

THE USE OF RAP MUSIC IN MUSIC THERAPY TREATMENT WITH ADOLESCENTS
AND YOUNG ADULTS: A SURVEY

A Thesis
by
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Abstract

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This study examined how music therapists who work with adolescents and young adults use rap music in music therapy treatment. The use of rap music in music therapy with any age group or population is not well examined in the existing literature; however, it is standard practice for music therapists to incorporate the preferred music of clients, and it is likely that rap music is the preferred music of some adolescent and young adult clients. A survey was sent to 512 board-certified music therapists who reported working with adolescents and young adults. A total of 71 respondents (14% response rate) provided information about their use of rap music in music therapy treatment and their perceptions of rap music. The results indicated that rap music is being used frequently in music therapy treatment with adolescents and young adults, and it is being used in a wide variety of settings and interventions. The results also indicated that while music therapists often use rap music for rapport building and connection making, music therapists might not be well educated about rap music. The study also included recommendations for music therapists to be further educated on rap music and the ways it may be incorporated into treatment.

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Chapter 1

Introduction

Iggy Azalea, Kendrick Lamar, T.I., Wiz Kalifa, and Jeremih are names that can be seen nearly every week on the Billboard Hot 100 Chart (Billboard, 2014). Mixed in with names of country crooners and pop princes and princesses, these rap artists can be heard on radio stations across the nation. As evidenced by the number of rap songs listed on top 40 charts, rap music has become a prevalent and successful musical genre. Due to the prevalence of rap music, it is no surprise that adolescents are exposed to it. When adolescents and young adults are exposed to a musical genre in society, it is only a matter of time before this musical genre appears in music therapy treatment as a client's preferred music (American Music Therapy Association, 2015). The challenge of using rap music in therapy is navigating lyrical and cultural content within the treatment setting when rap music is a client's preferred genre (McFerran, 2012). Rap music is strongly associated with the African American culture, and the history of this culture is wrought by slavery, segregation, and systemic racism in the United States (Shafer, 2015). Such factors must be taken into account when considering use of rap music in music therapy treatment (Kopano, 2002).

Adolescents and young adults are growing and changing, and the process of moving through these changes may have strong developmental implications such as impact on psychological development and gender development (McHale, Crouter, & Whiteman, 2003; Seidman, 1991). Stages of adolescence and young adulthood have been defined through several models of development, one of which specifically addresses the impact of outside

aspects on the development of a person. Bronfenbrenner (1994) surmised that adolescent and young adult development is impacted by an ecological system that includes relationships with others and societal and cultural norms. The person is at the center of this system with the first layer surrounding the person representing immediate environment or microsystem (Bronfenbrenner, 1994). This microsystem includes family and peers, school, and workplace. The next layer, or mesosystem, involves interactions between aspects of the microsystem (teacher and parent interactions, etc.). The exosystem incorporates interactions between things in a person's immediate environment and things that a person cannot control. Yet another layer, the macrosystem, acknowledges cultural context. The final layer, the chronosystem, involves large environmental changes and transitions. Bronfenbrenner's theory exposes the importance of considering the entire system surrounding a person and how that system may impact development. Also, interactions, both positive and negative, can effect. Based on this model, the process of developing through childhood into adolescence and young adulthood seems to involve several factors (Bronfenbrenner, 1994).

Due to the importance of development, it is argued that it can be threatened when adolescents and young adults do not resolve the conflicts they encounter during development (Bronfenbrenner, 1994). Difficulties in the developmental process can result in adolescents or young adults needing therapeutic treatment (Bronfenbrenner, 1994). Music therapy can be a beneficial treatment option for these needs (American Music Therapy Association, 2015). Music therapy experiences can address the developmental stage of an adolescent or young adult, and the treatment process can guide the adolescent or young adult through the developmental stages (Gooding, 2011).

Music therapists often use preferred music of clients to build rapport, strengthen the therapeutic relationship, and encourage treatment (American Music Therapy Association, 2015). They have no control over what this preferred music may be, but, if possible, music therapists incorporate the preferred genre and songs into treatment (American Music Therapy Association, 2015). If rap music is a preferred genre, it would seem that music therapists would be incorporating this type of music in music therapy sessions; but due to several aspects of rap music, it is possible that some music therapists may be choosing not to use rap music in sessions with adolescents and young adults (Herd, 2014; Weitzer & Kubrin, 2009).

Definitions of Terms

Music Therapy

According to the American Music Therapy Association (2015) music therapy is a clinical, evidence-based practice in which music interventions and a therapeutic relationship between client and credentialed therapist are used to accomplish non-musical goals. Music therapy is a valid treatment method that is used with all ages from infancy to older adulthood. It is often used with populations including individuals with autism spectrum disorder, individuals with Alzheimer's disease and neurocognitive disorder, in medicine, in mental health, in response to crisis and trauma, in pain management, and in special education (American Music Therapy Association, 2015).

Rap Music

Kubrin (2005) defined rap music as a type of music that incorporates rhythmic speech spoken over a musical beat. Typically, rap music can involve rhyme and street language. Hip-hop is a broader term used to describe a culture of which rap music is a part (Kubrin, 2005). Rap music has some subgroups including gangsta rap, underground rap, East Coast

rap, and West Coast rap (Kubrin, 2005). For this study all subgroups of rap music will be considered when describing rap music.

Adolescents and Young Adults

For the purpose of this study, individuals ages 12 to 22 will be considered adolescents and young adults. This age range is the typical time of puberty through the typical time of completion of an undergraduate degree program and/or establishment in a profession. This age range was selected due to the suspicion that individuals in this age range are likely to have exposure to rap music, and this age range is of interest to the researcher's clinical work.

Summary

Rap music is a popular musical genre with which adolescent and young adult music therapy clients are likely to be familiar and may even prefer (McFerran, 2012). The racial and historical significance of this musical genre may have an impact on whether or not music therapist choose to use rap in music therapy treatment (Shafer, 2015). Human development may be impacted by environmental aspects both in a person's immediate environment and in the greater cultural environment of the human race (Bronfenbrenner, 1994).

Chapter 2

Review of Literature

Adolescent and Young Adult Development

Adolescence and young adulthood are times of development and change. There are several factors and influences that may impact development during this time, one of which is relationship with parents. Parental relationships with adolescents may impact mood, and these relationships may also impact the development of empathy. Negative interactions between parent and adolescent have been observed over the course of 4 years to determine how these interactions may influence symptoms of depression and/or generalized anxiety (Maciejewski et al., 2014). A sample of 456 adolescents aged 13 to 16 years old were asked to rate their moods for 9 weeks out of each of the four years, and adolescents and parents also kept record of any negative interactions that occurred between them. The negative interactions were not found to have an influence on the development of depressive or anxiety symptoms, but during the ages of 14 and 15 years old a link between variability of mood and symptomatic development was found (Maciejewski et al., 2014).

While Maceijewski et al. (2014) examined how parent and adolescent interaction may impact mood, the impact of adolescent conflict with parents on empathy alone has also been explored. Lissa et al. (2014) investigated the impact of adolescent conflict with parents on empathy development. Beginning at age 13 and lasting for 6 years, 467 adolescents and parents self-reported conflict through an annual questionnaire administered by a researcher. The adolescents were grouped by levels of empathy and perspective-taking based on

development at the beginning of the study and grouped through the use of a growth analysis trajectory. Over the course of 6 years, the adolescents who were grouped as having the lowest level of empathy demonstrated higher levels of relational conflict.

Adolescent and young adult development may be impacted by relationships with parents, but other factors also influence development. The influence of peers and media can be just as strong as that of parents when it comes to formation of identity in friendship and in intimate situations (Ragsdale et al., 2014). Ragsdale et al. (2014) examined the impact of parents or guardians, peers, and media on the sexual development of adolescents. Sexual expectancies including social benefit, social and health risk, and pleasure were examined among 914 adolescents who primarily were not sexually active. Sexually charged music videos were positively associated with expected social benefits but negatively associated with expected health risks (Ragsdale et al., 2014). Peer communication lead to an expectation of pleasure. Peer communication was determined to be the area to target first when addressing sexual expectancies with adolescents (Ragsdale et al., 2014).

