

Investigating the Role of a TED Talk on Music Therapy Advocacy and Education

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June 2017

Abstract

Responses to a TEDx talk were measured by a pre-, post-, and follow-up survey to assess for changes in music therapy knowledge and opinions and overall saturation of learning. Adult musicians, healthcare workers, and members of the general public increased in knowledge and opinions about music therapy after viewing a TEDx talk about the basics of music therapy. Participants' backgrounds did not have any significance on their understanding of what a music therapist does. Common learning points identified by the participants about music therapy included concepts of efficacy, accessibility, versatility, integrative, comfort, and validity. Participants agreed that the TEDx talk satisfied their knowledge on music therapy. These findings suggest that the TED talk platform is an effective way to advocate for and convey what music therapy is to the general public.

Keywords: music therapy, TED talk, advocacy, education

Acknowledgements

My sincerest thanks to those who helped propel this study forward. I would first like to thank Dr. Suzanne Hanser for starting the graduate program at Berklee College of Music and for allowing me to be a part of the inaugural class. I am also grateful to Dr. Kathleen Howland, who served as my advisor and worked alongside Suzanne in the initial year of the program to help me turn my ideas and thoughts into an approved proposal and to see the study through its fruition. Thank you also to Dr. Darla Hanley and Dr. Joy Allen for coming aboard my committee and providing my thesis with the clarity and focus needed to reflect the intentions behind my study and what had been accomplished.

I also could not have done this study without the support of my brilliant cohort and my family. I am especially grateful to my grandmother, Marilyn Copeland and late grandfather, Ken Copeland, who helped found me into the music therapist I am today. Lastly, I extend the most gratitude to my husband, Nick Seibert, for being my research assistant both in this study and in life.

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Introduction

Advocacy for the profession of music therapy can be difficult because of the intricacies behind the common question asked of music therapists, “What is music therapy”? Music therapy is a fascinating topic of conversation for the general public because many people feel they can relate to the meaningfulness of the idea (Robb, 2012), though they might not understand what the profession entails. Although music therapy has been around for more than 75 years, the general public has little insight or information about the profession, which can result in a lack of recognition of the field. This lack of information also means that music therapists are constantly striving to be prepared with their “elevator speech”, as well as an educationally rounded definition of what music therapy is, and conversely, how therapeutic uses of music in other professions are not music therapy.

Music therapists are called to increase this public awareness for the sake of developing and expanding the profession and as a responsibility to the public (American Music Therapy Association, 2014). Music therapists attempt to increase this awareness in a myriad of ways, from providing in-service presentations at a local level, to increasing legislative support within statewide task forces, or educating the public through online media. Regardless of the tools employed, efforts toward advancing the understanding of music therapy have yet to break critical barriers. These barriers include national recognition of credentials and licenses, greater employment opportunities with correct job descriptions, increased use of insurance reimbursement, and the offerings of appropriate and accessible services to all who want or need them. Because the general public is largely unaware of, or misinformed about the music therapy profession, many do not know how or where to seek these services. Although the music therapy

profession is continually seeing a gradual increase in awareness, there is still great opportunity and need for advocacy.

Music therapy is currently challenged to promote itself as a profession and advocate for its effectiveness within healthcare and educational settings in order to grow and expand as a field. Overall research within the field is being conducted and published, business plans are being developed and implemented, and music therapists are working tirelessly to showcase to the world their clients' responses to music. Despite these advocacy measures, music therapists are still being met with the question, "What is music therapy"? The use of the Internet and online media creates an easily accessible platform to share this definition quickly. The concerted use of social media and online educational platforms provide opportunities to increase awareness in a way that exponentially breaks down some of the barriers facing music therapy as a less known profession, and ultimately catapults the field into much needed expansion through advocacy. TED (Technology, Entertainment, and Design) talks are a relevant and easily accessible online platform that disseminates information quickly to thousands of viewers (TED (n.d.). About: our). Because of this, some music therapists have used the TED talk platform as a new way to advocate for their work and to advance the term 'music therapy' into a familiar, household reference. A "household name" is defined as being "a person or thing that is very well-known (Merriam-Webster, 2016), such as the healthcare professions of doctor, physical therapist, and social worker. After turning to a TED talk platform in order to advocate and educate about music therapy, some music therapists have found success in popularity and world viewership, as evidenced by their YouTube views (See Appendix A). The question music therapists should consider now is: How might the TED talk platform be an effective way to advocate and convey

what music therapy is to the general public, and to promote it into becoming a familiar and household name?

Literature Review

The term “advocacy” is used in varying ways within music therapy, depending on the efforts. Within music therapy, advocacy has been defined as “the detailed dissemination of information” with the intention of increasing awareness of music therapy services occurring in the world (Silverman, 2008) and its inclusion as an allied health profession. Recently, the term advocacy is discussed in regards to state licensure and legislative efforts, such as “Music Therapy Hill Day” and statewide task forces (Moore, 2015). For the purposes of this study, advocacy refers to the “dissemination of information,” focusing on the general increased knowledge of the profession of music therapy, with the intentions of having “music therapy” become a widely known and basically understood term within the general public.

Because music therapy is such a complex, diverse, and wide-ranging profession, advocacy is of the utmost importance in order to “increase the respect and awareness of the field overall” within the professional world and general public (Moore, 2015). Currently, music therapists are serving an “estimated 1.5 million people” within the United States in approximately 33,300 facilities (American Music Therapy Association, 2015). Because the profession is comparably small in size, comprising of an estimated 7,000 music therapists in the United States, it relies heavily on advocacy on national and local levels to develop programs within healthcare and educational systems (Roberts & McFerran, 2008; AMTA, 2015). Music therapists are found working with a range of populations, distributed among mental health (19%), elderly and Alzheimer’s patients (10%), developmentally disabled (14%), medical/surgical patients (13%) and neurological disorders (7%) (AMTA, 2015). The remaining

37% are less defined due to the varying nature of patients and clients within healthcare who do not fall into a larger category, but include many more populations (AMTA, 2015). This diversity is also represented by the locations and facilities where music therapists work, as well as the age range of the patients they serve, which encompasses the entire life span.

Because of this range of clientele, music therapists have struggled with creating a catchall definition of music therapy due to the difficulty in gauging the level of information the public is seeking when they ask for a definition (Roberts & McFerran, 2008). Difficulties also lie in defining the profession succinctly due to its complexities, wide-ranging populations, and the many varying needs of clients. This is an essential component of advocating for new music therapy positions within the healthcare setting. In addition, this is a profession that is oftentimes more easily described in visual terms using films or video to illustrate the interactions between the therapist and patient/client that words alone cannot fully convey. Due to privacy regulations, this creates a challenge in providing quality, HIPAA compliant, standard information to the public that can be easily replicated and spread by non-music therapists, increasing the conversation and curiosity of the general public.

Music therapists and AMTA have used many strategies to increase awareness of the profession, including fact sheets, websites, brochures, quarterly bulletins, press releases, media spots, and social media. However, these advocacy efforts were often created as a reaction to an occurrence of misinformation in the general public (Moore, 2015). Recently, advocacy has moved toward being proactive, attempting to differentiate the music therapy profession and “stand as [its] own viable modality” (Register, 2013) in comparison to other healthcare professionals, especially those who use music in a therapeutic sense but are not a board-certified

music therapist. The above stated strategies have not been used consistently and may not be easily accessible to those who are interested in learning about the profession.

Within the last 20 years, the public has relied heavily on being able to find critical information about music therapy services on the Internet (Silverman, 2008; Johnson, Geringer, & Stewart, 2003). Music therapists are now turning toward the use of social media and user generated content, such as YouTube, to provide this advocacy information due to its accessibility. Additionally, they have been serving as their own advocates by sharing clinical stories, article links, general information, and pictures on their websites and other social media platforms as a simple way to increase awareness (Moore, 2015). The Internet has created opportunities for music therapists to provide information about the profession and to answer the basic question of “What is music therapy?” as well as promote services provided (Silverman, 2008; Gooding & Gregory, 2011; Gregory & Gooding, 2012; Moore, 2015). Most of what was created historically as advocacy publications are also now accessible online. In this investigator’s opinion, despite the amount of advocacy material available, much of this information is fragmented and the public may struggle to find well-rounded descriptions of music therapy.

Gregory and Gooding (2012) found that music therapists posting on the Internet considered “describing and demonstrating music therapy concepts” to be an effective way to engage viewers and advocate for the profession. However, most of the information provided focused only on one element of music therapy and did not fully define or describe music therapy. Also lacking in this information is written or visual evidence about the posting professionals’ training or credentials. This challenges the consumer in assessing for validity, credibility, and legitimacy of the information provided (Gooding & Gregory, 2011), especially since many music therapists have utilized the user-generated content site, YouTube.

YouTube

YouTube has been incorporated into classrooms for educational purposes and to disseminate information simply, quickly, and cost-effectively, but the information provided is entirely user-generated and at the discretion of the poster (Gooding and Gregory, 2011). Music therapists have used YouTube as a way to share clinical stories, case examples, and live sessions, but it is unmonitored. Although a professional may be well intentioned, the information provided within their user-generated content may not be of the utmost quality, or reflect the standards of AMTA, especially since “there are no guidelines for video production or dissemination in the field of music therapy” (Gregory & Gooding, 2012). When the general public searches the Internet, or YouTube, for information regarding music therapy, they cannot rely on the rigorous protocols that are similar to a peer-reviewed journal for legitimacy (Gregory & Gooding, 2013).

