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What would increase the accessibility and desirability of college counseling services for music majors presenting with various mental health issues?

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ABSTRACT

Based on the perceptions of 11 college counselors interviewed at 5 private universities and music conservatories throughout New England, this qualitative research study examined the accessibility and desirability of college counseling services for music majors presenting with mental health issues. Findings suggested that the desirability of college counseling services would increase if there were more outreach and advertisements toward music majors from counseling centers. Participants reported that more flexible hours and increase in staff to accommodate the unique needs of music majors would be the solution to improving accessibility. An unexpected finding in this study was reported instructor abuse of music majors. Further findings suggest the need to examine the culture of music programs and the relationships between music majors and their instructors. This study's findings also provided implications for clinical practice and policy in college counseling centers.

Running head: COLLEGE COUNSELING SERVICES WITH MUSIC MAJORS

Increasing the Accessibility and Desirability of College Counseling Services for Music Majors who Present with Various Mental Health Struggles: A Qualitative Study

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

David Winston
2015

Smith College School for Social Work
Northampton, Massachusetts 01063

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This thesis is dedicated to all musicians. Your art and passion brings joy to the world. Thank you for entertaining me and getting me through difficult times.

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CHAPTER I

Introduction

Counseling services are offered at college campuses across the United States. The services are intended to help college students for any concerns related to mental health, adjustment, and coping. Despite these available services from colleges, only about 10% of college students utilize counseling services that are offered at colleges (Pompeo, 2014). However, it has been reported that 26% of college students suffer from some form of mental illness that impedes their ability to function as a student (Pompeo, 2014).

Although there has been research on the prevalence of college students seeking mental health services, there has not been any specific research on college students who are music majors seeking mental health services. Music majors are a particularly vulnerable group on college campuses (McGrath, 2012; Park, 2010). Mental health-related struggles college musicians tend to face include performance anxiety, stigma, substance abuse, and burnout (McGrath, 2012). According to McGrath (2012), 15-25% of musicians suffer from music performance anxiety, while most tend to leave it untreated. Due to this anxiety, students may end their careers prematurely. Findings in Park's (2010) study on musicians found a strong correlation between music performance anxiety and substance use in an effort to cope with performance anxiety. Because of that correlation, Park (2007) suggested that the issues of self-medicating and substance abuse needs to be addressed in schools.

Another issue college musicians tend to experience is burnout. Bernhard's (2010) study reports correlations have been found between burnout, lack of sleep, exercise, and relaxation. Bernhard (2005) notes that typical music major stressors include performance anxiety, perfectionism, career concerns, and lack of respect. According to Bernhard's (2010) study on college musician burnout rates, "high" levels of emotional exhaustion and "moderate" levels of both depersonalization and personal accomplishment are the most frequent burnout conditions college musicians tend to face. Due to that finding, it is important to evaluate what can be done to address the issues of burnout among college musicians.

Currently, 10% of college students are utilizing college counseling services throughout the country, while 26% of students are presenting with acute mental illness symptoms. This suggests that there are still very few college students who are utilizing college counseling services, although a significant number of college students present with acute mental illness. Based on that finding, it is important to evaluate what can be done to improve the availability or appeal of either college counseling services or peer mentoring groups. The aim of this study is to examine these questions while assessing the current level of need for college music majors when it comes to counseling services. The overall research question for the current study is: "What would increase the accessibility and desirability of college counseling services for music majors who are struggling with various mental health-related struggles?"

This study is a generic qualitative design based on interviews with 11 college counselors at schools in the New England area. The study allowed the opportunity for college counselors to speak about their own experiences working with college musicians. The study explored the current number of musicians who seek college counseling services, the problems students usually present, and what can be done to increase the accessibility and desirability for college counseling

services for college musicians. This study provided opportunity for college counselors to have their voices heard regarding counseling preferences for students. This study was relevant to social work because it addressed both clinical and structural issues relevant to improving individual therapy services for college musicians.

In sum, college musicians are a vulnerable group due to high burnout rate, stigma, stereotypes, high work-load, competition, and the stress of finding jobs in the music industry. This study aimed to assess whether or not there is a need to improve the availability of college counseling services for college musicians based on the presenting mental health needs. A literature review follows, discussing previous studies about college counseling with musicians, general college counseling findings such as stigma and utilization, along with current presenting concerns for college musicians as a whole. A methodology section will then follow the literature review that will explain how the presenting study was conducted, followed by the findings of the study, and a discussion about these findings.

CHAPTER II

Literature Review

The following literature review consists of studies that address various mental health issues surrounding college students, particularly college musicians. The first section of the literature review addresses the mental health of the general college student population, while exploring areas such as the current state of college counseling, college student's mental health, and college students and depression. The next section will address the mental health of college musicians in particular. The following areas will be explored: music performance anxiety, college musician burnout, barriers to college musicians seeking counseling services, college musicians' perceptions of college counseling services, and alternative therapies for college musicians. The purpose of the literature review is to evaluate previous studies that pertain to the current study regarding the utilization of college counseling services and how college musicians generally perceive college counseling services. The literature review was essentially created in order to inform the following research question for this study: "What would increase the accessibility and desirability of college counseling services for college musicians?"

Current State of College Counseling

Wallace, Brunner, Reymann, Sellers, and McGabe (2014) explored the needs of students regarding college counseling services by evaluating various counseling models and approaches and by looking at how the backgrounds of this generation of college students have influenced

their overall mental health. The authors note that college counseling centers are addressing the increased demand for mental health among college students by spending 60% of staff time on direct service, while 40% of time is geared toward a multitude of other functions. The other current significant function of college counseling centers is constant collaboration with other departments and agencies on campus, along with local agencies, such as university police, disability services, and health services. According to Wallace et al. (2014), combining all of these areas can “produce initiatives and programs that support mental health, positive relationships, and student resilience beyond what an isolated department can do” (p. 260). Interestingly, Wallace et al. also examined the current mental health needs of college students by evaluating the current generation’s characteristics as a whole.

Levine and Dean (2012) note that millennial college students experience a high degree of stress from striving for “external acceptance and success” (p. 263). Due to that stress, there has been an increase in the utilization of counseling services among college students (Wallace et al., 2014). Along with that increase comes increased demand and expectations from the parents of these students. A report by Benton and Benton (2006), as cited in Levine and Dean (2012), showed that student “affairs professionals spend much more time dealing with parents than in the past, particularly for students with psychological health issues” (p. 263). Your First College Year Survey 2011 (UCLA, 2012, as cited in Levine and Dean, 2012) reported that almost 56% of students at different institutions utilized health services, while 16% of the students used mental health services. These particular numbers possibly suggest there is a stigma surrounding the use of college counseling services, or there is a lack of referrals from health services.

It appears that the main message from the Wallace et al. (2014) study was the need for all colleges and universities to conduct a needs-based assessment in order to determine and priori-

tize various counseling services. The need for such assessments stems from the importance of addressing the demands of the current generation, the demands of parents regarding mental health care, and the need for improved communication among various services at each college. Perhaps if different services such as health, counseling, student affairs, and career centers had better collaboration, there would be an increase in the number of counseling referrals and encouragement from different services to utilize counseling services.

Similar to the current study, Wallace et al. (2014) examined what can be done to make those services more appealing and accommodating. The relevance of this research for the current study is that it provided a strong framework for the current mental health needs of the millennial generation, while also providing information about what college counseling centers are facing due to the increased demands of services, and what can be done to start making improvements in these areas.