In addition to sexual expectancy development, identity formation of young adults can be highly influenced by peers (Jones, Vaterlaus, Jackson, & Morrill, 2014). Jones, Vaterlaus, Jackson, and Morrill (2014) examined development in identity, friendship, and psychosocial stages in 702 college students aged 18 to 23 years. Participants completed a survey, and results were examined in regard to Erikson's stages of psychosocial development. Relationships with peers were influential in several ways as was also found by Ragsdale et al. (2004). Participants who had more supportive friendships had higher levels of initiative and industry than participants who had conflict in peer relationships. Supportive friendships also were congruent with achievement. These results were similar between genders. These

results suggest that friendships and relationships outside of the family may correlate to young adults progressing through stages of development (Jones, Vaterlaus, Jackson, & Morrill, 2014).

Summary. Adolescence and young adulthood is a time of development. Aspects of development such as mood and empathy can be impacted by relationships with parents (Lissa et al., 2014; Maciejewski et al., 2014). Peers and media can also have an impact of sexual development and identity formation of adolescents and young adults (Jones et al., 2014; Ragsdale, et al., 2014). It is apparent that outside factors can influence development during this time. It is also apparent that media in particular can influence sexual development of adolescents and young adults, but it is unclear how media can have an impact on other areas of development.

Adolescent and Young Adult Music Therapy Treatment

Music therapy is a treatment used for adolescent and young adult mental health (Gold, Wigram, & Voracek, 2007). This treatment may be effective for addressing several issues that these individuals may face (Gooding, 2011). Music therapy can assist with needs including mental health and physical health for young adolescents through young adults (Gooding, 2011; Kleiber & Adamek, 2013).

Music therapy may also be a viable treatment for young adolescents with psychopathology (Gold, Wigram, & Voracek, 2007). Gold, Wigram, and Voracek (2007) investigated the effectiveness of routine music therapy treatment for children and adolescents with a wide variety of diagnoses including adjustment disorders, behavioral disorders, and developmental disorders. The participants were 136 children and adolescents diagnosed with psychopathology. A pretest and posttest were used to determine effectiveness of treatment

on symptoms, competencies, and quality of life. Participants attended 25 individual music therapy sessions weekly. Interventions primarily included musical improvisation but also included the use of songs. There was a significant improvement found in symptoms and quality of life of participants. Participants who were younger and did not have comorbid medical conditions demonstrated a more significant effect to treatment than others (Gold, Wigram, & Voracek, 2007).

In addition to assisting with mental and behavioral disorders and psychopathology, music therapy may also assist with social skills. Gooding (2011) performed three experiments involving children and adolescents. The first study involved 12 children and adolescents who had a diagnosis of either a specific learning disability, dyslexia, attention deficit hyperactivity disorder, Asperger's syndrome, or a combination. A pretest posttest method was used for all three studies. All studies involved participation in five, 50-minute long music therapy sessions involving movement and drumming. After five group sessions, schoolteacher ratings, participant self-ratings, researcher ratings, and behavioral observations were analyzed, and all but the teacher ratings demonstrated a significant improvement in social functioning. The second study involved 13 children with diagnoses including post-traumatic stress disorder, attention deficit hyperactivity disorder, and anxiety disorders. The ratings demonstrated a significant decrease in antisocial behaviors and increase in on-task behaviors. The third experiment in Gooding's (2011) study involved 20 children with varying behavioral deficits in an after school program. A significant increase in on-task behaviors was observed (Gooding, 2011).

For adolescents and young adults with substance abuse disorders, depression is often an accompanying factor. Musical improvisation, the primary intervention used with children

with psychopathology by Gold, Wigram, and Voracek (2007) and Albernoz (2011) also explored the impact of group improvisational music therapy but on depressive symptoms of adolescents and young adults with substance abuse issues. Participants completed two self-rating inventories before being assigned to either a control group that received treatment as usual or a group that received group improvisation sessions over the course of 3 months. Two posttests were completed at the end, and, while one test showed no significant difference between groups, the other showed that the group that received improvisation reported being significantly less depressed than the control group (Albernoz, 2011).

Physical Health. In addition to mental health needs including substance abuse, music therapy can be a helpful treatment for adolescents with physical health needs. Kleiber and Adamek (2013) interviewed eight adolescents about their experience receiving music therapy during spinal fusion surgery. Spinal fusion is considered a painful surgery, and all participants had completed the surgery at least 2 months prior to the interview. Interviews were analyzed for themes, which included the relaxation and distraction from pain that the music provided. Adolescents also reported liking that they were able to select the music themselves as it provided an element of self-control (Kleiber & Adamek, 2013).

Summary. Music therapy treatment can have a significant impact on both the mental and physical health symptoms of adolescents and young adults. It can assist with symptoms of psychopathology symptoms including quality of life and social skills (Gold, Wigram, & Voracek, 2007; Gooding, 2011). It also can decrease symptoms of depression in adolescents and young adults (Albernoz, 2011). Music therapy treatment can assist with relaxation and distraction from pain during painful medical procedures for adolescents (Kleiber & Adamek, 2013).

Rap Music

Rap music is a genre that is frequently heard on the radio and on top 40 countdowns (Billboard, 2014). While rap music is a prevalent genre in society, it is often considered controversial (Herd, 2014). Two of the reasons that rap music remains controversial include the lyric content of rap music and the issue of race surrounding rap music (Herd, 2014; Weitzer & Kubrin, 2009).

Lyric Content. The content of rap music has been scrutinized and examined for references to alcohol, cursing, and misogyny. Herd (2014) investigated the references to alcohol in lyrics of rap music. Using 409 rap songs that were ranked at the top of the Billboard magazine music charts from 1979 to 2009, Herd analyzed the lyrics for references to alcohol including brand names, types of alcohol, attitudes about drinking, risks of alcohol, and settings for drinking. The increase in lyric references to alcohol over this time frame was found to be significant. In particular, alcohol was referenced more frequently and was more positively associated with nightlife, drugs, and wealth over the course of this 30-year period (Herd, 2014).

Another element of rap music lyrics that has been examined is misogyny. In a study by Weitzer and Kubrin (2009), a sample of 403 rap songs was analyzed in a similar manner as Herd (2014) yet for five-gender related themes involving negative representation of women. Songs were taken from 130 platinum-rated albums from 1992 to 2000. Social conditions that may influence these themes also were considered including “large gender relations, the music industry, and local neighborhoods” (p. 5). They were coded line by line, and themes related to misogyny were noted. Out of the 403 songs, the researchers found misogynistic lines in 90 songs, or 22%. While this may be lower than generally expected,

the misogynistic themes found most frequently were sexual objectification (67%), naming and shaming (49%), and distrust of women (47%). Lines addressing sexual violence against women were present but not as prevalent (18%). Although the songs sampled were found to have a greater variety in content than most would expect, few songs represented women in a positive way, even if misogyny was absent (Weitzer & Kubrin, 2009).

In addition to alcohol and misogyny, violence is also often a theme found in rap music (Kubrin, 2005). As in the previous two studies, rap music lyrics were again analyzed (Kubrin, 2005). Kubrin (2005) examined the prevalence of street code in rap lyrics. Street code is a way of social interaction that focuses on respect and identity, and a common way to achieve both of these things is through violence. Kubrin analyzed 130 platinum rated rap albums from 1992 to 2000 for themes relating to street code and violence. Songs were coded for themes. The most frequently discovered theme was respect. Violence was discovered in 65% of lyrics, which was higher than the prevalence of misogyny and material wealth (Kubrin, 2005).

Race. While the lyrical content of rap music has been examined for themes and trends, rap music cannot be discussed without also addressing the issue of race (Pyatak & Muccitelli, 2011). Pyatak and Muccitelli (2011) examined the societal and historical factors that lead to such implications. These ideas are challenged by the notion that rap music provides an opportunity for marginalized youth to express issues that are underrated and unnoticed by the dominant culture. This opportunity also offers a chance to be a part of a greater culture of black Americans (Pyatak & Muccitelli, 2011).

