

CLINICIANS' PERCEPTIONS OF THE CBMT EXAM

Clinicians' Perceptions of the Certification Board for Music Therapists Exam

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Presented to

Slippery Rock University

Music Therapy Program

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## CLINICIANS' PERCEPTIONS OF THE CBMT EXAM

### **Abstract**

This study utilized survey research to determine contributing factors to the downward trend in passing rates for the board certification examination for music therapists from the test takers' perspectives. This was accomplished by inquiring about test preparation, test-taking experiences, test accessibility, and perceptions about the overall structure of the exam. 76.67% of participants indicated that they were White or European, 16.67% were Hispanic or Latino/a, and 3.33% were American Indian or Alaska Native, 96.43% were female, and 61% passed the exam on their first attempt. 75% of survey respondents said that the exam was accessible to their individual test taking needs. Survey participants in both categories, those who passed on their first attempt and those who did not, reported experiencing restrictions that hindered them from (re)taking the CBMT exam. When asked whether or not they agreed with the statement "My exam score(s) reflect my competence as a music therapist," 57% of participants disagreed to some extent. When those who did not pass on their first attempt were asked how this impacted their self-concept, there was a common theme among respondents. Using words like failure, dreadful, discouraged, and defeated to describe how they felt after not passing, it was clear that many exam candidates put a strong emphasis on this exam and what it indicates about them as a music therapist. Nearly half of the respondents admitted to experiencing test taking anxiety which made taking the CBMT exam more challenging. Participants noted that the most challenging section for exam candidates overall was treatment, implementation, and termination. 67% of respondents agreed to some degree that their undergraduate program's approach/philosophy was well-rounded enough to fully prepare them for the exam. Yet, 46% believe that the content of these same programs did not fully prepare them for the exam. That said, most survey respondents also

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disclosed that they received little to no support from academic professors when preparing for the exam.

*Keywords: board-certification, clinicians, self-concept, CBMT, music therapy, test anxiety*

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## **Introduction**

### **Personal Context**

After receiving a degree in music therapy, the steps that follow are clear to graduates: take the board certification exam, earn the MT-BC credential, and apply for jobs. For many, myself included, this is not a linear process as the first step post-graduation is not always that simple. As someone who had taken the music therapy board certification exam two times unsuccessfully with extraneous factors influencing my scores, and then passing on my third attempt, I felt compelled to explore others' experiences with this exam to see how they had fared. I wanted to gain information from as many music therapy board certification exam candidates as I could who were willing to share their experience(s) with the exam in hopes of obtaining helpful information for future exam takers as well as the programs that are helping prepare them.

My personal exam experience was unique and after a written explanation was sent to Certification Board for Music Therapists (CBMT) and an appeal to the testing company, PSI, I was offered the opportunity to re-take my exam free of charge on my third attempt. When I arrived at the testing center for my second attempt at taking exam, the proctor did not show up and an employee of the store in which I was taking the exam had to attempt to help me and another test taker through our exams. She was taking a nursing exam and I was taking the CBMT exam. The employee did not know how to check us in and was unsure how to log onto the computers. Once we collectively figured it out, he did not know how to access our respective exams at which point the other exam candidate and myself decided to contact the PSI help desk who essentially walked us through proctoring our own exams. Once finished, the employee told us he had lost our results and instructed us to call the help desk once more. We were instructed to generate and print our own exam results where we were both met with failing scores. Feeling

incredibly disheartened, I reached out to CBMT who helped me to reschedule my third attempt free of charge. While I am able to recognize that this was likely an isolated incident, it evoked a curiosity in me to hear other's experiences. I was particularly interested in hearing about the experiences of those who did not pass the exam on their first attempt, particularly why they thought they failed that felt for them.

### **Contextualizing the CBMT Exam**

#### **Exam History**

The Certification Board for Music Therapists (CBMT) exam was “established in 1983 to bolster the profession’s sense of accountability to those it served” (CBMT, n.d.). It is not uncommon for most healthcare professions to require some version of a credentialing process “to ensure that only competent and ethical individuals practice in an occupation” (Robbins, 2021). Examples of this may be the National Council Licensure Exam (NCLEX) for nurses, the Association for Social Work Boards for social workers, or the Child Life Professional Certification Exam for Child Life Specialists. Having a credentialing process not only helps to validate the field, but it also protects those on the receiving end of music therapy services. As a result, clients/patients can feel confident that whoever is providing the therapy has taken the necessary steps to be qualified for such a role. The CBMT exam is formulated by a committee of board-certified music therapists and is accredited by the National Commission for Certifying Agencies (NCCA). The NCCA “does not permit music therapy faculty to serve on the CBMT exam committee” in order to circumvent any possible bias towards a particular academic program (Meadows & Eyre, 2020, p. 2). While this is well intentioned, it feels a bit precarious to me that those who have prepared us for the exam have no say in the exam content or format.