The prevalence of both mental health conditions and substance abuse among college students is high. Due to an estimated rate of mental health conditions ranging from 12% to approximately 50%, O'Connor-Merrigan (2013) studied college faculty members' perceptions regarding their current knowledge and attitudes towards having the ability to identify, approach, and refer students with mental health conditions and substance abuse to the right services. The 88 surveys that were submitted by the faculty at this particular college indicated that the faculty felt they had general knowledge of being able to identify when students were talking or writing about suicide (O'Connor-Merrigan, 2013). They also felt knowledgeable about being able to identify when a student was intoxicated and unable to participate in class, and when a student was identifying depression and emotional outbursts. On the contrary, the faculty reported that they experienced difficulty differentiating between when a student had a mental health condition or when a

student was generally upset, while also struggling with the determination of whether or not a student had a mental health condition. In the open-response section, some of the faculty indicated a desire to receive proper training on how to identify when a student is suffering from a mental health condition or substance abuse. They reportedly felt comfortable approaching students with mental illnesses or substance issues and referring them to professional help. The faculty also disagreed with the idea of asking students with these issues to leave campus or the notion of exempting students with mental illness from class. Based on the data gathered, it appears that the faculty overall felt comfortable with convincing students with mental health conditions or substance abuse issues to seek help. It appears that the underlying message from the faculty was they desired proper training on how to identify students with various mental health conditions and substance abuse issues. They also wanted to gain an increased awareness for the services the school had available. The faculty in the study seemed aware of the impact these issues can have on the ability for students to succeed, and they were aware of the need for mental health services. However, the study showed that schools are not providing enough training to faculty in assisting these types of students.

College Student's Mental Health

College students' stigma about mental health. Pompeo's (2014) study measured the influences of college students' perceived and personal mental health stigmas and how stigma influenced help-seeking attitudes at two different college campuses. Pompeo's findings indicated that those who had never received counseling reported higher levels of help-seeking stigma than students who had attended counseling in the past, prior to coming to school. The study also found that 14.9% of students from both schools had utilized college counseling services at some point during their time in college. The relevance of this study to the current study is that it sug-

gests how much personal and perceived stigma plays in deciding whether or not students utilize counseling services. The current study examined the likelihood of college musicians seeking counseling services and whether stigma seems to be a factor in seeking services.

Because of the association between mental health stigma and the number of college students suffering from mental illness, Hoey (2014) studied the motivation of college students seeking counseling services. Using a qualitative phenomenological design, Hoey had students describe the factors that led to their entry into college counseling services. Many clients reported difficulty initially convincing themselves to schedule an appointment. Most of the participants found themselves waiting on average up to two weeks to gain the courage to make an appointment. Reportedly, their wait was due to anxiety about starting, along with a fear of what to say when asked to speak about their problems. Many participants reported an increase in stress in the days leading up to the initial scheduling of the first appointment. The reasons for stress included an increase in workload, issues with peers, and a heavy amount of involvement with various campus activities. Several of the participants also reported a limited amount of social support on campus from peers, while also having the desire to speak with a trained professional. All participants had been encouraged by somebody else to seek therapy, such as parents or friends. The main reasons for initial avoidance were reportedly due to internal and external stigmas. Even though some of the participants were encouraged by their parents to seek therapy, other participants found the idea of counseling “embarrassing” and were also discouraged by their parents or peers. In order to make the services more appealing, the students recommended “normalizing” the services by not having them be associated with medical services, while also receiving recommendations from professors more often (Hoey, 2014).

Hoey (2014) suggests that mental health stigma is still present among college students, and that there is fear of utilizing college counseling services. The recommendations could be used to further improve access to college counseling services, while working to use technology (email or online) in order to help students feel more comfortable scheduling appointments. The study also provided knowledge about the various mental health stigmas that college students experience, such as discouragement from peers and parents. These factors are considered relevant in the current study because they are potential barriers that prevent music majors from seeking counseling services.

College students and depression. Depression is a prominent mental health condition among college students. Lester (2013) measured variables that influenced the development of depression and suicidal ideation among college students. Some of the factors that were correlated with depression included living on or off campus, being members of clubs, and having jobs (Lester, 2013). This study was set at a local college in New Jersey. After comparing students who lived on campus with students who did not live on campus, the findings showed that students who lived on campus “had significantly higher depression scores than those living with their parents” (p. 107), with a mean average of 3.7 out of 5 on a depression scale. On-campus students also reported more “life time suicidal ideation (39% versus 15%)” (p.107). Another finding was a higher mania score associated with students who belonged to more clubs and organizations, along with lifetime suicidal ideation. Although this study showed some significance when it comes to the depressive symptoms college students might face, it was limited by representing primarily female psychology majors at one school. The study suggested that depression and mania were prominent at that particular school, and it would be beneficial to see if other schools have similar results.

College students and substance abuse. The need to address substance abuse in colleges stems from the concerning findings of the National Institute on Alcohol Abuse and Alcoholism (NIAAA; 2008), reporting that approximately 44% of college students admitted to binge drinking within the prior two weeks. Wechsler and Nelson (2008; as cited in Simundson, 2011) had similar findings, with 44% of college students admitting to binge drinking. According to Wechsler and Nelson, those numbers have stayed consistent with four prior administrations of the survey between 1993 and 2001. Simundson's (2011) study consisted of six substance abuse treatment groups with about three to eight college students in each group. Half the groups used cognitive behavioral therapy as a treatment model, while the other half used motivational interviewing. Two of the groups met once per academic quarter. It should also be noted that each participant in the study was referred to the treatment group, due to an order from the school's health department or public safety. Most of the students had a treatment goal of completing "their required group meetings in order to satisfy judicial criteria" (p. 62). The findings in the study mainly consisted of either no changes, or an increase in the amount of drug and alcohol use after the treatment groups were completed. Simundson believed that the results were due to either no initial motivation from the students to change their drinking and drug use, or an increase in the amount of stress or number of social situations where drug and alcohol use was involved. Simundson's (2011) study is a benefit to the current study because it showed the need for students to have their own personal motivations before improvement and commitment to therapy can be made. One of the questions for the current study is whether or not the treatment model used in Simundson's study would be effective for college musicians who are struggling with substance abuse. It appears that using this group as a requirement from the school is not as effec-

tive, and initially sets the group up for failure. It also appears that providing education on the effects of alcohol abuse is important, and the need to have treatment goals is essential.

Mental Health Among College Musicians

This section will address the mental health of college musicians in particular. The following areas will be explored: music performance anxiety, college musician burnout, barriers to college musicians seeking counseling services, college musicians' perceptions of college counseling services, and alternative therapies for college musicians.

Musician performance anxiety. Although there has been research on the prevalence of college students seeking mental health services, there has not been any specific research on college students who are music majors seeking mental health services. However, McGrath (2012) states that music majors are a particularly vulnerable group on college campuses. Mental health-related struggles college musicians tend to face include performance anxiety, stigma, substance abuse, and burnout. According to McGrath, 15-25% of musicians suffer from music performance anxiety, while most tend to leave it untreated. Due to this anxiety, it can lead to premature ends to careers. Findings in Park's 2010 study on musicians found a strong correlation between music performance anxiety and substance use in an effort to cope with performance anxiety (as cited in McGrath, 2012). Because of that correlation, Park suggested that the issues of self-medicating and substance abuse need to be addressed in schools. Based on McGrath's research, performance anxiety is an area explored in the current study.