TED Talks

Without the rigorous protocols of a peer-review journal for YouTube, some music therapists have been turning toward the scientific Internet platform, TED to increase awareness and advocate for the field. TED, a nonprofit foundation, is vetted by experts and provides more legitimacy than unmonitored Internet releases due to its reputation as “something of an intellectual fount” (Tsou, Thelwall, Mongeon, & Sugimoto, 2014). The movement of TED talks has increased over the past 20 years as a way to share “ideas worth spreading” centering around talks related to Technology, Entertainment, and Design (TED, (n.d.), About: our). Although TED has traditionally been an annual conference featuring short, informational speeches no longer than 18 minutes in length (TED, (n.d.), About: our) it has evolved to incorporate a range of topics in a broad focus aimed at reaching a wide audience (Tsou et al., 2014). TED’s mission has been to increase awareness, provoke challenging thoughts, and change attitudes to create a

deeper understanding of the world (TED, (n.d.) About: our). Many scientists, artists, business people, and more have utilized the TED stage in order to provide information regarding their research, theories, and ideas, and to encourage curiosity within the viewers (Romanelli, Cain, & McNamara, 2014). TED has been considered one of the most successful online outreach initiatives toward spreading awareness and educational information, presented by a multitude of professionals and figures (Tsou et al., 2014).

The TED phenomenon has been so successful in recent years that it has rapidly begun to spread to local communities through the implementation of TEDx programs. TEDx are independently organized programs at a local level, supported by TED under a free license. The goal is to create a “TED-like” event while featuring community members (TED, (n.d.), About: programs). Although the general audience of TED talks is suggested to be those ranging in age from 18-24, generally with a graduate education (Sugimoto, Thelwall, Larivière, Tsou, Mongeon, & Macaluso, 2013) the increase in production of TEDx talks has been expanding the general viewership.

Due to this growth of viewers, the TED platform could help music therapists advance advocacy efforts. TED is considered to be a credible, informative source due to its selectivity in choosing presenters who are experts on their topic and have the ability to efficiently communicate information to the viewers (Romanelli et al, 2014). Approximately 10 music therapists have utilized this TEDx stage in order to convey descriptions and theories of music therapy to the general public (See Appendix A). Gregory and Gooding (2013) found that people who were inexperienced in music therapy had positive reactions to viewing a clinical video posted on YouTube. Although TED talks do not provide live case examples of a clinical situation, many of the music therapists who have previously presented have included clinical

stories, sometimes featuring images or video clips. Because a TED talk is designed to provide succinct, informative education on a given topic, it may be an opportunity to provide information about music therapy in one, simple place. Silverman (2008) highlights the importance of music therapists being able to convey clear definitions and articulations of music therapy in order to compel the general public to be interested in, and gain an understanding of, the complex profession. The TED stage compels audiences differently than other lecture formats because of its history of viral videos, the credibility of being a part of the TED brand, and the power of knowing the talk was presented to a live audience. Additionally, the accessibility of all talks related to the TED platform on both its website and YouTube channel has reached over a billion views in total (Tsou, et al., 2014). Because of this accessibility, and with regard to the quality control, TED and TEDx talks could be a possible solution to some of the problems identified in music therapy advocacy.

TEDx Description

The investigator of this study was invited to offer a 16-minute TEDx talk at a university on the coast of southwest Florida in November of 2015. This invitation was won after completing an application process providing background information, describing the desire and intentions behind giving a TEDx talk, and submitting a short video clip discussing the TEDx talk proposal. Having been inspired by other music therapists pursuing advocacy efforts, the investigator wanted to provide a TEDx talk that was devoted to explaining the basics of music therapy.

The goal of this TEDx presentation was to create an informative talk that could serve as an educational resource for the general public to fully understand the term “music therapy” (see Appendix B for TEDx talk transcript). The TEDx talk included a discussion on what constituted

a “household name,” and an argument for why music therapy should be included in that phenomenon within educational and healthcare settings. The discussion also included examples of the role music plays within our everyday lives and asked the audience to consider how they personally use music therapeutically. The investigator also discussed the transition in healthcare towards a more integrative approach and how music therapy’s transition from the social sciences towards neuroscience plays a role in that. A history of music therapy was also provided to educate on its longevity and evidenced-based practice within the clinical field.

Much of the TEDx talk focused on describing the neuroscience behind music and how this transfers into music therapy goals, outcomes, and specific pathologies. Examples were provided to highlight the inclusivity of the brain and its ability to be utilized for therapeutic goals. The investigator also noted examples of a variety of populations, music therapy goals and outcomes that would be measured within music therapy sessions. Some specific music therapy approaches were mentioned, but not all, such as Neurologic Music Therapy and music therapy within the neonatal-intensive care unit. These were mentioned to highlight the differences within music therapy situations and to educate on various music therapy approaches.

The TEDx talk closes with the investigator calling the audience to consider how they could help advocate for music therapy in more educational and healthcare settings. A discussion on how music could be harmful was also incorporated to raise awareness towards the importance of working with a board-certified music therapist and to compel the audience to consider the depth of music therapy. The TEDx talk ends by returning to this discussion on “household names” and to ask the audience to consider music therapy as a profession within this phenomenon by taking ownership in helping spread awareness.

The challenges facing this TEDx talk were to strive for the utmost quality of content to present information that met the standards of AMTA and to avoid misinformation (Gooding & Gregory, 2011). It was also critical to be clear, concise, and articulate about the training music therapists receive and the implementation of clinical, evidenced-based practice that inform all objectives and services within the profession (Register, 2013; Gregory & Gooding, 2012). The ultimate goal of this TEDx talk was to elevate the profession of music therapy into that of a household name.

Since the TEDx talk was video recorded, transcribed, edited, and posted on both the TEDx website and its YouTube channel, it is now accessible to anyone using the Internet. This TEDx talk can be shared on social media, linked to by educational websites, shared via personal communications, and generated through related searches. This platform allows music therapy advocacy to be widely dispersed and utilized in varying ways.

Purpose

For the purpose of this study, “TEDx talk” will refer to the TEDx talk given by the investigator at the TEDx event in Southwest Florida, whereas “TED talk” will refer to the general phenomenon of the TED platform. The intention of this study was to measure general learning and saturation of learning about music therapy from the TEDx talk. Learning was measured through a pre-, post-, and follow-up survey design by adult members of the general public, musicians, and healthcare workers. The survey responses were also investigated and coded to provide guidelines for music therapists to follow in using TED talks effectively for advocacy.

Research Questions

Research questions and sub-questions that will be considered are:

1. Do participants' knowledge and opinions about music therapy change post-TEDx talk?
 - a. Are participants able to identify the educational requirements of a music therapist?
 - b. Do participants agree that a professional certification is required of a music therapist?
 - c. Are participants able to describe what a music therapist does?
 - d. Are participants able to identify appropriate settings in which a music therapist might work?
 - e. Do participants agree that music therapy should be more accessible in healthcare and educational settings?
 - f. Do participants agree that more people need to know about the music therapy profession?
 - g. To what degree do the participants see the potential application of music therapy to situations at work or home?
2. Does an individual's background influence their understanding of what a music therapist does?
 - a. Do individuals with a background in music understand what a music therapist does better than non-musicians?
 - b. Do individuals with a background in healthcare understand what a music therapist does better than non-healthcare workers?
3. What are the common learning points about music therapy identified by the participants?
4. Are participants satisfied by knowledge gained from the TEDx talk about music therapy?

- a. Do participants conduct any further research on music therapy after the initial presentation?
- b. Do participants share any information learned from the presentation with others?

It is hypothesized that people unfamiliar with music therapy will have increased awareness and understanding of the profession of music therapy after watching the informational TEDx talk presented by the investigator.

Methods

Participants and Settings

Six groups of participants were recruited from various organizations and agencies around the Tampa Bay, Florida metropolitan area. Organizations and agencies included in the recruitment process were those interested in learning about music therapy but were unfamiliar with the profession. The organizations approached included those considered to be future healthcare workers, musicians, and members of the general public. These groups were chosen for the purpose of comparing their responses to the investigator's TEDx talk. Such comparisons might include whether healthcare workers understand and accept music therapy as a profession more than musicians, or the general public, or vice versa. Organizations were asked to host a free presentation on music therapy using the TEDx talk video, and to engage voluntary participants in a pre- and post-survey. Organizations and agencies were recruited through calling their administrative staff, including healthcare workers and/or students, musicians, and mixed business professionals (general public). The participating groups included the Tampa Bay Master Chorale (musicians; n=11), Jersey College School of Nursing: Tampa campus (nursing students; n=9), East Lake Library (general public; n=4), Sunshine Senior Center (senior citizens of the general public; n=13), St. Petersburg College Department of Music (music students; n=5), and

West Community Library (general public; n=6). The use of these varied cohorts was aimed at attempting a broad representation of demographics, disciplines, and backgrounds in order to compare responses between-groups and within-groups as well as to compare their pre- and post-TEDx survey results.

Participants were recruited by invitation through their agency. Inclusion criteria were adults of any age who were unfamiliar with music therapy with the ability to speak and write English fluently. Exclusion criteria were those who are, or have been music therapists, or were very familiar with the profession (as defined as being able to explain it to someone else), as well as those who were unable to speak or write English fluently. The number of participants at each presentation ranged depending on the number of those interested in engaging in the study. The target number of participants was 50 in total. Therefore, the organization aimed to recruit at least 10 participants for their hosted presentation.

