

Marketing in Music Therapy:
A Survey of Self-Employed Music Therapists to Identify
Methods of Marketing Planning, Positioning, Promotion, and Implementation
by
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ABSTRACT

A survey of board-certified music therapists who identified themselves as self-employed was conducted to examine current methods of marketing related to planning, positioning, promotion, and implementation within a music therapy private practice or contracting model, as well as identify trends in marketing methods as compared to prior research. Respondents ($n=273$) provided data via online survey as to current marketing practices, assessment of personal marketing skills, and views on marketing's overall role in their businesses. Historical, qualitative, and quantitative distinctions were developed through statistical analysis as to the relationship between respondents' views and current marketing practices.

Results show that self-employed music therapists agree marketing is a vital part of their business and that creating a unique brand identity is necessary to differentiate oneself from the competition. A positive correlation was identified between those who are confident in their marketing skills and the dollar amount of rates charged for services. Presentations, websites, and networking were regarded as the top marketing vehicles currently used to garner new business, with a trend towards increased use of social media as a potential marketing avenue. Challenges for respondents appear to include the creation and implementation of written marketing plans and maintaining measurable marketing objectives. Barriers to implementation may include confidence in personal marketing skills, time required, and financial constraints. The majority of respondents agreed that taking an 8-hour CMTE course regarding marketing methods for self-employed music therapists would be beneficial.

DEDICATION

First and foremost, I thank God for the numerous blessings He has bestowed upon me, the door He opened for me into the world of music therapy, and His constant encouragement that I can do all things through Christ who strengthens me.

This work is dedicated to my wife, Karen, for being the encourager when my thoughts were wandering, an unrelenting beacon for our family when times got tough, and most of all for being my best friend through this incredible journey. You are the reason I am able to experience this moment. I love you and I am forever grateful. I would also like to dedicate this work to my children, Ryan, and Megan. Thank you for your encouragement and support. It has been such a joy to share my triumphs and struggles with you and have them received with unconditional love. Your laughter has fueled many a long night; well after you went to sleep.

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CHAPTER 1

INTRODUCTION

It is estimated that we see over one million marketing messages per year or around 3,000 messages per day (Godin, 1999). Which specific messages we respond to out of the myriad of messages being sent our way has to do mostly with how well a company's marketing efforts meet our specific need or want. Dr. Philip Kotler, S. C. Johnson Distinguished Professor of International Marketing at the Kellogg School of Management at Northwestern University, and a leading expert in the field of marketing for the past 50 years, cites, "Marketing is not the art of finding clever ways to dispose of what you make. Marketing is the art of creating genuine customer value. It is the art of helping your customers become better off" (Kotler, 2012, p. 2). Considered both a science and an art, marketing has long been deemed a key factor contributing to a business's continued success. Marketing provides a means of exploring, creating, and delivering value to satisfy the needs of a target market at a profit (Kotler, 2012).

Marketing guru Seth Godin concurs with Kotler stating that marketing provides the opportunity for a business to create a personal message and promote its value; however, Godin also contends that the art of marketing has changed, and the one-size-fits-all type marketing strategy of the past does not work in today's technologically advanced market (Godin, 2007). Godin (2007) goes on to suggest that companies must remain aware of new marketing trends to be successful and reiterates, "marketing does not support the organization, the organization supports marketing" (p. 12).

A music therapist's venture into the business world via private practice or contracting work, by its very nature, opens the door to a series of questions regarding

marketing, its role in the business, and how to effectively implement marketing methods that will illuminate and satisfy client needs. The facilitation of marketing efforts, as well as the management of daily business operations for the music therapist, requires an ever-expanding skill set to maintain, nurture, and grow a successful music therapy practice. For the duration of this research study, the terms *music therapy business owner* and *music therapy private practice* will be used interchangeably to define those music therapists who identified themselves in this study as self-employed, working within a private practice, as a contractor, and in both part-time and full-time capacities. In sum, these music therapists are taking on the dual roles of providing music therapy services, while running their own business.

The Small Business Administration (SBA) defines a small business as one that is independently owned and operated, is organized for profit, and is not dominant in its field (“The U.S. Small Business Administration,” 2014). Based on reports of annual revenue and number of employees, most music therapy private practices would be considered a small business (AMTA, 2013). According to the SBA, there are an estimated 28 million small businesses in the United States (“Small Business Trends,” 2014). Small businesses are the cornerstone of the United States economy (Bovee et al, 2007). These businesses and their economy generate about half of the private sector output plus serve niche markets that are often not filled by large businesses (Bovee et al, 2007). However, the SBA also reports nearly 50% of all small businesses close within the first five years (“Small Business Trends,” 2014). Johnson (2002) notes, that in order for a small business to be successful, one must “anticipate, monitor, adapt, change, enjoy change and be ready to quickly change again and again” (p. 74).

The American Marketing Association (AMA) defines marketing as the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large (“Definition of Marketing,” 2014). Kotler and Keller (2012), in the book *Marketing Management*, identify marketing’s key processes as being: (1) opportunity identification, (2) new product or service development, (3) customer attraction, (4) customer retention and loyalty building, and (5) order/service fulfillment. The author also suggests that a company that handles all of these processes well will normally enjoy success. However, when a company fails at any one of these processes, it will not likely survive (Kotler, 2012).

In fulfilling and satisfying a customer’s needs, a music therapy private practice, as with any business, must adopt the concept that, prior to offering one’s services, one first must understand what the customer needs are and how to fulfill them. A major tool to assist in this endeavor is a marketing plan. Marketing planning involves the process of identifying customer needs and developing methods aimed towards fulfilling them, while generating a profit. This process serves not only to plan marketing activities but also to assess the success of new market activities and analyze their future use. The marketing plan generally includes an analysis of the current market situation and detailed action plans, budgets, sales forecasts, strategies, and projected (proforma) financial statements. Successful organizations are distinguished not only by well conceived marketing strategies outlining where, when, and how the firm will compete but also by their ability to execute the marketing strategy decision options selected (Day & Wensley, 1988; Varadarajan, 2010).

For music therapy business owners, the success of transferring marketing strategies from conception to execution requires diligence, creativity, and the ability to manage multiple marketing messages simultaneously. This juggling act of marketing implementation is due in part to the fact that music therapy as a recognized profession is relatively new, often requiring additional explanation regarding its purpose and efficacy. In addition, music therapists serve a diverse set of populations both in age range and diagnosis. Directing an effective marketing effort to create awareness of a music therapy private practice requires the ability to combine these many facets of information into one targeted message. The use of population-specific marketing materials to inform potential clients is ideal, but may not be possible due to barriers such as cost, time, or graphic design experience.

Another factor impacting the management of marketing efforts for a music therapy business owner is competition with other music therapy services or similar therapy professions. Webster and Lush (2013) remind business owners that awareness of marketing strategies of competitors can inform a business as to the value or perception that such competition has for the customer, which in turn, can affect major marketing decisions and strategies such as program design or marketing approach. Cronin-Gilmore (2012) states that an area of need in marketing for small business owners is the ability to understand how to effectively assess competition and create a competitive analysis. Based on the above research, music therapy business owners who accurately assess their competition may have a distinct advantage in effectively marketing to their prospective clients, as well as creating their own brand identity.

Finally, music therapy business owners, as well as numerous other healthcare services, face continual challenges in managing marketing efforts, as the ever-changing healthcare market continues to alter the channels by which music therapy is categorized, reimbursed, and referred. Such volatility in information can affect marketing costs as music therapy materials that express a specific healthcare process or procedure may be in jeopardy of becoming outdated quickly. Reuer (2007) suggests that being aware of current trends and changes in the work environment is important for self-employed music therapists in order to anticipate multiple facets of their business that may be affected.

The challenge of bridging the gap between marketing conception and execution is not distinct to those practicing music therapy. In a qualitative research study of 20 small business operations and the pursuit of marketing strategies, Cronin-Gilmore (2012) detail the findings that a problem with marketing in general exists due to business owners who have knowledge of their product or service, but who do not have expertise in the field of marketing. The result can be a struggle for business owners in creating a strategic marketing plan as well as implementing other marketing elements needed for success (Kotler, 2004). This issue is particularly relevant to music therapy business owners, as many have not been trained in marketing. Wilhelm (2004) concludes that unless music therapists have been trained in aspects of running a business, including marketing strategies learned in school or from additional resources, they most likely will not be very knowledgeable on the subject.

Marketing education for most music therapists who have ventured into private practice or contracting has been acquired on the job or from outside sources. According to the American Music Therapy Association (AMTA) (2014), over 70 colleges and

universities offer degrees in music therapy, with the mission to impart professional competencies in three main areas: music, music therapy, and related coursework in science and psychology. The current college curriculum for a bachelor's degree in music therapy includes the following categories: Music Foundations (45%), Clinical Foundations (15%), Music Therapy (15%), General Education (15%), and Elective Courses (5%) ("A Career in Music Therapy," 2014). No provisions are outlined specifically for business principles and marketing skills. Additionally, no mention is made on the AMTA website (as of the writing of this research) within the "Opportunities for Employment" section as to a career as a self-employed music therapist or a music therapist who owns a private practice. The language on the website states that music therapists are "employed" or "work" with various populations and for various agencies or institutions.

Without possessing a wealth of marketing information before starting a private practice, many music therapy business owners have had to identify marketing sources and techniques from other sources including peers, reference materials, searching online, and by trial and error. Lonier (1999) suggests that music therapists should be encouraged to consider trends in other disciplines that may influence their own business, including societal trends and culture. Similar healthcare therapy professions including both physical and occupational therapy also cite marketing as being one of the key facets to developing a private practice. Kash and Deshmukh (2013), in researching marketing practices for physical and occupational therapy practices, note that marketing and planning have become an important tool in developing public awareness of specific

services, improving public perception of these services, developing and retaining a referral base, and serving the local community efficiently and effectively.

Marketing's relevance within the music therapy private practice is evident, as is the challenge in moving from strategy conception to strategy execution. Marketing provides a music therapy private practice an avenue to create awareness for their music therapy practice in a market, to communicate the value of therapeutic services offered, and to increase growth of the business with new clientele. The challenge of marketing music therapy in a private practice may include the fact that the profession of music therapy is relatively new; therefore, advocacy of the profession in general, as well as effectively describing features and benefits of specific therapeutic services offered, are both important factors to be considered in developing marketing efforts that will be well-received. Being aware of one's competition in the market is also noted as a key component to effective marketing planning, the results of which can create a strong and unique brand identity for the music therapist in private practice.

The purpose of this study is to examine current marketing planning, promotion, positioning and implementation practices used by music therapy business owners, as well as to identify any common trends or practices. A second goal is to gain a better idea of how music therapists in private practice think about marketing and its place in their business. Finally, this study aims to discover if music therapy business owners are utilizing the latest marketing platforms available to advance their practices and what barriers may exist to implementation.

CHAPTER 2

LITERATURE REVIEW

The purpose of this study was to better understand the current marketing practices and resources used by board-certified music therapists who are involved in marketing their private practice or themselves as music therapy contractors. Little research was found to document current marketing strategies employed by music therapists; however, surveys of music therapy business owners as well as recent technology-related research conducted by music therapists offered insight into certain marketing practices that have been taking place since the turn of the century. This review of literature covers the following categories:

- Music therapy and private practice
- Current music therapy marketing practices
- Internet, search engines, and music therapy
- Websites, social media, and music therapy

Music Therapy and Private Practice

The AMTA estimates nearly one million people have received music therapy as of 2012, and that number is expected to increase steadily in future years (AMTA, 2013). As of the last AMTA Membership Survey and Workforce Analysis in 2013, an estimated 8-10% of AMTA members identified themselves as self-employed/private practice (AMTA, 2013). This percentage remains consistent with those participants who took part in the same survey in 2003 (Silverman & Hairston, 2005). Self-employed music therapists report several benefits associated with their choice to work in a private practice. Silverman and Hairston (2005) surveyed 118 music therapy business owners

and summarized the responses to include having a flexible work schedule, the ability to diversify services, the ability to work with desired populations, as well as the opportunity to increase income potential.

The risks of owning a private practice, also well documented, included financial uncertainty, lack of benefits, and additional business responsibilities outside of providing music therapy clinical services such as accounting, sales, marketing, administration, and others related to generating business. In a survey of 288 music therapists who identified themselves as either self-employed or in private practice, Wilhelm (2004) concluded that each new music therapy private practice created presents a challenge for the music therapist to be excellent in clinical skills, as well as possessing the management skills required to run a business. The ability to effectively market one's music therapy services in a private practice is included in this set of management skills.

Current Music Therapy Marketing Practices

Research regarding specific marketing and promotional strategies of music therapists in private practice are extremely limited. Although in-depth marketing research has yet to be conducted, surveys do exist with data from music therapy business owners and contractors identifying marketing practices. This data offered insight into marketing strategies and techniques deemed important by music therapists.

In a survey of 133 music therapists who identified themselves as business owners, Guy (2005) asked the survey participants to identify their most popular marketing practices. The respondents listed the following top five marketing practices as most preferred:

- Business Cards (93%)
- Presentations (82%)
- Brochures (65%)
- Membership in Organization (61%)
- Networking/Calling (57%)

The least preferred marketing practices from the same study included:

- Yellow Pages (17%)
- Press Releases (12%)
- Other (11%)
- Publications (10%)
- Newsletters (9%)

One interesting fact regarding respondents' rankings is the identification of websites as being a relatively unpopular marketing practice garnering only a 26% favorability rating and not ranking in the top five selections. With the internet containing over 3 billion websites by 2004 (Curtis, 2012), a higher popularity for the use of websites, in a survey published in 2005, might be expected.

Wilhem (2004), in conducting a similar survey, cited that of all the marketing strategies reported, word-of-mouth ranks highest regarding preferred marketing methods of music therapists in private practice followed by presentations, business cards, conferences, and private meetings. The least successful marketing strategies included media advertisements, Yellow Pages, mass mailings, and the use of a marketing agency. These findings from both Guy (2005) and Wilhelm (2004) offered a solid picture of

existing music therapy private practices for that time period, as well as the top marketing strategies being implemented to maintain and grow a music therapy business.

Of note, several music therapy research studies for music therapy business owners cited the term “word-of-mouth” as one of the most important marketing practices for a music therapy private practice (Gfeller, 2002; Guy 2005; Wilhelm 2004). Caution must be taken when using the term “word-of-mouth” as an actual marketing practice as this term is often confused with a similar term, “word of mouth marketing (WOM marketing).” The initial term, word-of-mouth, is defined as simply the exchange of oral information, which may include sharing opinions, storytelling, and oral traditions without the prompting of a reward (Doonar, 2005). WOM marketing implies that a company has initiated some type of possible reward effort in exchange for the transmission of a marketing message sent out by an individual consumer (Carl, 2008; Doonar, 2005). WOM marketing is an effective strategy due to the higher level of perceived credibility contained in a marketing message being delivered by an individual with personal experience, compared to an organization offering the same message (Carl, 2008; Trusov, et al., 2009). WOM marketing can include a variety of catalysts including testimonial marketing, social media campaigns, and referral reward programs. Based on the nature of music therapy as a service profession, an assumption can be made that respondents in prior music therapy private practice research, who reported word-of-mouth as a marketing vehicle, may have been describing the results of an organic sharing of information between a current client and a potential client. This would not constitute an actual marketing practice per say on behalf of the music therapy business owner, but rather a result of providing a quality experience.

One would be remiss in not mentioning the fact that during the time of these former surveys, and into the present day, technology has become a major change agent, altering the way music therapists operate and market a private practice. The use of the internet has altered methods in which individuals seek out information, share experiences, and conduct business practices. Music therapy as a profession, and in clinical practice, has also experienced the impact of the internet.

Internet, Search Engines, and Music Therapy

In describing her entrepreneurial journey in a music therapy practice, Reuer (2007) stated that, “Trends affect how, where, when, and why people do business, and accurate identification of those trends can lead us toward entrepreneurial opportunities” (p. 113). The author added that being aware of trends is not enough. Music therapists with private practices must be willing to change in response to those trends to succeed. She concluded, “You can rely on the integrity of trends to read the climate now and project into the decade beyond “ (p. 113).

One marketing trend that continues to impact most businesses from a technological aspect is the avenues in which their potential customers currently seek information regarding a product or service. Technology has changed how the potential music therapy client or caregiver discovers and becomes informed about music therapy. Use of the internet, search engines, websites, and social media have become common practice for those seeking, as well as sharing information. These online platforms for exchanging information are continuing to increase in usage, informing healthcare decisions, and changing the landscape of marketing.

Meeker and Wu (2013) reported that there are now 2.4 billion internet users around the world, and the total continues to grow at a steady pace. The authors noted that the shifting online landscape has become more social and content rich, with expanded use of photos, video and audio (Meeker & Wu, 2013). Another research survey stated that as of September 2012, 81% of U.S. adults use the internet and, of those, 72%, or over 182 million say they have looked online for health information in the past year (Fox & Duggan, 2013). One in three American adults have gone online to figure out a medical condition or search for treatment options.

The platforms to access the internet have also increased from solely using a computer. Magid (2013) reported that the number of mobile phone users in the U.S. who owned or used a smartphone this year reached 74 percent in 2013, up from 58 percent in 2012, as smartphones continue to push feature phones out of the market including internet data plans. Knight (2013), in reporting on technology for the music therapy profession, noted that utility of downloadable applications or “apps” also increased usage of smartphones, a trend that the tablet industry quickly replicated. Tablet ownership saw an even larger increase year-over-year than the smartphone, leaping from 33 percent in 2012 to 52 percent in 2013 for this same group of users (Magid, 2013). Whatever the device used, computer, tablet, or smartphone, accessing the internet has become one of the most popular platforms for sourcing healthcare information. This healthcare information includes music therapy and its therapeutic benefits, as well as the providers of these services.