College musician burnout. Another mental health-related struggle that college musicians face is a high rate of burnout. Bernhard's (2010) study on burnout used Vandenberghe and Guberman's (1999) definition of burnout, defined as "a crisis of overworked and disillusioned human service workers" (p. 32). Bernhard (2007) reported correlations between burnout, lack of

sleep, exercise, and relaxation and noted that typically music majors experience performance anxiety, perfectionism, career concerns, and lack of respect. Bernhard's (2010) study suggested that music students experienced "high" levels of emotional exhaustion and "moderate" levels of both depersonalization and personal accomplishment. Based on these results, he recommended advising students to combat burnout and suggested that "further and more unified efforts appear necessary" (2010, p. 37). Burnout is an area that is examined in the current study. Building on Bernhard's research, the current study evaluates what can be done to better combat issues like burnout for college musicians, while seeing if alternative therapies would be a necessary route.

Barriers to college musicians seeking counseling. Musicians also suffer from long-standing stigma related to substance abuse, depression, and the belief that artistic individuals are generally suffering (McGrath, 2012). These misconceptions may become barriers that discourage musicians from seeking treatment. Another barrier that could prevent college musicians from seeking treatment is perfectionism and the personal need to constantly practice their instruments. Due to this need, musicians believe that attending therapy involves time away from the practice room. Reportedly, some musicians tend to turn to alternative self-medication coping mechanisms, such as substance abuse and beta blockers (McGrath, 2012). The benefit of this body of literature is that it provides a general indicator of what prevents college musicians from seeking counseling services, while acknowledging the need for practice time. That particular fact influenced the current study by suggesting a need to evaluate ways to better suit the schedules and demands for college musicians.

College musicians' perceptions of counseling services. Based on Dews and Williams's (1989) study on college musician stressors and coping patterns, it appears that the main issues college musicians tend to face include pre-performance nerves, stress, depression, burnout, job

insecurity, progress impatience, and being “too hard on self” (p. 40). An initial study by Land (1979, as cited by Dews & Williams, 1989) suggested that students tend to seek counseling if they experience symptoms of anger, depression, anxiety, and low self-esteem. Dews and Williams later found that 96% of the musicians surveyed in their study sought help of some sort if they were coping with a music-related issue. Interestingly though, the college musicians reported that they would typically go to friends and professors for help instead of professional help from social workers, psychologists, or psychiatrists. Snyder, Hill, and Derkson (1972, as cited in Dews & Williams, 1989) reported similar findings. They suggested that college musicians have a favorable attitude towards college counseling services, but they see it as a last resort.

Another finding in the Dews and Williams (1989) study was that music students “expressed a need for a specialized counselor, one who would know music and be able to relate to the special problems they experience” (p. 43). An additional finding was that 63% then reported they would utilize this type of person if he or she were available. This study provided information on the relationships between college musicians and therapists. It also provided college musicians a platform to discuss what they looked for in a therapist, such as therapists who were either musicians or had a great amount of experience working with musicians. Lastly, the study provided a list of mental health-related issues college musicians tend to struggle with as they pursue careers in music.

Alternative therapies for college musicians. Due to Bernhard’s (2010) report that some musicians do not attend therapy due to time constraints or stigma, it is appropriate to evaluate alternative therapeutic options for musicians in order to reduce their anxiety about therapy. A possible alternative to individual college counseling is group therapy. In 2009, Van Ingen and Novicki conducted a study that measured the effectiveness of group therapy for anxiety disorders

with college students using a cognitive behavioral therapy-focused type of treatment. Van Ingen and Novicki's study suggested that group treatment led to a reduction in anxiety-related symptoms for the participants who were presenting with various anxiety disorders. This study provided data on group therapy with college musicians, and it also influenced the current study in the sense that it suggested evidence for the effectiveness of alternative therapies in college counseling settings.

Conclusion

This body of literature provided information on performance anxiety with musicians, burnout rates with college musicians, college counseling stigmas, mental health stigmas, and studies on alternative therapies—all relevant topics for the current study. However, some of the studies contain gaps that the current study is designed to fill. For example, Pompeo's (2011) study measured the influences of college students' perceived and personal mental health stigmas, and how stigma influenced help-seeking attitudes and intentions at two different college campuses. However, the study did not specify the majors of each participant. The current study focuses exclusively on college musicians and explores if stigma has played a factor with college musicians seeking counseling services.

Another example of gaps in the literature was in McGrath's (2012) study on performance anxiety with musicians. The study provided detail on how professional musicians cope with performance anxiety by providing data on the number of musicians who suffer from it. However, this study did not provide any statistics or findings that involved college musicians. The next gap in the literature review was the lack of additional reasoning about why college musicians generally avoid seeking college counseling services. McGrath provided some information on why college musicians avoided seeking therapy, such as scheduling conflicts and stigmas. The current

study added to that list by exploring what can be done to make college counseling services more appealing and accessible for college students, while also examining factors that keep college musicians from seeking college counseling services.

The last major gap in the previous review was the lack of input from college counselors. Information was gathered from the perspectives of college students and musicians regarding college counseling appeal, including what college musicians currently do to cope with their various mental health struggles. Even though gathering input from college musicians is important, it is beneficial to gather information on college counseling services with musicians from the perspective of college counselors. Counselors are the individuals who work with college musicians on a regular basis and receive feedback on their services. They are also individuals who see things from the school's perspective, and are most likely able to articulate what can be done to improve the accessibility and approval for college musicians. The next chapter provides the methodology section of this study, shaped by the gaps in the literature presented.

CHAPTER III

Methodology

The researcher explored the perceptions of college counselors regarding what could be done to make college counseling services more appealing and accessible for college musicians suffering from various mental health struggles. The overall research question was: “What would increase the accessibility and desirability of college counseling services for music majors who are struggling with various mental health struggles?” This question was answered through examining data obtained by interviewing college counselors at colleges in the New England area.

The research design for this study was a generic qualitative research design with open-ended questions to gather narrative data from the participants. Little is known about this particular topic, and information from an expert’s perspective could be obtained through interviewing college counselors (Padgett, 2008). There has been some research on how musicians cope with various mental health struggles. However, there has been little detailed research on the relationship between musicians and therapists, college counseling accessibility for musicians, and the degree that college musicians are suffering from various mental health issues. Due to that gap in the literature, interviewing was an appropriate data collection method for this study in order to gain a more detailed perspective on those variables.

Sample

The purposeful sample for this study included 11 college counselors at various New England colleges that contained a music program. A purposeful sample approach is intended to “raise awareness, provide new perspectives, or to provide descriptions of events, beliefs, and actions” (Drisko, 2003, p. 12). The goal is to essentially create a profile of the attitudes, actions, and beliefs that are provided by multiple informants (Drisko, 2003). The counselors in this study were individuals who worked closely with college musicians on a regular basis and received feedback on their services. They also had a general understanding of the current mental health needs of college musicians, along with some of the barriers that prevent college musicians from seeking therapy. The college counselors in this study were individuals who saw things from the school’s perspective and were able to articulate what could be done to improve the accessibility and approval for college musicians.

For the selection criteria regarding the participants in this study, an effort was made to seek out licensed clinical social workers. However, any mental health counselor who was licensed and worked at a college sufficed if they had experience working with college musicians. The researcher kept the sample diverse by including a mix of gender, race, experience as a counselor, and experience as a counselor with musicians.

Ethics and Safeguards

In an effort to guarantee safety for the participants in this study, the researcher submitted a separate HSR application to Berklee College of Music upon their request, and received written approval from them (See Attachment A). Except for Smith College, the other schools did not require a separate HSR application. Once the researcher received written approval from each school, the researcher submitted a human subjects review (HSR) application to the Smith Col-

lege HSR committee (See Attachment B). The application included a full proposal of what the study entailed. Upon approval from Smith College's HSR committee, the researcher sent an informed consent form to each participant, along with a brief summary of the aim of the research study (See Attachment C). Each participant was informed about the ability to end the session at any time under any circumstance.