**Exam Format**

In order to be eligible to sit for the CBMT exam, candidates must have already completed their academic and clinical training. The exam consists of 150 multiple choice questions total with 130 being scored and 20 experimental questions not included in the final result. CBMT states that “20 questions are being pre-tested to obtain validity and reliability statistics before being approved for use on the scored portion of the exam” but exam takers are unaware of which 20 are not included in the score report (CBMT, 2021). There are domain areas listed in the CBMT Candidate Handbook that are updated every five years to remain relevant to current music therapy education and practice (CBMT, 2020). Candidates are expected to familiarize themselves with the five current domain areas leading up to the exam. As of 2020 these content areas as well as a breakdown of how many questions are in each category can be found here:

- I. Safety (5 items)
- II. Referral, Assessment, Interpretation of Assessment and Treatment Planning (35 items)
- III. Treatment Implementation and Documentation (68 items)
- IV. Evaluation and Termination of Treatment (10 items)
- V. Professional Development and Responsibilities (12 items)

In order to pass the exam, test-takers are required to receive a score of 95 correct responses out of the 130 questions that are scored. The exam is reviewed each year to include pertinent content and phase out irrelevant questions. It is important to note that, due to an oversight, for the purposes of this study survey participants were asked questions based on the 2015 board certification domains:

- I. Referral, Assessment, and Treatment Planning (40 items)
- II. Treatment Implementation and Termination (70 items)

III. Ongoing Documentation and Evaluation of Treatment (10 items)

IV. Professional Development and Responsibilities (10 items)

### **Music Therapy Quality Assurance Bodies: CBMT, AMTA, NASM**

There are several contributing factors for a person to become a candidate for the CBMT exam. Various organizations have developed standards to ensure that music therapists have the skills necessary for effective clinical practice. First, there is the American Music Therapy Association (AMTA). AMTA's mission is "to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. AMTA is committed to the advancement of education, training, professional standards, credentialing, and research in support of the music therapy profession" (AMTA, n.d.). The majority of undergraduate music therapy academic programs are at universities that are accredited by the National Association of Schools of Music (NASM). The NASM "establishes national standards for undergraduate and graduate degrees and other credentials for music and music-related disciplines and provides assistance to institutions and individuals engaged in artistic, scholarly, educational, and other music-related endeavors" (NASM, n.d.). And finally, the aim of the Certification Board for Music Therapists (CBMT) is "to promote excellence by awarding board certification based on proven, up-to-date knowledge and competence in clinical practice, to create and maintain the music therapy credentialing process, to advocate for the recognition of the MT-BC credential, and for access to safe and competent practice, and to provide leadership in music therapy credentialing" (CBMT, n.d.). The issue with so many organizations being involved in the credentialing of music therapists is that each of these organizations has a different list of domains and components, this may cause a disconnect in the transition from learning the content, to preparing for the exam, to actually taking the exam. It is

my opinion that this disconnect could be harming exam candidates due to miscommunication between each organization involved.

### **Literature Review**

“Professional certification is viewed by the public as credible evidence of skills and knowledge within a field of professional practice” (Anderson et al., 2021). It is a common theme for healthcare professions (i.e. nursing, child life, social work) to require some sort of certification granting an individual access into their field. In most cases, this presents in the form of an examination similar to that of the CBMT exam.

While exploring the existing music therapy literature with this study's focus in mind, there were five themes that presented themselves consistently: differences in curricula focus at different music therapy programs; differences in how academic faculty and internship supervisors are helping students prepare for the exam; competency based testing and education; and general test taking anxiety and other factors that influenced test results.

### **Curricula Focus of Music Therapy Programs**

One of the recurring themes presented in the literature is the ambiguity of what is being taught at various accredited music therapy programs. NASM and AMTA provide music therapy programs with a foundation for coursework. Despite this, individual programs are still able to be selective with what they choose to include in their curriculum. There is still profound subjectivity when it comes to what information is provided in the many different music therapy programs. Meadows and Eyre (2020) point out that each individual program is tasked with making “decisions about which competencies, if any, receive emphasis in their academic program” (p. 6). There may be some discrepancy among programs leading to less uniformity when it comes to how clinicians are prepared both for the exam and also for working as professionals in the field.

When contextualizing the curricula focus of music therapy programs in direct relationship to the CBMT exam, research that explores program directors' perceptions of the exam states that "the test was subjective due to its bias toward certain theoretical approaches and philosophies" (Meadows & Eyre, 2020, p. 13). Meadows & Eyre demonstrate a disconnect between the necessary parties that work together to form programs and the profession as a whole. In addition to the lack of coordination between NASM, AMTA, and CBMT, music therapy educators have also long expressed their concerns about the heavily saturated quantity of content that is expected to be taught at the undergraduate level (Dileo & Bruscia, 1989). Until we are able to find common ground regarding quantity and quality of program content, there will likely continue to be complications for future generations of music therapy students.

### **Faculty and Supervisor Assistance in Exam Preparation**

In order to explore preparation for the exam in both academic and internship settings, one must consider the training that occurs throughout the entirety of undergraduate studies. "Much of the education and training that students receive is a reflection of the collegiate faculty they work with" (Groene & Pembroke, 2000, p. 93). In addition to this, there is a clear disconnect between the quality of the NASM, AMTA, and CBMT content that academic programs are expected to teach which is a primary concern of music therapy program directors (Meadows & Eyre, 2020). While academic faculty and internship supervisor's support was not the main source of preparation of the majority of survey respondents, there is a possible explanation as to why they felt ill-advised. According to Lloyd et al. (2017), "the biggest challenge regarding the coursework was covering all of the material while ensuring the students were actually leaving the programs as prepared and well-rounded individuals...trying to fit in the competencies is very difficult" (p. 113). Music therapy faculty and staff are finding it challenging to incorporate all

that is required into the curriculum, this may be why students feel ill-prepared and turn to their internship supervisors for help when preparing for the certification exam. When conducting this research study, participants were asked how, if at all, they felt their academic faculty/supervisors helped prepare them for the CBMT exam. Only one of twenty-eight respondents credited their professors with providing support during their exam preparation. When turning to results from the study we conducted to gain insight on how clinicians felt their internship supervisors prepared them, only a handful felt that their internship supervisors were supportive while most felt they did not provide them any additional help in preparing. Thus, students seem to feel left to their own resources to prepare for the board-certification exam.