Of the recruited participants, 48 were eligible for the study (n=48), including 30 females and 18 males, with a mean age of 55.25 ($SD=21.84$). One participant was excluded due to reporting previously being a music therapist while another participant dropped out. These exclusion decisions were made by the research assistant. Participants ranged in levels of education with the lowest level being a high school education (n=5), to some college credit without a degree (n=11), associates degree (n=8), bachelor's degree (n=9), master's degree (n=11), professional degree (n=2), and the highest level of education being a doctoral degree (n=2). A majority of the participants reported their ethnicity as white or Caucasian (n=35), but also included those who considered themselves Hispanic or Latino (n=1), black or African American (n=7), Native American or American Indian (n=2), Asian or Pacific Islander (n=1), and other (n=2).

More specific demographic information included an assessment of musicianship and familiarity with TED talks. Of the total participants (n=48), 23 considered themselves to be a musician, and reported believing that others agree they are a musician, with 17 of these musicians reporting 20 years of experience or more. Reasons for musicianship ranged in purpose including playing music professionally (n=7), being music educators (n=4), producing and/or composing music (n=1), and playing music as a hobby (n=13). Participants who reported having a degree in music (n=7) marked playing music professionally (n=5) and being music educators (n=2).

Participants' familiarity with TED talks ranged from being familiar (n=17), to being a little familiar (n=10), and not being familiar at all (n=21). Of the people who were familiar with TED talks, 19 reported watching fewer than five talks a year, while 3 reported less than 10 viewings, and 5 reported watching more than 10. How participants normally find TED talks ranged from a web search (n=13), to social media (n=12), to featured talks on the TED website (n=7), and through educational purposes such as presentations or lectures (n=9), with some participants selecting more than one option. Participants also reported definitely sharing TED talks of interest with others (n=8), sometimes sharing (n=8), not often sharing (n=1), or denied sharing them at all (n=9).

Procedures and Data Collection

Each of the six presentations followed the same data collection format to ensure reliability. Due to the feasibility of this study, the investigator acted as the recruiter, presenter, and data collector throughout the study. Upon arrival, participants were given an introduction that provided the least biased information about the investigator, such as stating the investigator's name but not credentials or background, the purposes behind the study, and the

expectations of the study itself. Participants were asked to agree to a consent form (see Appendix C) that detailed the purpose of the study, how the data were to be used, the format of the presentation (five parts) and the expected time frame (approximately 45 minutes for the first session and approximately 10 minutes to complete an online post-survey). The expectations of the study included engaging in the pre-survey, watching the TEDx talk, and completing a post-survey. Participants were informed that they could ask questions at the end of the presentation. Participants were also asked to complete a follow-up survey approximately 4-6 weeks after the initial presentation by volunteering their email information at the end of the post-survey. The purpose of the follow-up survey was to investigate saturation of learning over time. Participants were not compensated for their participation.

Data was first collected through the use of a pre-survey in order to assess current understanding of music therapy and to reveal any misconceptions of the profession. Participants were instructed to complete a pre- and post-survey before and after the TEDx talk viewing. The follow-up survey was completed online using Qualtrics, a confidential survey data platform. Data were recorded confidentially by participants during each presentation and remained anonymous throughout the study. The investigator collected the consent forms and written surveys from each participant at the presentation, but kept the anonymity of each participant through the use of ID numbers. Each participant was given an ID card that matched the ID number of their pre- and post-surveys to be referenced during the presentation. The pre-survey questionnaire included approximately 20 questions regarding demographic information, relationship to music, and an assessment of participants' familiarity with music therapy and TED talks. Survey questions incorporated yes/no statements, multiple choice, scale rankings, and essay format. The pre-survey required approximately 15 minutes to complete. Participants were

then asked to watch a 16-minute TEDx talk video on music therapy education and advocacy before continuing on with the study.

The post-survey following the TEDx talk comprised of similar assessment questions to determine information learned from the video. Approximately 10 post-survey questions were presented in yes/no statements, multiple choice, scale rankings, and essay format. These questions were similar to questions on the pre-survey in order to measure saturation of learning from the TEDx talk (see Appendix D). Participants were asked to contribute two learning points gained from the TEDx talk, which directly related to one of the four main research questions. The post-survey required approximately 15 minutes to complete.

After the first session of each presentation, a research assistant matched the written pre- and post-surveys by ID number and stored the surveys together. The data, managed by the research assistant, were kept separate from the consent forms by the research assistant in labeled folders and stored separately. Only the research assistant viewed participant names and ID numbers at time of data entry. Data collected through the written pre- and post-surveys were entered into the online version of the survey through Qualtrics. This was done for the purposes of streamlining information for later data analysis rather than coding information by hand. Data were entered by the research assistant only.

Approximately 4-6 weeks after each presentation, participants who volunteered their email information were contacted to complete a follow-up survey. This follow-up survey included 18 questions to identify whether participants engaged in any further research, had increased conversations about the music therapy profession (either initiating the topic or responding to a conversational partner with information about the profession), or used the term music therapy as a “household name” as defined above. The final question included a fill-in-the-

blank option for participants to contribute any additional thoughts not addressed by the survey questions. This follow-up survey required approximately 20 minutes to complete. Online data were collected through Qualtrics.

All written and online data were recorded into Qualtrics and exported into the data analysis program SPSS. Variables considered were the independent variables of the TEDx talk and group type and the dependent variables of survey responses. Data were grouped by pre- and post-TEDx scores as well as between- and within-group comparisons.

Ensuring Validity and Reliability

To ensure internal validity, the same procedures were used among all groups for the survey questions. The same investigator organized and facilitated scheduling and leading each presentation. A research assistant aided in organizing completed data and data entry. The investigator used triangulation among all groups to examine themes and perspectives among all participants. The investigator also relied on stating bias and any discrepancies that arose during the study to ensure transparency in the results by recording notes and thoughts throughout data collection for further review. Reliability was addressed through the use of inter-rater reliability to verify that there were no errors in the resulting information.

Coding

Qualitative data were coded into one-word themes identified by the research assistant and the investigator to be recorded quantitatively for pre- and post-TEDx scores. For the definition of music therapy, survey answers were coded into five main domains of music therapy: 1.) physiology, 2.) cognition, 3.) spirituality, 4.) psychological, and 5.) emotional. Definitions were also assessed as being “rounded definitions” (not specifying a domain of music therapy) and rated on a Likert-scale of poor, okay, good, or excellent (pre- and post-TEDx). Learning points

were coded by assigning one-word themes addressed by the responses: longevity, depth, exists, efficacy, fact-learned, validity, versatility, knowledge, access, integrative, and comforting. Similarly, the informative essay questions of “why”, or “why not” were coded into one-word themes addressed in the responses: access, integrative, knowledge, versatility, comforting, efficacy, and non-pharmacological. Applications of music therapy at work or home were coded into common music therapy goals identified by the investigator and research assistant. Common music therapy goals identified included: decrease anxiety, increase relaxation, increase focus, pain management, and emotional expression.

Data Analysis

Analysis was completed through the use of SPSS (v24) to perform descriptive frequencies, including mean, frequency, variability, standard deviation and paired-samples t-tests to compare within- and between-group means and standard deviations for pre- and post-TEDx survey scores. Expected outcomes ranged in value 1-2 degrees within each group due to the small ranking measurement. Inferential statistics included univariate analysis of variance (ANOVA) to assess between-subject correlations and significance. Post-hoc tests were run due to significance found on any measure.

Results

Knowledge and Opinions Within-Groups

To measure change in participants' knowledge and opinions post-TEDx talk, participants were first divided among three groups: healthcare workers (n=9), musicians (n=16), and general population (n=23). ‘Knowledge’ was assessed by scoring yes/no data on perceived music therapy education and perceived professional certification requirement to create a combined ‘knowledge’ score pre- and post-TEDx to be run through a paired samples t-test. There was significant

difference pre- and post-TEDx scores within all three groups ($p=0.01$, $SD=0.77$). ‘Opinions’ was assessed by comparing scores provided by a Likert-scale on “what does a music therapist do” (see Table 1). Pre- and post-TEDx scores were compared through a paired samples t-test. There was significance pre- and post-TEDx scores within all three groups ($p=0.39$, $SD=0.93$). Knowledge and Opinions was combined to assess overall change pre- and post-TEDx scores and compared through a paired samples t-test. There was significance between pre- and post-TEDx scores within all three groups ($p=0.00$; $SD=1.46$).

Knowledge and Opinions Between-Groups

Knowledge and Opinions post-TEDx scores were compared between-groups through a univariate analysis of variance (ANOVA). Post-TEDx scores on Knowledge showed a significant interaction between group and pre-TEDx scores ($f=0.37$). Musicians and general public revealed the most change in Knowledge post-TEDx scores compared to healthcare workers. Post-TEDx scores revealed a change in mean of $M=0.2$ ($SD=0.11$) for musicians and $M=0.2$ ($SD=0.13$) for general public. Opinions did not have a significant interaction between group and pre-TEDx scores ($f=0.11$; see Figure 1).