Eight in 10 online health inquiries start at a search engine. Looking more broadly at the online landscape, 72% of internet users say they looked online for health

information of one kind or another within the past year (Fox & Duggan, 2013). This includes searches related to general information searches, searches for minor health problems and serious conditions, as well as treatment approaches. When asked to think about the last time they hunted for health or medical information, 77% of online health seekers say they began at a search engine such as Google, Bing, or Yahoo (Fox & Duggan, 2013).

Music therapy has not been absent from search engine inquiries. Johnson et al. (2003) surveyed over 20 search engine websites for the term “music therapy” to gain a stronger understanding as to what type of information an individual would receive during their internet search. The principal purpose of these descriptive studies was to determine what a person unfamiliar with the profession of music therapy would find if searching for information via the internet. From the results of these two investigations, the authors surmised it was clear that a person would likely find accurate information regarding music therapy by AMTA standards (Johnson et al., 2003).

A current search of the term “music therapy” on the search engine Google produces over 250 million results with an exact keyword search on Google (placing quotation marks around the search term) rendering over 1.6 million responses. The term “music therapy” also garners on average over 16,000 searches monthly (“Google Adword Search,” 2014). The American Music Therapy Association (AMTA) ranks as the top result for all three major search engines, Google, Yahoo, and Bing, as of February 2014. Phallows (2005) cautioned however that search engine results could lead to receiving unsolicited data. The author reported approximately two thirds of users believe search engines to be an unbiased source of information, with little understanding that the

majority of search engine companies are advertising-based operations that try to match paying advertisers with a specific demographic mix (Phallows, 2005). The potential risk implied for music therapy private practices who intend to market using online resources is that prospective clients may wind up with erroneous search result data regarding music therapy supplied by paid advertisers of similar products or services.

Websites, Social Media, and Music Therapy

Numerous owners of a music therapy private practice have created websites to describe their therapy practice and services offered, as well as to advocate for the profession of music therapy. Currently, it is estimated that there are over 920 million websites on the internet worldwide (Netcraft, 2014). More than 95% of users select a website from the first page of search results when using a general search engine (Cornwell, 2010). Websites offer the unique opportunity to create awareness regarding a company's products and/or services, while also presenting a virtual representation of a company's culture. Design, ease of navigation, and relevance of information are all elements that contribute to a website's effectiveness as a marketing vehicle. Wakefield et al. (2011) reported websites that express familiarity, helpfulness, and intelligence generate a social response from users leading to greater enjoyment of the website. The authors also cite that users who enjoy the website experience will have greater intentions of returning to the website, which may ultimately increase their personal connection with the company, and could be a valuable source of competitive advantage if developed (Wakefield et al., 2011). Several studies have arrived at the same conclusion regarding the importance of appearance in website design. In one example, Robins et al. (2009) utilized participants to analyze the content of 31 health websites. The results

demonstrated that users correlated the credibility of the information with the visual design of the site (Robins et al., 2009). Toufaily et al. (2013) also acknowledged that in their research study regarding consumer trust towards retail websites, a favorable attitude toward a website would lead to favorable word-of-mouth communication about the services offered. Music therapists in general and, specifically in private practice, know the value of positive word-of-mouth marketing. In prior research, Wilhelm (2004) reported that word of mouth was the top-rated marketing strategy employed by music therapy business owners.

As research suggests, effectively marketing music therapy, or any other service oriented profession, via a website requires that the visitor to the website receive an informed and positive experience. Music therapy is a considerably diverse field regarding the multiple populations served as well as the variety of therapeutic methods utilized. The use of a video recording to communicate how a typical music therapy session is implemented, as well as the benefits of the therapy provided to prospective clients who are searching online via websites, has been the subject of recent research.

Gregory and Gooding (2012) conducted a study comparing music therapy videos and academic sites as to their validity in fairly representing music therapy sessions. The authors' research provided information for professionals wishing to advocate for music therapy, educate students, and offer guidelines for future developers of online resources. Additional comparisons to results from a similar examination of music therapy session videos found on YouTube (Gooding & Gregory, 2011), suggest that, generally speaking, online music therapy video documentaries provided a more effective and accurate format for current educational and outreach purposes (Gregory & Gooding, 2012). In 2013, the

authors also published a viewer response study that compared ratings of a YouTube music therapy session video observed by viewers who had different levels of music therapy expertise, to determine video elements related to perceptions of representational quality. Their findings suggested that the use of an internet video that combines and clearly depicts therapy objectives, client improvement, and the effectiveness of music within a therapeutic intervention, accurately represent the music therapy profession in a public social platform like YouTube (Gregory & Gooding, 2013).

The profession of music therapy and music therapists, especially those in private practice, as well as the clients receiving music therapy, has also entered the recent evolution of the internet known as social media. Evans (2011), in a white paper citing the next evolution of the internet remarks, “Where we are now, is the ‘social’ or ‘experience’ web, where companies like Facebook, Twitter, and Groupon have become immensely popular and profitable by allowing people to communicate, connect, and share information (text, photos, and video) about themselves with friends, family, and colleagues” (p. 5). Netcraft (2014) reported that as of December 2103, there were over 1 billion monthly users on Facebook over 200 million monthly users on Twitter, and over 178 million monthly users on LinkedIn.

Over the past ten years music therapy business owners have begun to create a presence using these social media platforms; however, there currently is no evidence-based research to date that details the success of using social media websites as a marketing vehicle to consistently gain new clients. Fox and Duggan (2009) cited that just 1% of respondents in a recent study say they started at a social network site like Facebook to retrieve information regarding health and healthcare issues. Chou et al.

(2009) also cited that among internet users, use of social media was not uniformly distributed across the age strata. The largest proportion of social media use occurred among internet users between the ages of 18 and 24 (65%), and decreased thereafter with each subsequent age group (Chou et al., 2009). In contrasting research, Netcraft (2014) cites that 2012 demographics show the average age of Facebook users to be 40.5 years old and LinkedIn users are on average 44.2 years old. Although social media has increased in popularity, factors such as age, social economic status, and technological prowess of clients are considerations that require review by music therapy private practice in order to identify if social marketing is a viable marketing strategy.

Conclusion

Music therapy private practices continue a steady growth in number with the acquisition of new markets and the servicing of more diverse population groups. Current music therapy business owners cited marketing as a key factor in maintaining and growing their practice. Music therapists have reported that they are currently using several methods to market their private practices, including presentations, networking, and business cards.

Research also suggested individuals are spending more time on the internet and mobile devices sharing and receiving information and companies are taking notice as they shift their marketing strategies and budgets to include this ever-changing marketing landscape. Music therapy, as a term, generated over 16,000 search requests per month suggesting that many potential clients and caregivers are using the internet for health information.

Website presence has been deemed necessary to create awareness for a business; however, the appearance and translation of warmth and human contact is crucial to conveying trust and confidence in a company's services on a website. Research demonstrated that music therapy also translates effectively via the use of online videos, thereby creating another vehicle for advocacy, enhancing trust, and marketing music therapy services.

Finally, social media and its atmospheric rise in popularity, created a new avenue for sharing information, public and personal, as well as positive and negative, with millions of others on the web. Music therapists have adopted these new platforms including Facebook, Twitter, and LinkedIn, to converse with other peers, share ideas, and advocate for the music therapy profession. However, it remains to be seen if marketing a music therapy private practice through these social media sources offers a healthy return on investment, such as adding new clientele, compared to the time required to participate on these sites.

Purpose of Study

After review of the existing literature, it is evident that the ability to create and maintain visibility within one's market is a key business objective for a small business owner. With the increase in the number of music therapists entering into private practice, a need exists to research what marketing strategies and methods music therapists are currently implementing to maintain a successful private practice, as well as ascertain whether new and existing online marketing platforms are being utilized. This study seeks to address the following research questions:

Marketing Planning

1. What kind of marketing experience do music therapists possess upon entering the workforce?
2. Do music therapists in private practice engage in the marketing planning process of creating a marketing plan or establishing marketing goals for their business?

Marketing Positioning

1. Is differentiation important to music therapists in private practice? If so, what aspects do therapists identify that differentiate themselves from their competition in their market?
2. How do self-employed music therapists assess their competition and does that affect their rate structure?

Marketing Promotion

1. What marketing vehicles and printed materials are music therapy business owners currently using to promote their music therapy practice?
2. Are music therapists in private practice utilizing new or existing online marketing platforms that have proved effective in creating awareness for their business?

Marketing Implementation

1. What sources do music therapists in private practice utilize to remain current on marketing trends and strategies for their business?
2. What are music therapy business owners' overall views on marketing, how do they personally evaluate their own marketing prowess, and do they feel that

additional education/training is needed to enhance their music therapy practice?

3. What, if any, barriers exist to implementing effective marketing practices for music therapy business owners?

CHAPTER 3

METHODS

This descriptive research project sought to achieve both quantitative and qualitative results using an internet survey of professional, board-certified music therapists who are engaged in the phenomena being investigated.

Participants

All participants were professional board-certified music therapists at the time of the survey, which was the selection criterion for participation in this research. Following Institutional Review Board (IRB) approval of exempt status (Appendix A), a list of board-certified music therapists was procured from the Certification Board for Music Therapists (CBMT) in January of 2014. The pre-filtered list provided by CBMT consisted of 5,559 anonymous individual addresses containing contact information of only those music therapists who had given permission to release their email addresses. The list was delivered electronically to the researcher in the form of an Excel spreadsheet and was pre-sorted alphabetically by the first letter of the email address. The survey administration company (Survey Gizmo) identified 21 email addresses that opted-out of taking the survey, as the survey company provided the option to be removed from the email listing. The survey invitation (Appendix B) was emailed to 5,538 of the email addresses obtained from CBMT on January 14, 2014 inviting board-certified music therapists to participate in an online survey (Appendix C).

Procedure

The online questionnaire was developed and prepared using Survey Gizmo. The questions were formulated to examine music therapists' attitudes towards marketing as it

relates to their private practice, marketing methods currently being used by them, and the currency of online marketing platforms used to create awareness for their private practice. The online survey consisted of five categories:

1. Demographics
2. Marketing planning
3. Marketing positioning
4. Marketing promotion
5. Marketing implementation

Multiple choice, Likert scale, and ranking questions were included in the survey instrument as well as one open-ended comment question at the conclusion of the survey (Appendix D). The questionnaire was presented to the researcher's advisory committee and Arizona State University's IRB, and was approved for a final online version. The email invitation was sent to the population ($n = 5,538$) through Survey Gizmo's website. Individual messages were distributed without identifying information of the recipient's or any other subject's email information. No tracking devices were used in the message formatting. The message explained the purpose of the study and directed subjects to the online survey via a web link, where they were informed that their participation in and completion of the survey constituted their implied consent. Both the email invitation and cover letter of the survey indicated that the survey is intended for board-certified music therapists who are currently practicing music therapy. Completion time for the survey was approximately 10-15 minutes.

In addition to the initial invitation sent out on January 14, 2014, two additional notifications were emailed to the contact list in an attempt to increase participant

response. A reminder email was sent on January 21, 2014, with a final email distributed three days prior to the closing of the survey. Prospective respondents were asked to complete the survey by February 7, 2014.

Ethical Considerations

Surveys were administered anonymously and responses were stored on a secure server so that identification of participants was not possible. The survey was configured to collect anonymous responses. Only the researcher had access to the aggregate data and no individual responses were identified. All data was kept in the researcher's password-protected personal computer and will be destroyed on or before January 31, 2016.

Materials

Materials for this research included: (1) a list of current board-certified music therapists, purchased from the Certification Board of Music Therapists for the research fee of one hundred dollars; (2) access to the internet and Survey Gizmo, an online survey administration company, utilized for seventy-five dollars for a three-month period from January to March, 2014; (3) a secure personal computer with Microsoft Word, Microsoft Excel, and SPSS Statistics 22 software.

Method of Analysis

Completed survey responses were automatically compiled into aggregate form data for analysis by Survey Gizmo. These results were utilized in Survey Gizmo's reporting format, converted to Excel, and uploaded into SPSS for data analysis in descriptive statistics. Mean scores and percentages of nominal variables were generated from an independent sample. Spearman's rank correlation coefficient (ρ) was used to

identify whether non-parametric variables relate in a monotonic function. The Mann-Whitney U test was selected as a non-parametric analogue (of the more common t-test) due to the nature of the response options used in the survey and the inability to assume a constant distribution. The Pearson chi-squared test was utilized to test the hypothesis that two binary categories are independent of each other. Quantitative data extracted from Survey Gizmo's compiled responses included:

- Gender
- Age Range
- Ethnicity
- Highest Level of Education
- Number of Years Practicing Music Therapy
- Specialized Training
- AMTA Membership
- Location of Practice
- Total Client Populations Served
- Rank of Top Client Populations Served
- Type of Music Therapy Practice
- Number of Hours Worked
- Supplementation of Income with Another Job
- Number for Average Hourly Rate – Individual
- Number of Average Hourly Rate – Group
- Number of Client Contact Hours Billed
- Number of Years in Private Practice

- Number of Employees
- Number of Marketing Classes Taken during College Career
- Number of Music Therapy Classes that Offered Marketing
- Creation of Marketing Plan
- Number of Times Marketing Plan is Updated
- Use of Marketing Goals
- Use of Marketing Budget Category
- Number of Budget Allocation towards Marketing
- Number of Hours Allocated To Marketing Tasks
- Existence of Competition in Market
- Use of a Music Therapy Competitive Analysis
- Rank of Factors that Make Practice Unique
- Use of Similar Industry Competitive Analysis
- Rank of Factors Impacting Structure of Therapy Rates
- Identification of Current Marketing Vehicles
- Rank of Top Marketing Vehicles Used
- Identification of Current Printed Marketing Materials
- Use of Separate Marketing Materials
- Use of Website
- Number of Years Website Has Been Active
- Frequency of Website Updates
- Frequency of Website Design
- Use of Email Option on Website

- Use of Video on Website
- Use of Social Media
- Identification of Top Social Media Platform
- Use of Email for Contacting Customers
- Use of Email Management System
- Use of Outside Marketing Course or Event
- Use of Marketing Subcontractor
- Identification of Marketing Tasks Outsourced
- Identification of Marketing Information Source
- Rank of Marketing as Necessary Part of Practice
- Rank of Marketing Skills
- Rank of Use of Current Marketing Materials
- Rank of Other Industry's Marketing Efforts
- Rank of Necessity of Brand Identity
- Rank of Feelings Regarding Competition
- Rank of Marketing Time Commitment
- Rank of Understanding Marketing Definition
- Rank of Differentiation from Competition
- Rank of Technical Proficiency
- Rank of Use of Marketing CMTE

Qualitative data was extracted and compiled from the final question (Question #64) of the survey instrument, which presented respondents with an opportunity to offer thoughts

regarding marketing and music therapy. A summary of those findings is located in Appendix E.

This large amount of data is summarized and presented in Chapter 4. Both qualitative and quantitative results and analysis are included.

CHAPTER 4

RESULTS

From the 5,538 emailed invitations sent to potential participants, 651 were completed providing a 12% initial response rate. The survey instrument was designed to identify demographic data for all participants. Those respondents who did not identify themselves as in private practice or as a contractor were directed to an exit path from the survey. Of the 651 participants, 378 identified themselves as not working in private practice or as a contractor. They were presented with two additional questions and then exited the survey.

Figure 1 displays the remaining 273 respondents. Of the participants, 197 (72.2%) identified themselves as self-employed in private practice, 57 (20.9%) as a contractor, and 19 (7.0%) as having their own practice in addition to being a part-time employee. These 273 survey respondents provided a 5% response rate from the original 5,538 invitations distributed. All 273 respondents did not answer every question, so *n* values are provided with quantitative data tables, figures, and analysis.

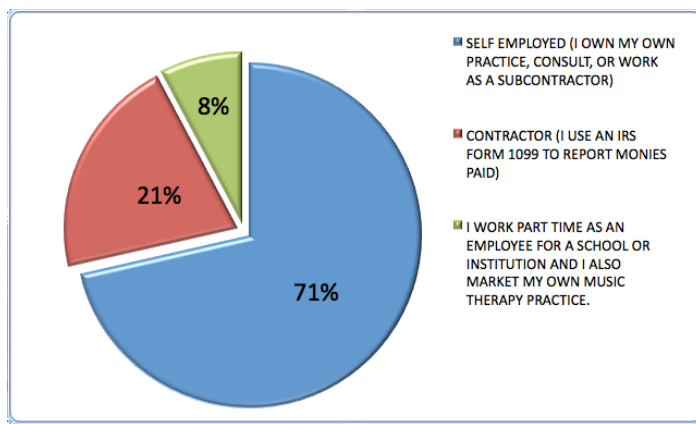


Figure 1. Business Type

Demographics

Of the 273 respondents, 247 (90.5%) were female, and 26 (9.5%) were male. The largest portion of respondents (34.4%) reported an age range of 25-34 years, followed by the age range of 35-44 years (23.8%), and 55-64 years (14.3%). A complete listing of respondent age ranges is shown in Table 1. Regarding ethnicity, the majority of the sample reporting was Caucasian (90.4%), followed by Hispanic (2.6%). Ethnicity results are shown in Table 2. Slightly more respondents reported holding a bachelor's or equivalency degree (56.0%), than those with a graduate degree (44.0%). Highest level of completed education is shown in Table 3. Neurological Music Therapy (NMT) was the most identified specialized training (45%) in addition to having the MT-BC credentials, followed by the "Other" category containing a variety of listings (28.4%) (Appendix E), and Guided Imagery and Music (GIM) (21.3%). A listing of the top eight categories is shown in Table 4. The majority of respondents, 180 (65.9%), are members of the American Music Therapy Association (AMTA) with the remainder, 93 (34.1%), stating they do not currently have a membership with AMTA. Of the 266 respondents who identified the state in which they practice music therapy, Texas (10.9%), California (9.8%), and Arizona (6.8%) were the top three locations returning survey information. Figure 2 presents a listing of survey entries by state. The top three client populations that respondents reported currently working with were tabulated with a weighted calculation. Autism ranked highest (score = 337), followed by Developmental Disabilities (score = 284), and Alzheimer's/Dementia (score = 193). Figure 3 presents a complete list of populations and ranking scores.