### **Competency-based Testing and Education**

A common theme in the literature relates to competency-based education (CBE) (Groene & Pembroke, 2000; Lloyd et al., 2018; Meadows & Eyre, 2020) and how to test for that in a multiple-choice examination. While there are many definitions of competency-based education, it can be succinctly described as:

A model that concentrates on learning outcomes rather than time spent in class... whatever route [students] take, a CBE approach lets them focus on what they need to learn and advance only when they're ready and can demonstrate a thorough understanding of the topic at hand. (Wilson, 2023)

Given that the format of the CBMT exam is solely multiple-choice questions, it may not be able to test for competencies or skills, but only for knowledge based on theories favored by the test makers, which becomes a consistent issue for students taking the exam. Additionally, while multiple choice is the easiest and fastest format to score (Dalhousie University, n.d.), having it as the main format of the exam is restrictive in that it may not be giving the best representation of

someone who can demonstrate their knowledge and skills in other ways such as writing or showing what they can do in a clinical setting. Program directors have noted a common pattern that they observed related to the format of the CBMT exam which is in direct contrast to what is expected of their programs (Meadows & Eyre, 2020). According to the AMTA Standards for Education and Clinical Training, programs must “develop a competency-based system for evaluation” (AMTA, 2018). This places a sharp distinction between the format of music therapy programs and the subsequent certification exam. Music therapy faculty are expected to follow a CBE model of evaluation within their program while also being expected to prepare their students for a standardized test model of evaluation adopted in the certification exam that contradicts that CBE model. Competency-based education is appropriate for evaluating skills while the CBMT exam evaluates knowledge. This may lead one to begin the exploration of knowledge versus skills and if the distinction between the two is what is causing a disconnect for students in the exam setting. Some of the strongest students in the field had the most struggles with the multiple-choice nature of the CBMT exam whereas many of those who were less “clinically competent” but competent in test taking seemed to have less trouble passing which seemed to be a clear reflection of their test taking competence (Meadows & Eyre, 2020). This may lead one to conclude that even directors of music therapy programs do not agree with the format of the board certification exam seeing as it may not be a true reflection of their students’ abilities.

### **Test Anxiety and Other Related Factors**

Many people experience test anxiety (Chapell et al., 2005) which can make taking the music therapy board certification exam more challenging. According to Hsiao et al. (2019), who examined music therapy board certification exam outcomes, test anxiety “is the most common



nonacademic factor examined in high-stakes testing” (p. 51). Furthermore, Anderson et al. (2021), who examined the relationship between exam preparation techniques and exam results in higher education, hypothesize that “the ill-being of the exam taker has a negative relation with the likelihood of passing [a] certification exam” (p. 43). This can partly account for the consistent decline in first-time pass rates for the CBMT exam. Citing a multitude of reasons to explain the decline, the CBMT notes it could be due to “the increased amount of information to be mastered, inconsistencies across academic programs and internships... and test anxiety” (Hsiao et al., 2019, p. 52). While test anxiety is often cited as the top barrier towards success, 73 clinicians from a study conducted by Hsiao et al. also discussed having “negative experiences with testing centers and test administration” (2019, p. 55). Survey participants described the testing area as an environment that was not conducive to taking a time-sensitive exam, too small with too many people, and test centers being staffed with test administrators who were uneducated on the setting and did not provide the permitted materials. Anderson et al. (2021) also explored whether “unfavorable outside factors are negatively correlated with the exam taker’s likelihood of passing” (p.44). Their results determined that most test takers believe there were outside factors affecting their exam experience. Examples of the factors that respondents indicated had an effect on their test performance were fatigue, hunger, time allotment, personal issues and panic/anxiety having the highest scores among the “yes, this affected me” category. In line with these findings, Hardacre et al. (2021) noted, “heightened levels of anxiety are often manifested when individuals encounter environments and scenarios that invoke feelings of fear or worry, such as a situation where an individual’s abilities are being assessed” (p. 4). Test anxiety can be anticipated when taking the CBMT exam as with any other setting where an individual’s abilities or knowledge are being assessed. Relatedly, research shows that there is a

significant relationship between test anxiety and GPA of both graduate and undergraduate students and even a strong relationship between anxiety and SAT scores showing that this phenomenon starts back when students first begin taking high stakes exams (Jerrim, 2023). The proposed solution to this might be to explore how academic and internship programs can incorporate preparation for those feelings into their overall CBMT exam preparation.

### **Exploring Other Disciplines**

While many disciplines have in common that they require an exam, the format of the test and assessment of exam scores is vastly different. In the education field, for example, their exam scores are “typically determined by a panel of education experts who relate the minimum content knowledge and teaching knowledge required of a beginning teacher to knowledge demonstrated on the exam” (Boyd et. al, 2007, p. 54). When exploring the National Council Licensure Examination (NCLEX) for nurses, it was discovered that this discipline employs “polytomous scoring methods” which allows for partial credit scoring ([ncsb.org](https://www.ncsb.org), 2021). What is interesting about these approaches is that both scoring methods leave room for subjectivity in contrast to that of the objectivity that comes with scoring the multiple choice CBMT exam. This begs the question of whether CBMT exam candidates may be more successful on their exam attempts if there was room for interpretation within some of their responses.

### **Significance of Study**

While there is literature available surrounding the Music Therapy Board Certification Exam, there is almost none that focuses specifically on clinicians' perceptions of the exam. The majority of research has discussed program director's perceptions of the CBMT exam (Meadows & Eyre, 2020), challenges in the education leading up to the exam (Lloyd et al., 2017), and board certification exam outcomes (Hsiao et al., 2019), yet none venture to explore how those who

have firsthand experience with the exam have felt about it, especially those who did not pass the exam on their first attempt.

