professionals as they were working towards licensure and recognition in states and finding that they really needed a document. And originally, what we call now the Board Certification Domains, were, they were labeled the scope of practice. But it didn't... it was really the scope of practice at that time, which is now called Board Certification Domains, is really an exam content outline, right? It outlines the certification exam, so it didn't really fit the definition of scope of practice as it was understood by others outside of our discipline.

So, at that point, I was involved with CBMT. I've always had lots of service with AMTA, and then CBMT, but I was on the Continuing Education Committee for CBMT, or just had come off of it? Or I don't know why, timing is really weird, but I had just come off of it I think. Or anyway, I was involved with the CBMT and when they decided they wanted to create this scope of practice, as we know it now, they wanted representatives of AMTA and CBMT. So, I was a representative of CBMT, and there were twelve people that were appointed by AMTA and the CBMT boards. Six were from AMTA representatives and six were from CBMT. And then they split us up, and so, they divided us into six groups of two, and we worked on sections.

So, I worked on this section on harm with Jamie George from the George Center, and so, we were the ones that kind of, dug into that literature and drafted that section, and then we would meet. So, my primary responsibility was as a representative of CBMT and working on the section on harm.

[10:30]

I: OK, thank you, and I... you kind of already answered part of the following question in terms of the rationale. So, I was curious... a little bit to find out more about what was the rationale behind establishing the scope of practice, and what role, if any, did licensure play in the development and intent of the document? And it sounds like it's a pretty strong role.

P: Yeah, I think that it was... I actually pulled up the assembly of delegates presentation from the 2014 conference that this committee was doing. And if you haven't had a conversation with Dena Register or... well, I'm having trouble with names today... Judy Simpson from AMTA, then those would be the people that you should really talk to about the background in the rationale, because they were the people that were—kind of boots on the ground doing this work together. And when Judy, Judy working for AMTA and Dena working for CBMT, when they started to collaborate, that started to really build a nice bridge between the two agencies to work together, for legislation issues, and for licensure issues. And the licensure thing is really, uh, CBMT stuff, but we need the support, CBMT needs the support of the professional organization as well, and so, it was really important to work together, so they had different contacts and things like that.

So, that was kind of, those would be the people that really would understand the background of why they needed it, 'cause they were boots on the ground dealing with their legislators, dealing with the other professional organizations that might have been... trying to prevent music therapists from getting recognition. But it was, it was basically my understanding of it, is that it was basically—we need this as the tool to represent what our scope is as a profession, and part of the legitimacy of getting licensure, is that licensure is a protection for the consumer, and if you can't demonstrate that something could create harm, there's no reason to provide protection. So that harm section was

actually pretty important because we had to demonstrate, at a time when music therapists were very resistive to talking about the possibilities of harm, and that if we can create harm, then nobody is going to want to hire us. When in actuality, the potential for creating harm actually protected us as a discipline and from other people doing what we do, and protected the consumer, in a way that's very important for, you know, the consumer and our legitimacy as a profession.

I: Yeah, I've heard that argument I think a lot, the reference to music as potentially causing harm. I think I've heard that a lot in the argument against the difference between a music therapist and a music volunteer, just even that awareness, that it means it *could* cause harm, is such an important component throughout our work.

P: Yes, and we don't think about it right? Because we have a musician's mind, and the music is beautiful and wonderful, and a lot of people will think, "Oh, that's so nice, you know you get to do music, how lovely. It's so fun." Yeah... but there are other instances when it's not so fun, and we're not supposed to be the *fun* therapists, right? We're working with people, helping them to, you know, shift their ways of being in the world, or improve, or whatever their desires are to, you know, why they seek therapy in the first place, so... they're not always supposed to be fun and nice.

I: Those things, like those specific phrases, yeah.

P: Yeah, yeah.

I: So, we're talking, you talked a little bit, you referenced a little bit of sometimes... that tension between AMTA and CBMT, and this being a really important area where collaboration was necessary. So, I'm curious if you can speak to what that collaboration effort looked like between AMTA and CBMT. Why was the document created with both organizations as opposed to either or? And do you feel like there are maybe other documents that could benefit from collaboration between the both?

P: Huh, well, I think the collaboration for this was specific to... this needed to be a shared document, from my perspective and kind of what I remember, because we have to represent a unified whole as a profession, right? These are the boundaries—kind of what we do as a discipline, and both... AMTA is a professional organization, it's a member organization, right? So, it's our professional organization. CBMT has a *very* distinct role as a certification body, and so one of the things that's tricky about having a shared document is we do have to have a distinction between the professional body, particularly because AMTA is responsible for the clinical training and that sort of stuff, right? They monitor and set standards for education and training, and that has to be distinctly different from the certification. Because we don't want to blur the lines. Because we don't want to ever teach to the test, because then that one, stops the progression of the profession, and also, it's a direct conflict of protecting the exam as demonstrating—this person is ready to go in and *not* create harm.

So, I think that there hadn't been a lot of collaboration previously. I mean, just historically, CBMT emerged out of NAMT's board, and they, as a recognition, I think, back in the 80s, a recognition that we need certification, and it should be separate. So, there's all this history, right? And so historically, kind of, they were distinct... and that's a topic for another conversation, is the history of how these things all emerged. So, this coming together actually, for the scope of practice, was a really important document to represent unity of the profession and the discipline. And to have this shared document that could be used in the work of government relations from AMTA and regulatory affairs from CBMT, as they were moving towards licensure and recognition state by state by state. So, it's really a document that could be used for that legislative work and also, a document that could be used and understood by professionals as to kind of—hey, there are some boundaries to what you should be playing with.