Additional Knowledge and Opinions Assessed

‘Knowledge’ was also assessed pre- versus post-TEDx survey scores by comparing means on perceived music therapy education ($M=3.37$; $SD=1.08$) and professional certification requirement ($M=1.80$; $SD=0.98$). Post-TEDx, perceived educational requirement of music therapy education increased toward the answer of “music therapy degree” by 0.89% ($M=3.40$; $SD=0.73$) and perceived requirement of a professional certification moved from “probably yes” to “definitely yes” by 30.4% ($M=1.38$; $SD=0.64$). Length of profession in the working world was

not included due to the investigator forgetting to include this question when creating and implementing the post-survey (unable to compare means).

The perceived settings where a music therapist might work were measured by running frequencies. Perceived settings that were rated 90% or above included: hospitals: 97.9% ($SD=0.14$); nursing homes: 95.8% ($SD=0.20$); daycare centers: 95.8% ($SD=0.20$); hospice: 95.8% ($SD=0.47$); and mental health facilities: 91.7% ($SD=0.28$). Perceived settings that were rated 70% or better included: group homes: 89.6% ($SD=0.31$); veteran's affairs: 85.4% ($SD=0.36$); counseling centers: 81.3% ($SD=0.39$); school classrooms: 77.1% ($SD=0.42$); correctional facilities: 75.0% ($SD=0.44$); outpatient services: 75.0% ($SD=0.44$); and colleges: 70.8% ($SD=0.46$). Perceived settings rated below 70% included: churches: 68.8% ($SD=0.47$); veterinary's offices: 58.3% ($SD=0.50$); museums: 33.3% ($SD=0.48$); hotel lobbies: 33.3% ($SD=0.48$); coffee shops: 31.3% ($SD=0.47$); and other: 18.8%.

When asked if participants agree that music therapy should be included in more educational and healthcare facilities, 95.8% of participants agreed ($n=46$). Participants shared additional reasoning behind their agreement, which was coded by the investigator and research assistant. Participants stated music therapy should be included in more educational and healthcare facilities because it is: efficacious: 47.9% ($SD=0.50$); integrative: 16.7% ($SD=0.38$); comforting: 22.9% ($SD=0.42$); versatile: 10.4% ($SD=0.31$); and non-pharmacological: 12.5% ($SD=0.33$; see table 2). No participants included reasons for why they believed music therapy should not be included in more educational and healthcare settings (maybe: $n=1$; unsure: $n=1$). Participants similarly agreed at 97.9% ($n=47$) that more people need to know about the profession of music therapy. Participants stated more people should know about the profession because it is: integrative: 20.8% ($SD=0.41$); versatile: 6.3% ($SD=0.24$); comforting: 10.4%

($SD=0.31$); efficacious 18.8 % ($SD=0.39$); and non-pharmacological: 2.1% ($SD=0.14$) and it could increase: accessibility: 16.7% ($SD=0.44$); and general knowledge: 25.0% ($SD=0.44$). No participants stated reasons why people should not know more about the profession ($n=1$).

Of the 48 total participants, 18 completed the follow-up survey approximately 4-6 weeks after the initial presentation. Of the participants who saw a potential application of music therapy to situations at work or home, 44.4% of participants reported they may or may not ($n=8$), while 16.7% reported definitely yes ($n=3$), 27.8% reported probably yes ($n=5$), and 11.1% reported probably not ($n=2$). Participants who agreed to seeing an application of music therapy at work or home stated a range of reasons why, which was coded by the investigator and research assistant into common music therapy goals. These goals identified by the participants included decreasing anxiety: 11.1% ($n=2$; $SD=0.39$), increasing relaxation: 22.2% ($n=4$; $SD=0.49$), pain management: 16.7% ($n=3$; $SD=0.45$), emotional expression: 5.6% ($n=1$; $SD=0.29$), and increasing focus: 5.6% ($n=1$; $SD=0.29$).

Additionally, participants identified two learning points post-TEDx talk, which included a range of 11 coded themes (see Table 3). Top-rated learning points about the profession were: its efficacy: 41.7% ($SD=0.50$); its versatility: 39.6% ($SD=0.49$); learning a specific fact: 39.6% ($SD=0.49$); its longevity: 22.9% ($SD=0.42$); and its validity: 20.8% ($SD=0.41$). Additional learning points included: the lack of knowledge about the profession within the general public: 16.7% ($SD=0.38$); the profession's accessibility: 16.7% ($SD=0.38$); it is integrative: 4.2% ($SD=0.20$); that the profession exists: 4.2% ($SD=0.20$); the profession's depth: 2.1% ($SD=0.14$); and it is comforting: 2.1% ($SD=0.14$).

Saturation of Learning Assessed

Follow-up survey responses ranged from 4-6 weeks after the initial TEDx talk presentation. When asked about satisfaction of knowledge gained from the TEDx talk during the follow-up survey, 83.3% ($n=15$; $SD=0.38$) of participants responded that there was not any additional information they would have liked to have learned during the TEDx talk. Additionally, 66.7% ($n=12$, $SD=0.49$) of participants denied completing further research on music therapy after the TEDx talk presentation, with 44.4% ($n=8$, $SD=0.49$) reporting reasons being for satisfaction with knowledge gained from the TEDx talk presentation. Reasons stated for why participants completed further research included: to learn more about the profession ($n=4$), to compare music therapy to another therapeutic modality ($n=2$), to discover music therapy session examples ($n=1$), and to investigate unanswered questions arisen during the TEDx talk presentation ($n=1$).

Along with knowledge gained from the TEDx talk, 89.9% ($n=16$, $SD=0.32$) of participants reported discussing what they learned about music therapy with someone else. Participants reported discussing what they learned with someone else a little: 55.6% ($n=10$), a moderate amount: 22.2% ($n=4$), and a great deal: 11.1% ($n=2$). Participants reported discussing: the effectiveness of music therapy: 66.7% ($n=12$, $SD=0.45$), what music therapists do: 55.6% ($n=10$, $SD=0.50$), who music therapists work with: 38.9% ($n=7$, $SD=0.51$), where music therapists work: 38.9% ($n=7$, $SD=0.50$), the education required of a music therapist: 38.9% ($n=7$, $SD=0.51$), and examples of what music therapy might look like: 16.7% ($n=3$, $SD=0.40$). For the participants who reported not discussing what they learned about music therapy (11.1%, $n=2$), one stated the reason being not having anyone interested in discussing music therapy ($n=1$) and the other reported satisfaction with the discussion experienced during the TEDx talk presentation ($n=1$).

Discussion

Summary of Findings

Based on the findings of this study, the TED talk platform is an effective way to advocate for and convey what music therapy is to the general public. The hypothesis that people unfamiliar with music therapy would gain awareness and understandings of the profession of music therapy after watching the TEDx talk was met. Participants' knowledge and opinions about music therapy changed amongst all three groups of participants (healthcare workers, musicians, and general public) between pre- and post-TEDx talk. Participants' opinions of whether music therapists require a professional certification increased more than their understandings of the educational requirements, but both increased overall. Additionally, participants' opinions of what a music therapist does increased amongst all three groups of participants post-TEDx talk.

The results reveal that there was significant difference between two groups within the knowledge scores, but there was no significant difference between the groups of participants in the opinions scores; therefore, an individual's background appeared to influence their knowledge of music therapy more than their opinions. Among groups of participants, musicians and the general public had greater change in their knowledge of music therapy post-TEDx talk compared to healthcare workers who had less statistical significance in knowledge. Participants' opinions on music therapy did not have any significant difference between groups, therefore findings suggest that participants' backgrounds did not influence their understanding of what a music therapist does.

Most participants correctly identified appropriate music therapy settings. Settings that were identified the most included hospitals, nursing homes, daycare centers, hospice, and mental

health facilities, closely followed by group homes, veteran's affairs, counseling centers, school classrooms, correctional facilities, outpatient settings, and colleges. All settings provided within the post-survey were selected at least once, despite there being five inappropriate settings included in the survey list.

Although participants may have been less sure of the appropriate settings where music therapists might work, participants mostly agreed that music therapy should be included in more healthcare and educational settings. Collectively, participants agreed to increased inclusion of music therapy by providing their reasoning that music therapy is efficacious, integrative, comforting, versatile, and non-pharmacological. Additionally, participants agreed that the profession of music therapy should be better known as a viable profession. Participants provided similar reasoning to this response, reporting their beliefs that music therapy is integrative, versatile, comforting, efficacious, and non-pharmacological, and that it could increase accessibility to services and general knowledge of the profession, meaning heightened awareness overall.

Only a small portion of participants engaged in the follow-up survey in order to assess applications of music therapy to situations at work or home. Twenty participants volunteered their email information at the time of the post-survey to be sent the online follow-up survey, but only 18 participants responded. At the time of the initial presentations, many participants stayed after the formal presentation ended to ask further questions of the investigator. This may have affected the turnout for the follow-up survey. For those who did participate in the follow-up survey, 88.9% of the participants agreed to being able to see music therapy applied to personal situations, but only 55.6% stated that they may or may not actually follow through with an application of music therapy personally. However, most participants were able to provide

appropriate reasoning behind applying music therapy to personal situations, including to decrease anxiety, increase relaxation or focus, aid in pain management, and to express emotions.

Additional knowledge gained by the participants included a number of learning points from the TEDx talk itself. These learning points were identified by the participants individually, but were similar across groups. The common learning points identified by the participants included their beliefs that the profession is efficacious, accessible amongst clientele, versatile, integrative, comforting, and valid. Participants also reported learning a fact about music therapy and were able to report it back to the investigator. Furthermore, participants learned that the profession exists and has depth, it has been around longer than they thought (longevity), and that there is a lack of knowledge about the profession within the general public.