Therefore, the purpose of this study was to explore and analyze music therapy clinicians' perceptions of the CBMT board certification exam. According to recent data from the CBMT, the first-time candidate passing rate as of June 2023 is 69% (Certification Board for Music Therapists, 2023). While research exists exploring program directors' perceptions of the CBMT exam as well as unrelated research on general test anxiety, there is a lack of research on clinician perceptions. Exploring clinician perceptions provides an opportunity to gain insight in ways that may benefit future CBMT exam candidates.

### **Research Questions**

Taking the aforementioned statistics into consideration, the study's aim was primarily to explore exam candidate's perceptions of the CBMT exam as well as to determine what might be contributing to the downward trend in passing rates. This was accomplished by inquiring about test preparation, test-taking experiences, test accessibility, and perceptions about the overall structure of the exam. Additional areas researched in direct correlation to taking the exam were exploring test taking-anxiety and determining adequate levels of preparation for the test. The following were areas of focus that were taken into strong consideration both while formulating the survey and analyzing the literature:

1. What support exam candidates need to feel prepared to take the CBMT exam?
  - 1a. What are effective and ineffective methods of preparing for the exam?
2. How does the quality of music therapy programs relate to clinicians' perceptions of the board-certification exam?

3. Are outlying factors making it more challenging for exam candidates to pass? What can we as a field do about this?

## **Method**

### **Participants**

In order to participate in this study, participants must have attempted the CBMT exam at least one time regardless of result. Participants must have also completed the clinical and academic requirements for music therapy, which are a bachelor's degree and completion of the required number of internship hours (which are necessary for eligibility to take the CBMT exam.) In order to gain insight about the CBMT exam, it was crucial to survey only those who had experience taking the exam. To further explore exam preparation in schools, it was beneficial to hear the perspective of those who have both failed and passed the exam. While the initial intent was to send the survey out to the official CBMT mailing list and to post among various social media groups, the final group of participants was solely acquired from those who accessed the survey via social media (Facebook). This was due to an error on the part of the researcher in terms of using 2015 rather than 2020 test format and thus not receiving approval from CBMT to send out the survey as approved by the Slippery Rock University IRB.

### **Survey Design**

This study utilized both quantitative and qualitative research methods to gain insight into music therapists' perceptions of the CBMT board certification exam. Through an anonymous online survey on Qualtrics, information was obtained through 13 multiple choice and fill in the blank questions about the CBMT exam, test preparation, test accessibility and anxiety. Respondents were given an opportunity to follow-up with the researchers with any further comments or concerns, none of the participants reached out before, during, or after the study.

## **Procedures**

An invitation to participate with a link to the survey was posted across IRB approved Facebook pages, which included *Music Therapists Unite*, and *MT-BC Study Group* (see Appendix A). The results were then analyzed and compared to existing data regarding the CBMT exam, and recommendations were made for future research on the topic and suggestions for future exam candidates.

## **Data Analysis**

An analysis of the survey was completed using descriptive statistics for the quantitative questions and analysis of frequency of themes for the qualitative questions, with the aim to explore how the results may benefit future examination candidates. Common themes among the results were determined by a majority response. The following areas were focused on to determine themes: exam accessibility, examination preparation, levels of support when preparing for the exam, particularly challenging aspects of the exam, exam scores in relation to perceived self-concept, and philosophy emphasized in undergraduate music therapy studies. Validity was ensured by having both co-researchers explore the results together to avoid individual bias and to establish accountability.

## **Results**

Twenty-eight participants completed the survey. Recorded responses were anonymous, and general demographic information such as gender identity, race and ethnicity, undergraduate location and GPA was acquired to find commonalities based on certain groups. Results were analyzed as a whole and also in smaller groups based on the aforementioned demographics with a strong focus on the results of those who passed the CBMT exam on their first attempt versus those who did not. Results can be found below.

**Summary of Responses to Likert and Likert-Type Questions**

**Demographics**

As stated in a 2017 AMTA final report, “music therapy undergraduate and graduate students are predominantly female and Caucasian/white” which is also reflected in the demographics of the survey results. Table 1 compares certain AMTA demographics to the demographics of those who participated in this study. With a percentage difference of <11% in each category, it can be concluded that the survey sample is an accurate representation of the demographics present in the AMTA.

Racially, 76.67% of participants indicated that they were White or European, 16.67% were Hispanic or Latino/a, and 3.33% were American Indian or Alaska Native. It is important to note that there are 30 responses on this question and with only 28 total respondents’ certain participants may have selected more than one response indicating that they identify as mixed race.

*TABLE 1*

	<b>AMTA &amp; CBMT Demographics</b>	<b>Survey Demographics</b>
<b>Gender Identity</b>	88.12% female	96.43% female
<b>Race and Ethnicity</b>	87.4% White	76.67% White
<b>Collegiate Region</b>	66.22% of schools are in the MAR, GLR, and SER	71.43% of respondents in MAR, GLR, and SER
<b>First-time candidate pass rate</b>	69%	61%

When asked to indicate undergraduate grade point average (GPA), 89% of participants had a 3.5 or higher. There did not seem to be a relation between GPA and number of times each surveyor had taken the CBMT exam. The majority of schools with undergraduate music therapy programs are located within the Mid-Atlantic region, the Great Lakes Region, and the Southeastern region. Similarly, the majority of survey results came from participants who attended school in these three regions.