In terms of, and I know you have another question related to like competencies and the Board Certification Domains, in terms of other documents, I think one of the tricky things is that, sharing documents blurs the distinction between the mission and the vision of both of these agencies, and if we have too many shared documents, then we run into a lot of misconceptions which are already there, that are really challenging to overcome. And kind of from my CBMT hat, protecting the exam is really its ultimate... like, we have to do that to have any integrity in, kind of, the outside world. So, I think there are probably some documents that maybe exist in AMTA still that could perhaps sit better with CBMT, just because of the history of it emerged from NAMT or AAMT, but it actually fits better with the mission of CBMT. But I, right now, I think that probably there aren't any other documents that, to my knowledge, would fit... would be good collaborative documents.

[19:12]

I: Yeah, that's a really good point, just in terms of keeping that distinction. Why do you feel that a formal scope of practice document is important? What does it cover that's not already addressed in the existing AMTA and CBMT documents?

P: I had to pull up the scope of practice 'cause I was teaching... we had to... I have a professional seminar that I teach scope of practice and with seniors. We had a lot of, you know, kind of calm conversations about it, and it's, what is it telling you, and what is it not telling you? So, I think it's important one, it really relates to the ethics and our ethical behavior I think, because in reading this, and really thinking about, you know, some of these assumptions like... what does public protection mean? And what does public protection mean for me at this stage in my career and the context within which I'm working? Right, so you know, as I work clinically, and even with training students, and I refer to this document, I'm like... wow, we have this broad document, but we probably need a scope of practice for certain areas as well.

So, I work a lot in the NICU, and there are some assumptions about what you should have, as a practitioner in the NICU, and some of those assumptions are good and some of them are maybe not so good. But we could probably benefit from having scopes of practice for particular areas of practice... but that's also really tricky because we don't always know what, we're like... So, I think the document is important, one because of legislation, and keeping recognition for our profession, which is important from a kind of a government standard. If we're recognized by state bodies, by federal bodies, as being a profession that needs protections, that requires, you know, licensure and training to actually provide this service. That also then translates to public knowledge that understands, hey, not everybody is a music therapist just because they can play the guitar and sing songs with me really well. And so, I really do think that it is an important document because of those assumptions that are on here—that the public protection, that we have training and skill sets, that we function from an evidence-based perspective, that we do professional collaborations and client centered care. And then this kind of idea of overlap of services, that we have this recognition, that we're not coming in and saying we can do it all, but that we do address things that are common from other professions and disciplines, and that that's where the collaboration is really important too.

I: Yeah, I'm hearing you say, kind of, almost that the document stands as almost a recognition that we know that we have boundaries. That's kind of what I'm hearing a little bit.

P: And we know that, you know, we know that there's the potential for harm, and here's how we're defining it. And again, that's where then too, we have to have the responsibility I think, as music therapists, to understand and then interpret the scope of practice in our context, but also at our level of training and experience, right? So, my scope in certain areas of practice is probably wider because of my years of experience. Like in the NICU, I have been working in the NICU for like 25 years, and I've been doing research, and practice, and training, and so my scope and my understanding of that is much deeper than someone that's just graduating and maybe had a semester or went to a training. So, uhm, I think this document kind of provides us with a framework, and also kind of like a baseline, that our personal scopes evolve over time with levels of experience. And so, we have to think about it in these kind of points and bullets within the context in which we work, and within the context of our experience. And I don't think we have that conversation very much.

[23:58]

I: So, I think that's one of the motivations for me asking some of these questions. It's just, you know, bringing some more awareness of this. And so, with scope of practice... so far, we've talked a little bit about its role in regulation and legislation. I'm curious how you feel the scope of music therapy practice can inform the work done by active music therapy clinicians?

P: You know this is interesting 'cause the discussions I was having with seniors as they were getting ready to go off to internship. They were starting to question, well should I be doing that? What about with this practicum situation, right? So, I think one of the roles that the scope of practice could have and should have probably in active practice is checking ourselves, right? So, it kind of goes back to that conscious ethical awareness of wait—do I have the training and skill set to do this situation? Do I have the knowledge needed to ask these questions in this way, to provide this musical experience? Right, and when I'm... and even being really conscious of—I'm taking this intervention into a client population. What are the potentials for harm? What are the potential adverse events that could happen? We talk about adverse events a lot in research, and we're not tracking those very well in our own disciplines research. But had we been, that would help us understand harm a lot better in our profession. But we don't talk about it a lot as practitioners. And if we're thinking more intentionally about it, then I think that helps us, one, just raise our awareness, but also makes us think critically about the things that we're doing. What are the activities and the ways in which we're using music.

I think, my work in the NICU as a clinician, when I would be asked that question, why are you singing that song, like, by the Neonatologists and I'm like... I don't know, and then having to really think about the music and what was happening with the music, and seeing the behavior changes positive and not so positive, right? Really learning how to read those regulatory and stress behaviors outside of what the monitors were saying, but really looking for little, tiny changes in their behaviors. And then how, what I was doing musically, had an impact on those things. That was really, for me, as a clinician, that was really that moment where I was like “whoa, oh”, thinking, and that was before this even existed and nobody would talk about the harm, because, oh, we can't talk about harm.

Recognizing that what I was wearing one day—I had on a bright, orange pair of pedal pushers one summer. And I had been working with this baby, and he was very dysregulated, and I couldn't figure out why. We've been working together for months, and I've never seen these behaviors. And then I, for some reason, decided well maybe, like there's something about me, is just too much in his face today? So, I lowered myself so he could see me outside of his isolette, but he didn't see my whole body, and like, rather than kind of, standing over the bedside—and then he was fine. And then, I stood up and he got fussy, and it must have been the orange, and shirt and pants, right? So, then I got a gown, and I covered my clothes, right? And that was my like, oh my gosh, what's happening, not just in the bigger environment, what's happening right here in this relationship and the environmental characteristic, that also is impacting what's happening musically, right? So, it's all of those things, and I think, if we were more conscious about these aspects of the scope of practice and we're thinking about them more intentionally as we are practicing, I think we'd be more satisfied with our work, and we would also be questioning it and pushing it forward a little bit... more too.