The issue of race and rap music can be traced back to ancient times (Kopano, 2002). Kopano (2002) draws a link all the way from West African and Egyptian rhetoric in ancient

times to the current purpose and usage of rap music. It is argued that rap music has stemmed from traditions that have led rap music to become a form of resistance against oppression. Early black bebop performers and disc jockeys were viewed in a negative light by popular culture. When rap became more prevalent, it was aggressive and full of protest. The creation of rap music provided an arena for young black men to continue the black rhetorical tradition (Kopano, 2002).

Race and rap music has been examined from a historical perspective and also through the perceptions of young adults (Tyson & Porcher, 2012). In order to explore the relationship between race and perceptions of rap music, Tyson and Porcher (2012) surveyed 1254 college students who attended either a predominantly white university or a predominantly black university. The survey used, the Rap Attitude Perception Scale, included 24 questions regarding attitudes about rap music and frequency of listening to rap music. This scale has been found to have strong validity in past studies, and this study also validated that the scale is applicable for use with both black and white participants. While the scale was found to be useful despite the race of participants, black participants had significantly higher scores than white participants, suggesting that black participants favored rap music more than white participants (Tyson & Porcher, 2012).

Iwamoto, Creswell, & Caldwell (2007) explored the impact of rap music on an ethnically diverse population by conducting interviews with eight college students including Latinos, African Americans, Asian Americans, and one White participant. Half of the participants were from a middle socioeconomic environment, and the other half were from a low socioeconomic environment. Themes were determined from interview responses, and the researchers observed that rap music seemed to be an important part of the participants'

lives. Although Tyson and Porcher (2012) found that black university students preferred rap music more than white university students preferred rap music, it was determined by this study that rap music was meaningful and emotional to participants despite racial and socioeconomic background. Those who listened to rap music the most frequently also seemed to have a strong sense of pride and concept of self (Tyson & Porcher, 2012).

The current literature regarding rap music primarily focuses on the negative aspects of this musical genre (Kubrin, 2005). While the literature is lacking in regard to positive aspects of rap music, not all messages presented in rap music are bad (Pyatak & Muccitelli, 2011). Some rappers use the gaining popularity of rap music to spread positive content in lieu of negative (Pyatak & Muccitelli, 2011).

Summary. Rap music historically has strong racial significance (Tyson & Porcher, 2012). Rap music can be traced back to ancient times, but rap music has changed over the years (Herd, 2014). The prevalence of lyrical content involving alcohol and misogyny has increased, and this content does not present rap music in the most positive light (Herd, 2014; Weitzer & Kubrin, 2009). Rap music lyrics often mention the theme of respect but also the theme of violence (Kubrin, 2005). While the current state of rap music does not have the most positive lyrical content, rap music has historically provided a voice for the culture of black Americans, and in particular, young black men (Kopano, 2002; Pyatak & Muccitelli, 2011). Also, black college students may have a more favorable view of rap music than do white college students (Tyson & Porcher, 2012). It seems that environment and race may have an impact on how rap music can be beneficial to adolescents and young adults, but rap music may have a similar impact on adolescents and young adults of various racial and ethnic backgrounds (Iwamoto, Creswell, & Caldwell, 2007).

Rap Music with Adolescents and Young Adults in Therapy

While the lyrical content of rap music may contain language and references unacceptable to some listeners, rap music may still be a viable modality to use in adolescent and young adult health treatment (DeCarlo & Hockman, 2003). Social work and psychology literature has addressed how rap music may be used in adolescent and young adult therapy. DeCarlo and Hockman (2003) studied the impact of rap music in therapy to increase prosocial behaviors in adolescents. The adolescents were in one of three categories: violent criminal offenders, status offenders, or no criminal history. Social workers conducted both the group that incorporated rap music and the group that relied on traditional treatment methods. The rap music in therapy was the most effective, in comparison to other treatment methods including traditional group therapy, for improving prosocial behaviors in all three groups of adolescents (DeCarlo & Hockman, 2003).

In addition to improving prosocial behaviors in a group, rap music also can be used in an individual treatment session (Evans, 2010). Evans (2010) reported a case study of an adolescent male who had conduct disorder and lived in a low-income environment. The typical treatment for conduct disorder requires significant resources that typically are not available in such a low-income environment. So a different approach was used. In this case, the young man explored emotions and empathy through the use of rap music in a multisystem intervention. The young man brought in original rap songs to treatment sessions; and through his compositions, he addressed his relationship with his parents and his anger toward his family situation. Rap music provided him a means for expressing himself and exploring different aspects of himself. Behavioral interventions were incorporated during simultaneous treatment of the young man's caregiver in order for her to resist

displacing her anger onto the young man and to continue to encourage his positive behavior (Evans, 2010).

In addition to being an option for adolescents and young adults in a low-income environment, rap music may be appropriate for working with adolescents in an urban environment (Kobin & Tyson, 2006). Kobin and Tyson (2006) explained the cultural relevance of rap and hip-hop music for clients from certain cultural backgrounds. These cultural backgrounds are typically urban and low-income. Rap music can assist in crossing barriers between client and therapist and can assist in building a relationship (Kobin & Tyson, 2006). The power dynamic between therapist and client may also become more equal and less authoritative when rap music is incorporated (Garcia-Preto, 1996).

Summary. Rap music is an influential and sometimes positive musical genre for some adolescents and young adults (DeCarlo & Hockman, 2003). Rap music may be a positive medium for increasing pro-social behaviors in adolescents with or without criminal histories (DeCarlo & Hockman, 2003). Rap music can facilitate expression in an individual setting and increase more person-focused work in low-income and urban environments (Evans, 2010; Kobin & Tyson, 2006).

Rap Music and Music Therapy

Due to rap music's prevalence in society, it is likely that music therapy clients often prefer this music (Billboard, 2014). While it has been determined that rap music may have controversial lyrics and strong racial significance, it also has been determined that adolescents and young adults may benefit from exposure to rap music, if it is their preferred genre (Gardstrom, 1999). In the realm of music therapy research, rap music has not been

frequently addressed. When it has been addressed, the findings are inconsistent (Gardstrom, 1999).

Rap music used in the music therapy setting may be helpful to some adolescents with criminal histories (Gardstrom, 1999). Gardstrom (1999) conducted a study involving 106 male participants ages 12 to 17, all of whom had committed a felony. Participants were asked about music preference, and rap music was by far the most common preference among participants. The participants reported viewing music as a narrative of their lives. It was determined through narrative comments from participants that music can be an expressive tool but can be harmful if someone is already in a negative state of arousal. For example, some participants reported that when they were already in a depressed mood, listening to certain rap music made their mood even more negative. One participant noted that listening to certain rap music provided this participant with encouragement to continue in gang-related activities (Gardstrom, 1999).

Rap music may be beneficial in music therapy treatment for adolescents with medical needs (Steele, 2012). Steele (2012) wrote several vignettes of her experiences using rap and hip hop music with adolescents in the hospital. She utilized rap music when it was the preferred music of her clients. Steele incorporated rap music listening to build rapport, rap writing to provide clients a way to assert control, discussing of themes in rap song lyrics, drumming in a call and response manner, recording a client performing or making beats, and even dancing to hip-hop songs. Steele found all these interventions to be beneficial to client welfare. She acknowledged the difficulty some music therapists may have with the subject matter often present in rap lyrics, but she offered the advice to have unconditional positive regard and try to see meaning from the client's perspective (Steele, 2012).

McFerran (2012) also found rap lyric writing to be beneficial for adolescents. She conducted two case studies, each with an adolescent male who had experienced loss. In the first case, a young man wrote rap lyrics to document the death of two friends. The young man never spoke about this death during sessions, but he continually wrote rap lyrics about it and showed these lyrics to McFerran. While the lyrics contained explicit language and references to dangerous behavior, McFerran argued that he was asserting his identity and demonstrating rebellion typical of his age. McFerran found this beneficial to his treatment just as Steele (2013) found rap music to be beneficial in treatment of her clients. In the second case presented by McFerran (2012), a young refugee used rap music writing as a way to assert his identity in a new environment and to express his goals and feelings about relationships. In both cases, the adolescent males used rap music writing to explore and establish their identities (McFerran, 2012).