*TABLE 2*

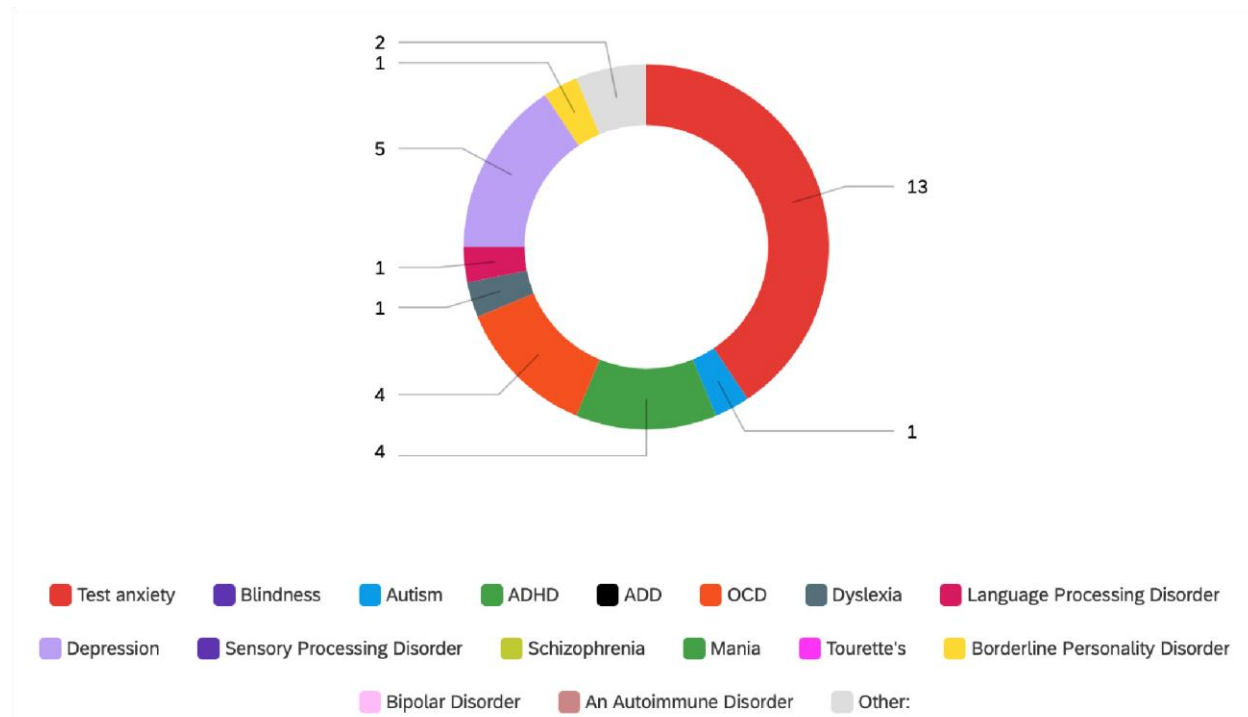
<b>In which region did you complete your undergraduate studies</b>	<b>%</b>	<b>Count</b>
<b>Great Lakes Region</b>	32.14%	9
<b>Mid-Atlantic Region</b>	39.29%	11
<b>Midwestern Region</b>	7.14%	2
<b>New England Region</b>	7.14%	2
<b>Southeastern Region</b>	10.71%	3
<b>Southwestern Region</b>	3.57%	1
<b>Western Region</b>	0.00%	0

The CBMT website indicates that the first-time candidate pass rate is 69% (CBMT.org) and that of survey participants in this study was 61%.

**Accessibility**

Participants were asked to indicate if they lived with any challenges that hindered their ability to complete the CBMT exam. Options included anxiety, blindness, autism, ADHD, ADD, OCD, dyslexia, language processing disorder, depression, sensory processing disorder, schizophrenia, mania, Tourette's, borderline personality disorder, bipolar disorder, an autoimmune disease, with the opportunity to mention something not listed. The highest scoring response was test anxiety with 13 responses. Respondents also included 1 person with autism, 4 people with ADHD, 4 people with OCD, 1 person with dyslexia, 1 person with a language processing disorder, 5 people with depression, 1 person with borderline personality disorder and 2 in the "other" category with 1 participant indicating that they have POTS and need access to water and 1 respondent indicating "none."

TABLE 3





In addition to personal factors that played a role in exam performance, 48.48% of participants indicated that there were additional circumstances that hindered them from either taking or retaking the exam. These included time constraints, related costs, distance from the testing site, and restricted scheduling options at the testing site.

When asked overall if the exam was accessible to each respondent's individual test taking needs, 21 people said yes it was accessible to their needs. Of the 6 people who stated that it was not accessible to them and their needs, 5 of them indicated that they live with test anxiety, and some elaborated that the testing area was uncomfortable in terms of temperature, noise level, and the presence of other exam-takers in the room, thereby creating a stressful and overwhelming environment. Additional factors included not being provided with the promised testing materials such as scrap paper and being told that they were allowed things like a water bottle or sweatshirt and then having those rights taken away during the actual exam.

### **Preparing for and Taking the CBMT Examination**

Study participants were given three options to select between regarding the main source(s) of their exam preparation allowing them the chance to select more than one answer. Having received 51 responses to this question, it is apparent that many participants employed more than one technique in their preparations. Independent study was the highest scoring response with 27 people having selected this option, 14 people selected school/internship preparation, 8 selected tutoring/study group and 2 people selected "other." As indicated in the fill in the blank, the two "other" responses were "professor" and "practice tests."

In terms of which parts of the exam were most challenging, 57.14% of the participants indicated that "Treatment, Implementation & Termination" was their most challenging section. The next most challenging section according to survey results was "Ongoing Evaluation & Documentation

of Treatment” as indicated by 21.43% of respondents. Both “Referral, Assessment & Treatment Planning” and “Professional Development and Responsibilities” were selected by 10.71% of participants. While 8 members of this study indicated that their most challenging section was also the section in which they received the lowest score, 20 participants did not remember and/or did not have access to their results report.

Study participants were provided with three statements regarding how well their undergraduate program prepared them to take the CBMT exam and how accurately the exam reflects their professional competence. Results to these can be found in Table 4.