[28:17]

I: That ties very strongly into my next question, actually. How is music therap... hold on, how is scope of practice regulated in music therapy and what happens if our scope of practice is violated?

P: I don't know. So, AMTA has the aspirational Code of Ethics, right? So, there's kind of this Code of Ethics that it... it's a guiding factor. But really, the only kind of mechanism in place is losing your board certification, and there's a whole process for that, and it is all related to protection at the consumer, right? So, the board certification process, and review, and all that sort of stuff in the documentation of... doing wrong. That's a very long process, and it's very well laid out in the CBMT document...and I can tell you in a second, I think, just to be accurate with the... professional practice, oh. So, but basically, the taking away someone's board certification is related to the consumer, right? So, it's not, I did harm to another music therapist, it's harm to, or something immoral, or unethical to the consumer, or their potential for that. And it's very well laid out in the Code of Professional Practice, that's what it is. So, CBMT has this Code of Professional Practice that kind of talks about being compliant with the CBMT standards, policies and procedures.

If anything, like, where the responsibility of a board-certified music therapist is to notify CBMT of any changes like... an address and things like that? Protection of CBMT branding like, so how can we use the CBMT logo... that sort of thing. And then, kind of the application and certification standards, and then the establishment of special disciplinary review, so if somebody brings to the attention and disciplinary hearing committees... and there's so, there's all these mechanisms in place with CBMT, to go through this process, and then legal processes that happen. So, I suppose if someone said, hey this person is practicing outside of their scope of practice, and that this scope of practice is a document that we as professionals can use to identify somebody who is not, maybe a board-certified music therapist, or maybe doing something that more relates to music therapy scope of practice but not, you know, maybe they're not part of a discipline, or maybe they're kind of a discipline that's emerged that's using music, but isn't necessarily music therapy... so it can be useful to kind of, define those parameters. But we have to be able to demonstrate that there is a challenge to the outside, to the public, before anything really can be done, so I'm not sure... how the scope... I mean, I guess the scope of practice probably helps to make a case for disciplinary action.

[32:20]

I: So, I think it's an important thing to just be aware of, and just helpful for clarification. So, the scope of practice encompasses, and I quote, "a range of responsibilities of a fully qualified music therapy professional." How did these responsibilities relate to the AMTA Professional Competencies and CBMT domains, if at all?

P: OK, so this is an interesting question because there's a lot of confusion about the competencies versus the Board Certification Domains. And how do we get people to pass the exam? Yeah, I think it's important to remember that the CBMT domains are a reflection of current practice. So, what's happening, you know, if there's a process that goes that it's a very rigid kind of... an analytic process, right? It's psychometrically sound that goes through to recognize—what are the job tasks that music therapists are doing, and then how is that happening at the entry level, right? So, the board certification is really a representation of entry level practice. So, the Board Certification Domains are really kind of the job skills, the tasks that we do, and that process is redone every five years. So, what's interesting about the Board Certification Domains, and previous to that when they were labeled scope of practice, is you can look at those and you can compare them, and you see you can see the evolution of our profession or lack thereof, right? You can see.

So, for example, the latest Board Certification Domains came out well, I think they were effective 2020. In the previous Board Certification Domains there were a couple of questions about safety embedded into another section, and now, the very first section in the Board Certification Domains is safety and it's worth five questions on the board exam, right? So, there's been a shift in the profession that recognizes. And I would say that probably the scope of practice has been very instrumental in that because there is a section that talks explicitly about the potential for harm, and we are now having conversations about harm, and people are thinking about how to recognize harm and label it. That wasn't happening before in a more, in a broader sense. So, in some ways, the CBMT Board Certification Domains help give us that range of responsibilities because it gives us an indication of—what are the common job tasks that are for the music therapist, whereas the professional competencies are those expectations of knowledge, skills, and abilities that help define curriculum and that we have to be building across time to become that professional. So, the professional competencies are more broad, and they are kind of more foundational, where the certification domains are going to shift with practice. So, they're related, and they inform each other, but we cannot set the competence, in my opinion, we cannot set the competencies based on the Board Certification Domains because we need kind of this grounding of what do you have to have in order to do those job tasks that show up on the Board Certification Domains?

And the competencies have to be kind of... flexible enough to respond to changes that are occurring or will be occurring. So, I think that they're both informative to that kind of section of the scope of practice, the range of responsibilities. The Board Certification Domains are probably more relevant to the range of responsibilities, 'cause they're reflective of the jobs, and what people are actually doing in the jobs, and then kind of what we have to know to do that in the jobs. And the jobs are evolving, more than the competencies. But they're, I think, they're both relevant.

I: You're now making me think of like this comparison, or like this evolution of our practice. I, you know, like... looking at the domains and seeing how they've changed over time. A whole separate thesis but...

P: We need more people doing history kind of things about our profession.

I: It's such an interesting history. That's something that I've stumbled across, even in writing. I mean, in order to even start having these questions, I also had to start back at like how... before AMTA, before CBMT, and like... how did these even come about? So yeah, these historical questions, I think, are going to be helpful in figuring out where to go next and see, what work have we already done, and why did we do it in the first place? But, jumping a little—kind of steering us back towards professional identity. We asked the question way in the beginning, but I'm curious, do you feel that scope of practice has an impact on professional identity development? Why or why not?