All the participants' responses to interview questions remained confidential throughout the study and post-study. The researcher kept all paperwork and recordings confidential by assigning each participant an assigned anonymous number in order to both keep track of each response. Regarding the safety of the transcriptions, the researcher kept all transcripts of each interview stored on a password protected file on his computer. The researcher maintained all consent forms, interview notes, and recordings in a locked safe during the thesis process, and will continue to do so for three years, in accordance with federal regulations. After three years, the researcher will destroy the above-mentioned material. The researcher reminded participants to keep all their cases anonymous in order to protect the identities of their clients.

There were no additional ethical dilemmas in this case due to the unlikelihood of any triggering subjects with the participants, because they were simply recalling their clinical experiences.

Data Collection

To begin the sampling process, the researcher spoke with the heads of counseling departments at Smith College, Berklee College of Music, Hampshire College, Southern New Hampshire University, Boston University, New England Conservatory, University of Connecticut, Bard School of Music, and University of Hartford to ask about the process of obtaining permission to interview the counselors at their school. The researcher completed a separate HSR

form for Berklee's IRB board and obtained permission from the IRB board shortly after submission. The researcher also received written permission from the other seven schools listed without any separate HSR requests. The researcher provided the schools with multiple copies of the consent form that further described the nature of the study in more detail, the risks and benefits of participation, the federal regulations designed to protect their confidentiality of the participants, and the researcher's contact information. If the counselor agreed to participate in an interview, the researcher then scheduled an interview with that counselor at a local coffee shop or location of the participant's choosing. This purposeful sampling approach included snow-ball sampling techniques. After completing an interview with each participant, the researcher asked the counselors to pass along the researcher's informed consent forms to any additional counselors from their particular program. That strategy repeated until the appropriate number of participants was met. Based on the responses from the participants, this process was completed at five different colleges throughout New England: Berklee College of Music, University of Hartford, New England Conservatory, Boston University, and Southern New Hampshire University.

The data was gathered by interviewing 11 college counselors at colleges that contained a music program. The data collection process followed a qualitative design that involved individual interviews with each clinician, lasting between 30 and 60 minutes. Six interviews took place in the participants' offices and five took place in coffee shops. The researcher assigned participants their own unique codes to document the transcripts and the answers they provided. The questions were developed to gain a general sense of how often college musicians would seek counseling services, what types of issues students were presenting, what student feedback has been on college counseling services, and what can be done to improve the accessibility and appeal for college musicians. The questions were open-ended.

The interview guide began with a few basic questions that were intended to collect demographic data, such as years of clinical experience, age, race, and experience working with college musicians. The interview questions investigated the following topics:

1. The general problems college musicians typically present with in therapy and how they cope;
2. Influential and preventative factors for college musicians regarding choosing to utilize college counseling services;
3. How college counseling services are currently presented and offered to college musicians;
4. Student feedback on how college counseling services are offered; and
5. Therapist's opinions on what can be done to make college counseling services more appealing and accommodating for college musicians

Information on these topics enabled the researcher to answer the study question: "What would increase the accessibility and desirability of college counseling services for music majors who are struggling with various mental health struggles?" To see the complete Interview Guide, please see Attachment G. Before interviewing the participants, the researcher completed a pilot interview with a friend to evaluate how the interview questions flowed, if any changes needed to be made, and if the interview was feasible. The pilot interview was voice recorded, and a transcript was provided to the researcher's thesis advisor for an evaluation.

The researcher began each interview by providing a consent form for the participant to read over and sign. Once the consent form was signed, the researcher began by stating the participant's right to end the interview at any time, along with how long the interview should last, and the types of questions that were going to be asked. The researcher began by having each partici-

part identify demographic information such as age, gender, profession, years of experience, and if they themselves are musicians. After completion of the demographic information, the researcher began to ask the participants the various questions that would address the thesis question.

During each interview with the participants, the narrative data was recorded by using two recorders during the interviews. The researcher used a Sony voice recorder as the primary recorder, along with his iPhone 6 to insure that the data was being recorded properly. The researcher also took notes during interviews in order to gain a sense of the participant's facial expressions and body language. While taking notes, the researcher interpreted the data being presented by jotting down various themes that he would hear as the participant would speak. This process is called progressive focusing, which is the process of the researcher adjusting the data collection process as new concepts or themes begin to appear that need to be investigated (Engel & Schutt, 2013). The researcher did this by asking additional follow-up questions to the participants, or shifting the focus of the questions that were being asked.

Once the researcher finished interviewing, he transcribed each interview verbatim from the recordings. Each transcript was kept on a locked file on the researcher's laptop for safety purposes. All transcribed data was imported into the Atlas.ti Version 1 for Macs in order to facilitate management of the data and coding.

Data Analysis

The researcher used the constant comparative analysis approach of grounded theory to analyze the qualitative data (Corbin & Strauss, 1990). The researcher analyzed the data first by doing open coding, followed by axial coding and selective coding. Open coding is a process that is interpretive where data is broken down analytically (Corbin & Strauss, 1990). After transcribing

the text from each interview, the researcher moved line-by-line throughout the transcript and wrote an interpretive word, theme, or category to define the content next to that particular line. The interactions the researcher had with participants were compared with other interactions to find similarities and differences and were systematically labeled (Corbin & Strauss, 1990).

Initially there were 60 open codes, which were then collapsed into 34 group codes or subcategories. These conceptually organized code groups were then collapsed into six larger categories, a process called axial coding. The researcher then examined the relationships between the categories and subcategories, and compared it with the original data. When the researcher evaluated the data, he deepened the interpretation by evaluating the conditions that caused the actions or decisions that were made, interactions/actions, and the consequences of those actions/actions. The researcher aimed to be aware of themes that emerged in the data.

Trustworthiness and Rigor

Trustworthiness and rigor were addressed by having a diverse population of college counselors when it came to experience, colleges where they worked, gender, race, and prior experience with working with musicians. It should be noted that every counselor had different experiences with different types of clients. The researcher made an effort to code all data into various categories in order to gain a sense of the most common trends with the responses recorded by the participants. In order to further guarantee trustworthiness and rigor, the researcher shared his codes and project from Atlas.ti with his thesis advisor in an effort to receive feedback on how to best improve the coding process. The researcher also asked each participant for feedback regarding the questions in the interviews to evaluate the appropriateness of the questions in relation to the thesis question being studied.

The current study presented with limitations and potential bias. Areas where this study was vulnerable to bias included the researcher's identifications as a therapist in training, along with being a musician. However, the researcher never majored in music, nor had any prior college counseling experience. A limitation in this study was the researcher's lack of experience as a researcher, which could have led to the possibility of unknowingly biasing the process of the interviews and data analysis. The researcher's inexperience with conducting qualitative research could have also limited his ability to properly assess all of the information that was potentially available within each narrative of the interviews. Due to these factors, the researcher made efforts to counteract the threats of bias by managing his own personal biases with the data analysis piece by constantly testing his own presumptions against the data that was reported by the participants. The researcher also actively maintained a general self-awareness of his own preconceived notions about the personalities of musicians, along with their typical presenting concerns. Maintaining that self-awareness allowed for the researcher to separate his own preconceived notions about musicians from the reported data, which led to my accurate reporting of the data from the participants. The researcher also worked to prevent his own biases from interfering with the accurate reporting of the data by not asking any leading questions, keeping all of his interview questions open-ended, and at the end of each interview asking each participant if there was any relevant information they wanted to provide that was not addressed. This was an attempt to avoid having any leading answers or confirm the researcher's own expectations from the data. Lastly, the researcher worked to minimize his bias by presenting the findings in descriptive form of who participated, what they believed would increase the accessibility and desirability of college counseling services for music majors, what types of issues music majors presented with, and the barriers to them receiving services. In his presentation of the findings, the researcher provides mul-

multiple examples of each point specifically from the narratives, including many verbatim quotes from the participants. This was an attempt to allow the reader as much direct exposure to the texts as possible. The following chapter will present the findings from this study.