TABLE 4

Statement	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
“My exam score(s) reflect my competence as a music therapist.”	46.43%	10.71%	17.86%	17.86%	7.14%
“My undergraduate program’s approach/philosophy was well rounded enough to fully prepare me for all topics on the exam.”	10.71%	14.29%	7.14%	53.57%	14.29%
“The content of my undergraduate program fully prepared me for the format of the exam.”	10.71%	35.71%	14.29%	32.14%	7.14%

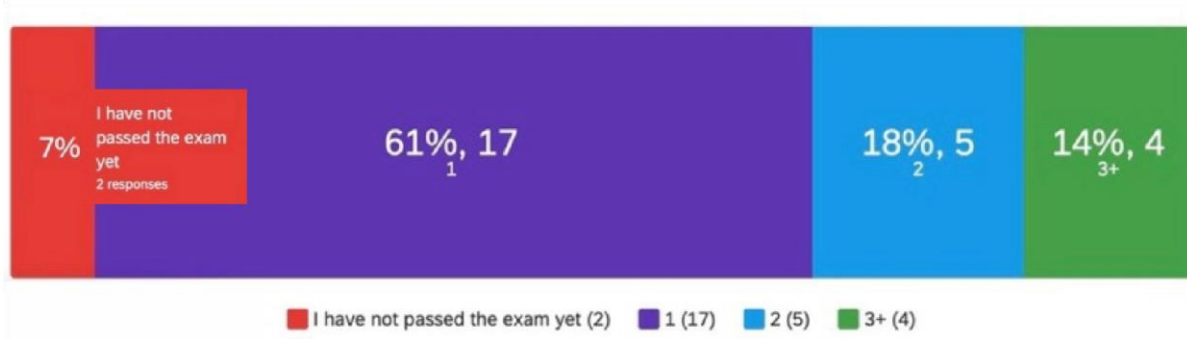
More than half of the respondents disagreed to some extent with the statement: “My exam score(s) reflect my competence as a music therapist.” When asked about their undergraduate program, 61.86% of the respondents agree that their program’s approach and philosophy was well-rounded enough to fully prepare them for all topics on the exam and 25% disagree with this statement. When asked whether they agree or disagree with the sentiment that their undergraduate program fully prepared them for the format of the exam, 39.28% agree and

46.42% disagree.

**MT-BC Credentials and Employment**

At the time of the study, 2 people had yet to pass the exam, 17 passed on their first attempt, 5 participants passed on their second attempt and 4 needed three or more attempts to pass the CBMT exam (Table 5).

TABLE 5



Survey participants were asked if they worked as a music therapist prior to obtaining the MT-BC credential. While the majority stated that they did not seek work as a music therapist before receiving their certification, 10.71% reported that they were prevented from employment due to lack of certification. Of the 42.85% who reported that they worked as a music therapist prior to passing the exam, 10 respondents were hired under the stipulation that they would be receiving their certification within a specified timeframe and 2 respondents reported that certification was not a requirement at their place of work.

**Summary of Responses to Open-Ended Questions**

**Exam Preparation Support**

Participants were given the opportunity to discuss what support, if any, they received from internship and academic supervisors was particularly helpful in preparing for the CBMT exam. 36% of respondents disclosed having received minimal or no support from their internship

and academic supervisors. Other respondents indicated that they received readings, resources, and study guides from both internship and academic supervisors. The most common response indicated that they received practice exam questions in class and at their internship and that they were given an opportunity during internship supervision to review the exam questions and answers. One respondent stated that during one of their classes, they reviewed test taking strategies and how to understand the CBMT test questions in the context of the exam.

This study also asked respondents to share which strategies that, after taking the exam, they realized may have been un-helpful while preparing. Multiple respondents stated that taking practice exams was not helpful because the practice questions were much easier than the actual exam. Additional responses included reading old textbooks, cramming a lot of information in a short period of time, and studying for too long in one sitting.

### **Self-Concept**

The study concluded with a question directed to the 11 respondents who did not pass the exam on their first attempt. All of these respondents indicated negative feelings associated with their self-concept after failing the exam on their first try. Using words like “failure,” “dreadful,” “discouraged,” “defeated,” and “incompetent,” these individuals shared how it felt to not pass on their initial exam attempt. More than one person claimed to have feelings associated with not being “enough” and thinking maybe they were not meant to be a music therapist. Failure on the test led some respondents to feelings of doubt regarding their skills and knowledge as a clinician. One person reflected on being treated as unequal by colleagues who had already passed the



first attempt, only 5 of them reported that they felt restricted. These restrictions included related costs, long distance from testing site, and restricted scheduling options at the testing site. None of the survey participants in this category reported time constraints providing a challenge for them when taking the exam. Of the respondents who did not pass the exam on their first attempt, more than half reported experiencing restrictions that hindered them from taking or retaking the exam. These restrictions were time constraints (2), related costs (4), distance from testing sight (1), and restricted scheduling options at testing sight (1).

### **Confidence and Competence**

When asked whether or not they agreed with the statement “My exam score(s) reflect my competence as a music therapist,” 57% of participants disagreed to some extent. When those who did not pass on their first attempt were asked how this impacted their self-concept, there was a common theme among respondents. Using words like failure, dreadful, discouraged, and defeated to describe how they felt after not passing, it was clear that many exam candidates put a strong emphasis on this exam and what it indicates about them as a music therapist. It would follow that this would impact their confidence in their competence as a music therapist early on in their career. Given the implications of these feelings on a new music therapist entering the field and how it is impacting the work that is being done, it is worth considering developing resources for music therapists who fail the test one or more times to help them process these feelings.