While some music therapists have found that rap music can sometimes be a helpful expressive tool, college students, including music therapy majors, may not have the most positive perceptions of rap music (Lastinger, 2011). Lastinger (2011) conducted a study involving 182 college student studying music therapy and 206 college students who were not studying music. A script was read over varying background music, and participants completed a survey about their perceptions of the person reading the script. Results suggested that all students rated the personality of the speaker the lowest when rap or country music was played in the background. They also perceived that the person reading with rap music in the background had a lower income and be less likely to be married than the speaker who read with jazz in the background. There was no significant difference in these

perceptions between music therapy students and non-music therapy students. This supports the notion that rap music is generally associated with negative perceptions (Lastinger, 2011).

Summary. While rap music is not prevalent in music therapy-specific research, it may be a helpful music form for some adolescents (Gardstrom, 1999). Rap music can be used in several interventions when working with adolescents in a medical setting, and rap music writing, specifically, may be a helpful intervention for assisting adolescents with identity formation (Steele, 2012; McFerran, 2012). While it may be helpful for some, music therapy students may not always have positive perceptions of rap music and those who listen to it (Lastinger, 2011). The negative perceptions could perhaps partially explain the lack of rap music in music therapy literature, but it may be that more music therapists are utilizing rap music than it seems and that they employ it in more ways than have been reported (McFerran, 2012).

Statement of Purpose

Rap music may be a helpful music form for some adolescents (Steele, 2012). While it may be beneficial for some clients, music therapy students may not always have positive perceptions of rap music and those individuals who listen to rap music (Lastinger, 2011). These negative perceptions could perhaps give some rationale as to the lack of rap music in music therapy research literature, but perhaps more music therapists are utilizing rap music than it seems from a review of the literature (McFerran, 2012). The purpose of this study is to survey how rap music is being used in treatment by music therapists working with adolescents and young adults. It is important to know how this genre is being used because it is controversial, but popular, and is often the preferred music of adolescent and young adult clients (Gardstrom, 1999). Knowing how music therapists are using rap music in treatment

could be beneficial for other music therapists considering using this genre in music therapy treatment for adolescents and young adults.

Research Questions

- How frequently do music therapists who work with adolescents and young adults, use rap music in treatment and in what contexts?
- How are music therapists using rap music in treatment with adolescents and young adults?
- How do music therapists navigate the lyrical content of rap music when using rap music in treatment?

Chapter 3

Method

The methodology of this study will be addressed in this chapter. Aspects of the method to be addressed will include respondents, the survey instrument, and the design of the study. The chapter will conclude with information regarding the procedure for this study and the analysis of data.

Respondents

Responses were solicited from 512 board-certified music therapists in the United States who work with adolescents and young adults aged 12 to 22 and are currently certified through the Certification Board for Music Therapists. Respondents were contacted via email by the researcher, and 91 provided responses to the survey resulting in an initial response rate of 18%. One respondent's responses were removed from the data due to the respondent reporting working as a university professor.

Of the 90 remaining respondents, nine (10%) answered the initial question that they did not work with adolescents or young adults, so the remainder of the survey questions were not displayed for these respondents. Of the 81 respondents who answered that they did work with adolescents and young adults, 71 (79%) continued the survey past the initial question. Of these 71 respondents, 59 (83%) were female and 12 (17%) were male. The ages of respondents ranged from 24 to 80. One respondent reported an age of 16, but it can be clearly noted that this was an error in input based on continued responses by this respondent.

Respondents reported having been practicing music therapists from a range of 1 to 37 years. Respondents reported having worked with adolescents and/or young adults from a range of 1 to 37 years. All 71 respondents reported having the credential MT-BC.

Most respondents reported their race as White (n=61, 87%). Other races of respondents included other (n=5, 7%), African American (n=2, 3%), and Asian American (n=2, 3%). No respondents reported identifying as Native American or Pacific Islands American. Four (6%) of respondents reported identifying as Hispanic or Latino, while 66 (94%) of respondents reported not identifying as Hispanic or Latino.

Respondents represented all regions of the American Music Therapy Association. The most frequently reported region was Mid-Atlantic. See Table 1 for more information on regions of respondents.

Table 1

In what AMTA region do you currently practice music therapy?

Region	Frequency	Percentage
Mid-Atlantic	21	30
Great Lakes	15	21
Southeastern	12	17
New England	7	10
Midwestern	6	9
Southwestern	5	7
Western	4	6

The majority of respondents reported working in psychiatric hospitals. Many respondents reported working in other settings. The most frequently listed of the 23 settings provided by respondents in the “other” category included private practice (n=5, 22%), in home (n=4, 17%), and forensic psychiatric centers (n=3, 13%). Percentages represent the proportion of the “other” category. See Table 2 for more information about setting where respondents provide music therapy.

Table 2

In what settings do you currently provide music therapy?

Setting	Frequency
Psychiatric Hospital	32
Other	25
Residential Facility	12
Public School	11
Correctional Facility	7
Medical Hospital	6
Private School	2

Note: Number of responses (n=95) reflects that respondents indicated more than one setting.

The majority of respondents reported working in suburban developed environments. Urban/city settings were also frequently reported. Rural settings were the least frequently reported. See Table 3 for more information on developed environments where respondents provide music therapy.

Table 3

In what developed environment do you provide music therapy?

Developed Environment	Frequency
Suburban	39
Urban/City	38
Rural	17

Note: Number of responses ($n=94$) reflects that respondents indicated more than one developed environment

The respondents were asked to estimate the percentage of clients served from a list of racial identities. The majority of respondents reported clients identifying as African American or White. The most frequently therapist reported client racial identities were African American ($n=66$), White ($n=61$), Asian American ($n=38$), other ($n=35$), Native American ($n=21$), and Pacific Islands American ($n=21$).

Measures

The survey, “Rap Music in Music Therapy with Adolescents and Young Adults,” was designed by the investigator as no pre-existing surveys were found for this topic (see Appendix A). It was created and distributed through an online survey program called Qualtrics (<https://appstate.az1.qualtrics.com>). The survey contained 27 questions. The survey included 12 demographic questions, 6 likert-type scale type questions regarding perceptions, 6 questions regarding use of rap music, and 3 open ended questions. The survey was sent via email to board-certified music therapists registered with the Certification Board for Music Therapists who identified as working with adolescents and young adults.

Procedure

The survey was sent to participants via email with a link provided to the survey and the consent form included in the body of the email message (see Appendix B). An initial email invitation was sent with a follow up reminder email sent two weeks after the initial email and then a final follow up reminder email sent four weeks after the initial email. The Institutional Review Board at Appalachian State University granted this study IRB approval/exemption prior to the distribution of the survey.

Design

The researcher utilized closed and open-ended questions to obtain a clearer perspective on the use of rap music with adolescents and young adults. The survey provided quantitative and qualitative data, including numerical answers, categorical choices, and open-ended responses. The survey included questions regarding perceptions of rap music and usage of rap music in music therapy treatment.

Data Analysis

The researcher analyzed descriptive data provided by participants through Qualtrics (<https://appstate.az1.qualtrics.com>). The open-ended responses provided by the participants were analyzed through categorization based on themes. Themes included client preference, client connection, and lyric and musical content as reasons music therapists use rap music in treatment.

Chapter 4

Results

This chapter will report the results of the survey administered to respondents. The results will be presented in three sections: perceptions of rap music, use of rap music, and open-ended responses. These sections are consistent with themes of questions presented in the survey.

Perceptions of Rap Music

Respondents indicated perceptions about rap music and aspects of using rap music in treatment. A scale was provided that ranged from 1 (strongly disagree) to 5 (strongly agree). The researcher provided the definition for rap music to be used for the basis of answering questions regarding rap music in music therapy treatment. The majority of respondents reported being open to using rap music in treatment if it is the preferred music of a client and could assist in a client meeting goals. See Table 4 for more information regarding the willingness of music therapists to utilize rap music in treatment.

Table 4

“I am open to using rap music in treatment if it is the preferred music of my client and it could facilitate my client meeting his or her goals.”