CHAPTER IV

Findings

The purpose of this study was to examine the frequency of how often college musicians utilized college counseling services and what could be done to make college counseling services more appealing and accessible for college musicians suffering from mental health struggles. The overall research question was: “What would increase the accessibility and desirability of college counseling services for music majors who are struggling with various mental health struggles?” Data was gathered to answer this question through interviewing 11 college counselors at 5 universities and music schools in New England. The research design for this study was a generic qualitative research design with open-ended questions to gather narrative data from the participants.

To begin this chapter, the demographic information of the participants that were interviewed will be discussed. Following the demographic information, this chapter will include findings summarizing the overall structure of the five counseling programs (eligibility, deciding parameters for services, advertising techniques, impact of finances on resources). The researcher will then discuss common concerns that music majors present with while in therapy, the types of treatments that are offered to music majors, the motivational factors that bring music majors into treatment, and the barriers that prevent students from seeking counseling services. Lastly, the

researcher will provide the recommendations from the participants on ways to improve the access and desirability of college counseling services for college musicians.

Demographics of Participants

Nine universities and music conservatories throughout New England gave approval for the researcher to interview their college counselors. However, the 11 participants who responded to the request for interviews represented only 5 of the approved schools (University of Hartford, Berklee College of Music, New England Conservatory, Boston University, and Southern New Hampshire University). The researcher asked participants demographic questions, such as age, race, gender, place of employment, years of experience, and whether or not they identified as musicians. See Table 1 for a summary of the demographic information.

Participants included 6 females and 5 males; 10 of the participants identified as White/Caucasian and one identified as African American. The ages of the participants ranged from 31-68 years. The study included three Licensed Ph.D. Psychologists, one Psy. D. Psychologist, one M.D. Psychiatrist, two Licensed Mental Health Clinicians, and four Licensed Clinical Social Workers. The participants' years of experience as professionals in a college counseling setting ranged from 4 to 37 years. Some of the ratios of staff to students at schools included 4:7,000, 7:800, 6:4,000, and 20:30,000. See Table 1 for a summary of the demographic data.

Two of the 11 participants identified as musicians themselves. However, some of the participants were unsure or uncomfortable with identifying themselves as musicians, despite their reports of actively playing instruments or singing. For example, Participant 4 reported: "That's a hard question to answer because I do play music. I've played multiple instruments. I'm not actively playing, but I also sing. I'm not sure what your definition is." A similar response was from

Table 1

Participant Demographic Information

Characteristics	# of Participants	%
Age (Years)		
30-40	3	30
41-50	5	50
51-60	1	10
61-70	1	10
Race		
White	10	90
African American	1	10
Work Experience (Years)		
1-10	4	36
11-20	7	63
21-30	0	0
31-40	1	9
Gender		
Male	5	45
Female	6	54
Musician		
Yes	2	18
No	9	81

Participant 5, who said “No, but I’m musical. I don’t know. I play a little bit of guitar, a little bit of harmonica, but it’s a pick up.” He added: “I have no significant training in those areas. I sing, I fancy myself a fairly good singer, but I wouldn’t say I’m a musician.” Lastly, Participant 9 answered the question of whether or not she was a musician by stating, “Oh yeah, classical musician, but not a professional. I don’t think I count.” It appeared that although many of these participants played instruments or sang as hobbies, they did not feel comfortable identifying themselves as “musicians,” perhaps due to not playing as often or to the extent that music majors practiced their respective crafts.

Overall Structure of the Counseling Programs

Eligibility. Among the schools where counselors were interviewed, all full-time students were eligible for free college counseling services that were offered. With the exception of one school, there was no specific limit on how many sessions a student could utilize. However, if a student was still in need of services after an extended period of time, students were generally referred to outside providers. One school had a session limit of 12 sessions, which students could use throughout their time at the school. If a student used the 12 sessions and was still in need of treatment, the student would be referred to therapists outside the school. Students were typically referred due to the significant discrepancies in the counselor to student ratio. Due to the increased demand in college counseling services from students, and the small numbers of staff at each school, staff were forced to refer students out for the appropriate level of care and to prevent the waitlist from expanding further. Some schools worked to develop strategies to avoid having a waitlist. Although some schools advertised their services to students on campus, others were hesitant to advertise further due to fear of an increased demand. Due to the high demand

students seeking counseling services, counseling centers are forced to decide parameters of services such as number of sessions allowed, lengths of sessions, and the referral process.

Parameters of services. When deciding the parameters of services, most schools had similar philosophies. Although they did not have specific session limits, they still advertised themselves as short-term treatment centers. Each school had an average of 8-12 sessions per student, with some flexibility in the rules based on the level of student need. For example, the first participant explained: “We do bend the rules in some circumstances, like seriously mentally ill students. When we feel that we have to watch over them a little more carefully, sometimes they’ll get more services than the other students do.”

Most of these counseling centers tried to be solution-focused and tended to refer to off-campus services if a student was in need of higher levels of care. If students were being seen in counseling centers for significant periods of time, it became increasingly difficult for new referrals to be seen. This tended to lead to waitlists, where students had to wait between 2-4 weeks before they were seen. Participant 5 explained that his school took a case-by-case model approach when deciding the parameters of service:

We are solution-focused so that on average, we probably average about five sessions a year for someone. We are not here for long-term trauma counseling or anything like that. For that we usually refer off campus if the student has a need for that. As of right now, we don’t have a limit of how many times a student can attend sessions.

When explaining the need to refer students out, Participant 2 stated:

We are 20 people and cannot accommodate the 30,000 students who exist here, so we do have a referral model. It is pretty common for a student to be referred once they are stable

enough to be referred. So in other words, someone is stable enough for referral, but is still in need of ongoing treatment would be referred.

Students who were still in need of services or higher levels of care, were typically referred to local private practices or community clinics that were trusted and had relationships with the counseling centers. Participant 6 explained that some students were referred much more quickly than others because the counseling center was full or the student had a specialized need. Participant 6 further explained that “We all have our specialties here, but we’re generalist, and we sort of work on a short term model.” Despite the urgency from counseling centers to have students referred to outside therapists when appropriate, there are factors that can sometimes compromise the referral process.

Factors that compromise referrals. Outside referrals do not always go smoothly for counselors and students due to barriers, such as insurance coverage, transportation, and cost of outside providers (Participant 5). Generally if a student had insurance that covered most outside providers, the referral process tended to go smoothly. However, if a student had an out-of-state or out-of-country insurance policy, making a referral to an outside provider could become complicated (Participant 6). Participant 5 explained these barriers by stating:

Our biggest issues for students are often insurance and transportation—money and transportation. We are clearly the most convenient service, but again, we have limited resources and we have to make the best decision for what we think is going to be successful and needed for the student, and it isn’t always us.

When students presented with a specialized need or a higher level of care, but did not have adequate insurance, this tended to cause the students to continually rely on college counseling centers, even when they were inappropriate fits for that type of service (Participant 6). For

example, according to Participant 6, the insurance of international students tended to not cover essential needs, such as emergency room visits, nutritionists, medical care, and psychiatry. As a result, such insurance often prevented these students from receiving medications when needed.