In regards to saturation of learning after the TEDx talk presentation, participants mostly stated that the TEDx talk satisfied their knowledge on music therapy. Only a small portion of participants reported researching more about music therapy after the TEDx talk presentation, and identified those reasons as wanting to learn more about the profession, to answer a specific question, to compare music therapy to other therapeutic modalities, and to watch music therapy video session examples. Additionally, participants agreed that the TEDx talk presentation increased their conversation with others about the profession. Most participants agreed to discussing what they had learned with someone else, including the effectiveness of music therapy, what a music therapist does, where they work, appropriate clientele, the education required of a music therapist, and how music therapy might be implemented.

Additional information that was revealed through the follow-up survey but was not addressed by any of the research questions included some information participants' perceived to be missing from the TEDx talk. This included the type of education music therapists receive and

how board certification works. Participants also asked follow-up questions about the specifics of music therapy interventions and implementation of said interventions and protocols. Resources some participants were interested in for future explanations of music therapy included video examples of music therapy sessions, informative websites, and video lectures.

Interpretations

One of the main goals of the investigator's TEDx talk in its original form was to elevate the term 'music therapy' to that of a "household name" and to create an educational resource for the general public. This, as well as the hypothesis, was fundamentally met in regards to educating the general public about music therapy. This study revealed that all participants increased their knowledge and understanding of music therapy regardless of their backgrounds. Although knowledge appeared to have significant changes between pre- and post-TEDx score through data analysis, opinions did change when looking at the raw, qualitative data.

Because data were coded into themes and then ranked on a Likert-scale, the results of this analysis did not reveal what was written in qualitative responses. When looking at the responses provided to "what does a music therapist do" between pre- and post-TEDx, the definitions provided by the participants shifted from focusing on specific elements of music therapy toward general definitions that did not include the coded themes. For example, one participant originally defined music therapy as being: "Rehabilitation, calming for mental illness, relaxation" but then generalized their definition in the post-survey toward: "Help improve and heal a variety of health problems." Although the mean scores of the ranked definitions did not increase fully from "okay" to "good", all participants provided a definition post-TEDx survey. This was an important change compared to the pre-TEDx survey, where a number of participants left the

question blank. This change reveals that all participants felt comfortable with providing some kind of definition of music therapy post-TEDx.

The TEDx talk also appeared to be an effective platform to provide a concise arena in which basic information about music therapy could be expressed at one time. Participants appeared to be less consistent with their abilities to identify the correct settings in which music therapists might work, but this was not addressed explicitly within the TEDx talk. Some settings were mentioned within the TEDx talk, but the survey question was intended to assess the participants' ability to infer appropriate settings based from their learning of appropriate clientele and implementation of evidenced-based practice (see limitations).

Ultimately, all participants showed encouraging promise toward learning the most basic elements of music therapy by absorbing the information disseminated by the TEDx talk. These findings converge with the literature that there is a need to increase the awareness of music therapy for advocacy purposes and that there is an opportunity to create proactive, rather than reactive, advocacy measures. These findings also agree with the literature regarding the influence of video and Internet platforms in providing helpful depictions and explanations of music therapy. Contributions this study makes to the literature includes the role a TED talk plays on music therapy education and advocacy and how TED talks could be used in the future for proactive advocacy measures.

Furthermore, these findings imply that having one concise place where the basics of music therapy can be answered is helpful for accurate education and advocacy. The role of a TED talk suggests the positive influence of a spokesperson-like format where information can be provided articulately, concisely, and within a well-rounded framework. The formality of the TED talk platform also appears to increase perceptions of expertise on the topic from viewers.

Having expert and vetted information about music therapy that comes in a widely accessible, video-learning format is lacking from the field as a whole and from AMTA endorsements. These findings imply the opportunity to create more proactive advocacy measures within the field and governing associations to promote the profession into that of a household name.

Limitations

Some ethical concerns and limitations arose throughout this study, which the investigator documented as they occurred. One of the main threats to the internal validity of the study was the lack of additional research assistants, including the inability to have a research assistant facilitate the data collection presentations without the investigator present. Due to this flaw, participants may have felt pressure toward signing the informed consent, although the investigator reiterated that the study was voluntary. Participants may have also felt influenced to provide answers that they believed the investigator wanted to hear. In order to control for this bias, the investigator attempted to keep participants blind to the investigator's role through limited introductory information at the start of each presentation and ensured participants that they could answer the survey questions without penalty.

Using a survey design to collect data allowed for some reduction in investigator bias, but there may have been potential threats to the validity of the data by misguiding participants through a survey that was not completely objective. Although the survey was piloted by other music therapy master's students at Berklee College of Music, the nature of some questions may have been overlooked, such as priming the participant by including multiple choice answers instead of requiring a fill-in-the-blank response. Inter-rater reliability between the investigator and research assistant may have decreased due to the subjectivity of some questions. This subjectivity was found when determining whether a participant had been primed to answer a

question in a certain way and whether that question should be included in data analysis. The validity of the survey design itself was also decreased by the fact that some crucial pre-survey questions were left out of the post-survey unintentionally, which decreased the ability to compare scores pre- and post-TEDx. Additional subjectivity could be found in the coding of the qualitative answers required by the survey design. Data were coded by the investigator and research assistant separately and then again together, but was unable to be checked by an additional third-party member due to feasibility and the time allotment for this study, resulting in limited inter-rater reliability. This could have caused confounding variables within the data analysis.

Additional limitations to the study's internal validity include the nature of the presentations themselves. Since the investigator presented at various organizations and locations, some elements of the individual organizations could have affected data collection. This includes the quality of the organization's audio/visual capabilities, facility scheduling (such as overlapping a lunchtime and feeling rushed), the advertising of the event, environmental controls (such as a noisy room), and the investigator's inability to use the same space for each presentation.

Some considerations were also related to the participant's expectations of the presentation. These expectations depended on the advertising of the event, which was left up to the organization despite the investigator's offer of a flyer for the event. Furthermore, some participants appeared to expect a live presentation, which may have affected their reception of the TEDx talk and their overall engagement in the study. Others had occasional difficulty interpreting the wording of some survey questions, which had to be addressed by the investigator

in the least misleading way, while others encountered some hearing and/or visual deficits, which may have diminished their full ability to participate.

External validity of the study may have been affected by networking with organizations to set up the study's presentations. The organizations that agreed to the study did not reflect a truly random sample because they expressed interest in receiving a free presentation on music therapy in the first place, decreasing the generalizability of the study. Additionally, many participants who were interested in attending the presentation did not appear to be truly blind to the subject, as evidenced by their informal commentary before and after the presentation. Some organizations also programmed the presentation onto existing events, such as following a previous presentation, or scheduling immediately before lunch, which could have led to either more or less participants than if the presentation was stand alone or randomized within the community. Also, many sample sizes within each organization were smaller than attempted, which may have decreased statistical power or the data analyses.

Lastly, much of the follow-up survey internal validity may have been affected by the organic question and answer sessions that arose after each TEDx talk presentation finished formally. Participants asked clarifying questions and expressed their interest in the topic after the close of the study's presentation, which the investigator was unable to include in data collection. This may have decreased interest in completing the follow-up survey, or may have influenced the responses to satisfaction gained from the TEDx talk. Using a research assistant to lead the presentations may prevent participants from asking additional questions because the research assistant is not the expert on the topic. Additionally, less than half of the participants volunteered their email information during the post-survey, which may reveal the unwillingness people feel

towards taking time to complete an online survey or to be asked to follow-up on the same information a few weeks after the initial presentation/research study.

Future Directions and Recommendations

The organic question and answer sessions that arose informally after each presentation do speak to directions for future studies. These question and answer sessions may suggest the appropriateness of a focus group study regarding information provided in a TED talk. A focus group on one or more TED talks given by music therapists could allow for discussions regarding the information presented, the style of the speakers, and further information that could be helpful in learning about music therapy. Additionally, implementing this survey study on a larger scale including a greater sample size and incorporating multiple research assistants could also be helpful in determining its validity and reliability. It is also recommended that music therapists incorporate clinical examples of music therapy as well as a thorough explanation of the training and education music therapists receive, in order to further the advocacy and education of the music therapy profession.

Music therapists who are interested in writing and presenting a TED talk should be aware of the time, efforts, and professionalism needed to produce such a speech. It is recommended that music therapists listen and research previously given music therapy TED talks in order to assess and discern what has been previously discussed and what makes these talks compelling to an audience. When giving this study's TEDx talk, the investigator wrote, and re-wrote the TEDx talk speech more than 10 times, continually changing the formatting until the flow of the talk was natural and easy to memorize. Additionally, the TEDx talk was practiced every day for a couple of weeks leading up to the TEDx event. The investigator also presented the TEDx talk to

close family and friends who could provide their insights and feedback prior to the event to ensure fluidity of the speech and clarity behind the ideas.

It should also be noted that the empowerment behind giving a TED talk is two-fold. Music therapists are strongly recommended to solidify their advocacy abilities and to seek out opportunities to increase proactive advocacy measures. However, music therapists should be vigilant of the TED platform and its worldwide stage. Awareness of how music therapy advocacy can be perceived by the rest of the field as well as the world is essential to the efforts behind the TED talk itself. Music therapists should consider the TED stage with the same professional regard they use when working with clients, in offering the best product available. Ultimately, what is created on the TED stage is a representation of music therapy and should be considered deeply by anyone who uses the stage in the name of music therapy advocacy.