Category	Frequency	Percentage
Strongly Agree	48	68
Agree	21	30
Neutral	0	0
Disagree	1	1
Strongly Disagree	1	1

Fewer respondents reported that they would be comfortable recreating rap music live in sessions. Ten respondents reported that they either disagreed or strongly disagreed that they would be comfortable recreating rap music live in sessions. See Table 5 for more information regarding the comfort level of music therapists with recreating rap music live in sessions.

Table 5

“I would be comfortable creating rap music live in my sessions.”

Category	Frequency	Percentage
Strongly Agree	20	29
Agree	18	26
Neutral	22	31
Disagree	9	13
Strongly Disagree	1	1

The comfort level of music therapists with the lyrical content of rap music was examined. Most respondents reported a neutral stance on their comfort level with the lyrical content of rap music. See Table 6 for music therapists’ comfort level with the lyrical content of rap music.

Table 6

“I am comfortable with the lyrical content of rap music.”

Category	Frequency	Percentage
Strongly Agree	8	11
Agree	20	28
Neutral	23	32
Disagree	17	24
Strongly Disagree	3	4

No respondents strongly disagreed when asked if rap music is degrading to women. The majority of respondents selected a neutral stance on this question. See Table 7 for more information on music therapists' perceptions on rap music being degrading to women.

Table 7

“Rap music is degrading to women.”

Category	Frequency	Percentage
Strongly Agree	2	3
Agree	19	27
Neutral	42	59
Disagree	8	11
Strongly Disagree	0	0

The majority of respondents reported a neutral stance again when asked about rap music encouraging violent behavior. Only 16 respondents strongly agreed or agreed. See Table 8 for more information on levels of agreement with rap music encouraging violent behavior.

Table 8

“Rap music encourages violent behavior.”

Category	Frequency	Percentage
Strongly Agree	4	6
Agree	12	17
Neutral	28	39
Disagree	25	35
Strongly Disagree	2	3

Again, the majority of respondents took a neutral stance when asked about rap music encouraging racial tensions. More respondents reported disagreeing or strongly disagreeing than did agree or strongly agree. See Table 9 for more information about perceptions.

Table 9

“Rap music encourages racial tension.”

Category	Frequency	Percentage
Strongly Agree	3	4
Agree	11	15
Neutral	34	48
Disagree	20	28
Strongly Disagree	3	4

Use of Rap Music

The majority of respondents (n=59, 83%) reported using rap music in treatment. Only 57 of these respondents continued to complete the survey. Only those who reported that they utilize rap music in treatment were displayed the following questions regarding use of rap music in music therapy treatment.

The majority of respondents reported presenting both live and recorded rap music in sessions. Few reported only presenting live. See Table 10 for more information about how respondents reported presenting rap music in session.

Table 10

How do you present rap music in session?

Category	Frequency	Percentage
Both live and recorded	41	72
Recorded	12	21
Live	4	7

Respondents reported using rap music in a wide range of interventions. Song discussion and lyric/songwriting were the most frequently reported interventions. See Table 11 for more information about in what interventions respondents reported using rap music.

Table 11

In what interventions do you use rap music?

Intervention	Frequency
Song discussion	50
Lyric/songwriting	49
Active music making	39
Receptive listening	38
Improvisation	37
Movement to music	13
Other	5

Note: Number of responses ($n=231$) reflects that respondents indicated more than one intervention.

The majority of respondents reported that they sometimes use rap music that has been edited due to lyrical content. Few reported that they never use rap music that has been edited due to lyrical content. See Table 12 for more information about how often respondents reported using edited rap music.

Table 12

How often do you use rap music that has been edited due to lyrical content? This includes “clean” versions of songs as well as edits you have made on your own.

Category	Frequency	Percentage
Sometimes	36	63
Always	15	26
Never	6	11

Respondents reported a wide range of aspects of content of rap music that they exclude when editing. The most frequent aspect of content that respondents reported editing was racial slurs. Other aspects of content that were reported in the other category included cursing and/or excessive cursing. See Table 13 for more information about aspects of lyrical content respondents reported editing.

Table 13

If you do edit rap music due to lyrical content, what aspects of the content do you exclude?

Category	Frequency
Racial slurs	35
References to sex	30
References to misogyny	26
Other	23
References to violence	22
References to drugs	15
References to alcohol	13

Note: Number of responses ($n=164$) reflects that respondents indicated more than one aspect.

Open-Ended Questions

Open-ended questions provided an opportunity for respondents to provide more detail about their use of rap music in music therapy treatment. This also gave respondents a chance openly to share their opinions about the use of rap music and provide examples from their own clinical work. Several common themes were present throughout responses.

Being Challenged for Use of Rap Music in Treatment

Several respondents ($n=21$, 37%) reported being challenged for their use of rap music with adolescents and young adults. Several themes emerged in participant responses. Responses to challenges included themes ranging from addressing lyrical content to addressing the benefit of client-preferred music.

Responses to being challenged for use of rap music:

- “Most often, if I am being challenged for using rap music, it's because there is a gross generalization of it being "violent" and full of "bad words". So, I like to address those concerns directly. I like to point out that rap songs do cover a variety of topics and themes, some more positive and some less so. I then like to encourage folks to think of the discussion points that those difficult themes bring up and how these songs might actually put into words things our patients have experienced, how they feel, etc. I then like to point out that it is far more beneficial for a patient to utilize a song or bad language to express how they feel than to hurt themselves or others, use substances, etc.”
- “Explained that using preferred music generally has best results.”
- “Educating about the importance of meeting a client where they are at, talking about rap in a cultural context, discussing the value of offering kids an opportunity to talk about the music they already listen to in a supportive setting where discussion and critical thinking can take place.”
- “By explaining that this is the music our patients/clients find meaningful and be ensuring that the content of the music used in treatment is still congruent with the facility's rules related to language, content, etc.”
- “I get challenged at least monthly. Sometimes I win, sometimes I lose...It's a hard line, especially in detention...and in school...and when our residents are often here for violent, drug related, or sexual misconduct. Generally, I am able to use "clean" music, and when they do their own music (writing, spitting,

recording) we have to be completely clean. No reference to anything. Keep it PG.”

- “I share how it meets the individual needs of the client. I also have set boundaries for the group that are made and agreed on by the group —no put downs, no trash talk, no racial slurs or vulgar language, no "your Mama" statements. Pass the microphone after 3 minutes. Be willing to talk about and process your rap with the group. There are generally no issues with the group.”

Reasons for Using Rap Music in Treatment

The majority of respondents (83%) reported using rap music in treatment, and many reported reasons why they use rap music in treatment. Respondents provided numerous reasons in support of the use of rap music in music therapy treatment. The responses were grouped into three themes: client preference, client connection, and lyric and musical content.

Responses about client preference:

- “Client preferred.”
- “Client's favorite music/songs, increase engagement and participating.”
- “Some artists are very relatable, and many clients prefer this genre over any other. To exclude it entirely alienates their interests. I try to include a compromise through what is used.”
- “Client preference. Some clients are not comfortable with singing, but are with rapping. It encourages creative and critical thinking/analysis to create

lyrics. Freestyle is in the moment. Some clients spontaneously start rapping during music making.”

- “Client preference, appropriateness of song content for context of goals addressed in sessions.”
- “It is the preferred music of basically 100% of the population with whom I work. I work in Brooklyn, NY, and many of the individuals are homeless and/or affiliated with gangs. Rap is one way to connect with them pretty instantly.”
- “It is preferred by many clients, and it has a lot to say!”
- “It is client preferred often, builds rapport with my clients, and encourages participation. Patients should have a choice in how they rehabilitate.”
- “Client's favorite music/songs, increases engagement and participating.”
- “It is often the preferred music of the clients. It deals with their issues. It is accessible for them to create their own music.”
- “Preferred, familiar, prompts discussion.”

Responses about client connection:

- “Connect with client.”
- “It helps develop rapport and meets the client where they are in treatment.”
- “It is wise as a music therapist to take in to consideration the music that my patients are connected to.”
- “It helps meet the patient where they are and lets them know they are accepted. It offers a great opportunity to discuss the challenging and sometime negative things in rap—to help patients learn to think for themselves and

address whether they agree or not. It offers me a chance to challenge their understanding of what society is teaching them about important topics.”