Table 1

Age Range

| Category | n | % |
|----------|-----|------|
| 18-24 | 18 | 6.6 |
| 25-34 | 94 | 34.4 |
| 35-44 | 65 | 23.8 |
| 45-54 | 41 | 15.0 |
| 55-64 | 39 | 14.3 |
| 65+ | 16 | 5.9 |
| Total | 273 | |

Table 2

Race/Ethnicity

| Category | <i>n</i> | % |
|-------------------------|----------|------|
| Asian/Pacific Islander | 5 | 1.9 |
| Black/African American | 5 | 1.9 |
| Caucasian | 244 | 90.4 |
| Hispanic | 7 | 2.6 |
| Native American/Alaskan | 0 | 0.0 |
| Middle Eastern | 2 | 0.7 |
| Other/Multi-Racial | 7 | 2.6 |
| Total | 270 | |

Table 3

Highest Level of Education

| Category | <i>n</i> | % |
|--------------------|----------|------|
| Bachelor's Degree | 131 | 48.9 |
| Equivalency Degree | 19 | 7.1 |
| Master's Degree | 104 | 38.8 |
| Doctoral Degree | 14 | 5.2 |
| Total | 268 | |

Table 4

Areas of Specialized Training

| Category | <i>n</i> | % |
|-------------------------|----------|------|
| GIM | 36 | 21.3 |
| Hospice/Palliative Care | 28 | 16.6 |
| NMT | 77 | 45.6 |
| Nordoff Robbins | 16 | 9.5 |
| Kodaly | 9 | 5.3 |
| NICU | 25 | 14.8 |
| Orff/Schulwerk | 26 | 15.4 |
| Other | 48 | 28.4 |
| Total | 169 | |

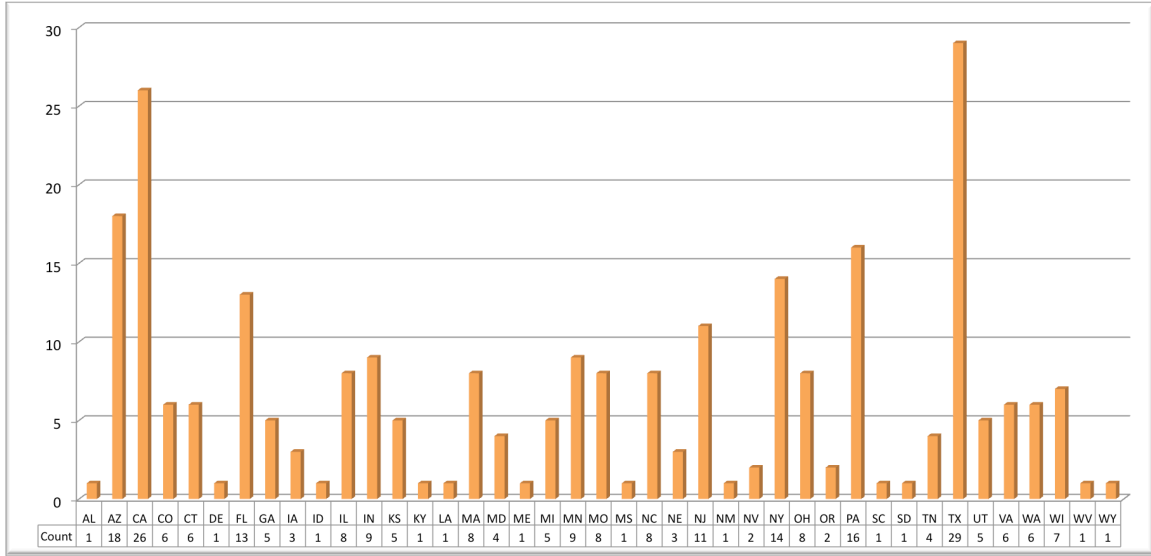


Figure 2. U.S. States from Respondent Survey

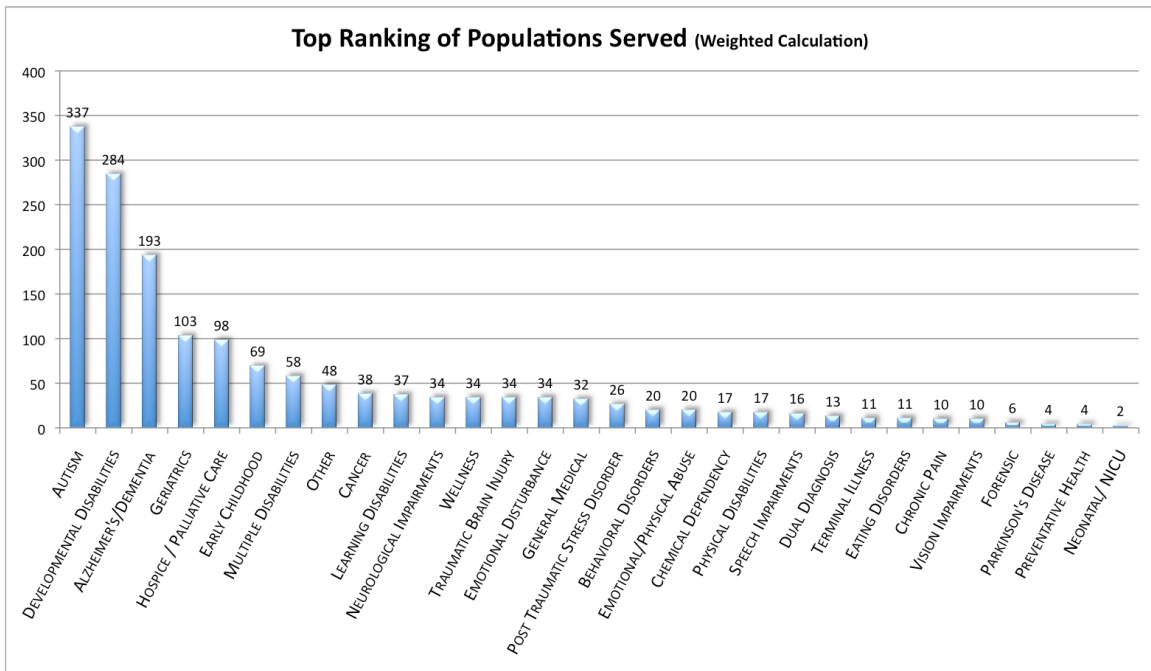


Figure 3. Ranking of Populations Served

Business Profile

When asked to estimate how many hours in a typical week were spent practicing music therapy, 49.7% of respondents reported practicing less than 20 hours per week, compared to 50.3% who worked more than 20 hours. A detailed listing of hours worked is shown in Table 5. Approximately one half of respondents (48.5%) supplemented their income with a second job, while the remaining participants (51.5%) cited not having an additional job. 23.6 % of respondents, reported charging an average hourly billing rate for an individual client session between \$51-\$60, followed by \$61-\$70 (17.9%), and \$71-\$80 (16.7%). When surveyed regarding group rates, respondents reported average hourly billing rates of \$71-\$80 (18.3%), \$51-\$60 (15.8%), and \$61-\$70 (12.5%). A full list of average rates charged for both individual client and group sessions is shown in Table 6. When asked to cite actual client contact hours billed per week, a vast majority (70.5%) reported billing less than 20 hours per week, followed by 20.8% reporting client contact billing between 31-40 hours per week, and 5.3% billing between 41-50 hours per week. Table 7 displays a list of average client contact hours reported. Table 8 displays the number of years spent actively practicing music therapy as a private practitioner, or as a contractor. A majority of respondents (55.3%) reported actively practicing music therapy for 5 years or less, followed in size of response by 18.9% of respondents who had practiced between 6-10 years. A combination of these two numbers indicates that the vast majority (74.2%) of participants have been actively practicing music therapy for 10 years or less. A large majority of respondents (85%) reported that they do not employ other music therapists at their music therapy practice, while the remainder of participants (15%) reported employing additional music therapists.

Table 5

Hours Spent Practicing Music Therapy

| Category | <i>n</i> | % |
|----------|----------|------|
| 1-9 | 71 | 26.1 |
| 10-19 | 44 | 16.2 |
| 20-29 | 64 | 23.6 |
| 30-39 | 49 | 18.0 |
| 40-49 | 33 | 12.1 |
| 50-59 | 7 | 2.5 |
| 60+ | 4 | 1.5 |
| Total | 169 | |

Table 6

Average Billing Rates Individual & Group

| Individual Rates | <i>n</i> | % | Group Rates | <i>n</i> | % |
|------------------|----------|------|----------------|----------|------|
| Less than \$30 | 18 | 6.8 | Less than \$30 | 15 | 6.3 |
| \$31-\$40 | 20 | 7.6 | \$31-\$40 | 15 | 6.3 |
| \$41-\$50 | 27 | 10.3 | \$41-\$50 | 27 | 11.7 |
| \$51-\$60 | 62 | 23.6 | \$51-\$60 | 38 | 15.8 |
| \$61-\$70 | 47 | 17.9 | \$61-\$70 | 30 | 12.5 |
| \$71-\$80 | 44 | 16.7 | \$71-\$80 | 44 | 18.3 |
| \$81-\$90 | 21 | 8.0 | \$81-\$90 | 24 | 10.0 |
| \$91-\$100 | 18 | 6.8 | \$91-\$100 | 14 | 5.8 |
| \$101-\$110 | 2 | 0.8 | \$101-\$110 | 9 | 3.8 |
| \$111-\$120 | 2 | 0.8 | \$111-\$120 | 7 | 2.9 |
| \$121+ | 2 | 0.4 | \$121+ | 11 | 6.7 |
| Total | 263 | | Total | 240 | |

Table 7

Average Client Contact Hours Reported (How many hours billed/week)

| Category | <i>n</i> | % |
|--------------|----------|------|
| Less than 20 | 186 | 70.5 |
| 21-30 | 55 | 20.8 |
| 31-40 | 14 | 5.3 |
| 41-50 | 3 | 1.1 |
| 51-60 | 0 | 0.0 |
| 61-70 | 0 | 0.0 |
| 71-80 | 1 | 0.4 |
| 81-90 | 1 | 0.4 |
| 91-100 | 0 | 0.0 |
| 101+ | 4 | 1.5 |
| Total | 264 | |

Table 8

Years Spent Practicing Music Therapy

| Category | <i>n</i> | % |
|----------|----------|------|
| 0-5 | 146 | 55.3 |
| 6-10 | 50 | 18.9 |
| 11-15 | 34 | 12.9 |
| 15-20 | 18 | 6.8 |
| 21-25 | 5 | 1.9 |
| 26-30 | 7 | 2.6 |
| 31-35 | 2 | 0.8 |
| 36+ | 2 | 0.8 |
| Total | 264 | |

Marketing Planning

What kind of marketing experience do music therapists possess upon entering the workforce?

Of the 271 respondents who answered the survey, 91.9% reported never having had a marketing class during their college education. When asked if any music therapy courses were taken that discussed effective marketing methods for marketing music therapy, 67.2% stated that they did not have any music therapy classes during their college education that offered such methods, followed by 26.6% who reported they had one class that discussed effective marketing methods. A list of the number of classes taken by respondents that offered marketing methods, as well as a list of music therapy courses that provided effective marketing methods is in Table 9.

Table 9

Marketing Classes Taken & Music Therapy Classes w/Marketing Offered

| Marketing Class | <i>n</i> | % | Music Therapy Class | <i>n</i> | % |
|-----------------|----------|------|---------------------|----------|------|
| None | 249 | 91.9 | None | 182 | 67.2 |
| 1 class | 20 | 7.4 | 1 class | 72 | 25.6 |
| 2 classes | 1 | 0.4 | 2 classes | 11 | 4.1 |
| 3 classes | 0 | 0.0 | 3 classes | 3 | 1.1 |
| 4 classes | 0 | 0.0 | 4 classes | 3 | 1.1 |
| 5 classes | 0 | 0.0 | 5 classes | 0 | 0.0 |
| 6+ classes | 1 | 0.4 | 6+ classes | 0 | 0.0 |
| Total | 271 | | Total | 271 | |

Do music therapists in private practice engage in the marketing planning process of creating a marketing plan or establishing marketing goals for their business?

Over half of the respondents questioned (55.6%) reported that they have never created a specific marketing plan for their music therapy practice, with 44.4% stating that they have gone through the process of formulating a marketing plan. For those who reported creating a marketing plan, the largest percentage (43.7%) update their marketing plans annually, followed by 21% who update their plans quarterly. A list of time periods reported for updating marketing plans is shown in Table 10. A large majority (79.9%) of respondents reported that they do not have specific marketing goals listed for their music therapy practice to track the success of current marketing programs, whereas the remainder of participants (20.1%) reported having created marketing goals. Similarly, 78% of respondents reported not having a specific budget category allocated to marketing expenses, with 22% stating they do have a marketing budget in place. Of those who did allocate a marketing budget line item, 61% reported that it accounts for 10% or less of their total budget. A list of marketing budget percentage allocations is shown in Table 11. Regarding time spent facilitating marketing tasks, the majority of respondents (77.3%) reported spending 0-2 hours per week on marketing tasks, followed by the next largest percentage (14.9%) that reported spending 3-5 hours per week on marketing related tasks. Based on this research, a logical assumption can be proposed that an estimated 92% of music therapists in private practice spend five hours per week or less on marketing activities for their business, with the majority spending less than two hours per week. A list of total hours spent on marketing related tasks is shown in Table 12.

Table 10

Frequency of Updating Marketing Plan

| Category | <i>n</i> | % |
|-----------|----------|------|
| Monthly | 8 | 6.7 |
| Quarterly | 25 | 21.0 |
| Annually | 52 | 43.7 |
| Never | 13 | 10.9 |
| Other* | 21 | 17.7 |
| Total | 119 | |

Note: Other responses included: As needed, occasionally, and when requested.

Table 11

Percent of Budget Allocated to Marketing

| Category | <i>n</i> | % |
|---|----------|------|
| 0-5% | 20 | 33.9 |
| 6-10% | 16 | 27.1 |
| 11-15% | 4 | 6.8 |
| 16-20% | 5 | 8.5 |
| 21-25% | 0 | 0.0 |
| 26-30% | 1 | 1.7 |
| 31% + | 1 | 1.7 |
| I do spend money on marketing but I'm not sure what % | 12 | 20.3 |
| Total | 59 | |

Table 12

Hours Per Week Spent Performing Marketing Related Tasks

| Category | <i>n</i> | % |
|----------|----------|------|
| 0-2 | 207 | 77.3 |
| 3-5 | 40 | 14.9 |
| 6-8 | 8 | 3.0 |
| 9-11 | 4 | 1.5 |
| 12-14 | 4 | 1.5 |
| 15-17 | 0 | 0.0 |
| 18-20 | 4 | 1.5 |
| 21+ | 1 | 0.4 |
| Total | 268 | |

Marketing Positioning

Is differentiation important to music therapists in private practice? If so, what aspects do therapists identify that differentiate themselves from their competition in their market?

84% of music therapists agreed or strongly agreed that creating a brand identity and differentiating oneself as a music therapist is important (See Figure 4). When asked to rank the top three attributes that differentiated their music therapy practice from the competition, a weighted calculation was performed to achieve the ranking results.

Reputation ranked highest (score = 178), followed by level of customer service provided (score = 142), and years of music therapy experience (score = 138). Table 13 provides a complete list of music therapy attributes and rankings.

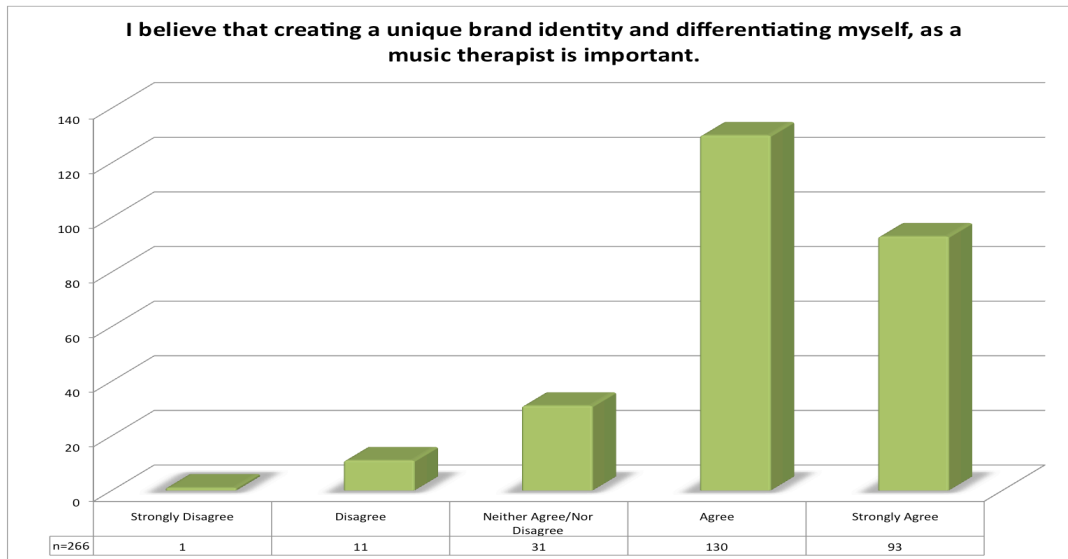


Figure 4. Brand Identity Rating

Table 13

Therapy Attributes Differentiating Music Therapists (Weighted calculation)

| Category | Frequency | Rank |
|--|-----------|------|
| Reputation | 178 | 1 |
| Level of Customer Service Provided | 142 | 2 |
| Years of Music Therapy Experience | 138 | 3 |
| Diversity of Music Therapy Services Offered | 106 | 4 |
| Additional Certifications (NMT, GIM, NICU) | 85 | 5 |
| Diversity of Additional Services Offered (Music Lessons) | 73 | 6 |
| Networking Ability | 71 | 7 |
| Level of Post Graduate Education | 49 | 8 |
| I Offer More Affordable Rates | 46 | 9 |
| Marketing Efforts | 35 | 10 |
| Physical Business Location | 30 | 11 |
| Level of Business Experience | 10 | 12 |
| Total Respondents ($n = 162$) | | |

How do music therapists who own their own practice assess their competition and does it affect their rate structure?