### **Examination Preparation**

This survey gave participants an opportunity to disclose the main source of their exam preparation by allowing them to provide multiple answers to the same question. While some checked off school and internship preparation as well as tutoring or study groups, 100% of

respondents indicated that independent study was a source of their exam preparation. However, 52.94% said this was their only source of their exam preparation. Those who went on to explain things that were unhelpful to them in preparing reported that the least useful techniques included reading old textbooks, studying for long periods of time, cramming a lot of information in small amounts of time, and practice tests. The CBMT provides access to two Self-Assessment Exams (SAE) available for exam candidates to purchase in preparation for the exam (CBMT, 2019). These are formatted similarly to the actual CBMT exam yet survey respondents disclosed through fill in the blank sections of the survey that the content of the SAEs seemed much simpler than the content on the official examination.

### **Test Anxiety**

As previously stated, test anxiety “is the most common nonacademic factor examined in high stakes testing” (Hsiao et al., 2019). This is apparent in the survey results as nearly half of the respondents admitted to experiencing test taking anxiety which made taking the CBMT exam more challenging.

### **Most Challenging Section**

The most challenging section for exam candidates overall was treatment, implementation, and termination. Perhaps this is due to this sections magnitude, with 70 questions and the next highest populated section having only 40. Regardless, this might provide some perspective for future test takers and those who are preparing students for the exam to put a heavier focus on this section in their exam preparation.

### **Undergraduate Format and Location**

Study participants were asked to examine the content provided in their undergraduate training as well as their program’s approach and philosophy as it relates to the CBMT exam.

67% of respondents agreed to some degree that their undergraduate program's approach/philosophy was well-rounded enough to fully prepare them for the exam. Yet, 46% believe that the content of these same programs did not fully prepare them for the exam. That said, most survey respondents also disclosed that they received little to no support from academic professors when preparing for the exam. Some admitted that the majority of their preparation was done during their internship and two respondents said that their school was "not very helpful." One respondent said that since everyone who is meant to help students prepare for the exam has such different experiences, it was very challenging to get good support or advice.

In comparing where test takers were located during their undergraduate training with first time pass rates, in this survey more than half of the respondents in this category were located in the Mid-Atlantic Region. This provides an opportunity for further research to explore whether the training in the Mid-Atlantic Region is different than that of the training at other schools in different regions. It would be interesting to see future research that further compares this with the regions the test creators completed their undergraduate training.

### **Limitations**

While the initial goal was to reach a large group of people with the help of the CBMT mailing list, only a small sample was acquired from those who accessed the survey link from various IRB approved social media pages. This survey contained a specific question about domain areas that appear on the exam. Because the question referred to the 2015 board certification domains and the current exam was updated in 2020 to reflect different content, the CBMT required a revised survey before granting access to their mailing list. Being that, at this point in the process the survey was already active and had already received response, it was decided to carry on with the responses already obtained and forego the mailing list. While it did



not reach the same volume of exam candidates as anticipated, it was deemed that there was sufficient data recorded to explore the topic for the purpose of this study. It would be beneficial to replicate this study and send it out to the CBMT membership in addition to the social media sites. Other limitations were in the wording of the survey questions and the analysis. As a first-time researcher, I am still developing these skills. Finally, as someone who did not pass the exam on their first attempt, there may have been some bias in the wording of the questions and the exploration of the results.

### **Concluding Remarks and Future Research**

Most professions require some certification or licensing exam to validate one's skills and state that they are fit to enter the field. While this process is important to the legitimacy of a field, there are many factors that might affect or even hinder an individual's test taking experience. In order to expand the scope of this research, it might benefit future researchers to reach a larger audience. While this study focused on the results from 28 participants, there is room to expand on the results if connecting with a broader range of people. Additionally, this research leaves space to further explore why the CBMT exam left participants with such a negative self-concept and what this might mean as far as how we present ourselves as clinicians. Future music therapists are finishing their studies ill-prepared to take the CBMT exam which may also mean they are not yet ready to become successful clinicians. There are many factors that remain unexplored in finding a solution to issues within the CBMT exam and the challenges that may follow as a result.

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*Appendix A***Clinicians Perceptions of the CBMT Exam : Survey**

1. The purpose of this study is to explore clinicians' perceptions of factors that influenced their success when taking the Certification Board for Music Therapists (CBMT) board certification exam. Its aim is to determine trends in passing rates, to explore test-taking anxiety, and to determine adequate levels of preparation for the test at the undergraduate and equivalency levels.

I invite you to participate in an online survey that is expected to take approximately **\*\*10-15\*\*** minutes to complete. Participation in this survey study will be completely voluntary and you are eligible to participate in this study if you: (1)Are 18 years or older, (2)Have attempted the CBMT exam at least one time, (3)Have completed the required internship hours, (4)Have a bachelor's degree in Music Therapy or its equivalent.

While there are no direct benefits to you, we hope that by gaining more awareness of your experiences that the survey results may offer perspective to academic programs regarding how to better prepare students for the exam and offer the CBMT with ways to support and accommodate future exam candidates. While it is not possible to identify all potential risks in research procedures, we do not anticipate any risks for participants and we, the researchers, have taken all reasonable safeguards to minimize any known and potential (but unknown) risks.

If you have any questions regarding this research study, please contact Sara Miller [sjm1035@sru.edu](mailto:sjm1035@sru.edu) and/or Dr. Susan Hadley [susan.hadley@sru.edu](mailto:susan.hadley@sru.edu) Your participation in this survey is anonymous and voluntary, and you may choose to discontinue the survey at any time. Your decision whether or not to participate in this research will not affect your current standing as a CBMT credential holder.