- “To meet the client where s/he is, to open conversations.”
- “It allows me to build rapport with those clients that only listen to rap and also allows for more "real world" lyrical content for most of my clients.”
- “As the majority of our youth are coming from urban areas and culture, it is a really useful way to build rapport and allows the youth to express and share their own experiences and opinions.”
- “Development of rapport and trust.”
- “The majority of my students listen to it, so in order to meet them where they are and to get them to buy in to my purpose, I use the music they can relate too. Not exclusively however...and I often use "rap music" that they don't know.”
- “To build rapport with client; encourage discussion; validate client; encourage song writing”

Responses about lyric and musical content:

- “I use rap for lyric discussion if the lyrics are exactly what the patients need, or my patients specifically prefer it. I use it in song comparison activities. I use rap for song writing or improvisation activities with prepared backbeats or live drums. I also use it for groups discussing triggers.”
- “Patients are receptive to discussing the meaning of the lyrics. It can be used as a bridge for treatment.”

- “There are a lot of songs that are reflective of the current social climate and of the environments that our kids are growing up and living in. A lot of rap is their reality.”
- “Meaningful to patients/clients; addresses important therapeutic issues in the lyrics (especially related to grief/loss); musically stimulating and invigorating (important for people with depression); culturally appropriate for many of the youth I work with; facilitates building rapport and establishing trust because I accept the music they love; great for therapeutic lessons on harmonic instruments (piano/guitar) because the chord progressions tend to be simple (4 chords) and repetitive, which sets the client up for musical success.”
- “It addresses topics that affect my younger clientele. Rapping is a good way to express themselves when they are too self-conscious to sing. It is great for songwriting and helps connect young kids to music in society.”
- “I only use lyrics created for the group because they respond to the beat and the sound.”
- “Writing songs with a positive message - they can identify a social issue and a solution to the problem. Sometimes we rewrite a song replacing the inappropriate language with better words that still get the point across.”
- “It is easy for the clients to work together, create rhythms, improvise/write their own lyrics and memorize a variety of skills.”
- “To expose the content of rap music and the mindset it tries to instill, to open discussion about issues.”

- “I find that for clients who identify with rap music, it can be a powerful tool for promoting self-confidence and increasing self worth, as well as a way to help kids identify with a positive ethnic identity.”
- “Clients' musical communication”
- “Something that my clients can easily identify with. More often than not, my clients are able to identify songs that are appropriate for discussion that do not include excessive references to violence/drugs/etc. or, if they do, the artist usually references it to his/her emotions (sometimes of guilt but also identifying how they often had no other choice). I'm actually very impressed with how many hip hop songs they know that have intense, emotional, and genuine thoughts and feelings.”

Reasons for Not Using Rap Music in Treatment

The majority of respondents who reported not using rap music in treatment provided an opened ended response as to why they do not utilize rap music in treatment. Fewer respondents reported not using rap music than reported using rap music in treatment, so fewer open-ended responses were provided to this question than were provided to the question regarding reasons why respondents use rap music. Reasons for not using rap music included lack of comfort and familiarity with rap music, rap music not being the preferred music of clients or therapists, and inappropriate lyrical content.

Responses to reasons why you do not utilize rap music in treatment:

- “The lyrics are often not appropriate for the school setting.”
- “I prefer to create a melody which to sing the rap, if the lyrics and message are appropriate.”

- “I am not as familiar with rap as I am with other genres of music.”
- “My client is developmentally delayed and likes classic rock.”
- “My clients and I prefer other styles of music.”
- “I am not very familiar with rap music artists or songs.”
- “I find it to be a lesser form of music and the type of rap requested is too vulgar for the population I serve.”
- “Rap, I won't call it music, is an aberration that replaces the artistry of true song craft with technology-driven horse shit. I will not under any circumstances ever use it in therapy.”
- “I use some pop music for dancing and some of it includes rap. Most of my clients are nonverbal and rap is a difficult form for them. Of my verbal clients, they rarely request rap.”
- “Not comfortable with recreating rap.”

Summary

Results demonstrated several aspects of rap music and music therapy treatment. Respondents reported various perceptions about rap music and most respondents reported using rap music in several ways while some reported not using rap music. Open-ended responses revealed themes.

Chapter 5

Discussion

This chapter aims to examine and explore the results of this study about how rap music is being used with adolescents and young adults. Integration of findings is conducted through survey responses and examples from literature. The chapter will begin by addressing the research questions and will conclude with recommendations, limitations, and conclusions.

How frequently do music therapists, who work with adolescents and young adults, use rap music in treatment and in what contexts?

The survey results demonstrate that the majority (83%) of board-certified music therapists who work with adolescents and young adults are using rap music in treatment. In addition, all but two survey respondents reported being open to using rap music if it were the preferred music of a client and could facilitate a client meeting his or her goals. A wide variety of settings were reported where music therapists who reported using rap music work, with the most frequent settings including psychiatric hospitals and residential facilities. Survey respondents also reported a variety of developed environments in which they were delivering music therapy and using rap music in treatment, with the least common being rural but still representing 24%. It is not clear whether fewer clients in rural settings prefer rap music or if fewer clients who live in rural settings are being served by music therapy treatment.

This study examined specific ethnic identities of both board-certified music therapists as well as clients served by board-certified music therapists. It is interesting to note that the vast majority of survey respondents reported identifying as White (87%), while there was a markedly higher number of ethnic identifications reported for clients including African American (n=66), White (n=61), Asian American (n=38), other (n=35) Native American (n=21), and Pacific Islands American (n=21). Only 3% of respondents identified themselves as African American, so it is possible that some respondents who are using rap music in sessions might not identify with the African American cultural background of rap music (Kopano, 2002). An often-large disparity between ethnicities of therapist and client was also demonstrated through survey results. This disparity could have implications due to the cultural associations with rap music and the historically cultural development of rap music (Pyatak & Muccitelli, 2011). It could be difficult for white music therapists effectively to present a genre of music in therapeutic settings that might not be from their culture. The survey respondents demonstrated that neither music therapist nor clients identifying as a race other than African American seemed to have an impact on the usage of rap music, which is in line with a study completed with college students of various racial identities (Iwamoto, Creswell, & Caldwell, 2007). It may seem logical to assume that African American music therapists and clients might be more likely to use or prefer rap music due to cultural connections, but the results of this study confirmed that this might not be a true assumption. Also, while Tyson and Porcher (2014) verified that African American students tended to prefer rap music more than white students, responses to this study indicate that rap music may be preferred by clients of various racial identities.

How are music therapists using rap music in treatment with adolescents and young adults?

The survey results demonstrated that music therapists are using rap music in a wide variety of interventions. Music therapists are finding ways to incorporate rap music into many aspects of sessions and experiences with clients. While the majority of respondents reported presenting rap music both live and recording during sessions (72%), only a little over half of respondents (55%) agreed that they would be comfortable creating rap music live in sessions. A possible explanation for this discrepancy could be that some respondents who reported using both live and recorded rap music in sessions selected a neutral response in regards to comfort level of recreating rap music live. This discrepancy could also be a result of the survey design through which all respondents were displayed the question about comfort level of creating rap music live in sessions, but only those who reported using rap music in treatment were displayed the question regarding how they present rap music during sessions. It is also possible that a suspected lack of opportunities for recreating rap music in clinical training programs has an impact on comfort levels of music therapists creating rap music live in sessions (American Music Therapy Association, 2015). The majority of university music therapy programs have a primary focus in Classical music in following with the standards set by the National Association of Schools of Music, so it is unlikely that training music therapists are receiving much, if any, training for recreating rap music (American Music Therapy Association, 2015).

Respondents most frequently reported client preference and client connection as reasons for using rap music in treatment. This is consistent with the use of rap music being used to build rapport with clients in a study conducted by Steele (2002). Due to the lack of

ethnic diversity of music therapists, the piece of building rapport and connection with clients, particularly of different ethnic backgrounds, seems to be a crucial aspect of music therapy treatment that many music therapists are addressing. This piece of rapport and connection building was also demonstrated in respondents' defenses for using rap music in treatment. Many respondents acknowledged the connection that clients have to rap music, and the research has demonstrated that this can be beneficial to building a bridge to treatment (Kobrin & Tyson, 2006).