Conclusions

Music therapy is a challenging profession to define. Based on the literature, the ability to define music therapy succinctly and thoroughly is important in order to propel the profession forward and to increase advocacy – ultimately increasing access of services. Accessible availability of vetted video-lectures and clinical examples increase understanding and awareness of the profession exponentially. This is an area of opportunity within the profession and its governing associations. Music therapists should be working together as a profession to develop advocacy expectations and to elevate the term ‘music therapy’ into a widely understood household name.

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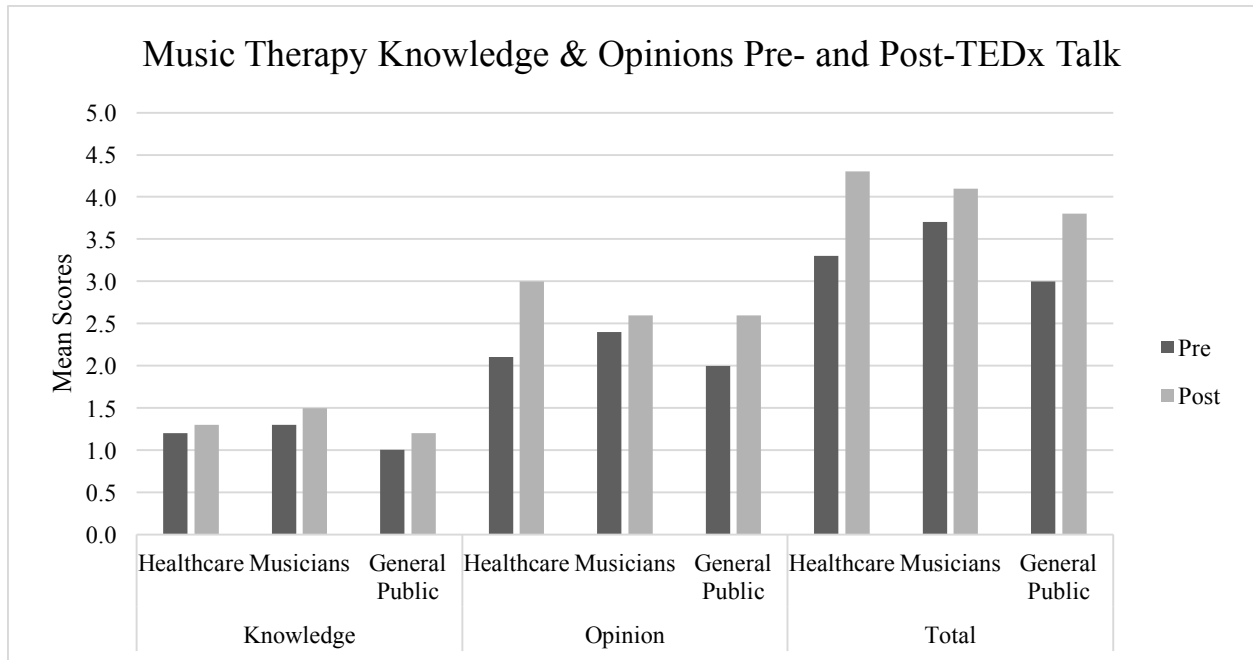


Figure 1

Mean scores representing participant’s knowledge, opinions, and total scores of knowledge and opinions together. Significant differences were found between pre- and post-TEDx scores knowledge, opinions, and total scores within all 3 groups. Significant difference was found between groups on knowledge for musicians and general public participants.

Table 1

Definitions of Music Therapy	Participant Essay-Format Responses	Themes Coded
Pre-Survey	<i>"Music therapist use music as a language to communicate; also allows a safe environment to express true feelings. They say deaf clients although they can't hear they are able to feel the music & themselves".</i>	Physiological, Cognitive, Emotional
	<i>"Relax patient, therapeutic, calms, sense of relief brings closer or closeness to others. Music brings me close to my mom that has passed and to the Lord".</i>	Physiological, Spiritual, Emotional
	<i>"Music therapists incorporate music making or movement to music to assist individuals in overcoming physical and/or emotional problems. Can also be used to assist cognitive maintenance in aging".</i>	Physiological, Cognitive, Emotional
	<i>"Use music to provide an atmosphere conducive to healing of body, mind and spirit for those in need of it".</i>	Physiological, Spiritual, Psychological
	<i>"Use music to create a camaraderie with patients that can assist in breaking through areas of brain fog and give them a sense of structure".</i>	Cognitive, Psychological
Post-Survey	<i>"Provides appropriate musical experiences to aid in benefiting individual well-being".</i>	(none)
	<i>"A music therapist uses a specific aspect of music (e.g. rhythms) to effect change - achieve a non-musical goal - to and in treatment of a person's physical, emotional, or psychological condition".</i>	Physiological, Psychological, Emotional
	<i>"Develops method to introduce appropriate music for specific situations in health care for our well-being".</i>	(none)
	<i>"Helps to use many parts of the brain to help heal or improve the problem".</i>	(none)
	<i>"Custom design therapy to promote and maintain healing for every kind of patient/client using music".</i>	(none)

Note. Selection of essay format answers provided by participants pre- and post-survey on survey question. "What does a music therapist do"? Responses were coded into one or more of the five elements of music therapy: physiological, cognitive, spiritual, psychological, or emotional.

Table 2

Why?	Participant Essay-Format Responses	Coded Themes
Do you think music therapy needs to be available in more healthcare and educational settings?	<i>"Provides one more avenue toward positive change. Not everyone is helped by the same experience".</i>	Versatility, Integrative
	<i>"Because I think we need access to all sorts of "non-traditional" medicine these days. Because "non-traditional" therapies have been proven to work. Doctors need to let patients know these programs exists".</i>	Integrative; Non-pharmacological
	<i>"It's an additional tool that could reduce need for medication, speed healing, and improve quality of life".</i>	Versatility, Non-pharmacological, Comforting
	<i>"Because it is effective and needs to be part of treatment options".</i>	Efficacy
Do you think more people need to know about the music therapy profession?	<i>"It is a profession that can do a lot of good by opening up more opportunities to understand a person & what they could be going through".</i>	Versatility, Integrative
	<i>"To promote health and quality of life".</i>	Comforting
	<i>"The more people know, the more they can spread the word".</i>	Access, Knowledge
	<i>"Potential benefits and use as an adjunctive therapy".</i>	Efficacy, Integrative

Note. Selection of essay format responses provided by participants on post-survey questions asking an additional, “why” to the survey questions above. Responses to the question, “Do you think music therapy needs to be available in more healthcare and educational settings” were coded into themes that included: efficacy, integrative, comfort, versatility, and non-pharmacological. Responses to the question, “Do you think more people need to know about the music therapy profession” were coded into themes that included: integrative: versatile, comforting, efficacious, non-pharmacological, accessibility, and general knowledge.

Table 3

Narrative Learning Points	Coded Themes
<i>"That it's been around for a lot longer and its uses are much more extensive".</i>	Longevity, Depth
<i>"Music therapy isn't new and hospitals do have it".</i>	Longevity, Exists
<i>"It helps people and it needs to be a household recognizable profession".</i>	Efficacy, Knowledge
<i>"Music therapy is used for non-music goals. Music therapists are board - certified (not sure which Board)".</i>	Fact-learned, Validity
<i>"That it can help patients from Alzheimer's to PTSD to neonatal. That I will ask for a hospital's music therapy people when I or a loved one is hospitalized".</i>	Versatility, Efficacy, Fact-learned, Access
<i>"Meeting people where there are - flexible. Can be used for all sorts of diseases".</i>	Versatility, Efficacy
<i>"Music therapy can be used to increase communication in people with autism. Music therapy can be used to encourage singing communication in those with brain disorders (or injury)".</i>	Fact-learned, Efficacy, Versatility
<i>"Can be a vital part of healing all forms of issues - from cancer, autism, PTSD, stroke, etc. and coping skills. Use several areas of the brain, not just one lobe, it is an integrated tool".</i>	Efficacy, Fact-learned, Versatility, Integrative

Note. Selection of essay format responses provided by participants on post-survey question. “Please offer 2 things you learned about music therapy from the TEDx presentation”. Responses were coded into themes including: efficacy, versatility, learning a fact, longevity, validity, the lack of knowledge about the profession within the general public, the profession’s accessibility, integrative, that the profession exists, the profession’s depth, and it is comforting.

Appendix A

TEDx Talks Given by Board-Certified Music Therapists

Publication Date	Music Therapist	TEDx Talk Title
2/8/2013	Tim Ringgold, MT-BC	<i>"When Meds Fail: A Case for Music Therapy"</i>
1/14/2014	Carly Flaagan, MT-BC	<i>"Symphony of Science: Music Therapy in Healthcare"</i>
5/13/2014	Julianne Parolisi, MT-BC	<i>"Music Therapy - Connecting to the Heartbeat of Possibility"</i>
11/17/2014	Jodi Winnwalker, MT-BC	<i>"Healing Connects Through Music Therapy"</i>
5/27/2015	Dr. Kathleen Howland, MT-BC	<i>"How Music Can Heal Our Brain and Heart"</i>
9/30/2015	Jenni Rook, MT-BC	<i>"Moved by Music"</i>
1/11/2016	Erin Seibert, MT-BC	<i>"Why I Want to Change the World with Music Therapy"</i>
3/30/2016	Dr. Deforia Lane, MT-BC	<i>"Music Therapy and Medicine: A Dynamic Partnership"</i>
1/4/2017	Karla Hawley, MT-BC	<i>"Trauma and Music Therapy: Let the Healing Begin"</i>
3/30/2017	Elizabeth Stegemoller, MT-BC	<i>"Music Therapy and its Impact on the Brain"</i>

Note. This comprehensive list includes music therapists who have given a TEDx talk specifically related to music therapy and/or music therapy concepts. Music therapists' TEDx talks were only included on this list if they have current standings with the Certification Board for Music Therapists.