I have read the above information or have had it read to me. I have received answers to questions asked. Consent to participate in this study is implied by clicking "I consent to participate" below

2. What is your gender identity? (Select all that apply)
  - a. Cis female
  - b. Cis male
  - c. Trans female
  - d. Trans male
  - e. Non-binary
  - f. Gender fluid
  - g. Intersex

- h. Agender
  - i. Bigender
  - j. Androgyny
  - k. Two-spirit
  - l. Pangender
  - m. Demigender
  - n. Trigender
  - o. Intergender
  - p. Butch
  - q. Femme
  - r. Ambigender
  - s. My gender identity can best be described as: \_\_\_\_\_
  - t. Prefer not to say
3. What is your race and ethnicity? (Select all that apply)
- a. American Indian or Alaska Native
  - b. Asian or Asian American
  - c. Black or African American
  - d. Hispanic or Latino/a
  - e. Middle Eastern or North African
  - f. Native Hawaiian or Pacific Islander
  - g. White or European
  - h. My race or ethnicity can best be described as: \_\_\_\_\_
  - i. Prefer not to say
4. In which region did you attend college?
- a. Great Lakes Region
  - b. Mid-Atlantic Region
  - c. Midwestern Region
  - d. New England Region
  - e. Southeastern Region
  - f. Southwestern Region
  - g. Western Region
5. Indicate your undergraduate (or equivalency) cumulative GPA:
- a. 4.0
  - b. 3.5-3.9
  - c. 3.0-3.4
  - d. 2.9 or less
6. After how many attempts did you pass the CBMT exam?
- a. I have not yet passed the exam
  - b. 1
  - c. 2
  - d. 3+
7. Were there any restrictions that hindered you from taking or retaking the CBMT exam?  
(Check all that apply)



- a. Time constraints
  - b. Related costs
  - c. Distance from testing site
  - d. Restricted scheduling options at testing site
  - e. No, nothing hindered me from (re)taking the exam
8. Do you live with any of the following that made taking the CBMT exam more challenging? Check all that apply.
- a. Test anxiety
  - b. Blindness
  - c. Autism
  - d. ADHD
  - e. ADD
  - f. OCD
  - g. Dyslexia
  - h. Language Processing Disorder
  - i. Depression
  - j. Sensory Processing Disorder
  - k. Schizophrenia
  - l. Mania
  - m. Tourette's
  - n. Borderline Personality Disorder
  - o. Bipolar Disorder
  - p. An Autoimmune Disease
  - q. Other: \_\_\_\_\_
9. Was the exam accessible to your individual test taking needs? If yes, how? If no, what could have been done different?
- a. Yes, \_\_\_\_\_
  - b. No, \_\_\_\_\_
10. What was the source of your exam preparation? (Check all that apply)
- a. Independent study
  - b. School prep/Internship prep
  - c. Tutoring/study group
  - d. Other: \_\_\_\_\_
11. What support, if any, did you receive from supervisors (internship and/or academic) that were particularly helpful in preparing for the CBMT exam?
12. Was there anything that you did in preparation that, after taking the exam, you recognized was not a useful prep tool?
13. Which area of the exam did you find most challenging?
- a. Referral, assessment & treatment planning
  - b. Treatment, implementation & termination
  - c. Ongoing evaluation & documentation of treatment
  - d. Professional development & responsibilities
14. Was your most challenging area of the exam also your lowest scoring section?

- a. Yes it was the same
  - b. It was different, my lowest scoring section was: \_\_\_\_\_
  - c. Don't have access to results/don't remember
15. "My exam score(s) reflect my competence as a music therapist."
- a. Strongly disagree
  - b. Somewhat disagree
  - c. Neither agree nor disagree
  - d. Somewhat agree
  - e. Strongly agree
16. "My undergraduate program's approach/philosophy was well-rounded enough to fully prepare me for all topics on the exam."
- a. Strongly disagree
  - b. Somewhat disagree
  - c. Neither agree nor disagree
  - d. Somewhat agree
  - e. Strongly agree
17. "The content of my undergraduate program fully prepared me for the format of the exam."
- a. Strongly disagree
  - b. Somewhat disagree
  - c. Neither agree nor disagree
  - d. Somewhat agree
  - e. Strongly agree
18. Did you work as a music therapist prior to passing the exam?
- a. Yes, certification was not a requirement
  - b. Yes, on condition of getting certified within a certain timeframe
  - c. No, I was prevented from employment due to lack of certification
  - d. No, I did not apply for music therapy jobs before receiving my certification
19. If you did not pass on your first attempt, how did this impact your self-concept?

*Appendix B*

Hi Everyone,

My name is Sara Miller and I am a Board-Certified Music Therapist pursuing my Master of Music Therapy at Slippery Rock University. As part of my graduation requirements, I must complete a graduate-level research thesis. My thesis, "**Clinicians Perceptions of the CBMT Exam**" will explore clinicians perceptions of the Certification Board for Music Therapists (CBMT) board certification exam. Its aim is to determine trends in passing rates, to explore test taking-anxiety and to determine adequate levels of preparation for the test at the undergraduate and graduate levels.

You are eligible to participate in this research study if you are 18 years or older and have attempted the CBMT exam at least one time. Additionally, participants must have completed their required internship hours as well as received a bachelors degree in music therapy. I am interested to hear from all willing participants with priority given this those who have failed the exam at least once.

This study has been approved by the SRU IRB. Participants will be asked to engage in a 20-30 minute online survey. Participation in this research study is anonymous and voluntary.

Thank you for your time. Please email me if you have any questions at [sjm1035@sru.edu](mailto:sjm1035@sru.edu)

[https://sru.co1.qualtrics.com/jfe/form/SV\\_4HZxCbV6ttWOkGG](https://sru.co1.qualtrics.com/jfe/form/SV_4HZxCbV6ttWOkGG)

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