P: Hmm, I think that's a good question and my first gut response is uhm, no, probably not, because how many of us are actually reading this and thinking about it as we're working? And then my more...Yes, I think we should. I think it should. And I think it does kind of go back to what I was saying earlier about thinking through and having more intention about the ways in which you were identifying yourself, and how your skill sets at a time, and your knowledge base at a particular time fit into how you're defining music therapy and music therapists. The assumptions, where you sit with some of those assumptions, like your knowledge of evidence-based practice, is not going to be about everything in music therapy, right? You come out with your degree with this really kind of general, broad knowledge. But if somebody asks you a specific question you guys go, uhh... But you know, my knowledge of evidence-based practice in a particular area of expertise is much deeper. So, I think it could have a really big impact on our professional identity because it shifts with where you are emphasizing, and I, I think so often we come out kind of as these generalists, and it can be one of the hurdles for us, right?

I've had professional interactions where I've had other disciplines, in not so nice ways, say, “Well, you think you can do everything,” and I'm like—no, I don't. But again, I get, you know, like I can address different things in a different modality, right? And I think that's also where I kind of come into this place, where we probably need a scope of practice in different areas that help us kind of define the parameters. But you also don't want something to be limiting to the growth and the evolution, right? So, I think, kind of to answer your question... I think that the scope of practice should have an impact and could have an impact on our professional identity development, but I'm not sure it's always intentionally used in that way.

I know in kind of parsing it out and really talking about it with students, you know, in a fifty-minute class, so not a lot of time, but they were like... It gave them pause to just think about—oh wait, I have to think about this more intentionally, I can't just blindly go

in and do this stuff and sing the songs and play the drums, I have to actually think about it more intentionally. So, I think it has, it could have a role in helping to shape our identity and then, where are my gaps? What do I need to learn? Where do I go get continuing education? In what areas? So yeah, I think it definitely can have an impact on our professional identity and maybe we should... I mean, maybe people are using it more than I'm aware of. I mean, I know it's definitely impacted me because I worked on it and so it's just kind of always there wondering about it.

[41:38]

I: Yeah, just keeping it in your conscious awareness. It seems like awareness and intention are like two themes that, I think, come up a lot with this document. I'm kind of taking a step back into... We've talked about a little bit, that clarification between the professional competencies and the domains, and I agree there is a lot of ambiguity. I think a lot of people sometimes get confused, and it's important to distinguish the two. What of the two, the professional competencies or the CBMT domains, do you feel is more influential in professional identity development, if either?

P: Well, this is interesting, and this is coming from my perspective serving CBMT, right? Being on the continuing Ed Committee, being on the board of directors, being chair of the board of directors for CBMT, and also kind of then my role at AMTA on the assembly of delegates and I was on the competency review task force for a while until it was a conflict of interest with CBMT. So, there's this concern about the exam pass rate and there are shifts in the exam pass rate and so from an educator's perspective, there's been a lot of conversations about—we should be talking, we should be... the Board Certification Domains and the competencies should be one in the same and then teaching to the test, kind of, right? Those there are underlying conversations about—well, I need them to pass the test, so I'm going to teach to what the Board Certification Domains are and my thinking on that is that the Board Certification Domains change every five years. We can't teach to the test. But, and this is where I think it's hard because I think a lot of this responsibility and on the professional identity falls on educators or they have a huge, they have a big responsibility towards this, I think we have, for so long, everything in our curriculum has been based on the professional competencies.

So, I think, for so many people they come out of school with an understanding of the competencies, and they don't really think about the Board Certification Domains until they're preparing for the exam. And then they kind of think about them to pass the exam, and then I'm not really sure that they're really thought about until you get the e-mail from CBMT asking you to do the practice analysis survey. And some people do it and some people don't. And so, I'm not sure, I guess, about how they reflect on the professional identity, except at kind of these distinct times in development.

It's interesting because the competencies require us to, kind of... they need to be broken down. They need to be kind of scaffold across time, and we need to be prepared after internship to go to meet all those competencies and to demonstrate that we are competent so that we can sit for the board certification and go in and do those kind of broad common job tasks, yeah? So, I guess they both have an important, an influential aspect of our identity, because it's really, they're really both defining who and what we do and the knowledge that allows us to do those tasks.

I: Yeah, and in different ways.

P: Yeah, yeah, it's a really good question because I haven't ever really thought about it in terms of like, these documents and these guiding factors that create our professional identity, and then my next question is, are they accurate? Right? Like, is it the right professional identity that we want to have like... I don't know, so.

I: Yeah, it's interesting 'cause I definitely wrote this question with some like, early young professionals in mind. You know, you're fresh out of internship, so what are the documents that you're... that's huge in identity development in that initial... Yeah, that was kind of where that question stemmed from.

P: Well, and it's interesting. I mean, I have familiarity with a couple of different programs, but you know, of course not everybody. But I wonder how much—and here is that idea of intention again and awareness—how much awareness do students have about professional competencies and the evaluation of their professional competencies, and how much are they intentionally developing those competencies beyond what they might be exposed to in the classroom? Because you can't teach everything, right? So how are people, how are students taking responsibility? It's kind of like when you advise them in what courses to take. If, you know, the advisor is *advising* but they're not responsible for making sure you got all your classes for your degree. And so, how much responsibility are students taking towards self-evaluation?

I: I have the same question. Also, even about professionals. Like, once you get the certification that says, yeah you did the test, how many people are going back and looking at those documents and making sure they're staying in that awareness?

P: Well, they go into the Board Certification Domains if they ever are presenting, and in music therapy conference because they have to identify how their objectives meet Board Certification Domains, right? They have to do that for re-certification. But do they ever go back and look at the professional competencies?

[47:42]

I: And then we have the advanced competencies. So many questions, right?

P: I'm always working with the document, so I don't really know what the... yeah.