Music therapy competition is prevalent in a majority of markets surveyed, as a large number of participants (61.7%) reported competition in their market, followed by those (38.3%) who practice music therapy without reported competition. Surprisingly, of those who cite having music therapy competition in their market, a significant majority (94.6%) of respondents reported never having performed a written competitive analysis regarding such competition. In a Likert scale type rating from 1-5 with five being the level of strongest agreement, participants were asked if they felt uncomfortable competing with other music therapists in their market. 44% of respondents reported feeling comfortable with competition, while a persistent 33% did agree with the statement suggesting they were inhibited by the thought of competing in their market against other music therapy services for new clients (See Figure 5). Respondents were also asked if a written competitive analysis had ever been performed for other industries/professions in their market that might compete for the same potential client base. The vast majority (92.9%) reported never having performed such a competitive analysis, while a smaller portion (7.1%) stated that they have completed this activity. When surveyed regarding other similar therapy practice (occupational/physical/speech) having more advanced marketing practices than music therapy, respondents were almost evenly split in their opinions with 28% agreeing with the statement, 22% disagreeing and 50% remaining neutral (See Figure 6).

Rate structure provides another component of differentiation for a music therapy private practice within their market. Respondents were asked to identify main factors

that influence how they structure rates for their practice. Table 14 displays the list of these main factors along with weighted calculation scores. The price of other music therapists' rates is listed as the main factor (score = 378), followed by the current state of the economy (score = 235), and price of other therapy services PT/OT in the market (score = 218).

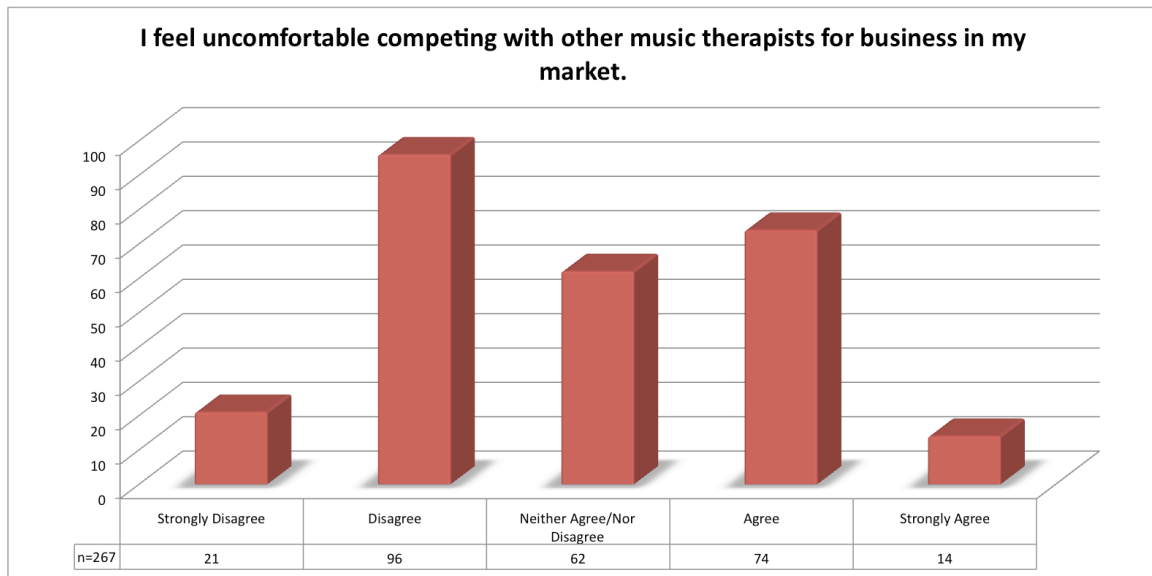


Figure 5. Comfort Level in Competing

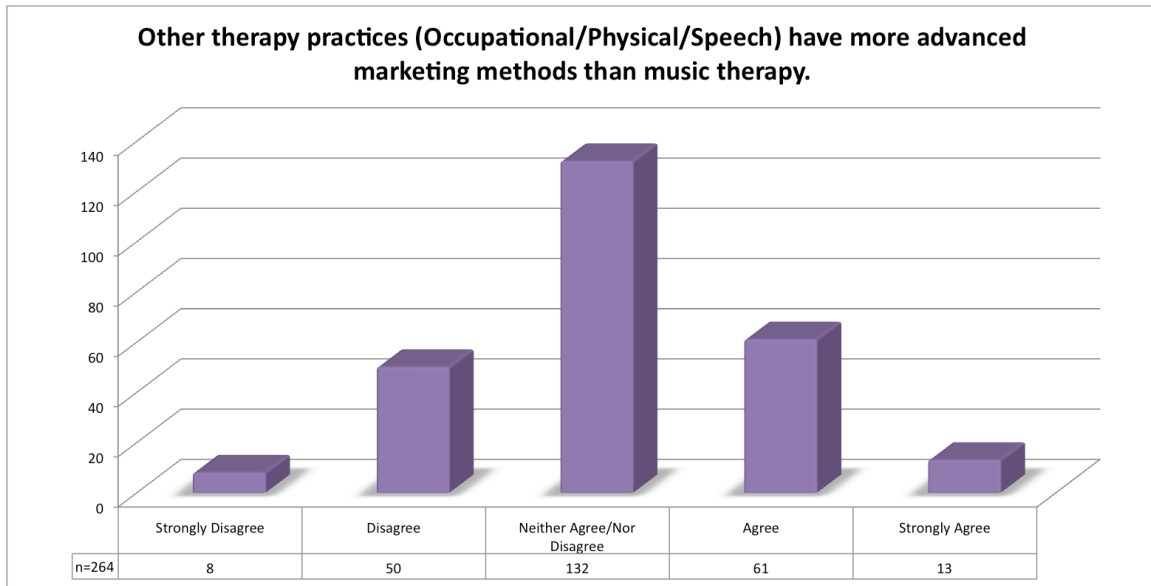


Figure 6. Marketing Methods of Similar Therapy Practices

Table 14

Attributes that Affect Structure of Rates Charged (Weighted calculation)

| Category | Frequency | Rank |
|--|-----------|------|
| Price of Other Music Therapists' Rates in the Market | 378 | 1 |
| Current State of the Economy | 235 | 2 |
| Price of Other Similar Therapy Services' Rates in Market | 218 | 3 |
| AMTA National Survey of Recommended Rates | 195 | 4 |
| Value and Benefits that Music Therapy Provides | 190 | 5 |
| Years of Experience of Music Therapist | 169 | 6 |
| Education Level of Music Therapist | 133 | 7 |
| Total Respondents ($n = 253$) | | |

Marketing Promotion

What marketing vehicles and printed materials are music therapy business owners currently using promote their music therapy practice?

To create visibility for their music therapy practice, respondents listed and then ranked their most successful marketing vehicles currently being used to grow their practice, as evidenced by new client business. A list of preferred marketing vehicles is shown in Table 15. Respondent rankings of the best-known marketing vehicles are shown in Table 16. Through weighted calculations, scores were provided and top rankings produced for the use of marketing vehicles. Presentations were listed as the most popular (score = 282), followed by utilizing a website for marketing a music therapy practice (score = 224), and marketing through networking meetings (score = 198). Respondents were also asked to select the top printed marketing materials currently being used. Business cards were identified by 93% of respondents; brochures were reported used by 56.3%, and presentation materials at 44.9%. A list of all printed marketing materials reported is shown in Table 17. When asked if respondents use separate marketing materials to market to specific populations, the majority (59.5%) reported not using separate materials, while remaining participants (40.5%) stated that they do use population-specific materials.

Table 15

Current Preferred Marketing Vehicles

| Category | Frequency | % |
|--|-----------|-------|
| Advertising (Print/Web/Radio) | 76 | 29.7 |
| Blog | 51 | 19.9 |
| Direct Mail (Postcards/Flyers) | 50 | 19.5 |
| Email Marketing Campaigns | 44 | 17.2 |
| Free Demo Session | 98 | 36.3 |
| Networking Meetings | 112 | 43.8 |
| Presentations | 168 | 65.6 |
| Press Releases | 21 | 8.2 |
| Referral Programs | 80 | 31.3 |
| Social Media (Facebook/Twitter/LinkedIn) | 129 | 50.4 |
| Trade Shows | 35 | 13.7 |
| Website | 144 | 56.3 |
| Other | 69 | 27.05 |
| Total Respondents (<i>n</i> =256) | | |

Note: The Other category included the following:

- Alternative Music Classes
- Client Referrals
- Cold calling
- Company concerts
- Direct contact with targeted facility
- Medicaid waiver sets rate and referral practices
- Paper pull tabs at stores and coffee shops
- Psychology Today/Goodtherapy.org

Table 16

Top Three Ranked Marketing Vehicles (Weighted Calculation)

| Category | Frequency | Rank |
|--|-----------|------|
| Presentations | 282 | 1 |
| Website | 224 | 2 |
| Network Meetings | 198 | 3 |
| Referral Programs | 191 | 4 |
| Free Demo Session | 142 | 5 |
| Social Media (Facebook/Twitter/LinkedIn) | 137 | 6 |
| Advertising (Print/Web/Radio) | 95 | 7 |
| Direct Mail | 64 | 8 |
| Email Marketing Campaigns | 41 | 9 |
| Blog | 24 | 10 |
| Trade Shows | 19 | 11 |
| Press Releases | 13 | 12 |
| Total Respondents ($n=239$) | | |

Table 17

Current Printed Marketing Materials Used

| Category | Frequency | % |
|-------------------------------|-----------|------|
| Banners | 29 | 11.7 |
| Brochures | 139 | 56.3 |
| Business Cards | 223 | 90.3 |
| Direct Mailing Pieces | 26 | 10.5 |
| Logo Merchandise/Apparel | 34 | 13.8 |
| Postcards | 23 | 9.3 |
| Presentation Materials | 111 | 44.9 |
| Other | 25 | 10.1 |
| Total Respondents ($n=247$) | | |

Note: Respondents were able to select more than one response; therefore, total percentage may equal more than 100%.

Are music therapists in private practice utilizing new or existing online marketing platforms that have proved effective in creating awareness for their business?

A majority of respondents (58.7%) reported having a website to market their music therapy practice with 41.3% citing they did not have a website. For those who did report having a website, the majority (65.2%) had their website for less than three years. A list of time periods for website activity is shown in Table 18. When asked how often the content on the respondent's websites was updated, the largest percentage (39.4%) reported that their website content does not change; therefore, it is updated when needed, followed by participants who updated their information quarterly (24.4%). A list of regular time periods for updating websites is shown in Table 19. These respondents also noted that within the past three years most (73.3%) have had their websites updated or redesigned. Over half of the respondents (65.6%) did not incorporate the use of videos on their websites. When asked if website owners had an option for visitors to enter an email address to receive periodic updates, 60.1% offered that they do not have such an option, while 39.9% reported they do offer this feature.

Table 18

Years Music Therapy Website Has Been Active

| Category | <i>n</i> | % |
|------------------|----------|------|
| Less than a year | 33 | 21.3 |
| 1-3 | 68 | 43.9 |
| 4-6 | 31 | 20.0 |
| 7-9 | 16 | 10.3 |
| 10-12 | 4 | 2.6 |
| 13-15 | 2 | 1.3 |
| 16+ | 1 | 0.7 |
| Total | 155 | |

Table 19

Frequency of Website Updates

| Category | <i>n</i> | % |
|---|----------|------|
| My website content does not change much therefore I change it mostly when necessary | 60 | 39.5 |
| Weekly | 16 | 10.5 |
| Monthly | 24 | 15.8 |
| Quarterly | 37 | 24.4 |
| Annually | 15 | 9.9 |
| Total | 152 | |

Approximately half (53.7%) of the respondents in this survey reported using social media to market their music therapy practice, while the remaining participants (46.3%) did not use this form of marketing ($n=261$). Facebook was used by 93% of

respondents who reported using social media, followed by LinkedIn (43.9%), and Twitter (28.1%), as the most preferred avenues. A list of social media outlets is shown in Table 20.

Table 20

Social Media Used By Music Therapists to Market Practice

| Category | Frequency | % |
|-------------------------------|-----------|------|
| Facebook | 129 | 92.8 |
| LinkedIn | 61 | 43.9 |
| Pinterest | 15 | 10.8 |
| Twitter | 39 | 28.1 |
| YouTube | 22 | 15.8 |
| Other* | 5 | 3.6 |
| Total Respondents ($n=139$) | | |

Note: Respondents were able to select more than one response; therefore, total percentage may equal more than 100%.

Other responses included:

- Academia.edu
- Care.com
- Google hangout
- Vimeo

When asked if respondents used email to communicate with current and potential clients, 70.2% stated that they do use email, with 29.8% reporting that they do not. For those who did use email, 81.7% reported that they do not use an email management system (i.e. Constant Contact) to facilitate their email marketing to their clients.

Marketing Implementation

What are the sources that music therapists in private practice utilize to remain current on marketing trends and strategies for their business?

Respondents were asked if they had ever participated in an outside course to assist them in marketing their music therapy practice. The majority (60.4%) stated they had not; however, 39.9% reported that they had attended an outside course. When asked if respondents utilized outside subcontractors for marketing tasks, 9% of participants reported using additional sources, while the vast majority of participants (91%) reported that they did not subcontract any of their marketing tasks. For those who did subcontract marketing services, graphic design was selected as the most sought after service (70.8%), followed by website management (62.5%), and printing (58.3%). A full list of marketing tasks outsourced is shown in Table 21.

All respondents were asked to identify the most valuable source for obtaining marketing information to incorporate into their daily practice. Discussing marketing with other music therapists was the most popular option (29.2%), followed by searching online (17.7%). A complete list of sources cited for gathering marketing information is shown in Table 22.

Table 21

Marketing Activities Outsourced

| Category | Frequency | % |
|---------------------------------|-----------|------|
| Graphic Design | 17 | 70.8 |
| Direct Mailings | 1 | 4.2 |
| Public Relations/Press Releases | 6 | 25.0 |
| Printing | 14 | 58.3 |
| Website Management | 15 | 62.5 |
| Other | 3 | 12.5 |
| Total Respondents (n=24) | | |

Note: Respondents were able to select more than one response; therefore, total percentage may equal more than 100%.

Table 22

Best Source of Marketing Information for Music Therapy Practice

| Category | n | % |
|------------------------------|-----|------|
| AMTA Conferences | 27 | 11.1 |
| CMTE Courses | 37 | 15.2 |
| Discussing Marketing w/Peers | 71 | 29.2 |
| Reading Marketing Books | 12 | 4.9 |
| Searching Online | 43 | 17.7 |
| Social Media | 15 | 6.2 |
| Other* | 38 | 15.6 |
| Total | 243 | |

*Other responses included:

- Business Coach / Service Corps of Retired Executives (SCORE) Mentor, weekly newsletters, and music therapy websites.

What are music therapy business owners' overall views on marketing, how do they personally evaluate their own marketing prowess, and do they feel that additional education/training is needed to enhance their music therapy practice?

A Likert type scale was also used for several question regarding participant views of marketing with the options of strongly disagree, disagree, neither agree/nor disagree, agree, and strongly agree. Music therapists in this survey reported a high level of agreement (76%) that marketing is a necessary part of their music therapy practice (See Figure 7). Of note, 17.5% remained neutral on the subject, while 6.5% reported some level of disagreement with marketing's importance in music therapy. Music therapists also appear to possess a strong positive outlook regarding their ability to personally identify which factors differentiate them as a music therapist, and how to market those differences effectively, as 68% of respondents agreed or strongly agreed to the statement posed (See Figure 8). Similarly, respondents viewed their technological proficiency to be relatively sufficient as 46% reported feeling competent to handle the design and creation of marketing materials for their music therapy practice, while 30% reported not feeling as confident (See Figure 9). Music therapists in this study also appear confident in the difference in meaning of the terms "marketing" and "sales," as 63% agreed or strongly agreed that there is a distinct difference in the definitions of these terms (See Figure 10). Finally, the majority of music therapists (63%) agreed that they would attend an 8-hour CMTE course detailing successful marketing strategies for their music therapy practice (See Figure 11).

What, if any, barriers exist to implementing effective marketing practices for music therapy business owners?