Appendix B

TEDx Talk Transcription:**“Why I Want to Change the World with Music Therapy”**

What professions are household names? Doctor. Dentist. Physical Therapist. Accountant. Music therapist? I don't think so.

If I were to tell you I was a musician, you would understand what I basically do. If I were to tell you that I was a therapist, you also would understand what I basically do. Why is it that when I combine two words into one professional title, no one seems to know who I am, or what my job entails?

Most of the time, when I tell someone that I am a music therapist, I am either looked at with a blank stare, or given a comment like, “wow, that sounds so fun! Are you a volunteer?” or, my favorite, “So...what do you do exactly”? Whenever I'm asked that last question, I'm caught in a challenge of whether I should answer that question simply, or with a lot of detail. This is a difficult choice for me because there are so many aspects to music therapy that I don't feel like I'm doing the profession justice by answering with my shortened “elevator speech”, which is often, “I use music to help people feel better”. Sure, that answers the original question, but what does it really describe? Does the other person walk away with a clear understanding of who I am and what I do?

This is a problem area. There needs to be an expectation in our world of knowing and understanding what music therapy is because of its efficacy in treating people in a variety of situations. My goal, in this lifetime, is to create a world where music therapy is not only recognized as a profession and for its ability to help people heal, but that it becomes a household name. But how can we begin this change?

Luckily, some of the fundamental aspects of healthcare are changing in ways that prime the environment to better include music therapy. There is a shift occurring that is changing the focus from treating the symptoms to treating the whole self. People are starting to ask how they can use less medication, more inclusivity, and treatments that affect them entirely. This might look like alternative pain management, such as massage therapy or acupuncture. It could also be similar to the example of Boston Medical Center's inclusion of a Preventative Food Pantry within their hospital to better support health and nutrition for their patients. The healthcare system is moving away from a focus of only the symptoms of diseases, but towards a movement in integrative medicine. Researchers are discovering more each day how your emotion, psychological wellbeing, and soul play a part on your physical health.

So how does music therapy fit into this?

Music has been considered one of the longest standing self-prescribed therapies in history. Music is everywhere we go. Have you ever been to a party without music? What about when your team scores the winning touchdown, and the pep band had already packed up and left? Both situations sound fairly awkward. Music is incorporated into our everyday lives, and for many people it's impossible to go without. For such a universal understanding for the passion and connection people have with music, the lack of awareness surrounding the profession of music therapy is confusing.

People have used music to change or express something about themselves for years. How many times have you played a sad song after going through a break up to express your emotions? How about playing upbeat songs to motivate you to run just a little faster? What about listening to a specific song to remember and honor a loved one at their funeral? Music has been self-prescribed throughout time to meet you where you are at – whether that is feeling excited, sad, worried, or stressed. Considering the amount of people who utilize music as one of their personal coping skills, how is it that most of our healthcare world doesn't recognize music therapy as exactly that – music as a therapy.

The profession of music therapy isn't new. It became a part of the working world around the time of the World Wars, when soldiers were returning home with what we now know as Post Traumatic Stress Disorder. Musicians were brought into the hospitals to play for the soldiers, but when the doctors and nurses noticed how music was affecting the soldiers and their PTSD, the musicians realized that they needed more training to effectively help these patients. These musicians became equipped with knowledge of how to use music to affect change within a patient and their diagnosis. Music became the tool they used to work on non-musical goals.

This remains the case today. Music therapists can be found working with a variety of populations, but their primary goals are never musical. The non-musical goals identified in music therapy are the same goals you could be working on in another therapy. For example, a music therapist might work on increasing communication with a child with Autism. A music therapist could also work on identifying positive coping skills with psychiatric patients. All of these goals depend on the individual and what their needs are. They are created with the intentions to assist the patient in feeling better, relieve their symptoms, or help them progress.

The distinction, of course, from other therapies, is the music. Music is such an effective tool for therapy because it is an incredibly complex phenomenon. When you boil everything down, music is the only thing in life that uses both sides of the brain at once to process the information.

Take a moment to think about all of the elements of music: You have the words, melody, rhythm, timbre, harmony, tempo, dynamics, and the form. Now think about the deeper levels of how you experience the music: memories, emotions, participation type, and familiarity.

Now consider how many areas of your brain might be processing all of those elements at one time. If it's overwhelming, it should be. There isn't simply one part of your brain called "the musical lobe". Researchers who have watched the brain process music through fMRI machines have found that multiple areas of the brain are active, including the lobes responsible for auditory processing, emotion, motor control, and memory. Within these lobes are even smaller areas that are activated to intake this information and respond to it. These areas are often located on either side of the brain, meaning that in order to process multiple elements of music at the same time, both sides of the brain are equally activated.

This informs us that music can be an incredibly effective tool due to the ability to highlight one specific element of music to work on a non-musical goal. Take rhythm for example. Simply the beat pulls you into this concept called "entrainment", which essentially means your brain connects to the pulse of the beat and begins to join in.

Imagine a patient who has recently had a stroke. Consider how their walking would be affected, including their steady pace, normal stride length, and overall control. What has been

lost in this brain connection after a stroke is their natural manner of walking, otherwise known as gait. If you give this patient a simple beat to follow, their brain entrains to the rhythm in a concept known as Rhythmic Auditory Stimulation, and their feet will follow suit. How many times have you caught yourself tapping your foot along to the music, without realizing you were doing it? This is the same idea.

Now let's consider another element to music: memory. Music can play a part on recalling memories, which is very important when memory appears to be lost. Because multiple areas of the brain process music, when a section is damaged, as is with Alzheimer's disease, another section of the brain can make up for it. Although a patient with Alzheimer's disease might not be able to state their needs due to their decreased speech production, they might be able to sing.

Finish the line of this song for me: "You Are My...(Sunshine)".

Through the music, your brain is accessing long-term memory in a unique way. The more researchers begin to discover the brain and how it works, the more music therapy is becoming based in neuroscience. This is giving music therapists more support and understanding of why music works the way it does and how we can harness it better as a tool for therapy.

All of music therapy is evidenced-based. It is heavily researched within our profession and by other clinicians. All choices made by a music therapist are based in this research, as well as our understanding of what will be the most effective and beneficial for a patient. Music therapists are required to not only be flexible musicians, but also how to engage and interact with patients of a multitude of diseases and disorders. Our standards of practice are just as clinical as any other therapist but we also work very hard to protect our profession and our practice.

This is because music itself is deeply vulnerable, and not all music is appropriate for every patient. In many areas of healthcare, patients are incredibly fragile. It is important that music therapists are utilized to help protect our patients; in addition to helping them heal or progress. Imagine the neonatal intensive care unit, which contains the most fragile of humans. Music therapists who work with these babies are trained to recognize the signs of a baby who is over-stimulated. Babies born before their due date are already overwhelmed by their environment, and many things in life could be more harmful to their developing brain. The skills and tools used within music therapy for this particular population illustrates how music must be chosen purposefully and with understanding supported by research.

Right now is an incredibly exciting time to be a music therapist. At the moment, healthcare views music therapy as being "meaningful" but not necessary. Yes, music therapy is meaningful, because music is meaningful. Because of music's versatility and effectiveness for all patients throughout healthcare settings, I would argue that music therapy is essential to our health. I believe that music is more than just a "magical" and "miraculous". Music is a part of our human nature. Our bodies are musical with our rhythmic breath, heartbeat, and movement.

I am deeply passionate about music therapy advocacy and education. So when I answer the question of who I am and what I do in the shortest way, I have a missed opportunity. There will be one more person who walks away and won't ask for the hospital's music therapist when their mom has cancer and is in a lot of pain. Or they won't recommend music therapy services to their neighbor whose child has a developmental disability.

I want to change the world into one that is not only accepting of music therapy but is actively seeking it. Music therapy is already changing the world one patient at a time. Our next step now is to change the focus from viewing the profession as “new and exciting”, towards asking how we can incorporate programs everywhere there is a need.

What are household name professions? Doctor. Dentist. Physical Therapist. Accountant. Music Therapist.

Thank you.

Appendix C

Informed Consent Form
Music Therapy Graduate Program
Berklee College of Music

You are invited to participate in a presentation and survey regarding the effects of a TEDx talk on music therapy education and advocacy. This is a research project being conducted by Erin Seibert, MT-BC, a master's student at Berklee College of Music. This presentation and survey should take approximately 45 minutes to complete.

Reasons for Research: This survey will be used to provide recommendations to music therapists and non-music therapists on the most effective way to disseminate information about music therapy. Benefits to the participant include learning about the music therapy profession.

Procedures: Your participation in this survey is voluntary. You may refuse to take part in the survey and you may exit the survey at any time. You are free to decline any particular question you do not wish to answer for any reason.