Respondents who reported not using rap music in treatment primarily chose not to use it due to lack of client preference for rap, lack of familiarity of the therapist to rap music, and concern about lyrical content. The issue of client preference is consistent with many of the reasons why respondents did report using rap music in treatment. The concern about lyrical content seems rather reasonable considering issues of lyrical content discussed in the literature (Herd, 2014; Kubrin, 2005; Weitzer & Kubrin, 2009). The lack of familiarity is potentially disconcerting if music therapists are not working to familiarize themselves with the music of their clients, but it is not possible to determine this from the information provided in this study.

How do music therapists navigate the lyrical content of rap music when using rap music in treatment?

Rap music is often known for having questionable lyrical content including references to misogyny, violence, and alcohol (Herd, 2014; Kubrin, 2005; Weitzer & Kubrin, 2009). Navigation of these questionable lyrics must be taken into consideration when using rap music in a therapeutic context. Survey respondents most frequently reported that they sometimes use rap music that has been edited due to lyrical content (n=36, 63%), and only

six (11%) respondents reported never using edited rap music. This is not surprising due to suspected restrictions on language and content in the settings where many respondents reported working as music therapists and the potential challenges of clients in these reported settings. It is also possible that the decision to edit or not edit rap music is decided on a client-by-client basis as some clients may need to avoid some lyrical content while others may find benefit in addressing some of the more controversial topics that may be directly addressed in unedited rap music lyrics. This could provide an explanation of the high percentage of respondents reporting that they sometimes edit rap music due to lyrical content.

Survey respondents presented several perceptions about the lyrical content of rap music. It is interesting that the majority of respondents selected a neutral stance on most of the questions regarding perceptions about the lyrical content of rap music. In regards to the reported comfort levels of respondents with the lyrical content of rap music, the responses were nearly equally distributed with most respondents choosing a neutral stance. It is possible that respondents are not familiar enough with rap music to have a stance on these questions regarding perception of lyrical content. It is unlikely that most board-certified music therapists were exposed to rap music during their training programs, and they may not have been exposed to rap music outside of their music therapy training either (American Music Therapy Association, 2015). Another possible reason for the high percentage of neutral responses could be that some, but not all, rap music fits each category. For example, in a study conducted by Weitzer and Kubrin (2009), misogynistic themes were found in 22% of rap music examined, leaving 78% of rap music examined without misogynistic themes. A study by Kubrin (2005) discovered themes of violence in rap music but also themes of

respect. Perhaps these questions regarding perceptions were difficult to answer due to the wide variety of themes presented in rap music.

The highest occurrence of neutral responses was in responses to the question of whether or not rap music is degrading to women. A startling 59% of respondents selected neutral for this question, yet no respondents strongly disagreed. While over half of respondents reported a neutral stance on this question, 60% of respondents reported editing references to sex (although not necessarily misogynistic in nature), and 52% reported editing references to misogyny when editing lyrical content of rap music for use in sessions. Most respondents again chose neutral when asked if rap music encourages violent behavior, although a higher percentage reported disagreeing with this statement than reported agreeing. A percentage of nearly half (44%) reported editing reference to violence when editing lyrical content of rap music, so, again, this is an interesting observation. Most respondents chose neutral (48%) yet again when asked if rap music encourages racial tension, and another 32% disagreed with this statement. Only 19% of respondents reported an agreement with this statement, yet the highest reported category of lyrical content reported as edited by respondents was racial slurs at a remarkable 70%. This again seems to be a discrepancy in responses.

There are several possible reasons that could explain the apparent discrepancies reported between questions regarding perceptions and questions regarding editing lyrical content. One reason could be that all respondents were prompted to answer the perception questions, but only respondents who reported using rap music in treatment were prompted to answer the questions regarding aspects of lyrical content that are edited. Another reason could be music therapists being unsure about rap music in general.

Recommendations

It is customary for music therapists to incorporate their clients' preferred music into music therapy treatment in order to build rapport with clients, strengthen therapeutic relationships, and encourage treatment with clients (American Music Therapy Association, 2015). Based on previous literature and this study, it is recommended that music therapists continue to incorporate the preferred music of clients if it is beneficial for the treatment process. Preferred music should be incorporated if its usage can help build rapport with the client, if it can help motivate the client to work toward his or her goals, and if it can help build connections between client and therapist or client and experiences. Prior research has demonstrated that rap music may be a beneficial form of music for some adolescents despite it not having the best reputation among music therapists in training (Lastinger, 2011; Steele, 2012). Music therapists should continue to familiarize themselves with this form of music if it can aid in client treatment.

It is also recommended that music therapists be aware of their own potential cultural limitations in regards to rap music. While rap music may be a form with which clients identify culturally, it is likely that most music therapists do not or cannot identify culturally with this form of music. Rap music has strong historical and societal ties to the African American community that must not be overlooked or forgotten (Kopano, 2002; Pyatak & Muccitelli, 2001). The history of music is a history of people, and the history of the African American community in the United States has often been one of severe hardship (Shafer, 2015). To approach rap music without the appropriate cultural lens and context could lead to minimalizing the difficult experiences that are embedded in much of this genre (Shafer, 2015). This certainly should not prevent music therapists from using rap music if clinically

indicated, but it does instill the importance of music therapists' cultural awareness of themselves and of their clients. The knowledge of cultural traits among both therapists and clients may even be impacted by how many people from other cultures surround them (Derex, Beugen, Godelle, & Raymond, 2013). Research has demonstrated that a smaller population may lead to a decreased level of awareness and evolution of cultural complexities (Derex, Beugen, Godelle, & Raymond, 2013). While a full discussion of cultural complexities is outside the scope of this paper, the reader is referred to Derex, Beugin, Godelle, and Raymond (2013).

As for music therapists who are challenged for their use of rap music with this population, it is recommended that they continue to defend the use of music that can clinically benefit their clients. Many respondents reported explaining the importance of using client-preferred music and the importance of building connections with clients, and this should simply be continued. It is the ethical duty of board-certified music therapists to protect the treatment rights of clients and to inform employers when the effectiveness of treatment is being negatively impacted by any condition (American Music Therapy Association, 2014). Therefore, it is the responsibility of board-certified music therapists to advocate for whatever is best for the client, so the use of rap music must be defended if it proves beneficial to client treatment. The researcher encourages music therapists facing these challenges to their practice to persevere and stand up for the music therapy process and all its facets. The ultimate goal is always whatever is in the best interest of the client, so music therapists are encouraged to stand up not only for what they are doing but also for the potential clinical benefit of their adolescent and young adult clients.

Music therapists should continue to be aware of the potential issues of lyrical content in rap music. Again, when it comes to editing, music therapists are encouraged to use their best clinical judgment. No two clients are the same, and it is difficult to say for sure whether or not editing rap music would be detrimental or beneficial to any one client without knowing said client. It is crucial that music therapists be aware of potential issues that could arise in response to lyrical content (racial slurs, cursing, etc.), and music therapists who decide not to edit rap music may use these lyrical themes to provoke discussion, as suggested in some open ended survey responses.

The supposed lack of rap music education and exposure in music therapy clinical training programs is of great concern. Overall, the researcher recommends that music therapists educate themselves about rap music and its potential for use in music therapy treatment settings with adolescent and young adult clients. Music therapists should take the time to listen to rap music, particularly the music that has been requested by clients. Listening to several songs by a preferred artist, not just a single requested song should occur, and the music therapist should carefully examine the lyrical content of the songs. Another good place to start learning about rap music is by listening to rap songs that are currently on top 40 charts, as these songs are likely the most popular at the time. Clinical judgment is always key, and it is important for music therapists to assess their clients and think wisely and critically about any music that is used in music therapy treatment sessions.

Limitations

There were several limitations to this study. The sample size was relatively small and not large enough for the results of this study to be generalized to all board-certified music therapists using rap music with adolescents and young adults. However, it is possible that

those who responded are the ones who feel strongly positive or strongly negative about rap music; therefore, the moderate voices may have been missed. Also, the pool from which respondents were solicited was small. Out of nearly 5,000 music therapists registered with the Certification Board for Music Therapists, only 520 were listed as working with adolescents and young adults. It is expected that many more of the 5,000 music therapists registered actually work in some capacity with this population although it was not reported as such. Some of those respondents solicited included university professors, as college students are young adults. These university professors certainly do work with young adults but not in the clinical capacity examined by this study.