Barriers to implementing marketing efforts may include overall confidence in marketing skills. Compared with the 76% of participants who reported marketing as an important part of their business, only 43% reported feeling confident in their marketing skills to market their music therapy practice (Figure 12). This potential deficit in marketing confidence when combined with an additional finding that only 23% of respondents felt as if they were using the most current marketing methods (See Figure 13), may provide additional validity for the assumption of confidence in marketing skills as a possible barrier. Another potential barrier may be the amount of time needed to facilitate marketing activities. When asked if marketing takes too much time out of their daily schedule, 23% of respondents agreed with the statement, while 42% remained neutral in their agreement or disagreement (See Figure 14). This finding may suggest that 65% of participants either agree or do not disagree with the fact that marketing takes too much time out of their daily schedule. An additional barrier to implementing marketing practices may include financial resources. 57.7% of participants reported practicing music therapy more than 20 hours each week with most (85%) not having the assistance of additional personnel. Nearly half of respondents (48.5%) also reported having an additional job to supplement their income. A logical assumption may be made that respondents working two or more jobs in addition to providing music therapy, without the assistance of extra personnel, may be financially challenged to implement regular marketing activities.

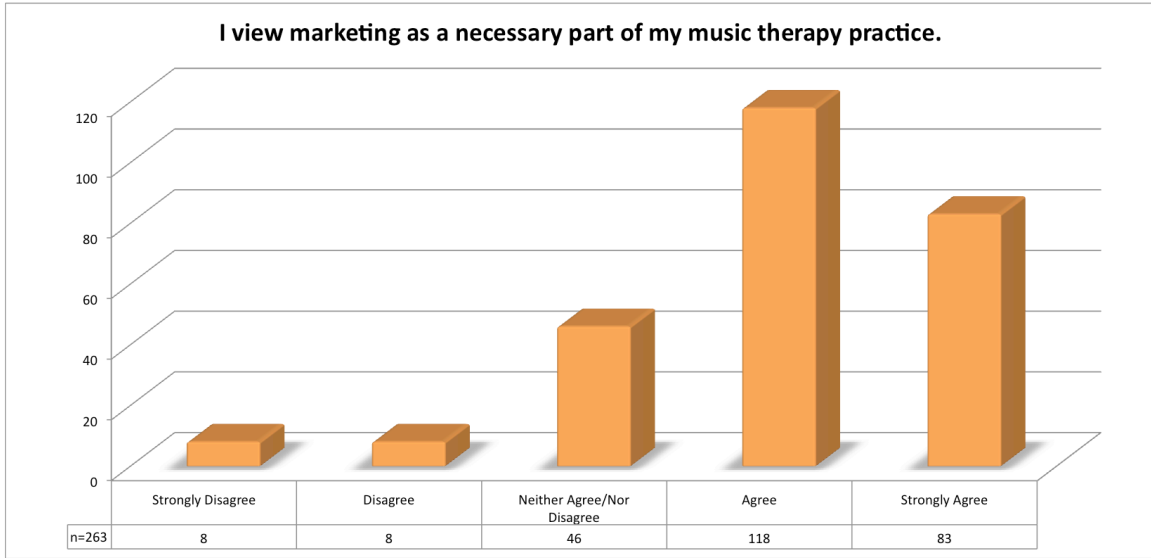


Figure 7. Marketing Necessary to Music Therapy

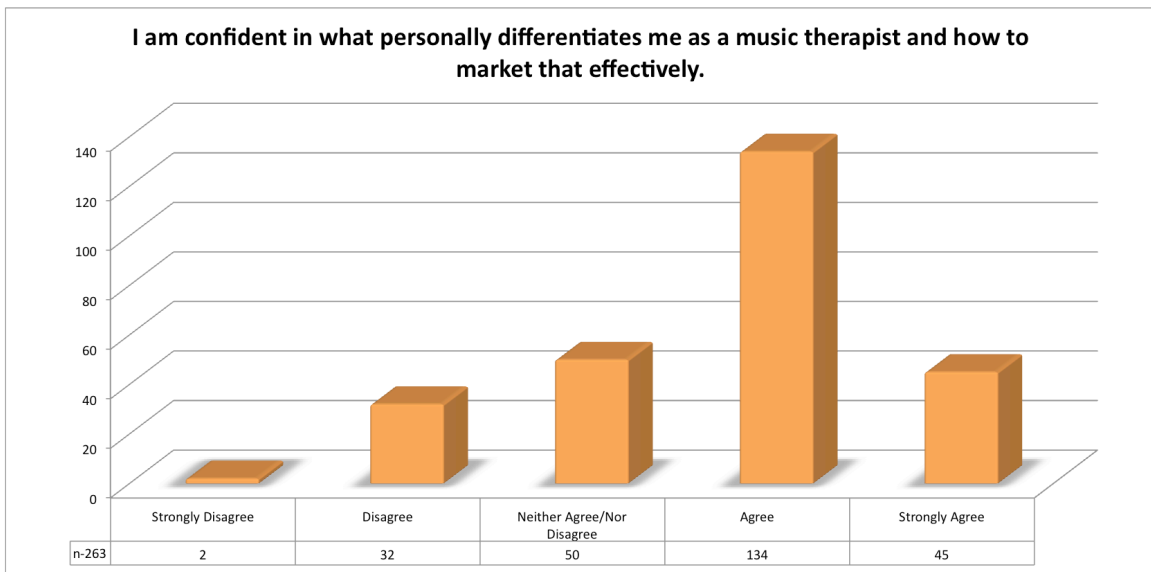


Figure 8. Confidence in Differentiation Factors

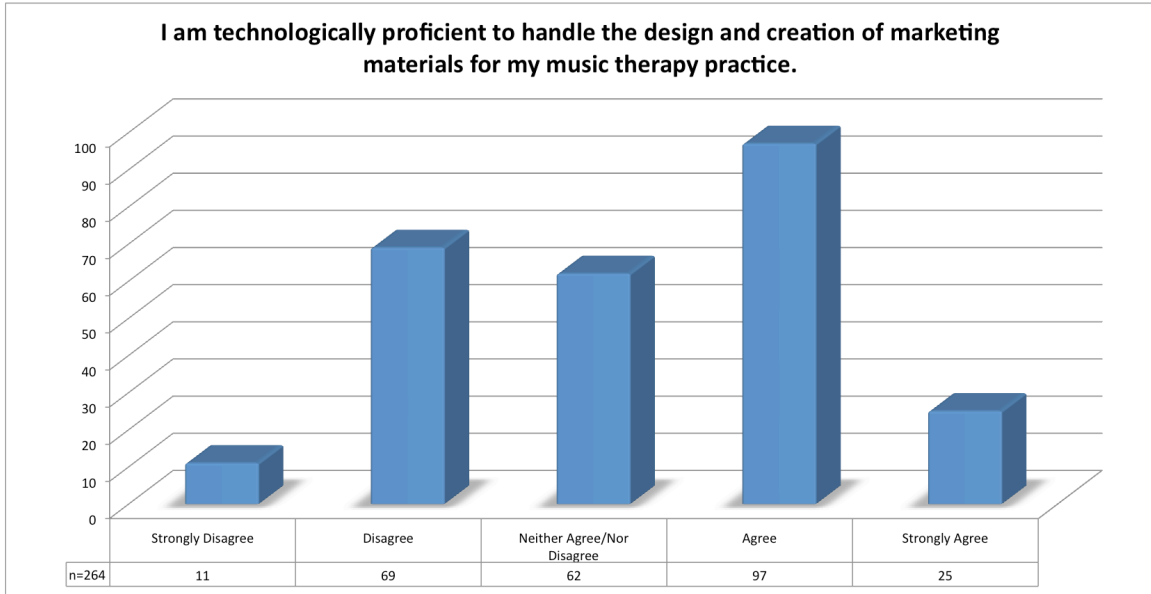


Figure 9. Technological Proficiency in Marketing

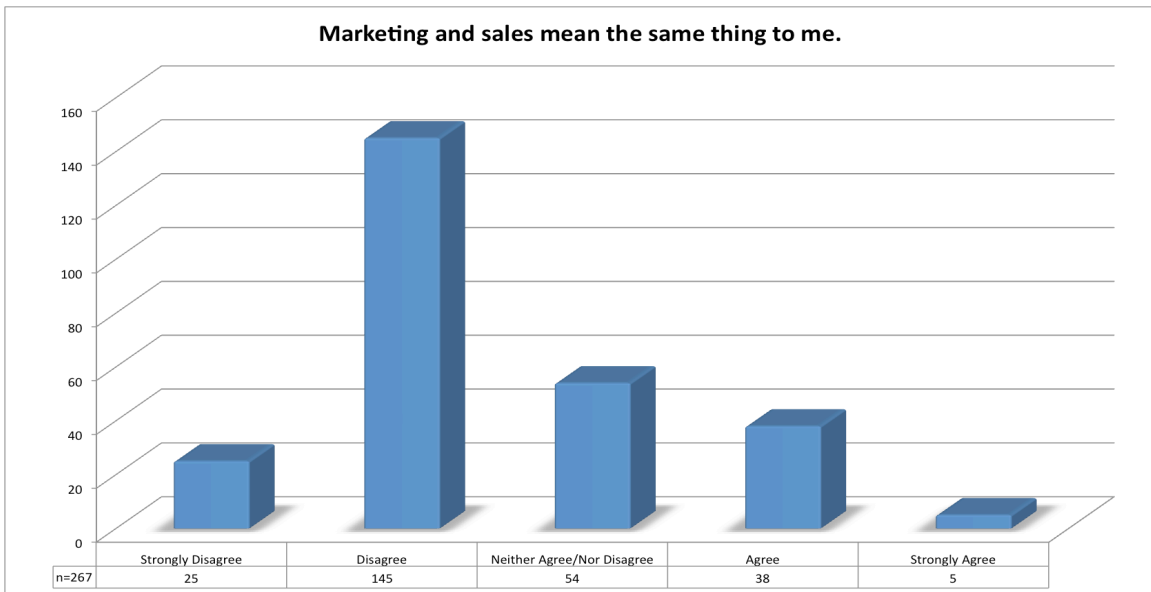


Figure 10. Marketing vs. Sales Definition

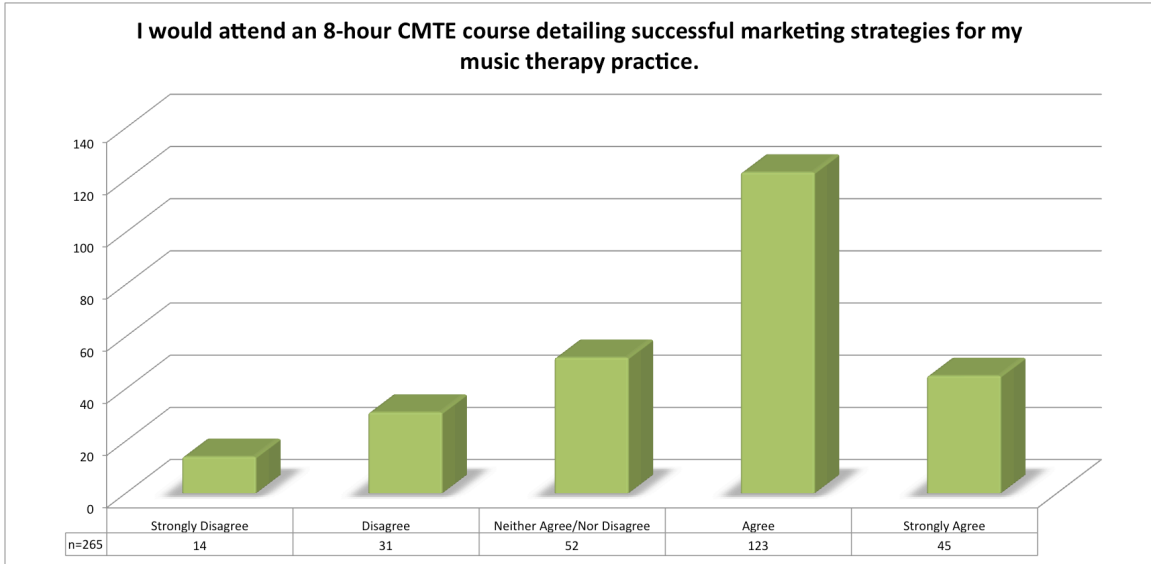


Figure 11. Would Attend a CMTE Marketing Course

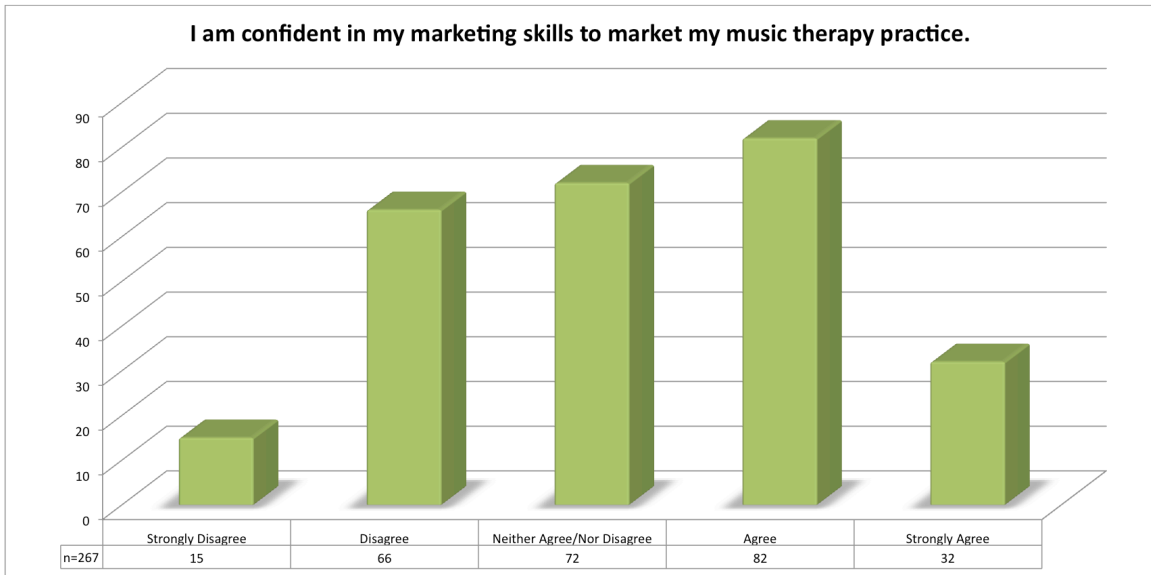


Figure 12. Confidence in Marketing Skills

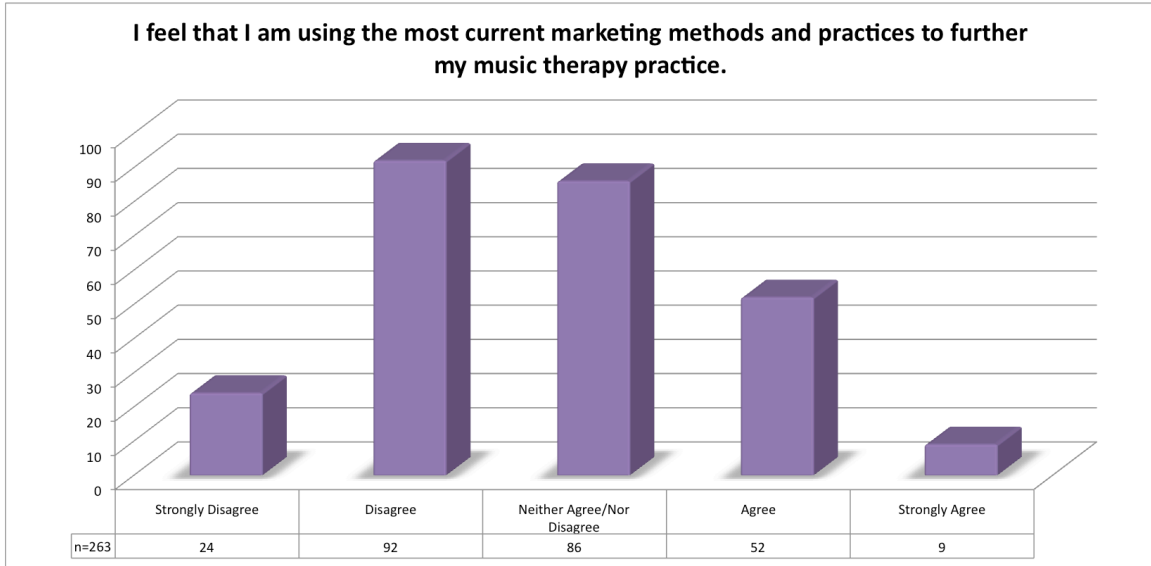


Figure 13. Using Most Current Marketing Methods

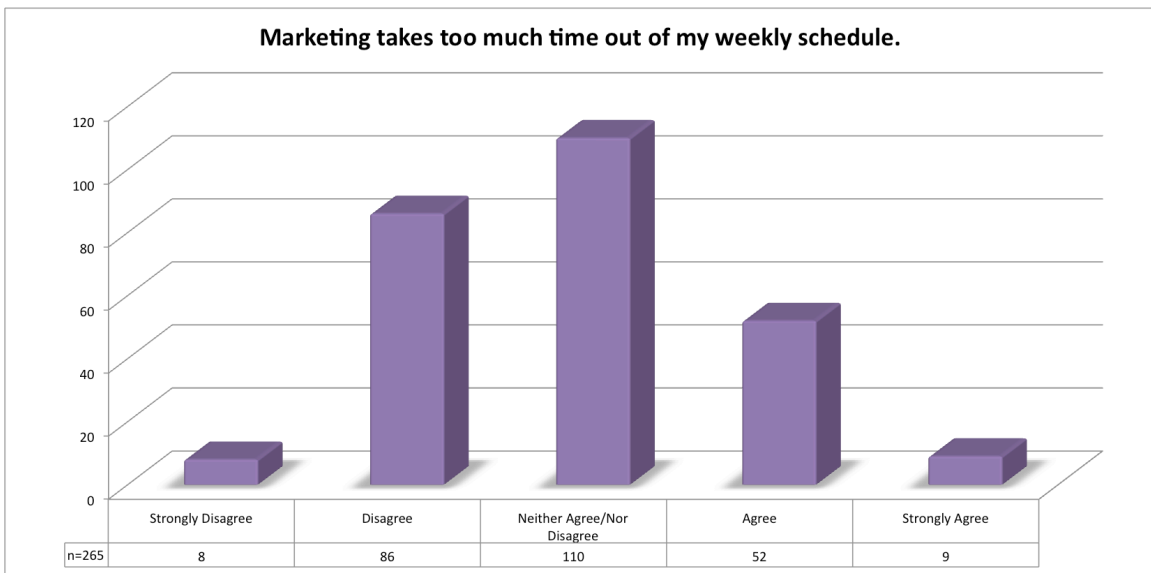


Figure 14. Marketing Time Commitment

Statistical Analysis

Chi-square analysis was used to determine if having a marketing plan was correlated with the use of other marketing vehicles. Results displayed that having a marketing plan is associated with having a blog ($\chi^2=4.14$, $p=.042$), trended towards an association with having a website ($\chi^2=3.74$, $p=.053$), but interestingly, was not associated with using social media ($\chi^2=1.83$, $p=.176$) (See Figures 15-17).