Advertising techniques. Counseling centers generally advertised their services to students in order to increase student awareness and to improve the desirability of counseling services for students. Approaches to advertisements included coping skill workshops, presentations in classrooms, tables at orientation events, speeches at orientations, websites, counseling center telephone numbers on student I.D's, the sponsoring of campus events, and informational meetings with faculty (Participants 1, 2, 4, 5, 9, 10, 11). Primarily, counselors advertised their services by going into classrooms and handing out brochures. According to Participant 10:

We do outreach programs. Often times at the beginning of the fall semester is when we kick them off and that's kind of going out to classrooms and giving a basic rundown and explanation of who we are, where we are, what kind of services we offer. That's one of the primary ways that we advertise. We also have a table set up at orientation so when the parents and their students come in, we can hand out brochures. I think a lot of it happens by word of mouth. I mean we do have a website as well. When people are in the actual counseling center and waiting for their appointment, we have a TV screen explaining our services in more depth.

Even though many of these counseling centers reported their advertising techniques were effective in bringing students in for referrals, some of them displayed concerns about the consequences of over-advertising. They were afraid of bringing in too many students. Participants 1 and 10 reported a tension between higher demands of services, while not having enough resources or staff to accommodate that demand. This tended to cause waitlists and a fear of doing

further outreach and psychoeducation. Participant 10 explained his hesitation with doing outreach. He wanted students to have an awareness of the services offered and to utilize them, yet he explained that his counseling center gets swamped with a high caseload of students. He said counselors find themselves saying to students, “Come use our services. However, we can’t accommodate all of you because we’re short staffed.” Counseling centers are often short-staffed due to the lack of sufficient funds provided by the colleges as a result of various circumstances such as prioritization and colleges sometimes having a lack of funding to begin with (Participant 5).

Impact of finances on resources. Many of the participants in this study reported their counseling centers did not have adequate resources to accommodate for the needs of college students, such as not having enough staff and physical space (Participants 1, 3, 5, 6, 7, 8). These concerns were the result of inadequate finances from schools. Participant 5 explained: “It’s financial, it’s all about the bottom line. With state funded schools, there’s a lot of funding that’s just disappearing for all kinds of student support services and programs.” Participant 5 explained that the state of the economy is causing students to choose to attend community colleges, instead of private institutions, due to the cost. When fewer students attend private universities, there is less financial availability for college counseling programs. The challenge for counseling centers in these circumstances turns into serving college students who are presenting with higher levels of acuity and are in crisis while being short-staffed (Participant 7).

Crisis management orientation. According to Participant 7, students in general are currently presenting with higher levels of acuity regarding their mental health concerns and risk. Due to the increased levels of risk, college counseling centers became more short-term-crisis-oriented. For example, Participant 7 explained: “... because the services here have become ex-

tremely crisis-oriented, the whole paradigm is starting to shift here. It's more about triaging and almost like a psych ER." The higher levels of mental health acuity led to increases in risk assessments, crisis management, hospitalizations, and referrals for students (Participant 7). In order to accommodate these new demands and to avoid a waitlist, some schools redefined their scope of practice (Participant 5). This involved initially determining the appropriate level of care for each presenting student with a quick intake, a full assessment, and referrals to outside providers when students require a higher level of care. Some schools also avoided having a waitlist by being flexible with frequency and time during sessions and utilizing group therapy (Participant 10). Participant 5 said:

We strive to do the very best we can to avoid [waitlists], but what it means for us is we have to really define the scope of our practice, and we have to determine when we are the appropriate level of care for someone and when we're not. And when we're not, we have to help them get that referral to that appropriate level of care.

While college musicians are presenting with higher levels of acuity, they are also presenting with various presenting issues that are unique due to their curriculum, culture, and levels of stress.

The remainder of this chapter focuses exclusively on music majors.

Presenting Problems Unique to Music Majors

According to these participants, music majors typically present with mental health diagnoses such as anxiety, burnout, panic disorder, performance anxiety, depression, eating disorders, adjustment disorders, and substance abuse. Nine out of 11 participants reported that anxiety was the highest reported diagnosis for musicians at their schools. Another concern for musicians was intense instructor relationships and instructor abuse (Participant 2). This reported abuse allegedly resulted in music lesson anxiety and panic attacks for musicians before their one-on-one

lessons with their instructors. Musicians also presented with higher levels of acuity, which resulted in a demand for crisis management (Participant 7). Other concerns musicians presented were personality and relational issues as a result of feeling isolated and lonely due to the intense level of competition, intense desires for perfectionism, and difficulties with finding alternative activities outside of music (Participants 4 and 10). The following findings examine these presenting problems in more depth.

Career stressors. A presenting concern reported for college music majors was career stress. Music majors are faced with many career decisions and stressors due to the competition, lack of jobs, always auditioning for jobs, and the struggle with making money (Participant 1). As explained by Participant 1, music majors find themselves auditioning on a regular basis. “You are constantly, always auditioning. An engineering student has to audition for their job every few years when they change jobs, but these folks have to do it many, many times a year probably.” According to Participants 1 and 2, facing the dilemma of whether or not to pursue a career in music post graduation can cause clinical distress, which leads to some students seeking treatment due to these issues. As explained by Participant 2, many music majors will pursue music education and become teachers if they are unsuccessful with landing full time orchestra jobs. Participant 2 stated:

This whole bottle-neck of their interest in being in these famous orchestras and, you know, “am I good at anything else?” They definitely have this, like all students have the stress of getting a job. But if you’re in the school of education, you’ll get a job somewhere; it may not be your first choice. But this whole sort of “am I going to get into a good symphony orchestra, or not?” [leads to]... a different kind career stress definitely.

While many music majors tend to face high levels of stress due their curriculum and future careers, international students tend to present with their own particular stressors due to language and cultural barriers

International student stressors. International students tended to present special concerns for counseling as a result of struggles with language or cultural differences, which impacted their mental health (Participant 3). As a result, they did not receive adequate support or proper mentoring. Participant 3 reported that cultural stigma against mental health counseling was also a factor that tended to discourage their use of counseling services. Participant 1 said that family disapproval of international students' choices to pursue a career in music was linked to financial/career instability concerns. Participant 3's reported barrier for international students was the lack of diverse clinicians in the counseling center, which could discourage international students from seeking services. Participant 3 explained that an international student's language barrier can get in the way of having a successful mentoring process with faculty advisors, and "there can be other sort of layers of culture that get in the way. I think with different cultures, seeking professional help isn't encouraged; [it's] shameful." Another concern for international students as explained by Participant 6 is that some students avoid going to treatment, despite having significant mental health concerns, due to stigma. She said this was true particularly for the Asian students: "...in their country, with their parents it would not be accepted; they see it as a sign of weakness so they often don't come in until a crisis situation, and then it's really bad." The challenge for international students, along with their fellow music majors presenting with these various stressors is their tendencies to struggle with developing healthy coping skills (Participant 6).

Coping skills. Many music majors seek college counseling due to the lack of positive coping skills to help with their symptoms. Music majors typically use distraction techniques,

such as playing music, listening to music, and marijuana to cope with their symptoms (Participant 6). Some students also practice more to perfect their craft or reach out to friends or family for support. Although many students see practicing their instruments as forms of coping, it can also backfire. According to Participant 3, some students focus on practicing due to their needs of perfectionism and the belief that “if I can perfect my craft, my problems will go away.” Yet, Participant 6 explained this is “...a double-edged sword for them.” She pointed out, “When you’re fully engaged in the learning process about it, and it’s your career, it loses the joy and the passion. It’s work, so they lose that as a coping strategy.” Participant 4 also noted that students see music as their only coping strategy and do not focus on anything else. She stressed the importance of getting music majors “to even take some time for themselves, because from what I saw, just for them to do nothing is very difficult for them to understand. You need an hour to do nothing, and they’re like ‘I can’t do that.’ And I’m like ‘you have to or you’ll burnout.’” Participant 5 believed that some students tend to engage in activities that improve their symptoms with activities such as “exercise, getting good sleeping, eating well, it’s all things that we know just generally make people healthy.” However, he said, “Sometimes they’re not doing that and that’s what brings them to my office.” While most music majors struggle with developing healthy coping skills, there are discrepancies in the different types of presenting concerns music majors face based on their music specialties.