I: Yeah, and actually, that kind of comes into my last question. There're so many documents, right? There're documents that I didn't even know existed prior to doing this, and everything from internship guidelines to, you know, going into CBMT, has their own set of documents. What would you consider to be the most important documents for music therapy clinicians to be familiar with and why?

P: Well, I think definitely... I think the professional competencies, right? Like as you're entering the program and depending on how the degree is set up in your in your training, you know, it's something probably you should be familiar with right from the beginning and understand that your curriculum is based on you developing this set of guidelines. And that it's not just you have a responsibility in making sure that you're competent in those areas, and using them more intentionally. I think for a lot of programs it's kind of like—yeah, they're competent—and they go off the internship and you're like, are they? That's a conversation, I have a lot of challenges about competencies.

The Board Certification Domains I think are important too particularly because you're preparing for the test. I've said this and shared this with people on the board of directors of CBMT, but I question sometimes, their relevance for somebody like me who's been in a profession for 30 years. And when I have to demonstrate that the session that I'm presenting is still fitting into those tasks, or that my continuing education is still fitting within those domains, sometimes it's really hard for me because my trajectory has shifted, right? So, my specialization has shifted, the ways in which I think about music therapy and how I practice have changed, and sometimes that feels like it can hold back the development 'cause you have to fit within those parameters.

The other document that I have often questioned is the AMTA Standards of Clinical Practice, because it lists the populations that people could work with, and I have always not served populations that were on the list when I started working with them, right? So, when I was working as a clinician early on in the NICU, that was not on the Standards of Clinical Practice, and I'm like—am I outside of my... am I in violation? And I think some of the language, like individualized assessment. How does that work when I'm working in the hospital with a group of patients, you know, pediatric patients that just show up to the session. I never know who's going to show up. How do I do individualized assessments because I'm just doing on the spot assessments of how they're responding in the moment to what I'm bringing because I have no idea who's going to show up. So, for me early in my career, those doc, that document was a little bit scary to me as I'm like—Uhm, so I'm not sure what relevance it still has.

But I think the ones that I find myself using most really are the competencies, the domains, and the scope of practice. And maybe that's just kind of where I am in terms of my service and education. I don't know if I was a clinician, if I would be... if they would be influencing me. I think the ethics document is also really important. Yeah. I think we

need that, and then the Code of Professional Practice from CBMT. Everybody needs to be aware of that and probably that more so when you become board-certified.

I: Well, that's actually all of the questions that I had and I really, I again, I really appreciate you taking the time to sit with me 'cause I know that not all of these questions were super, you know, easy to answer.

Appendix F: Interview Transcripts 1; Piper Laird, MM, MT-BC

What We Do & Who We Are-Interview 2
6/23/2022 - PL
I: Interviewer
P: Participant

I: OK, and let's dive right in. So, as you know, my project specifically is looking at both scope of practice and professional identity and so with that, the first question that I have is how do you define scope of practice? It's a phrase that's thrown around a lot, but not everybody agrees on a unified definition.

P: Sure, so how I interpret that is it's the knowledge, skills and training. Which is kind of like a high-level overview of knowledge, skills and training that allows for safe practice of music therapy. Kind of short and succinct, but I kind of feel like that's... in more broad terms I suppose, a little bit more, is like it's what we can do and what we can't do.

I: OK, yeah, exactly. It's just, I don't even know if it has to be more complex than that. And it's just, I think, something that people throw into their vocabulary, but I'm like—do you actually know what that means? And so, I appreciate you giving that definition here. So also like I said, the second part of this is about professional identity. And that also means something different for everybody, so I'm curious for you. How would you define professional identity?

P: So professional identity I think goes back to those skills, knowledge, and training and more so what I bring to the table. What I'm able to do that maybe somebody else can't do, or what I can contribute to what somebody else can do, whatever the profession is that I'm working with.

I: OK, that actually ties really well into the third question just because it's all about, you know, working together, especially kind of when you're in the medical setting. So, I'm a little curious, in what capacity do you collaborate or work with other professionals outside of music therapy? And how do you navigate defining your role in that interdisciplinary treatment team?

P: Well, OK, so I work at an academic medical center which means that I work with a lot of people all the time. New people, fresh faces coming in all the time, so we're constantly changing that interprofessional team to be able to meet the needs of the patients that we have. So, whether that's physicians or case managers, social workers, nursing staff, our bedside staff of CNA's, the folks that we work with in EVS, so there's so many different people that I work with on a daily basis.

And to go to the second part, like how do I define that role? I go back again to that skill set of what I bring to the table, and I show it off in a lot of different ways. So, whether

that's telling a story about a patient who had the opportunity to do a legacy bucket list item while they were here in the hospital that they wouldn't have gotten a chance to do outside of there, and that music therapy was able to provide that nobody else could. Or that I've made a connection with a patient who had a difficult time navigating their hospital stay and the person that they responded to best was me because I brought in something different and looked at the same thing but in a different way.

So, I'll tell you a little story. I was working with patient a couple days ago, very just flat affect, didn't really want to do much with anybody or anything, and I went in and we were listening to some preferred music, and all of a sudden, this patient starts dancing in her bed. And she's moving, she's grooving, she's smiling, she's having a good time, and I went out and I talked with the nurse afterwards, and the nurse went—just kind of open mouth like, oh my goodness, what? What did you just do with her? Because she had gone in just a moment like after I walked out, and the patient was still kind of moving, and grooving, and talking and bright eyed, and all of this. And so, getting a chance to explain what it was that we did, offered up, and kind of showed the nurse what it was that music therapy could do for a patient. The other person who was sitting there was the food nutrition person, and she also was like—what? She's eating? Because that was the other thing was the patient had not, wasn't really doing a lot of eating. And so here, music therapy was able to get this patient into a place, in a space to be able to do that. So, two different professionals that I was working with, they're the nursing staff as well as the nutrition staff, and being able to highlight what music therapy was able to do for the patient. So really highlighting that piece, I think, is an important piece for working in a diverse environment like we have here.