Chi-Square Tests

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|--------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | 4.136 ^a | 1 | .042 | | |
| Continuity Correction ^b | 3.524 | 1 | .060 | | |
| Likelihood Ratio | 4.109 | 1 | .043 | | |
| Fisher's Exact Test | | | | .060 | .031 |
| Linear-by-Linear Association | 4.120 | 1 | .042 | | |
| N of Valid Cases | 272 | | | | |

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 22.50.

b. Computed only for a 2x2 table

Figure 15. Marketing Plan Correlation – Blog

Chi-Square Tests

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|--------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | 3.744 ^a | 1 | .053 | | |
| Continuity Correction ^b | 3.285 | 1 | .070 | | |
| Likelihood Ratio | 3.757 | 1 | .053 | | |
| Fisher's Exact Test | | | | .066 | .035 |
| Linear-by-Linear Association | 3.730 | 1 | .053 | | |
| N of Valid Cases | 272 | | | | |

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 56.91.

b. Computed only for a 2x2 table

Figure 16. Marketing Plan Correlation - Website

Chi-Square Tests

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|--------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | 1.830 ^a | 1 | .176 | | |
| Continuity Correction ^b | 1.514 | 1 | .219 | | |
| Likelihood Ratio | 1.831 | 1 | .176 | | |
| Fisher's Exact Test | | | | .181 | .109 |
| Linear-by-Linear Association | 1.823 | 1 | .177 | | |
| N of Valid Cases | 272 | | | | |

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 56.47.

b. Computed only for a 2x2 table

Figure 17. Marketing Plan Correlation - Social Media

Spearman's rho was used to determine if a relationship exists between marketing confidence and the amount charged for music therapy rates. Results indicated a strong relationship between confidence in marketing skills and higher individual rates charged for music therapy services ($\rho=.201, p=.001$). In addition, being confident in marketing skills was positively associated with higher group rates being charged ($\rho=.171, p=.009$). Spearman's rho was also used to determine if a relationship exists between music therapists who reported being confident in what differentiates them and marketing those skills effectively and the level of rates charged for music therapy services. Results displayed that being confident in personal differentiation and being able to market those differences, was positively associated with charging higher individual ($\rho=.183, p=.003$) and group ($\rho=.144, p=.028$) rates (See Figure 18).

| Correlations | | | | | | | |
|----------------|--|-------------------------|---|--|---|--|--|
| | | | How many years have you been providing music therapy as your own business/practice? | What is your average hourly rate for an individual client music therapy session? | What is your average hourly rate for a group session? | I am confident in my marketing skills to market my music therapy practice. | I am confident in what personally differentiates me as a music therapist and how to market that effectively. |
| Spearman's rho | How many years have you been providing music therapy as your own business/practice? | Correlation Coefficient | 1.000 | .090 | -.010 | .073 | .056 |
| | | Sig. (2-tailed) | . | .152 | .881 | .241 | .377 |
| | | N | 264 | 255 | 233 | 258 | 255 |
| | What is your average hourly rate for an individual client music therapy session? | Correlation Coefficient | .090 | 1.000 | .596** | .201** | .183** |
| | | Sig. (2-tailed) | .152 | . | .000 | .001 | .003 |
| | | N | 255 | 261 | 235 | 255 | 253 |
| | What is your average hourly rate for a group session? | Correlation Coefficient | -.010 | .596** | 1.000 | .171** | .144* |
| | | Sig. (2-tailed) | .881 | .000 | . | .009 | .028 |
| | | N | 233 | 235 | 238 | 232 | 230 |
| | I am confident in my marketing skills to market my music therapy practice. | Correlation Coefficient | .073 | .201** | .171** | 1.000 | .598** |
| | | Sig. (2-tailed) | .241 | .001 | .009 | . | .000 |
| | | N | 258 | 255 | 232 | 266 | 259 |
| | I am confident in what personally differentiates me as a music therapist and how to market that effectively. | Correlation Coefficient | .056 | .183** | .144* | .598** | 1.000 |
| | | Sig. (2-tailed) | .377 | .003 | .028 | .000 | . |
| | | N | 255 | 253 | 230 | 259 | 262 |

** . Correlation is significant at the 0.01 level (2-tailed).
 * . Correlation is significant at the 0.05 level (2-tailed).

Figure 18. Marketing Confidence and Rates Charged

The Mann-Whitney U was used to determine if there was a correlation between respondents who reported being confident in their marketing skills and the factors reported that influenced the structure of music therapy rates charged. The results produced some minor differences. Of the 263 respondents, those who reported that they structure their rates based on “Value and benefits that music therapy provides,” tended to be more confident in both their personal differentiation (Mann-Whitney U= 7038.5, Z= 2.25, p= .025) and their own marketing skills (Mann-Whitney U= 7046.5, Z= 2.49, p= .013) (See Figure 19).

| Test Statistics ^a | |
|---|--|
| | I am confident in what personally differentiates me as a music therapist and how to market that effectively. |
| Mann-Whitney U | 7038.50 |
| Wilcoxon W | 19128.5 |
| Z | -2.246 |
| Asymp. Sig. (2-tailed) | .025 |
| a. Grouping Variable: Value_and_benefits_that_music_therapy_provides_2 | |

| Test Statistics ^a | |
|---|--|
| | I am confident in my marketing skills to market my music therapy practice. |
| Mann-Whitney U | 7046.50 |
| Wilcoxon W | 19607.5 |
| Z | -2.493 |
| Asymp. Sig. (2-tailed) | .013 |
| a. Grouping Variable: Value_and_benefits_that_music_therapy_provides_2 | |

Figure 19. Marketing Confidence and Value

Of the 262 respondents, those who cited that, “Price of other music therapist rates in the market” was as a major influence regarding the rates they charged, tended to be less confident about what qualities personally differentiate them from other music therapists (Mann-Whitney U= 6979.5, Z= 2.35, p= .019) (See Figure 20). Based on these results, it could be assumed that more confident respondents focus more on the value that music therapy provides and less on what their competitors are charging.

| Test Statistics ^a | |
|------------------------------|--|
| | I am confident in what personally differentiates me as a music therapist and how to market that effectively. |
| Mann-Whitney U | 6979.50 |
| Wilcoxon W | 19069.5 |
| Z | -2.351 |
| Asymp. Sig. (2-tailed) | .019 |

a. Grouping Variable:
Price_of_other_music_therapist_2

Figure 20. Marketing Confidence and Competitor Pricing

The Mann-Whitney U was used to determine if there was a correlation between respondents who reported that brand identity is important, and those who reported having competition in their market. Of the 266 respondents, those who reported that they have competition in their area were more likely to indicate that they believe brand identity is important (Mann-Whitney U= 7198, Z= 2.181, $p=.029$) (See Figure 21).

| Test Statistics ^a | |
|------------------------------|--|
| | I believe that creating a unique brand identity and differentiating myself, as a music therapist is important. |
| Mann-Whitney U | 7198.00 |
| Wilcoxon W | 12658.0 |
| Z | -2.181 |
| Asymp. Sig. (2-tailed) | .029 |

a. Grouping Variable: Are there currently other music therapists/music therapy businesses in your market that you compete with?

Figure 21. Brand Identity and Competition

Spearman's rho was used to determine if a relationship exists between length of time spent practicing music therapy and perception of marketing skills or amount of rate charged. Length of time in business was not related to perception of marketing skills nor rate charged (all $\rho < .09$, all $p > .15$) (See Figure 22).

| Correlations | | | | | | | |
|----------------|--|-------------------------|---|--|---|--|--|
| | | | How many years have you been providing music therapy as your own business/practice? | What is your average hourly rate for an individual client music therapy session? | What is your average hourly rate for a group session? | I am confident in my marketing skills to market my music therapy practice. | I am confident in what personally differentiates me as a music therapist and how to market that effectively. |
| Spearman's rho | How many years have you been providing music therapy as your own business/practice? | Correlation Coefficient | 1.000 | .090 | -.010 | .073 | .056 |
| | | Sig. (2-tailed) | . | .152 | .881 | .241 | .377 |
| | | N | 264 | 255 | 233 | 258 | 255 |
| | What is your average hourly rate for an individual client music therapy session? | Correlation Coefficient | .090 | 1.000 | .596** | .201** | .183** |
| | | Sig. (2-tailed) | .152 | . | .000 | .001 | .003 |
| | N | 255 | 261 | 235 | 255 | 253 | |
| | What is your average hourly rate for a group session? | Correlation Coefficient | -.010 | .596** | 1.000 | .171** | .144** |
| | | Sig. (2-tailed) | .881 | .000 | . | .009 | .028 |
| | N | 233 | 235 | 238 | 232 | 230 | |
| | I am confident in my marketing skills to market my music therapy practice. | Correlation Coefficient | .073 | .201** | .171** | 1.000 | .598** |
| | | Sig. (2-tailed) | .241 | .001 | .009 | . | .000 |
| | N | 258 | 255 | 232 | 266 | 259 | |
| | I am confident in what personally differentiates me as a music therapist and how to market that effectively. | Correlation Coefficient | .056 | .183** | .144* | .598** | 1.000 |
| | | Sig. (2-tailed) | .377 | .003 | .028 | .000 | . |
| | N | 255 | 253 | 230 | 259 | 262 | |

** . Correlation is significant at the 0.01 level (2-tailed).
 * . Correlation is significant at the 0.05 level (2-tailed).

Figure 22. Years in Practice and Rates Charged

Spearman's rho was used to determine if a relationship exists between those respondents who are confident in their marketing skills and the number of hours spent on marketing activities. Confidence in marketing skills was positively correlated to number of hours spent on marketing activities ($\rho = .153, p = .013$), as was confidence in personal differentiation ($\rho = .136, p = .028$) (See Figure 23).

| Correlations | | | | | |
|----------------|---|-------------------------|---|--|--|
| | | | Approximately how many hours during a typical workweek do you spend on marketing related tasks for your music therapy practice? | I am confident in my marketing skills to market my music therapy practice. | I am confident in what personally differentiates me as a music therapist and how to market that effectively. |
| Spearman's rho | Approximately how many hours during a typical workweek do you spend on marketing related tasks for your music therapy practice? | Correlation Coefficient | 1.000 | .153* | .136* |
| | | Sig. (2-tailed) | . | .013 | .028 |
| | | N | 270 | 264 | 261 |
| | I am confident in my marketing skills to market my music therapy practice. | Correlation Coefficient | .153* | 1.000 | .598** |
| | | Sig. (2-tailed) | .013 | . | .000 |
| | | N | 264 | 266 | 259 |
| | I am confident in what personally differentiates me as a music therapist and how to market that effectively. | Correlation Coefficient | .136* | .598** | 1.000 |
| | | Sig. (2-tailed) | .028 | .000 | . |
| | | N | 261 | 259 | 262 |

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).

Figure 23. Confidence in Marketing and Marketing Activities

The Mann-Whitney U was used to determine if there was a relationship between respondents' length of time practicing music therapy and specific marketing vehicles used in their market. Of the 264 respondents, those who reported using Print/Web/Radio advertising tended to have been in business for a shorter time than those who do not (Mann-Whitney U=5643.5, Z= 2.538, $p=.011$). Of the 264 respondents, those who used social media to market their practice tended to have been in business for a shorter time than those who did not (Mann-Whitney U=6691.5, Z= 3.572, $p<.001$). Of the 264 respondents, those who had a website for their practice tended to have been in business for a shorter time than those who had not (Mann-Whitney U=7377.5, Z= 2.338, $p=.019$).

Of the 264 participants, those who indicated that demonstrations are effective in marketing their music therapy practice tended to have been in business for a longer time than those who were not (Mann-Whitney $U=5420.5$, $Z= 2.036$, $p=.042$). Of the 264 participants, those who reported that presentations are an effective marketing tool for their practice tended to have been in business for a longer time than those who were not (Mann-Whitney $U=7418.5$, $Z= 2.297$, $p=.022$). Table 23 provides a summary of statistical results.

Table 23

Years in Practice and Marketing Vehicles Used

| | How many years have you been practicing music therapy as your own business or practice? | How many years have you been practicing music therapy as your own business or practice? | How many years have you been practicing music therapy as your own business or practice? | How many years have you been practicing music therapy as your own business or practice? | How many years have you been practicing music therapy as your own business or practice? |
|------------------------|--|--|--|--|--|
| Mann-Whitney U | 5643.5 | 6691.5 | 7377.5 | 5420.50 | 7418.5 |
| Wilcoxon W | 8271.5 | 14692.5 | 17107.5 | 25520.5 | 15803.5 |
| Z | -2.538 | -3.572 | -2.338 | -2.036 | -2.297 |
| Asymp. Sig. (2-tailed) | .011 | .000 | .019 | .042 | .022 |
| Group Variable | Advertising | Social Media | Website | Demonstrations | Presentation |

The Mann-Whitney U was used to determine if there was a relationship between respondents who reported having a website for their music therapy practice and those who reported they feel that they are using the latest marketing vehicles to market their practice. Of the 263 respondents, those who reported having a website tended to feel

more like they are using the latest marketing methods (Mann-Whitney $U=5297$, $Z=5.619$, $p<.001$). However, a number of respondents who reported not having a website also reported feeling like they are using current marketing techniques, as illustrated below (See Figure 24).

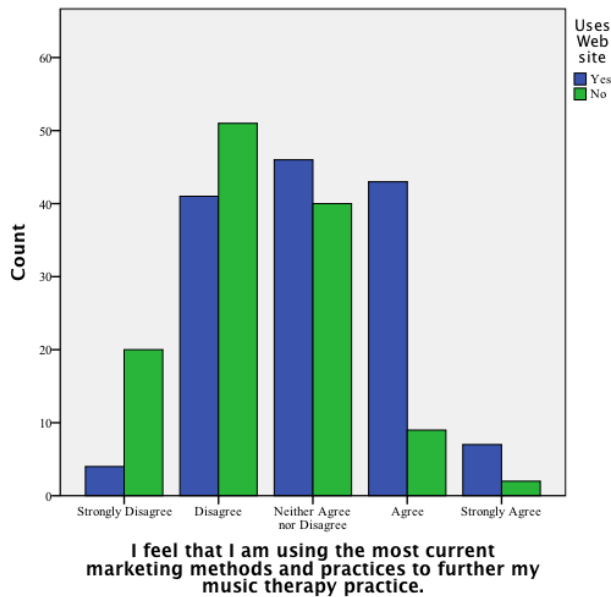


Figure 24. Current Marketing Vehicle Used and Website

The results from this survey offer insight into the current marketing practices of board certified music therapists. Also to be investigated are the significant correlations that exist between the respondents’ thoughts regarding marketing and the implementation of various marketing methods reported.

CHAPTER 5

DISCUSSION

The purpose of this study was to gain a better understanding of how marketing is being utilized by music therapists in private practice, what planning and positioning strategies are currently being used, as well as what marketing platforms and promotional materials used were reported as being effective. Additional goals included the identification of new marketing practices or trends that may have evolved in comparison to research findings reported by Wilhelm (2004) and Guy (2005).

The findings in this study suggest that marketing is very important to music therapists in private practice and that marketing efforts of various types are being implemented regularly to create awareness for music therapy services. The findings also suggest that there may be a gap between the understanding of marketing's importance as a role in operating a business and the actual implementation of fundamental marketing processes, including the creation of marketing plans and competitive assessments. Finally, the research results suggest a trend where an increased number of music therapists in private practice are taking advantage of using websites as an online marketing platform for their business.

Of the 273 board-certified music therapists who took part in this research study, the majority were female and reported being self-employed and owning their own music therapy private practice. Approximately half (55%) practiced music therapy as their own business for less than 5 years, with another 19% reported as being in business 10 years or less. Very few music therapy business owners (15%) employed other therapists. 44% of participants earned a graduate degree with 46% also reported having received additional

specialized training in Neurological Music Therapy (NMT). Almost half of the music therapists surveyed (49%) reported still having a second job to supplement their income. This percentage of music therapists who reported having an additional job remains consistent with findings from Guy (2005), who reported 49% of music therapy business owners surveyed supplemented their income with a non-music therapy job.