Risks: There are no foreseeable risks involved in participating in this study other than loss of time.

Cost Compensation: Participation in this survey will provide no costs or payments to you.

Confidentiality: All information obtained during the survey will remain confidential throughout the study. No publication of personal information will be revealed and will be protected through secure storage for the duration of the study. Data will be destroyed and discarded approximately 3 months after the study is completed.

At the end of the survey, you will be asked if you are interested in participating in a follow-up, online survey in approximately 6 weeks, requiring approximately 15 minutes of time. If you choose to provide your email contact information, your survey responses may no longer be anonymous to the researcher. However, no names or identifying information will be included in any future publications or presentations based on these data, and your survey responses will remain confidential.

Contact: If you have questions at any time about the study or procedures, you may contact my research supervisor, Dr. Kathleen Howland via email at khowland@berklee.edu.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, you may contact the Berklee College of Music Institutional Review Board at Rm 302, 155 Massachusetts Avenue, Boston, MA, 02115.

Consent: Please select your choice below. You may request a copy of this consent form for your records. Checking the “Agree” box indicates that:

- You have read the above information
- You voluntarily agree to participate, knowing you can withdraw at any time
- You are 18 years of age or older

Agree

Disagree

Signature

Printed Name

Date

Appendix D

Participant ID: TED16001 Group: _____ Date: _____

Pre-Survey

1. Are you a music therapist?

- Yes
- No

2. Are you able to describe the responsibilities of a music therapist to someone else?

- Definitely yes
- Probably yes
- Probably not
- Definitely not
- Unsure

3. What is your gender?

- Male
- Female
- Gender non-conforming

4. What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75+ years old

5. What is the highest level of education you have completed?

- Some high school schooling, no diploma
- High school diploma or the equivalent (GED)
- Some college credit, no degree
- Associates degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree
- Post-doctorate degree

6. What is your ethnicity?

- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian or Pacific Islander
- White or Caucasian
- Other

7. What is your professional role/job title? (Write "unemployed" or "retired" if applicable)

8. Which of the following describe the area you live in during the majority of the year?

- Urban
- Suburban
- Rural

9. Do you describe yourself as a musician? (You either play instruments, sing, read music, participate in an ensemble, make music at home, etc.)

- Yes
- No

If No Is Selected, Then Skip to Question 16

10. Do others describe you as a musician? (They agree that you either play instruments, sing, read music, participate in an ensemble, make music at home, etc.)

- Yes
- No

11. How long have you been a musician?

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 20+ years

12. Describe your musical level on your primary instrument (the instrument/voice you play the most):

- Beginner
- Intermediate
- Advanced
- Professional (you are paid to perform on your instrument)

13. Describe your musical training:

	0 years	1-4 years	6-10 years	10+ years
Self-taught	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group music experience (choir, band, church, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public music education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Do you have a degree in music?

- Yes
- No

15. For what purposes do you use your musicianship? (Please check your main purpose)

- As a hobby/amateur
- As a professional (you are paid to perform)
- As a music educator (classrooms or private lessons)
- As a music producer
- As a composer/songwriter

16. Are you familiar with TED Talks?

- Yes
- A little
- No

If No Is Selected, Then Skip to Question 20

17. On average, how many TED Talks do you watch a year?

- Less than 5
- Less than 10
- 10 or more

18. How do you normally find and watch TED Talks? (Check all that apply)

- Web search
- Social media
- Featured talks on the TED and TEDx websites
- Educational purposes, such as presentations or lectures

19. Do you send TED Talks of interest to others? (Such as sharing on social media or email)

- Yes
- Sometimes
- Not often
- No

20. In your own words, describe what a music therapist might do: (If unsure, leave blank)

21. How long has music therapy been a profession?

- Less than 10 years
- 10-25 years
- 26-50 years
- 51-100 years
- 100+ years

22. What type of education do you think is required of a music therapist?

- No specific education - it is a volunteer program
- Some music lessons
- Music degree
- Other degree: _____

23. Does a music therapist need a professional certification to provide music therapy services?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

End of Pre-Survey

STOP

Please pause this survey and watch the TEDx Talk before continuing on to the post-survey

<https://www.youtube.com/watch?v=47-90fPyQa8>

Participant ID: TED16001 Group: _____ Date: _____

Post-Survey

1. Please offer 2 things you learned about music therapy from the TEDx presentation:

2. In your own words, what does a music therapist do?

3. What type of education do you think a music therapist is required?

- No specific education - it is a volunteer program
- Some music lessons
- Music degree
- Other degree: _____

4. Does a music therapist need a professional certification to provide music therapy services?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

5. In what settings might music therapists work? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> School classroom | <input type="checkbox"/> Group home |
| <input type="checkbox"/> College | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Daycare center | <input type="checkbox"/> Hotel lobby |
| <input type="checkbox"/> Church or religious center | <input type="checkbox"/> Coffee shop |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Mental health facilities |
| <input type="checkbox"/> Veterinary's office | <input type="checkbox"/> Performing arts organization |
| <input type="checkbox"/> Correctional facilities | <input type="checkbox"/> Nursing homes |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Counseling center |
| <input type="checkbox"/> Veteran's Affairs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Outpatient services | |

6. Do you think music therapy needs to be available in more healthcare and educational settings?

- Yes
- Maybe
- No
- Unsure

If you answered “yes”, why?

If you answered “no”, why not?

7. Do you think more people need to know about the music therapy profession?

- Yes
- Maybe
- No
- Unsure

If you answered “yes”, why?

If you answered “no”, why not?

8. What resources would be helpful in learning more about music therapy? (Check all that apply)

- Video lectures (like TED or TEDx)
- Video examples of music therapy sessions
- Blogs
- Informative websites
- Magazines
- News articles about music therapy
- Books
- Movies
- Scholarly journal articles describing music therapy research
- Podcasts

If you are willing to participate in a follow-up survey approximately 6 weeks from today, taking approximately 15 minutes of your time, please submit your email contact information.

If you choose to provide your email contact information, your survey responses may no longer be anonymous to the researcher. However, no names or identifying information will be included in any future publications or presentations based on these data, and your survey responses will remain confidential.

Email:

Online Follow-Up Survey

1. As a result of the TEDx Talk presentation, have you completed any further research on music therapy?

- Yes
- No

If No Is Selected, Then Skip Question #5

2. To what degree did you research music therapy further?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

3. For what reason(s) did you research music therapy further? (Check all that apply)

- To learn more about the profession
- To find local music therapists and/or music therapy services
- To learn about college music therapy programs
- To compare music therapy to another therapeutic method (e.g. art therapy, recreation therapy, music practioners, etc.)
- To discover music therapy session examples (e.g. on YouTube)
- To investigate unanswered questions arisen during the TEDx Talk presentation
- Other: _____

4. Through what sources did you research music therapy? (Check all that apply)

- General Internet search
- Library
- Online TED Talks
- YouTube
- Blogs
- Informative websites (e.g. American Music Therapy Association website)
- News articles about music therapy
- Scholarly journal articles describing music therapy research
- Podcasts
- Other _____

Display This Question:

If “As a result of the TEDx Talk presentation, have you completed any further research on music therapy?” If No Is Selected

5. For what reason(s) did you not research music therapy further? (Check all that apply)

- No further interest in the topic
- Forgot about the topic
- Lack of time to research
- Lack of resources available to research
- Satisfaction with knowledge gained from the TEDx Talk presentation
- Other _____

6. As a result of the TEDx Talk presentation, have you discussed what you learned about music therapy with someone else?

- Yes
- No

If No Is Selected, Then Skip To Question #9

7. To what degree have you discussed what you learned about music therapy with someone else?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

If None at all Is Selected, Then Skip To Question #9

8. What information pertaining to music therapy did you discuss with someone else? (Check all that apply)

- What music therapists do
- Who music therapists work with
- Where music therapists work
- The education required of a music therapist
- How music is effective for therapy
- Examples of what music therapy might look like
- Other _____

Display This Question:

If “As a result of the TEDx Talk presentation, have you discussed what you learned about music therapy...” No Is Selected

9. For what reason(s) did you not discuss music therapy with someone else? (Check all that apply)

- No further interest in the topic
- Forgot about the topic
- Lack of time to discuss with someone else
- Lack of interested parties
- Satisfaction with discussion gained from TEDx Talk presentation
- Other _____

10. As a result of the TEDx Talk presentation, have you recommended someone seek music therapy services?

- Yes
- No

If No Is Selected, Then Skip To Question #12

11. For what reasons have you recommended someone seek music therapy services?

12. As a result of the TEDx Talk presentation, have you sought out music therapy services for yourself?

- Yes
- No

If No Is Selected, Then Skip To Question #14

13. For what reasons did you seek music therapy services for yourself?

14. As a result of the TEDx Talk presentation, have you recommended a student consider a music therapy degree program or career path?

- Yes
- No

15. Do you see an application of music therapy to your own life; either at home or work?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

If Probably not Is Selected, Then Skip To Question #17

If Definitely not Is Selected, Then Skip To Question #17

16. How might you see music therapy applied to situations at home or work?

17. Was there any additional information you would have liked to learn about music therapy during the original TEDx Talk presentation?

Yes

No

If No Is Selected, Then Skip To End of Survey

18. What information would you have liked to learn about music therapy during the original TEDx Talk presentation?

End of Follow-Up Survey