I think the other thing that kind of comes up a lot of times is comparing scope with those different professionals. So really making sure that I understand what their scope is, and then helping them to understand what my scope is, and talking about the similarities and differences. So, if I'm talking with a speech pathologist, just talking about—yeah, I can work on speech things too, and we can work together, and let me show you what it is, what I have the opportunity to do, and what I can bring to some of the goals that maybe you're working on as well. And within all of that, I think the bigger piece is building those relationships, building the connections between the people and using things like scope to be able to say and bring, be able to bring people closer to understanding what it is that I do when I'm in a room.

[5:49]

I: Yeah, I think using what we actually do is such a powerful way, not only to define what our role is in those kinds of settings, but also, I mean, that's like the number one thing people reference when they talk about good advocacy. Just tell them what you do, give an example 'cause sometimes that's the thing that makes that connection. It's a great story.

P: Right?

I: I kind of, like yes, win for music therapy.

P: It was

I: So, we do have a really broad scope of practice and that is, you know, a conversation that I think is had quite often, especially when other professionals are examining our scope of practice, and so I'm wondering, have you ever come across challenges staying within your scope of practice or observing others practicing outside of their scope? If so, how have you navigated addressing the problem and what documents, if any, did you find helpful in defining that role?

P: OK, so as far as me being challenged to... outside of my scope. OK, so starting with that part of the question, I think there's always challenges. I think that there's things that come up that really challenge whether or not it's within the scope or not. And working in a major medical area, right? I know this much [gestures] about medicine. Even though I've worked in the field for 25 years, like understanding where my boundary is, and knowing like, if I needed to go into another area like, that I have to have training within that.

So I can't step into, you know, I'm not a psychologist, and I know—OK, if I have a patient who's experienced trauma, I have a skill set that can work up to a certain point, but when I hit that point I know where that is, and I then rely on the other people who are around me to then pick up where it is that that boundary is for me. And that I'm sure I've taken courses on how to handle trauma, and that was part of my graduate work as well, and to take a look at, OK, this is much deeper seated than I have the experience to be able to delve into to be able to help in a short-term hospital stay. And so then referring out to the other professionals who might be able to do that.

Same thing happens when like, or if I can build that skill set of being able to do that. So, I'm trained to be able to help to reposition patients in their beds, whereas I wouldn't be able to have an intern do that because that would be outside their scope of what they've been trained to do. Because I have the additional training, I can actually help a patient be repositioned in bed, move them around, do some of that stuff that that I wouldn't expect for somebody else who hasn't had that training to be able to do. So, it's outside my scope, but I've had additional training to be able to make sure I was able to do that.

For the next part of observing others who are functioning outside of their scope. I don't usually do confrontation because maybe they do have extra training that I don't know about. And so, it's eliciting that conversation of making sure that I, I know what other training or what their scope is. You know, some people have some amazing trainings outside of, or they have a specific idea about using music—I think that's the one I run into. You know, they want to use music within their scope, and in understanding what the

differences are between the music therapist using it versus another discipline using music, and what those differences are and being able to have an open discussion with them about that. Because I don't know what their background is, you know? Maybe they are a board-certified music therapist and it's not... maybe they're practicing occupational therapy now. And so, making sure we're not making an assumption about what their scope and understanding and learning and skills and training are. But being able to have that open conversation, I think, is the way that I've approached being able to do that when I have had challenges or been asked to go outside of my scope.

The documents that I tend to go back towards are the scope of practice, but then also too, the CBMT domains. I think that kind of delineates out, and I think it's answering another question you have a little bit later about the domains, and I think it really helps. That's very specific and like, spelling out more of like what the body of knowledge is that people need to know to be able to practice. And I think it kind of is pretty comprehensive when you hand it to someone and say these are the domains and what music therapists know and are able and capable of doing. And so, a little bit more specific into some of those areas that might feel like there's a little bit more of an overlap with another profession, of being able to say, and substantiate and say—you know, this is what competent practice looks like from these domains and these are the things that I can do, and these are the things I can't do.

So, it's gotten me out of doing some things. So, I was asked... I used to be in a different department and they were asking me to take call. And I said—you're asking me to take call on something that I'm not trained in, and you're asking me to take call outside of my scope. And so, I was able to pull out the scope of practice, pull out the domains, and say these are the things that I *can* do and what you're asking me does not align with that. And so, I was actually able to get out of having call.

[11:44]

I: I mean, that's also, yeah. I mean, in that instance especially, it sounds like it was almost a protective factor for you.

P: It was.

I: Oftentimes we talk about protection for the consumer, but even in your world, it's like—oh no, hold on, I can't do that. OK, so I do know that another component of your role is obviously training students as well, and so I'm curious a little bit to know about what kind of documents you reference both within AMTA and CBMT when working with students? Are there any that you find to be more significant to reference than others? Why or why not?

P: So, I use all the documents. There's not a document that AMTA or CBMT puts out that I don't reference at some point during internship. They all have very different functions,

and so it's being able to speak to those functions for students is something that I really tried to make sure happens right up front from internship. And so, one of our first orientation assignments is actually to go through those documents and then I ask questions, have questions for them to answer and look for specifically about the function of the document and why they're reading it. And then, as we go through internship and they get closer to the end, we kind of review them again, talking about what's your scope of practice? What are the domains, so you know what you're going to be tested on when you go to take your exam?