Marketing Planning

A large majority (76%) of music therapists surveyed agreed that marketing is a necessary part of their music therapy practice, yet a smaller number (46%) expressed confidence in their marketing skills. This drop in confidence level may be a contributing factor as to why over half of respondents (55.6%) reported that creating a marketing plan is not common practice in their music therapy business. This research coincides with the earlier findings of Guy (2005) who reported that 53% of music therapy business owners had not completed a marketing plan. Of further interest in the current study is the finding that 80% of participants cited they did not have specific marketing goals listed for their music therapy practice, and 78% reported that their budget did not contain a section for marketing expenses. A possible explanation for the contrast between the majority of participants' agreeing that marketing is important, and the large number of these same participants not creating a marketing plan, nor having marketing goals, may in part be the lack of marketing education received during their college preparation for a career in music therapy.

Current music therapy curriculum guidelines set forth by the AMTA do not require students to take a business or marketing oriented class as part of the overall curricula. Research findings in this study reflect this deficit in marketing education with

92% of music therapists reporting never having participated in a marketing class during their college career. When asked about any music therapy courses that may have offered discussions surrounding marketing and music therapy, 67% report that none of their music therapy classes covered marketing as a topic. With the increase in the amount of music therapists entering private practice, considerations may be needed to offer more in-depth marketing courses and materials from a national perspective, as well as local and regional continuing education opportunities.

Marketing Positioning

Creating a unique brand identity is an effective marketing strategy for business owners looking to separate themselves from the competition in their market. Music therapy is a service-oriented profession where word-of-mouth marketing has been reported as one of the top practices for obtaining new business (Guy 2005; Wilhelm 2004). As discussed earlier in the literature, the term “word-of-mouth” may better represent the result of other marketing practices implemented or services offered that would prompt an existing client to share their experience with a potential client without the existence of a reward. Since several music therapy private practice research studies cite word-of-mouth as being a top resource for gaining new clients (Gfeller 2002; Guy 2005; Wilhelm, 2004), one could assume that high-quality, effective music therapy services are being provided on a regular basis.

Music therapists, in this survey, favorably support the need for a brand identity with 84% agreeing that differentiating their music therapy practice with a unique identity is important. Understanding one’s competition offers valuable insight into implementing effective marketing strategies that, in turn, contribute to creating a unique brand identity.

A majority of music therapists (62%) reported having other music therapy competition within their market. Of those participants who cited having competition, 95% reported that they had never performed a written competitive analysis of competing music therapy practices in their market. A possible explanation for the deficit in completing a competitive analysis may simply be that music therapists in private practice have not received education as to how to perform this process. Music therapists did report that the top three qualities that differentiated them from their competition were reputation, level of customer service, and years of music therapy practice.

In deciding a rate structure, it is interesting to note that music therapists surveyed listed the rates of other music therapists as the main factor in how they structure their own rates. The rates of similar therapy professions were also cited as having a major impact on how rates are structured. Awareness of competing music therapy rates and rates of similar therapy professions would suggest that music therapists in this survey did actually facilitate some form of competitive analysis, yet may not have identified the process as such.

Marketing Promotion

Music therapists preferred the use of presentations to actively market their music therapy practice, followed by the use of a website, and marketing through networking meetings or appointments as their three top methods used. As discussed earlier in the review of literature, 81% of U.S. adults use the internet and, of those, 72%, or over 182 million say they have looked online for health information in the past year (Fox & Dugan, 2013). Music therapy business owners reported the use of websites as the second most popular marketing tool in this study. This finding may demonstrate a shift in

marketing strategy that music therapists in private practice have made in response to the methods in which their clients currently seek healthcare information. Music therapy is a common search term on search engine sites such as Google and garners over 16,000 searches per month (Google, 2014). The creation of websites has also evolved to more of a user-friendly environment, which may account for the fact that 59% of music therapists surveyed reported having websites to market their practice. Of note, the majority of websites (65.2%) were reported to have been active for three years or less. This finding may suggest that music therapists in a private practice are just beginning to utilize the array of online marketing vehicles available. This assumption would also correlate with the fact that 66% of website owners reported not including the use of video on their website, and that 60% reported not offering a feature to record a visitor's email information to receive future updates, both of which are noted as current and effective marketing vehicles within a website platform. In fact, CISCO Systems (2013) suggest that online video currently represents over 40% of all consumer traffic on the internet.

The use of social media was reported by over half of the participants (54%) with Facebook cited as the most popular (93%) of the social media options listed. Social media, with its ability to share pictures, videos, and information in real time, has created a new platform for individuals to conduct electronic word-of-mouth (eWOM) experiences (Kietzmann & Canhoto, 2013; Meuter et al., 2013). This new and immediate mode to share information has garnered the attention of multiple business industries including travel, restaurant, and other service-oriented websites who now implement eWOM marketing strategies using customer experiences to assist in their marketing efforts. Although certain business models have experienced success with social media,

its efficacy as a long-term marketing platform continues to be strongly debated due to a lack in the ability to quantify the return on investment provided (Pradiptarini, 2011).

Of note in this research is a statistical correlation between those music therapists who reported using a marketing plan and their likelihood to use various marketing vehicles. Significant relationships were reported for those who used a marketing plan with having a blog ($p=.42$) and having a website ($p=.053$), but there was no association with using social media ($p=.176$). A possible explanation for this lack of association may be the speed in which social media formats change and the time required to actively maintain this type of marketing vehicle compared to its return on investment. In addition, ethical boundaries and social media may play a role in a therapist's choice to use this platform.

Regarding printed marketing materials used in promoting a music therapy practice, business cards were reported as the most used by participants, followed by brochures, and presentation materials. These findings appear not to have changed over the past 10 years as Guy (2005) reported business cards, presentation materials, and brochures as the top three choices of participants' printed promotional materials used.

Marketing Implementation

60% of music therapists surveyed reported never attending an outside marketing course to assist them in marketing their practice. 9% of respondents cited use of a subcontractor for assistance with marketing activities. A logical assumption could be made that a majority of music therapists in private practice handle the facilitation of marketing activities in their business on their own. This assumption may offer some explanation as to the finding that participants reported discussing marketing with other

music therapists as the most popular avenue to enhance their marketing knowledge (29.2%) followed by searching online (17.7%), with other responses including the use of a business coach or mentor, weekly newsletters, and visiting music therapy websites. Although 60% of participants reported never attending an outside marketing course, 63% stated that they would take an 8-hour CMTE course on successful marketing strategies for their music therapy practice. This finding may suggest that more music therapists in private practice are identifying the need for increased marketing experience as part of their business equation for continued success.

Although no survey question was directly posed as to specific barriers regarding the implementing of marketing strategies, the findings in this survey, as noted earlier, suggest that level of confidence in marketing skills, time required, and financial constraints may act as potential barriers to successful implementation.

Limitations and Future Recommendations

This study contained limitations. In order for this study to be replicated minor adjustments are recommended. A question should be added for respondents to identify specific barriers to implementing marketing methods. Question #18 should be reworded to read, “How many hours do you invoice per week for music therapy services?” This question could be considered ambiguous based on the varied survey responses. An additional question should be added prior to Question #35 defining the term word of mouth marketing (WOM) marketing, and including a list of marketing efforts that are typically used to generate WOM marketing. Respondents should then be asked to identify any of the marketing vehicles listed or type in any other forms used. An additional question could have been presented to have participants identify the amount of

hours spent on other business activities including accounting, bookkeeping, and paperwork, to gain a better understanding of time spent on overall business practices. The overall design of the survey could have been constructed for deeper statistical analysis with the use of additional Likert scale questions to engage respondents' views on specific marketing methods and their efficacy within the music therapy profession. Other limitations include the fact that the survey was limited to CBMT members and therefore cannot be generalized to represent all music therapists worldwide who are not affiliated with CBMT. Another issue regarding this research study is the relatively small sample size (n=273), which could affect the accuracy in presenting a true representation of self-employed music therapists. Finally, the use of an online survey tool offers its own limitations regarding the survey not reaching its intended audience due to various factors including incorrect email addresses and shared email addresses.

There is currently a limited amount of research on the topic of marketing and music therapy. Further research should include investigation into individual client perceptions of music therapy marketing materials and music therapy websites to identify what attracts and detracts client interest. A focus group study is recommended regarding the use of video on websites and specific music therapy populations to determine the efficacy of video with potential client-caregiver age ranges. A survey of specific therapy populations is also recommended to investigate the difference in marketing needs per population, and the efficacy of music therapy marketing materials to meet those needs.

Professional Implications

One issue, which emerged from this study that may warrant further consideration, is a potential gap between those who understand the value of marketing a private practice

and those who are successfully implementing marketing methods to create awareness of their business. Results from this study suggest a strong correlation between those music therapists who are confident in their marketing abilities and the increased dollar amount of rates charged. Increasing educational requirements to include elective marketing courses is suggested. In addition, high quality marketing materials, successful private practice case studies, and opportunities for in-depth marketing education offered at a national level is recommended for those who wish to operate their own music therapy private practice.

A second issue, which arose from the study, is the finding that the vast majority of music therapists in private practice, who reported having competition, do not participate in competitive analysis within their market. Interestingly, participants in this study cited two of the top three factors which impact the method in which they structure their music therapy rates were the price of competing music therapist's rates, and the rates of other therapy professionals in similar professions such as physical and occupational therapists. It appears that competitive information, while not being ascertained officially, is still critical to the music therapy business owner as a key reference in placing value on the rates charged for therapy. Offering an instructional video regarding how to complete a competitive analysis on the AMTA website or on YouTube, accompanied by a downloadable worksheet, is recommended as a catalyst for initiating the beginning steps of a competitive analysis for a music therapy business owner. Regardless of music therapy competition in a market, music therapy business owners are still competing for the same income dollars as other similar therapy professions, healthcare services, or extracurricular music activities.

Conclusion

As noted in the beginning of the study, music therapists are continuing to venture into private practice at a steady rate. The daily challenges of successfully operating a small business are many. The music therapist that owns a private practice must effectively navigate the regular activities of running the business while also focusing attention towards the practice of music therapy itself.

Of the 273 board-certified music therapists who took part in this research study, the majority were female and reported being self-employed, owning their own music therapy private practice. Approximately half (55%) practiced music therapy as their own business for less than 5 years, with another 19% reported as being in business 10 years or less. Very few music therapy business owners (15%) employed other therapists. 44% of participants earned a graduate degree with 46% also reported having received additional specialized training in NMT. Almost half of the music therapists surveyed (49%) reported still having a second job to supplement their income. This percentage of music therapists who reported having an additional job remains consistent with findings from Guy (2005), who reported 49% of music therapy business owners surveyed supplemented their income with a non-music therapy job.

Music therapists in private practice embrace the concept and value of marketing; however, effectively implementing regular marketing practices appears to remain a challenge. This may be due to barriers of time, confidence in personal marketing skills, or finances, as more than half of the music therapy business owners surveyed reported working another job and not having a staff in their therapy practice. Music therapists in private practice appear to be gravitating towards the use of websites as a common

marketing platform evidenced by the increased ranking in importance compared to research from Guy (2005). Also, in concurrence with research from Wilhelm (2004) and Guy (2005), music therapy business owners remain committed to utilizing presentation materials and business cards for their primary printed marketing materials. Participants reported confidence in what makes them unique as music therapists, but also recognized the need for additional marketing experience and skills, demonstrating an awareness of marketing's importance in the mix of business operations. In addition, music therapists in private practice appear to realize that utilizing marketing efforts to differentiate one's self from competition offers the opportunity to become viable to potential clients, remain visible to existing clients, and promote longevity for their music therapy practice.

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APPENDIX A
OFFICE OF RESEARCH AND ASSURANCE
IRB APPROVAL



EXEMPTION
GRANTED

Barbara Crowe
Music, School of
480/965-7413
Barbara.J.Crowe@asu.edu

Dear Barbara Crowe:

On 1/10/2014 the ASU IRB reviewed the following protocol:

| | |
|---------------------|---|
| Type of Review: | Initial Study |
| Title: | Marketing in Music Therapy: A Survey of Board-Certified Music Therapists to Identify Methods of Marketing Planning, Positioning, and Promotion in a Music Therapy Practice. |
| Investigator: | Barbara Crowe |
| IRB ID: | STUDY00000452 |
| Funding: | None |
| Grant Title: | None |
| Grant ID: | None |
| Documents Reviewed: | <ul style="list-style-type: none">• consent, Category: Consent Form;• HRP-503a - TEMPLATE PROTOCOLSOCIAL BEHAVIORAL %281%29 (1).docx, Category: IRB Protocol;• Marketing in Music Therapy Survey - Scott Tonkinson 010814.pdf, Category: IRB Protocol;• consent , Category: Recruitment Materials; |

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 1/10/2014.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HR 103).

IRB Administrator

cc: Scott Tonkinson

APPENDIX B

SURVEY PARTICIPANT INVITATION

January 14, 2014

Dear Music Therapy Colleague,

My name is Scott Tonkinson, and I am a graduate music therapy student at Arizona State University under the direction of Professor Barbara Crowe in the School of Music. I am conducting this research study as a course requirement for my master's thesis. The purpose of this study is to examine practicing board-certified music therapists' current marketing programs and promotional strategies used to market a music therapy practice. I am inviting you to participate in an online survey, which will take approximately 15-20 minutes to complete.

Your participation in this study is voluntary. You must be over the age of 18 to participate. Filling out this survey will be considered your consent to participate. You may skip questions if you wish. If you choose not to participate or withdraw from the study at any time, there will be no penalty. You were contacted for possible participation in this study because you are a Board-Certified Music Therapist (MT-BC). Please only complete the survey if you currently practice music therapy.

Possible benefits of your participation include insights into current marketing programs and practices that may offer increased visibility for your music therapy practice, as well as potential topics continuing education that will assist and enhance the marketing skills of music therapists nationwide. There are no foreseeable risks or discomforts to your participation.

Your responses will be anonymous. The results of this study may be used in reports, presentations, or publications, but your name will not be known. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at [\(480\) 965-6788](tel:4809656788).

If you have any questions regarding the research study, please contact the research team listed below.

Here is the web link to the survey:

Thank you for taking the time!

Scott Tonkinson, MT-BC
Phone: [\(480\) 329-3155](tel:4803293155)
Email: stonkins@asu.edu

Advisor: Professor Barbara J. Crowe, MMT, MT-BC
Email: Barbara.Crowe@asu.edu

This message was sent by Scott Tonkinson, MT-BC,
Arizona State University, Tempe, AZ 85287.

To unsubscribe, click below:

APPENDIX C
SURVEY COVER LETTER

Marketing in Music Therapy: A Survey of Board-Certified Music Therapists to Identify Methods of Marketing Planning, Positioning, and Promotion in a Music Therapy Practice.

January 7, 2014

Dear Music Therapy Colleague,

My name is Scott Tonkinson, and I am a graduate music therapy student at Arizona State University under the direction of Professor Barbara Crowe in the School of Music.

I am conducting this research study as a course requirement for my thesis. The purpose of this study is to examine practicing board-certified music therapists' current marketing programs and promotional strategies used to market a music therapy practice. I am inviting you to participate in an online survey, which will take approximately 15-20 minutes to complete.

Your participation in this study is voluntary. You must be over the age of 18 to participate. Filling out this survey will be considered your consent to participate. You may skip questions if you wish. If you choose not to participate or withdraw from the study at any time, there will be no penalty. You were contacted for possible participation in this study because you are a Board-Certified Music Therapist (MT-BC). Please only complete the survey if you currently practice music therapy.

Possible benefits of your participation include insights into current marketing programs and practices that may offer increased visibility for your music therapy practice, as well as potential topics continuing education that will assist and enhance the marketing skills of music therapists nationwide. There are no foreseeable risks or discomforts to your participation.

Your responses will be anonymous. The results of this study may be used in reports, presentations, or publications, but your name will not be known. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

If you have any questions regarding the research study, please contact the research team listed below.

Scott Tonkinson, MT-BC
Phone: (480) 329-3155
Email: stonkins@asu.edu

Advisor: Professor Barbara J. Crowe, MMT, MT-BC
Phone: (480) 965-7413
Email: Barbara.Crowe@asu.edu

APPENDIX D
SURVEY QUESTIONS



Welcome and thank you for participating this survey regarding marketing and music therapy.

Your participation will provide valuable insight into the current and future use of successful marketing methods in music therapy.

We ask that only board certified music therapists who are currently practicing music therapy complete this survey. Your anonymous participation in this study is your informed consent.

The survey should take approximately 15 minutes to complete.

Thank you!

IRB Exemption Granted - IRB Study 00000452

This following demographic questions (Questions 1-4) are being asked to compare results with national data from similar therapy professions.