Another limitation regarded some of the survey questions. The survey was not standardized. The frequency of respondents choosing “neutral” for the questions regarding perceptions of rap music leads to many questions as to why the high frequency of this response and does not provide a clear demonstration of perceptions of aspects of rap music. More guidance or more clarity in these questions perhaps could have provided some reasoning as to the frequent neutral responses. A format allowing for explanation on these questions may also have been helpful.

Future research is recommended on this topic, and some additional research could be done with the data from this survey. MANOVA analysis could be done on this data in order to determine correlations. Additional research could address implications of therapist culture on musical selections and goals addressed through use of rap music.

Conclusions

This study provided some initial insights into how music therapists who work with adolescents and young adults are using rap music in music therapy treatment. While there is

little research specifically addressing the use of rap music in music therapy treatment settings, it is clear from this study that many music therapists who work with adolescents and young adults are utilizing this music form in treatment. The reasoning of both respondents and prior research conclude that rap music can be beneficial in treatment for some adolescents and young adults.

This study has only begun to discover the implications of the use of rap music in music therapy treatment settings. Future research should focus on goals addressed through rap music in music therapy treatment and cultural implications of the use of rap music in music therapy treatment. Further investigation into the cultural diversity of music therapists and how this impacts music selection and use in sessions is also needed. The use of rap music with other ages should also be examined since rap music has a long and varied history.

Rap music is a prevalent form of music in society, and it currently is and may continue being used in music therapy treatment. It is often preferred music of clients, so it simply cannot be ignored. While it is often considered a controversial genre, the potential benefits of using this genre with some adolescent and young adult clients are clear.

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Appendix A

The Use of Rap Music in Music Therapy Treatment with Adolescents and Young Adults

Demographics

1. Do you work with adolescents and/or young adults ages 12 to 22?
 - a) Yes
 - b) No

2. What is your gender?
 - a) Female
 - b) Male
 - c) Other

3. What is your age?

4. What is your race?
 - a) African American
 - b) Asian American
 - c) Native American
 - d) Pacific Islands American
 - e) White
 - f) Other_____

5. Do you identify as Hispanic or Latino?
 - a) Yes
 - b) No

6. What is your music therapy credential or designation?
 - a) MT-BC
 - b) RMT
 - c) ACMT
 - d) CMT
 - e) Other_____

7. How many years have you been a practicing music therapist?

8. How many years have you worked with adolescents and/or young adults?

9. In which AMTA region do you currently practice music therapy?
- a) Great Lakes
 - b) Mid-Atlantic
 - c) Midwestern
 - d) New England
 - e) Southeastern
 - f) Southwestern
 - g) Western
10. In what setting do you currently provide music therapy? (Check all that apply.)
- a) Correctional Facility
 - b) Medical Hospital
 - c) Private School
 - d) Psychiatric Hospital
 - e) Public School
 - f) Residential Facility
 - g) Other_____
11. In what developed environment do you provide music therapy? (Check all that apply.)
- a) Rural
 - b) Suburban
 - c) Urban/City
12. What percentage of your clients identify as each of the following categories?
- a) African American
 - b) Asian American
 - c) Native American
 - d) Pacific Islands American
 - e) White
 - f) Other_____

Rap Music

Rap music is defined as a type of music that incorporates rhythmic speech spoken over a musical beat. Typically, rap music can involve rhyme and street language. Hip-hop is a broader term used to describe a culture of which rap music is a part. Rap music has some subgroups including gangsta rap (Kubrin, 2005). For this study all subgroups of rap music will be considered when describing rap music.

13. Please rate your level of agreement with the following statement:
 “I am open to using rap music in treatment if it is the preferred music of my client and it could facilitate my client meeting his or her goals.”
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree

14. Please rate your level of agreement with the following statement:
“I would be comfortable recreating rap music live in my sessions.”
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
15. Please rate your level of agreement with the following statement:
“I am comfortable with the lyrical content of rap music.”
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
16. Please rate your level of agreement with the following statement:
“Rap music is degrading to women.”
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
17. Please rate your level of agreement with the following statement:
“Rap music encourages violent behavior.”
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
18. Please rate your level of agreement with the following statement:
“Rap music encourages racial tension.”
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
19. Do you utilize rap music in treatment? If yes, see number 20. If no, skip to number 27.
- a) Yes
 - b) No

20. How do you present rap music in sessions?
- a) Live
 - b) Recorded
 - c) Both live and recorded
21. In what interventions do you use rap music?
- a) Active music making
 - b) Improvisation
 - c) Lyric/songwriting
 - d) Movement to music
 - e) Receptive listening
 - f) Song discussion
 - g) Other_____
22. How often do you use rap music that has been edited due to lyrical content? This includes “clean” versions of songs as well as edits you have made on your own.
- a) Always
 - b) Sometimes
 - c) Never

23. If you do edit rap music due to lyrical content, what aspects of the content do you exclude? (Check all that apply)
- a) References to alcohol
 - b) References to drugs
 - c) References to violence
 - d) References to sex
 - e) References to misogyny
 - f) Racial slurs
 - g) Other _____

24. Have you ever been challenged for your use of rap music with this population?
- a) Yes
 - b) No

25. If yes, how did you respond?

Open Ended

26. If you do use rap music in treatment, what are some of the reasons why you use it?
27. If you do not utilize rap music in treatment, what are some of the reasons why you don't use it?

Appendix B

Email/Survey Consent Form

Dear Music Therapist,

As a music therapist who provides services to adolescents and young adults, you are invited to participate in a survey that concerns the use of rap music in music therapy treatment. This survey is part of my thesis research which I am conducting at Appalachian State University. This study was reviewed and declared exempt from further review on June 10, 2015.

Your contact information is being used with permission from the Certification Board for Music Therapists, but the information you provide will remain completely anonymous. The online program (Qualtrics) where the survey is located is a secure site, and it neither stores nor tracks your email address, nor does it attach your email address to your responses. The researcher will have no access to email addresses of those who participate or do not participate in the study, and the researcher will not have the ability to link e-mail addresses to responses. The anonymous data will be included in the researcher's master's thesis, and the study may be submitted for publication and presentation at AMTA conferences.

Your participation in completing this survey is voluntary, and there are no consequences if you decline to participate or decide to discontinue participation at any time. No risks are associated with completing this survey, and you will receive no compensation. You will be asked to complete 27 questions regarding the use of music therapy in this capacity; this process should not take more than 15-20 minutes. If you are willing to participate, please continue to access the online survey. By submitting responses to the survey you are consenting to participate. You can choose to respond to all, some, or none of the items. Please complete the survey by August 31, 2015.

Questions may be directed to:

Sarah Renshaw, Principal Investigator, renshawsc@email.appstate.edu, (870) 273-6197

Christine P. Leist, Faculty Advisor, leistcp@appstate.edu, (828) 262-6663

Or the Institutional Review Board at Appalachian State University at irb@appstate.edu

By continuing to the survey, I acknowledge that I am at least 18 years old, have read the above information, and provide my consent to participate under the terms above.

Thank you for your participation.

Sincerely,

Sarah Renshaw, MT-BC

Principal Investigator

Candidate for Master of Music Therapy degree

Vita

Sarah Renshaw was born in Jonesboro, Arkansas, where she spent the first 18 years of her life. She attended Belmont University in Nashville, Tennessee, for her undergraduate studies. She received a Bachelor of Music in Music Education in December 2011 and began the Master of Music Therapy program at Appalachian State University in Boone, North Carolina, in May 2012. She completed her music therapy internship at the Albert J. Solnit Children's Center in Middletown, Connecticut, and obtained her music therapy board certification (MT-BC). She currently works as a music therapist for Caldwell County Public Schools in the Lenoir, North Carolina, area.

After graduation from Appalachian State University, Sarah plans to continue music therapy work in the public school setting and hopes to one day begin a music therapy internship program. She hopes to expand the use of music therapy in schools to more frequently address mental health needs of children in addition to addressing school-based goals.