Only two out of the 11 participants reported music majors abusing alcohol or drugs as forms of coping. Participants 1 and 6 reported that music majors tend to smoke marijuana to cope with their anxiety. Participant 6 stated “they [music majors] smoke a lot of weed. They’re highly anxious, and at some point they realize that marijuana actually increases their anxiety.” In contrast, Participant 2 reported that opera singers in particular did not abuse drugs or alcohol due

to the desire to protect their health, and not compromise their abilities to sing. “With alcohol and smoking, they [opera singers] tend to make good choices about substances and stuff because they’re often obsessed with not getting sick,” said Participant 2. In addition to differences in music specialties regarding substance abuse, there were differences among the types of concerns that music majors presented based on their music specialty.

Differences among music specialties. Participants 2, 7, and 12 reported discrepancies in the presenting mental health issues between the various music specialties. For example, voice majors worry about getting sick due to relying on their voices, or instrumental players experience physical pain due to constantly practicing. Participant 2 stated:

Depending on what instrument you play, the more challenging it actually is on your body to play it. The more sort of ergonomically natural the instrument tends to be, the more you could probably sustain practicing it before you sustain an injury.

Based on her own observations with her caseload, Participant 2 believed that opera singers had unique stressors. Although her sample size was small, she found opera singers to be obsessional due to the “various concerns that other musicians don’t have. For example about medication side-effects, dry mouth, anything that could affect their level of congestion.” Participant 2 also explained that opera singers are concerned about anything that enters their body, particularly germs, out of fear of getting sick due to the impact on their singing voices. This fear leads to constant avoidance of any germs by wearing gloves, hats, bundling up, and avoiding places where they could attract germs.

Participant 7 believed that instrumentalists tend to suffer from more perfectionistic concerns due to their habits of constantly practicing as an effort to perfect their craft. In contrast, vo-

calists tend to have more body image concerns due to their music roles as the center of attention.

This participant explained:

Instrumentalists are more perfectionistic and probably practice much more, so therefore may have a higher stress related to the music endeavor itself. Whereas for vocalists, there's ...a perception that there's less training before they come in, and that the mental health issues might be more aligned with body image or eating disorders because of the nature of the musical role. I think that's a perception, and I don't think there's any absolute evidence for that.

In contrast to this, participant 10 observed vocalists having more issues with self-criticism and perfectionism in his caseload, whereas Participant 8 had similar beliefs to participant 7, with the report of observing more self esteem issues, eating disorders, body dysmorphia concerns in vocalists. Participant 8 also observed that recording engineers have less sleep and anxiety due to large course loads and demands of that area of expertise. Participant 11 echoed similar observations to Participant 7 by stating, "there tends to be a generalized anxiety and kind of an obsessive quality, kind of like that perfectionism OCD a little bit, which is necessary to develop the craft and at some point it can veer into pathology." Among the differences in issues faced between music majors, a more common concern that music majors presented with involved reported intense and sometimes abusive relationships with their instructors.

Intense relationships with mentors. A presenting concern mentioned in this study was that some music majors had intense and sometimes abusive relationships with their personal music instructors, the individuals who worked with them on a regular basis and gave them individualized lessons. Participants 1 and 2, for example, mentioned that they frequently saw music majors who presented with issues regarding problematic relationships with their personal instruc-

tors. These concerns revolved around some students experiencing panic attacks before lessons due to fears of making mistakes and fears of their instructor's harsh criticism. Participant 2 explained the onset of these panic attacks:

[Students] start treatment for panic attacks with therapy, medication, or in my case, a combination, and over time it becomes clear that the panic attacks are either only the night before the lesson, because the lesson is one-on-one with these individual instructors, or immediately before.

Participant 2 further described the information she gathered when exploring the origins behind the panic attacks the students were experiencing:

You discover it's a lesson that's causing the panic attack, and then you start asking about what the instructor is like, what kinds of things do they say, what kind of feedback, and then they say these things that will be jaw-dropping in terms of the harshness of what the instructor has said to the student, like "you'll never amount to anything, um how come this piece isn't perfect after a week of practicing?" Just things that I can't imagine are effective teaching styles, but they are really just harsh and abusive... it's a typical bullying situation because the instructors are saying "well look how weak you are, you're crying and having a panic attack in your lesson," like "you are the problem," not the whole culture is the problem.

Participant 2 also reported that part of the intense relationships for these students with their instructors was due to the instructors appearing to have a great amount of power over a student's career development. Participant 2 explained that for these students, the potential abuse is normal due to their desires to be successful in the music industry and their belief that the instruc-

tor will be their guide to that success. As Participant 2 said, “Everybody just takes it for granted that it’s a rite of passage to becoming a musician and there’s nothing weird about it.”

Summary. Music majors tend to present with mental health diagnoses such as generalized anxiety disorder, panic disorder, depression, eating disorders, and adjustment disorder (Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11). Music majors also present with unique stressors due to the nature of their major. One unique stressor includes personality/relational concerns as a result of feeling inferior to other musicians, along with the constant need to practice and perfect their craft. Additional unique stressors musicians present with includes performance anxiety, intense/abusive relationships with their instructors, career stressors, lack of healthy coping skills, and relationship issues. As a result of music majors presenting with high levels of acuity, unique stressors due to their major, and the systematic structure of counseling programs, counseling centers were challenged to adopt various short-term treatment models that best served students in an efficient way. The next section will discuss the general types of treatment models that were offered to music majors.

Approaches to Treatment

To accommodate the parameters of service provided by these schools, music students were typically offered short-term types of therapies. According to Participants 1, 4, 5, 10, and 11, these therapies typically included individual psychotherapy, Cognitive Behavioral Therapy (CBT), eclectic, Dialectic Behavioral Therapy (DBT). In addition to the commonly used practices, several counselors emphasized the use of stress management and relaxation techniques.

Stress management techniques. Participant 1 reported he teaches relaxation techniques: “Certainly when we work with more performance anxiety, we’ll talk more about relaxation techniques, breathing methods, and other sort of tricks, mental tricks to calm the anxiety, just from

different visualization or suggestions.” Participant 4 stated similar approaches, with areas of focus on stress management, strategizing daily assignments, developing coping skills, and preparing for performances beforehand. Using a mind-body awareness approach to treatment, Participant 5 explained he helps students focus on “their body, to breathe, to relax their body, to recognize where they’re carrying the tension, and to come one at peace with their body, and how their body can inform them about their anxiety,” while helping them gain control of their symptoms. Participant 5 found this particular treatment useful for musicians due the physical and mental demands of perfecting their crafts. In contrast to other schools that use more short-term based treatments, one school integrated a long-term psychodynamic approach to therapy with their students. Participant 9, who counsels at that school, explained: “We [are] a psychodynamic counseling center, but that doesn’t preclude people simultaneously offering things from their CBT toolbox or whatever could be helpful. But we supervise from more of a relational psychodynamic vantage.”

Groups. Groups were typically not offered at schools due to difficulties with organization, lack of space, and lack of commitment from students (Participant 8). Based on the responses from the participants, it appeared that the typical barrier for groups to maintain permanence was the lack of consistency with students attending groups on a regular basis (Participant 4). Participant 1 said:

We’re always so swamped with individuals. It’s hard for us to free up another time to, it takes a lot of time to get a group going, there’s a start up cost to it ranging the time, the place, getting people together, screening them beforehand, so we used to do more of that.