Looking at the competencies at the beginning of the internship, saying, these are the things I'm evaluating you on throughout your internship. And I kind of do it in a systematic way so that it's not all the competencies every moment. We kind of break them down into three chunks for students. I have them review the national roster guidelines so that they know what to expect of me as well as of an internship. What is expected of them? What's expected of their universities? What do we do if we have a dispute? So, it gives them, I think, some solidity and some footing and feeling like they have recourse in case something doesn't go right. I have them reference to AMTA code of ethics, but then also inversely be able to look at the Code of Professional Practice from CBMT, which I think is a good guideline, knowing that that's what they're going to be held accountable for post getting their certification.

The other documents that I use are the Standards of Practice. And I think those are really helpful, so I have them review the general standards, and then I have them review the medical and mental health because those are the two other areas that, you know, we worked specifically with at this facility. So, I really try to interweave those together and all along the way, really educating on the differences, the importance of each one, and then during different parts of the internship, each one kind of come up in different ways and then we can talk more about them. Or, you know, sometimes they'll come to me, and they'll say—oh, I have a question about this document, or hey, I heard somebody talking online about this and, you know, what does that mean for us? Or how does that work? Or how does that function? And it seems to have worked pretty well, I've had a chance to coach quite a few interns at this point.

So, I think, that when we when we had the scope of practice change from it being kind of a nebulous thing, to having something that's a CBMT, AMTA document that's together, that that was really thrilling for me as a practitioner to really be able to have something, again that I can hand to my CEO, and have him understand. I can hand it to the chief nursing officer, and I can say—this is my scope, this is what I'm able to do, and she looks at it and goes—oh, some of these things are the same as nursing. Like Yep, they sure are. And so, I think it gives that footing and helping interns to understand how they can use and utilize the documents themselves, not only during their internship, but then also in their professional life.

[16:07]

I: I can imagine in the medical setting that scope of practice plays beautifully just because so many, I mean scope of practice stemmed out of healthcare, so a lot of them are very familiar with what those documents look like and what they mean. So, I can imagine that would be a very useful tool. I definitely think you already touched on this, but just for clarification. How do you clarify what skills are and are not appropriate for music therapists to perform when working with students in training?

P: So, let me look at my notes on this one, 'cause I took a moment to make sure I was doing that. So, I think one of the things that I try to emphasize is what skills are learned on the job. Because sometimes, we have things that we can do, but they weren't really specifically spelled out in your education. That there's maybe some things that you could do that are OK within the scope, even though they're not things you've practiced a whole lot. So, some of that on-the-job training, skill development, taking that book work and learning how to apply what that is and the different interpretations that could come from that.

And then, I think one of the things that, you know, when I'm working with a student is they'll see me do something and I'll be like—this is not within your scope. This was from additional training that I've taken. And that positioning example that I gave earlier, about that I can move patients around in bed, however, you're not able to do that. But I do have interns, who when they come in, they all do wheelchair training, and so I actually send them to someone else to get trained on how to use a wheelchair, what they can and can't do with that. And it's great, because then I don't have to take responsibility for that, and they have a training to say that they're competent to be able to move a person around in a wheelchair. And so, that's an on-the-job training that they have. And so, I kind of helped them to know where those boundaries are, and to be able to describe what that that is.

If there are things that fall outside of what's in the scope, which is the assessment, planning, implementation, evaluating, and then documenting, if there are things that fall outside of what those are, then that's where I help the intern to again, understand what those boundaries are. And a lot of it comes up with the implementation and what's going on in the session in the moment. And, you know, when that counseling skill gets to—well, OK, we've gone far enough, there's nothing else within your scope or your experience level to be able to continue with this patient, let's find another source for them to be able to have that.

[19:16]

I: Yeah, an important part, I think, of student training is just because they have to try and figure out how to assess that on their own going forward. So, the next question is multi part, so I'm going to break it up just a little bit. The first part is, in what capacity are you familiar with the Scope of Music Therapy Practice document

and do you feel that that document is necessary in clarifying roles and expectations? Why are we not?

P: Very familiar with it because one of the things that I do, and I make sure that students do, is that I'm reviewing those documents all the time. That, you know, at least once or twice a year, I go back, and I read them myself and think through—how does this apply to what it is that I'm currently doing? How does it apply to my job description, my role? So, very familiar with that scope of practice and I think the document itself, again, gives that high level overview of what can be done and what can't be done. It gives us some boundaries, some parameters for practice, and then I think that there's...

One of the things that I really appreciated about the document was the beginning of this conversation about harm and how that plays into what it is that we do as music therapists, and it's really helpful when talking with students as we talk about what potential harm there could be. We actually can go back, and we can reference that document about well, there could be harm, and if we don't have a board-certified music therapist working with someone, what are the potentials? And so, it comes up both in that light of what harm could be in scope, but then also we talk about it in an ethics way as well. And being able to pull again, both those documents together when we're having those discussions about what harm could look like, and I think that that that's one of the things I really appreciate about the scope of practice was being able to start that conversation about harm. I don't think it's as strong as I might like it to be, but at the same time I think it was a great beginning to the conversation about what we do and talking about harm. And I think that there's been more information coming out, people studying harm, and the use of music and harm and what that could be, *because* of the scope of practice coming out and the beginning of that conversation.

[21:57]

I: Yeah, absolutely. I've heard that argument also referenced in terms of our own role protection where other people are like—what's the difference between a music therapist and music volunteer? That harm argument is often brought up. I'm going to adapt the last part of that question. What other documents, and I think we kind of touched on this earlier, do you feel are relevant in role determination?