Section 1 – Demographics

1) *Please identify your gender?*

- Male
- Female

2) *What category below includes your age?*

- under 18
- 18-24
- 25-34
- 35-54
- 55-64
- 65+

3) *What race/ethnicity best describes you?*

- Asian/Pacific Islander
- Black/African-American
- Caucasian
- Hispanic
- Native American/Alaska Native
- Middle Eastern
- Other/Multi-Racial

4) *What is your highest level of education/degree earned?*

- Bachelor's degree
- Equivalency degree
- Master's degree
- Doctorate degree

5) *How many years have you been practicing music therapy as a board certified music therapist? (Please round up if more than 6 months or round down if less)*

Full Time Years:

Part Time Years:

6) *Do you have any specialized training in addition to your MT-BC credentials? Click all that apply.*

- GIM
- Hospice/Palliative Care
- NMT
- Nordoff Robbins
- Kodaly
- NICU
- Orff/Schulwerk
- Other:

7) *Are you currently a member of AMTA?*

- Yes
- No

8) *In which state do you currently practice music therapy?*

- AK
- AL
- AR
- AS
- AZ
- CA
- CO
- CT
- DC
- DE
- FL
- FM
- GA
- GU
- HI
- IA
- ID
- IL
- IN
- KS
- KY
- LA
- MA
- MD
- ME
- MH
- MI
- MN
- MO
- MP
- MS
- MT
- NC

- ND
- NE
- NH
- NJ
- NM
- NV
- NY
- OH
- OK
- OR
- PA
- PR
- PW
- RI
- SC
- SD
- TN
- TX
- UT
- VA
- VI
- VT
- WA
- WI
- WV
- WY

9) *What client populations do you currently serve in your music therapy practice? (Check all that apply)*

- HIV/AIDS
- Alzheimer's/Dementia
- Autism
- Behavioral Disorders
- Cancer

- Chemical Dependency
- Chronic Pain
- Developmental Disabilities
- Dual Diagnosis
- Early Childhood
- Eating Disorders
- Emotional Disturbance
- Emotional/Physical Abuse
- Forensic
- General Medical
- Geriatrics
- Hospice / Palliative Care
- Learning Disabilities
- Multiple Disabilities
- Neurological Impairments
- Parkinson's Disease
- Physical Disabilities
- Post Traumatic Stress Disorder
- Preventative Health
- Speech Impairments
- Terminal Illness
- Traumatic Brain Injury
- Neonatal/ NICU
- Vision Impairments
- Wellness
- Other:

10) Of the client populations listed please rank your top three populations served based on number of client contact hours billed. (Select from the options on the left and slide them over to the right)

| | |
|--|----------------------|
| | HIV/AIDS |
| | Alzheimer's/Dementia |
| | Autism |

| | |
|--|--------------------------------|
| | Behavioral Disorders |
| | Cancer |
| | Chemical Dependency |
| | Chronic Pain |
| | Developmental Disabilities |
| | Dual Diagnosis |
| | Early Childhood |
| | Eating Disorders |
| | Emotional Disturbance |
| | Emotional/Physical Abuse |
| | Forensic |
| | General Medical |
| | Geriatrics |
| | Hospice / Palliative Care |
| | Learning Disabilities |
| | Multiple Disabilities |
| | Neurological Impairments |
| | Parkinson's Disease |
| | Physical Disabilities |
| | Post Traumatic Stress Disorder |
| | Preventative Health |
| | Speech Impairments |
| | Terminal Illness |
| | Traumatic Brain Injury |
| | Neonatal/ NICU |
| | Vision Impairments |
| | Wellness |

Other

Logic: Show/hide trigger exists.

11) How would you define your current music therapy practice?

- Self-Employed (I own my own practice, consult, or work as a subcontractor)
- Contractor (I use an IRS Form 1099 to report monies paid)
- I work part time as an employee for a school or institution AND I also market my own music therapy practice.
- Employee (I work full-time for a school, institution, or company as a staff employee, not as a contractor or self-employed)

Logic: Show/hide trigger exists. Dynamically shown if "How would you define your current music therapy practice?" = Employee (I work full-time for a school, institution, or company as a staff employee, not as a contractor or self-employed)

12) As a music therapist working as an employee for another company, have you ever considered owning your own music therapy practice?

- Yes
- No

Logic: Dynamically shown if "As a music therapist working as an employee for another company, have you ever considered owning your own music therapy practice?" = Yes

13) If you have considered owning your own music therapy practice, are there factors that have influenced your current employment decision? (Check all that apply)

- I prefer the security of working for someone else
- I prefer the benefit package that an employer offers
- I would like to start my own music therapy practice but I am apprehensive about how to run a business by myself
- I would like to start my own music therapy practice but I do not have the time or resources
- Other:

Page exit logic: New Page Logic Action IF: Question #11 contains any ("Employee (I work full-time for a school, institution, or company as a staff employee, not as a contractor or self-employed)") THEN: Jump to [page 7 - Thank You!](#)

14) Approximately how many hours in a typical week do you spend practicing music therapy (including travel, daily business operations, data recording)?

- 1-9

- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60+

15) *Do you supplement your income with another job?*

- Yes
- No

16) *What is your average hourly rate for an individual client music therapy session?*

- Less than \$30
- \$31-\$40
- \$41-\$50
- \$51-\$60
- \$61-\$70
- \$71-\$80
- \$81-\$90
- \$91-\$100
- \$101-\$110
- \$111-\$120
- \$121+

17) *What is your average hourly rate for a group session?*

- Less than \$30
- \$31-\$40
- \$41-\$50
- \$51-\$60
- \$61-\$70
- \$71-\$80
- \$81-\$90
- \$91-\$100
- \$101-\$110
- \$111-\$120

- \$121-\$130
- \$131-\$140
- \$141-\$150
- \$151+

18) *On average, how many client contact hours (hours invoiced/charged) do you bill per week?*

- Less than 20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- 91-100
- 101+

19) *How many years have you been providing music therapy as your own business/practice?*

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

Logic: Show/hide trigger exists.

20) *Does your music therapy practice employ other music therapists?*

- Yes
- No

Logic: Dynamically shown if "Does your music therapy practice employ other music therapists?" = Yes

21) *How many music therapists do you employ?*

Full Time (34+ hours):

$\frac{3}{4}$ Time (26-33 hours):

Part Time (15-25 hours):

$\frac{1}{4}$ Time (Less than 15 hours):

Section 2 - Marketing Planning

22) *During your college education, how many marketing classes did you have in your curriculum?*

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

23) *During your college education, how many music therapy courses did you take that discussed effective methods for marketing yourself as a music therapist (to your best estimate)?*

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

Logic: Show/hide trigger exists.

24) *Have you ever created a specific marketing plan for your music therapy practice?*

- Yes
 No

Logic: Dynamically shown if "Have you ever created a specific marketing plan for your music therapy practice?" = Yes

25) *How often do you update your marketing plan?*

- Monthly
 Quarterly
 Annually
 Never
 Other:

26) *Do you have specific marketing goals listed for your music therapy practice to track the success of marketing programs that are used?*

- Yes
 No

Logic: Show/hide trigger exists.

27) *Do you have a budget category specifically allocated for marketing your music therapy practice?*

- Yes
 No

Logic: Dynamically shown if "Do you have a budget category specifically allocated for marketing your music therapy practice?" = Yes

28) *Approximately what percentage of your expenses from your music therapy practice is allocated towards marketing?*

- 0-5%
 6-10%
 11-15%
 16-20%
 21-25%

- 26-30%
- 31%+
- I do spend money on marketing but I'm not sure of what percentage it entails.

29) *Approximately how many hours during a typical workweek do you spend on marketing related tasks for your music therapy practice?*

- 0-2
- 3-5
- 6-8
- 9-11
- 12-14
- 15-17
- 18-20
- 21+

Section 3 - Marketing Positioning

Logic: Show/hide trigger exists.

30) *Are there currently other music therapists/music therapy businesses in your market that you compete with?*

- Yes
- No

Logic: Dynamically shown if "Are there currently other music therapists/music therapy businesses in your market that you compete with?" = Yes

31) *Have you ever performed a written competitive analysis as to your music therapy competition in your local market?*

- Yes
- No

Logic: Dynamically shown if "Are there currently other music therapists/music therapy businesses in your market that you compete with?" = Yes

32) *Please rank the top three factors that you believe differentiate you from your music therapy competition. (Slide the answers on the left over to the right to rank your top three selections)*

| | |
|----------------------|---|
| <input type="text"/> | Additional Certifications (NMT, GIM, NICU, etc.) |
| <input type="text"/> | Diversity of MT Services Offered |
| <input type="text"/> | Diversity of Additional Services Offered (i.e. Music Lessons) |
| <input type="text"/> | Years of Music Therapy Experience |
| <input type="text"/> | Marketing Efforts |
| <input type="text"/> | Networking Ability |
| <input type="text"/> | Level of Business Experience |
| <input type="text"/> | Physical Business Location |
| <input type="text"/> | Reputation |
| <input type="text"/> | Level of Post-Graduate Education |
| <input type="text"/> | Number of Therapists on Staff |
| <input type="text"/> | Level of Customer Service Provided |
| <input type="text"/> | I Offer More Affordable Rates |
| <input type="text"/> | Other |

33) *Have you ever performed a written competitive analysis as to other industry/professions that might be competing for the same client base that you serve in your local market?*

- Yes
 No

34) *Please rank the top three factors that influence how you structure of your rates for music therapy services. (Select from the options on the left and slide them over to the right)*

| | |
|----------------------|--|
| <input type="text"/> | Price of other music therapist rates in the market |
| <input type="text"/> | AMTA national survey of recommended rates |
| <input type="text"/> | Price of other therapy service (PT/OT) rates in the market |
| <input type="text"/> | Education level of music therapist |
| <input type="text"/> | Years experience of music therapist |
| <input type="text"/> | Current state of the local market economy |
| <input type="text"/> | Value and benefits that music therapy provides |

Section 4 - Marketing Promotion

35) *What are the current marketing vehicles that you use to create awareness for your music therapy practice? (Check all that apply)*

- Advertising (Print/Web/Radio)
- Blog
- Direct Mail (Postcards/Flyers)
- Email Marketing Campaigns
- Free Demo Session
- Networking Meetings
- Presentations
- Press Releases
- Referral Programs
- Social Media (Facebook/Twitter/Linked In)
- Trade Shows
- Web site
- Other:

36) *Of the current marketing vehicles that you selected in the prior question, please rank the top three options that have been the most successful in growing your music therapy practice by bringing in new business. (Select from the options on the left and slide them over to the right)*

- | | |
|--|---|
| | Advertising (Print/Web/Radio) |
| | Blog |
| | Direct Mail |
| | Email marketing campaigns |
| | Free Demo Session |
| | Networking Meetings |
| | Presentations |
| | Press Releases |
| | Referral Programs |
| | Social Media (Facebook/Twitter/Linked In) |

Trade Shows

Web site

37) *What are the current printed marketing materials that you use to create awareness for your music therapy practice? (Check all that apply)*

- Banners
- Brochures
- Business Cards
- Direct Mailing Pieces
- Logo Merchandise/Apparel
- Post Cards
- Presentation Materials
- Other:

38) *Do you use separate marketing materials to address each different client population?*

- Yes
- No

Logic: Show/hide trigger exists.

39) *Do you have a website for your music therapy practice?*

- Yes
- No

Logic: Dynamically shown if "Do you have a website for your music therapy practice?" = Yes

40) *How many years has your website been active (live) on the Internet?*

- Less than a year
- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- 16+

Logic: Dynamically shown if "Do you have a website for your music therapy practice?" = Yes

41) *How often do you update the content on your website?*

- My website content does not change much therefore I change it mostly when necessary
- Weekly
- Monthly
- Quarterly
- Annually

Logic: Dynamically shown if "Do you have a website for your music therapy practice?" = Yes

42) *Have you had your website updated or redesigned within the past two years?*

- Yes
- No

Logic: Dynamically shown if "Do you have a website for your music therapy practice?" = Yes

43) *Do you incorporate videos on your website?*

- Yes
- No

Logic: Dynamically shown if "Do you have a website for your music therapy practice?" = Yes

44) *Do you offer an email option on the home page of your website for visitors to enter their email address and receive periodic updates of your music therapy practice?*

- Yes
- No

Logic: Show/hide trigger exists.

45) *Do you use social media (Facebook/Twitter/Linked In) to market your music therapy practice?*

- Yes
- No

Logic: Dynamically shown if "Do you use social media (Facebook/Twitter/Linked In) to market your music therapy practice?" = Yes

46) Which social media network do you use the most frequently to market your music therapy practice?

- Digg
- Facebook
- LinkedIn
- Pinterest
- Twitter
- YouTube
- Wikipedia
- Other:

Logic: Show/hide trigger exists.

47) Do you use email to regularly contact your current and potential clients

- Yes
- No

Logic: Dynamically shown if "Do you use email to regularly contact your current and potential clients" = Yes

48) Do you use an email management system (i.e. Constant Contact, Emailtopia) to facilitate email marketing to your clients?

- Yes
- No

49) Have you ever attended an outside course or event to assist you in marketing your music therapy practice?

- Yes
- No

Logic: Show/hide trigger exists.

50) Do you subcontract any marketing tasks to outside contractors?

- Yes
- No

51) Which marketing tasks do you most commonly outsource? (Check all that apply)

- Graphic Design
- Direct Mailings
- Public Relations/Press Releases
- Printing
- Website Management
- Other:

52) What source do you use to find the most valuable marketing information and/or methods to incorporate into your music therapy practice?

- AMTA Conferences
- CMTE Courses
- Discussing Marketing With Other Music Therapists
- Reading Marketing Books
- Searching Online
- Social Media
- Other:

Section 5 - Marketing Implementation Please select the option which best corresponds to the extent to which you agree or disagree with the following statements.

53) I view marketing as a necessary part of my music therapy practice.

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

54) I am confident in my marketing skills to market my music therapy practice.

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

55) I feel that I am using the most current marketing methods and practices to further my music therapy practice.

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

56) *Other therapy practices (Occupational/Physical/Speech) have more advanced marketing methods than music therapy.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

57) *I believe that creating a unique brand identity and differentiating myself, as a music therapist is important.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

58) *I feel uncomfortable competing with other music therapists for business in my market.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

59) *Marketing takes too much time out of my weekly schedule.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

60) *Marketing and sales mean the same thing to me.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

61) *I am confident in what personally differentiates me as a music therapist and how to market that effectively.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

62) *I am technologically proficient to handle the design and creation of marketing materials for my music therapy practice.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

63) *I would attend an 8-hour CMTE course detailing successful marketing strategies for my music therapy practice.*

- Strongly Disagree Disagree Neither Agree/Nor Disagree Agree
 Strongly Agree

64) Are there any additional comments that you would like to add regarding this survey or on the topic of marketing in music therapy?

Thank You!

You have completed the survey and are finished! Thank you for taking the time to complete this survey. Your time is valuable and we want to let you know that we greatly appreciate you offering your insight to this study.

APPENDIX E
QUALITATIVE DATA RESPONSES
SURVEY QUESTION 64

The following are the open-ended responses to Question 64 of the survey instrument that asked, “Are there any additional comments that you would like to add regarding this survey or on the topic of marketing in music therapy?” This responses included were divided into four categories.

Marketing Importance and Methods

- *This is GREAT information and yes, we need more options to support music therapists in this area!*
- *I have attended a 4-hour CMTE for music therapists and I found it very helpful.*
- *Building a good reputation is important, and takes time.*
- *I love learning all about marketing strategies!*
- *Word or mouth, free demo (private and group) sessions have been my most successful marketing tool*
- *I think that more marketing and business classes need to be added to the bachelor's degree. It is so important for our profession to be proficient in business practices.*
- *How you market is one thing. Diversifying and targeting are the keys.*
- *I do believe marketing is essential for making a go with a business. I am contracting through 2 businesses that market for me, or are already established and word of mouth fulfills the marketing.*
- *I believe the marketing education I received through a music therapy class was enough for me.*

- *The technological aspect (web designing, email distribution) is something fairly easy to accomplish, especially on a Mac that has a capability of publishing a website.*
- *A class devoted to how to set rates, write and verbally market yourself to various professionals and parents, and what materials you should always have would be valuable, which my class already covered.*
- *My practice is currently part-time through a state governed referral system. I have used more marketing when I was functioning independently.*
- *Doing your job well and word of mouth trumps any flashy marketing techniques. Because when it comes down to getting clients and retaining them it takes the skills of our trade. I would rather invest in being a better music therapist than in being a great marketer.*
- *Providing (recognizable by non-MTs) quality services results in word of the mouth referrals resulting in my best marketing resource.*

Marketing Experience Needed

- *Greetings, I realize that I am not marketing my business adequately. I have "good intentions" but poor follow through. Time is an issue since I also have a piano studio. I would welcome a CMTE in marketing.*
- *I have never done a specific marketing plan, and I think this will be the next step in my new business.*
- *After internship, I felt totally unprepared for the "real world." I wish there was a course I could have taken in marketing music therapy for both private practice and employment.*

- *So many times people ask, "What is music therapy? What do you do?" I think that there needs to be more media exposure to educate the public, health care facilities, and medical administrators.*
- *This survey made me realize that I need to start getting serious about marketing my practice. I live in Los Angeles, CA, and feel that marketing here can be challenging within competitive urban metropolis I am working within.*
- *A business model was never something that I wanted, and I was surprised at the extent to which it has become necessary to 'market' myself through the education of persons and institutions that would clearly benefit from my services.*

Financial Barriers of Marketing

- *I would attend a CMTE course in marketing if the course was presented free of charge.*
- *With a start-up business, I am still finding that marketing is a big expense, and I have to pick and choose and try different methods, because my budget is not big enough to cover all the marketing I would like to do.*

Little Need for Marketing

- *I have to be careful not to market because I have more work than I can handle*
- *I may be unusual in that I don't want to have more work than I now do.*
- *The main reason I do not market my practice is because I have sufficient work to meet my needs. I am not trying to build my practice, I simply want enough work to contribute toward family bills and make a difference in the lives of others.*
- *I also have a full-time job and am not looking for more business, so marketing is not valuable in my profession.*

- *Most of my practice has developed from word of mouth through minimal efforts I made the 1st year I was a music therapist. I don't really want more clients than I have and so put very little effort into marketing my current practice. My focus is on developing new aspects of my practice. I will likely focus on marketing at that time.*
- *In my small close-knit community, I am known as the local music person for community events, lessons, therapy, whatever, so there is no competition and word of mouth is sufficient.*
- *I have a waiting list for my services that came about because I am a really good music therapist that gets results.*
- *I find it important to contribute that I am satisfied with my client load and do not actively seek new clients. I will take on new contracts if I am contacted and the opportunity is particularly interesting or financially worthwhile to me.*