P: So, scope of practice, domains, I think the Standards of Practice are good stack kind of, again, gives us some guideline into helping others understand what it is that we do and what that standard practice of music therapy looks like without having additional training. Certainly, like Code of Ethics, Code of Professional Practice. You know, being able to help again say, this is what we're doing ethically, this is the Code of Professional Practice and how important that piece is in defining what we do, which gives us again, it goes back to that identity, right?

It tells us what we can and can't do, and it gives us that sense that there's something behind it. It's not something that's... Because so much of what we do is not quantifiable. But these documents help us to feel like there's a grounding and something that is quantifiable. Did that answer it?

I: Yes, yeah, I'm thinking about how that applies in the medical setting as well. Where quantifiable information is valued. So, do you feel understanding one's scope of practice influences their sense of professional identity? Why or why not?

[23:55]

P: I do, I think that it helps to, again, give that grounding, that sense of... Because we hear so many other people talk about what their scope of practice is, especially in the medical setting like to be able to have that same lingo that same—this is what's within my scope, this is what's with that, you know, outside of my scope. And then, especially, like I said, having interns understand what other people's scope are.

You know, I think people, I think students oftentimes will take defense when somebody else is using music like—whoa, time out, we don't own it. But there might be an overlap in what that is and how great to be able to have a discussion based on that, that allows us to move forward to pull those relationships together, to connect with other professionals who, maybe you're going to learn something from. You're going to learn from them about how, how their scope works and their function within the hospital and what it allows you to do what you do and celebrate what you're able to do with a patient that maybe somebody else doesn't have the opportunity to do.

I: Yeah, it goes back to your example from earlier too. What factors do you feel influence professional identity development in students versus professionals?

P: So, this is going to sound very similar to the very beginning. Understanding knowledge, skills, and training, and the application of each of those to the professional setting. I think that that... It comes from a sense of confidence. As you're going through and you're gaining the knowledge, you're gaining the skills you're gaining here, be through the training that allows you to know that what you're doing is going to provide safe and effective practice for the consumer. And I think the more confident we are within those, the more our professional identity comes across so that we can walk into any situation and talk about how music might be effective for whatever that need or opportunity for wellness might be. Because there's not always a need, but we want to maybe build wellness, so opportunities.

What does music, what's the function of the music within each of those situations, and how could music help to influence whatever that that might be? And I think that the professional identity that we have is the application and the confidence to put those things forward and go—yeah, yeah, that's what this is, and also the confidence to say I don't

know and be able to be a little bit vulnerable within some of that because I don't know everything.

If I was to go to work in another area that I'm not as, you know, I don't know as much in, I could still look for the function of the music, I just might not be quite as confident in being able to know exactly what might be the best thing. But being humble and understanding that there's still so much to learn within those areas as well. So, I think professional identity is confidence, but at the same time, understanding that there has to be a growth mindset, that you're going to continue to learn through what it is that you're doing. And the more you learn, the more you practice, the more training you have, the more confident you're going to be, which then feeds a positive cycle forward.

[27:56]

I: One of those, like time and experience, will kind of guide that process a lot I think.

P: And it's a huge growth, a huge growth spurt that happens during internship. It's one of the reasons I love it is, you know, and then why I've done this for so long, is because I really enjoy having the opportunity to see somebody go from not really having a professional identity outside of being a student to then developing into this person who's going to be able to go out and provide services and that transition and that transformation is—I'm always in awe of these students who come in, and we see them at the beginning, and it's like I'm not sure I can do this, to the end where they're like—yeah, bring it on.

I: Right back to that confidence piece. You have to kind of prove to yourself that you actually know what you're doing. I really like that you touched on the vulnerability piece of being able to admit that you don't know. Especially, I think in music therapy and the creative arts in general, we can be so defensive of what we are, 'cause we're constantly advocating, so to admit that we don't know something can feel like such a weakness. So, I appreciate you bringing that kind of into the narrative there.

So, between the AMTA Professional Competencies and the CBMT Certification Domains which do you feel would be more influential in the development of professional identity development?

P: Both? So, I'll go further into that. So, I think, to begin with, the competencies are really great for students as they begin to develop that, because that's the educational piece of what it is that they're going to be doing, and so being able to capitalize on that part of it and then as they become professionals, really looking at what those domains are to be able to identify areas that maybe they didn't get education on, or something that they feel like they have an area of opportunity to grow in, that it gives them more... like almost like

a playbook, so to speak, of what other areas that they might be able to continue their education in.

So, I think it changes from student to professional and that the timeline... that's not the right word... The journey that they're on. And so, so, I think the competencies really start that and then going more towards the domains, which is what we want. We want them to be educated and then be able to practice, and we're practicing under CBMT and that certification rather than functioning as a student. But still being able to maintain that understanding of lifelong learning.

I: It's part of that evolution, right? That happens at internship. Actually, we're already to the last question that I have, and that is, in your opinion, what would you consider to be the most important documents for music therapy clinicians to be familiar with and why?

P: I wish I could give you a single one. I really think it's important for music therapists to understand and know each of the documents and the function of each of the documents. You're going to need them at different times during the career, whether that's going from student to professional in professional development...

Again, I go back to all of them because I'm training students and you don't know when you might have that opportunity. When you're telling, you know, somebody why you need money for your program, and being able to use them there. So, I wish I could say that there is like a specific one I think that it would be most important as a professional.

Personally, I probably lean more towards the domains and the scope of practice as the documents that I use in my professional life, but when I'm talking about it and I'm explaining what we do, I use the competences to say how many competences we have. The Standards of Education and Clinical Practice, I need to be able to talk to that sometimes as well. So, I guess it depends on the function of the document and the need to discuss what those are as to which one I lean on more. But probably in my professional career it's probably more scope of practice and domains.

I: OK, and that makes sense, especially with the domains being more of a reflection of what's actively being done. Well, that like I said, that's that was all of the questions that I had outlined.

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