In contrast, one school in particular used groups frequently to prevent waitlists and due to their philosophy that groups are the most efficient model of treatment in a college counseling

setting. This particular school's approach involved assessing each student on a case-by-case basis and deciding clinically whether or not a student would be a better fit for individual or group therapy, based on the severity and implications of their presenting concerns. According to Participant 11, each clinician at their counseling center ran at least one group in which students are referred on a regular basis. She explained:

The groups range. We try to do it organically based on the students coming in, based on the semester. The groups have included stress management and mindfulness, healthy relationships, how to communicate in relationships and set boundaries, I've done alcohol and drug use groups in the past. I've done a group for students with loved ones with addiction and again grief/bereavement.

Another participant (Participant 5) from that particular program also provided a performance group for "injured performers," which addressed issues such as performance anxiety. It was intended for performers such as musicians, actors, dancers, and athletes.

Medications. Some students were reportedly prescribed medication by on-campus or off-campus psychiatrists to further manage their symptoms (Participants 2, 11). Out of the schools that were interviewed, only one school had full-time psychiatrists in their counseling centers. Other schools reported either having psychiatrists in their offices on a weekly basis, or needing to refer students out to off-campus providers if a student required medications (Participant 6).

Summary. As a result of the parameters of services requiring a short-term model, the participants in this study reported adopting treatment models such as Cognitive Behavioral Therapy (CBT), eclectic approaches, teaching of relaxation techniques, time management, prioritization management, group therapies, Dialectic Behavioral Therapy (DBT), and mind-body aware-

ness (Participants 1, 4, 5, 10, and 11). The majority of the participants reported not offering groups at their counseling centers due to difficulties with arranging sufficient locations, times, and having enough students to participate (Participants 1, 4, 8, 9). However, Participants 5, 10, and 11 reported using groups on a regular basis to accommodate for the high demand in services from students with groups such as stress management, healthy relationships, and substance abuse. Out of the schools that were interviewed, only one school had full-time psychiatrists in their counseling centers, while the others reported referring their students in need of medications to outside psychiatrists (Participants 2 and 11).

Motivations for Students to Come to Therapy

Generally, music majors tend to seek college counseling services when their presenting mental health concerns reach an ultimate high and become unmanageable (Participants 2, 4, 5, 6, 10). Participant 10 reported that “until it gets to an extreme level of panic or starts to impact their relationships, or starts to actually maybe affect their performance as opposed to perception of their performance, will they then decide to seek help.” Participant 2 also explained the unmanageable aspects of the symptoms that music majors were experiencing that lead them to treatment by stating:

A chronic medium degree level of stress is tolerable, but a panic attack is pretty hard to ignore. Especially if it's disrupted your lesson. Sleep problems will be the thing that pushes them in. If there's a perception that they need sleep to perform well, and they can't get sleep, the sleep problems will often drive them in, along with depression. If they're really just not functioning, that might drive them in.

Additional factors that tend to influence music majors to seek treatment include school staff/faculty, advertisements from counseling centers, recommendations from peers, and family encouragement (Participants 1, 3, 4, 5, 6, 7, 8, 11).

Influence from faculty. School staff and faculty have a significant influence on students seeking services. This is due to them either encouraging students to seek help, or contacting counseling centers for consultation (Participants 1, 3, 4, 6, 7). At one school, faculty had the option of directly referring students to the counseling center by calling the office or by filling out a form online (Participant 4). Participant 4 stated: “The faculty is really good at saying [to students] ‘I think you need to talk to somebody. I don’t think you’re crazy, [but] there’s something wrong and you need to talk to somebody.’” Participants 1, 4, and 6 touched upon the fact that because music majors work with their instructors so frequently, the instructors are able to detect when a student is struggling and is in need of counseling services. Participant 6 stated: “The students form these close relationships with their private instructors where they are taking their lessons, and they share a lot.” She went on to say that the instructors often ask students if they tried utilizing the counseling center, and either make recommendations for them to go there, or the instructors “call us [the counseling center] up saying they’re really worried about this student.” As students are regularly influenced by faculty to seek counseling services, they are also influenced by advertisements and outreach events that are put on by the counseling centers.

Influence from advertisements. Another factor that motivated music majors to utilize counseling services was the advertisements and outreach from the counseling centers (Participant 5). Participant 5 reported that his counseling center did a great amount of outreach to the student body on campus to decrease stigmatization of seeking help along with engaging in prevention

work, such as workshops. Participant 6 also reported that her clients tended to see the counseling center at events, such as orientation, which influenced them to seek treatment.

Influence from friends/family. While students are commonly influenced by advertisements from counseling centers and outreach programs, their peers and family also strongly encourage them to seek help when they become concerned about a student's health (Participants 1, 2, 6, 7, 8, 10). Participant 7 reported that she observed "parents refer students in or parents call us and consult with us, and then we talk with them about referring a student in." She typically sees the school's peer advising program or recommendations from friends as influences for music majors to seek treatment.

Summary. Factors that motivate music majors to seek college counseling services include increased levels of acuity in symptoms to a point where they become unmanageable, along with encouragement from faculty, peers, and counseling center advertisements. The following section will discuss the general barriers that prevent students from seeking college counseling services.

Barriers to Seeking Counseling Services

Music majors face many barriers to utilizing college counseling services, primarily due to the unique demands of their programs that typically require 12 classes/lessons a semester, along with frequent performances, rehearsals, auditions, and practice sessions (Participants 4 and 5). Participant 5 reported that due to musicians' busy performance schedules, extensive coursework, and rehearsals, it results in "difficulty finding the time to be able to spend even an hour a week" to go to therapy or spare time outside of their music program for extracurricular activities (Participants 2, 4, 5, 6). Other barriers that tend to prevent musicians from seeking services include

stigma, personality issues, and having to wait a to begin treatment due to waiting lists (Participants 1, 3, 4, 5, 7, 9, 10).

Stigma. Participants 1, 5, 7, and 8 reported that stigma is a major factor that prevents music majors from seeking treatment. The stigma typically involves worries of shame and judgment from others if they utilize services, along with uncertainty about the implications of treatment (Participant 5). Participant 5 explained the typical mindset of music majors who are concerned about going to the counseling center:

Their own fear of judgment or course comes into play. What does it mean if I have to go to therapy? Does it mean I have issues? I already feel like I'm screwed up and not doing this well enough. If i go to therapy, is that further confirmation?

Another area of stigma that prevents students from seeking college counseling services is stigma due to cultural factors. This is particularly challenging for international students in an American setting (Participants 3, 7, 8). Participant 3 reported: "I think with the international students there can be other sort of layers of culture that get in the way. I think with different cultures, seeking professional help isn't encouraged and [it's] shameful." Participant 3 and 8 also explained that the clinicians in their counseling centers were predominately white. "I think counseling services are largely staffed by white clinicians, so I think that for people of color that might be a barrier for them coming in," said Participant 8. Participant 8 reported additional cultural factors that prevent international students from seeking services by explaining that international and domestic students often view therapy differently, and they likely utilize personal resources, such as churches and family, instead of traditional American therapy. Participant 7 echoed this by stating:

Americans are more likely to come to an American counseling center, and not because there are Americans here, but because we're part of the American culture—you know, our self-help nature and things like that—whereas for many cultures, help-seeking is not the number one go to.

Waiting for services. Students also tend to become frustrated and avoid counseling services when they have to wait two to three weeks for their first appointment. Due to the typical high volume of students and a small number of clinicians, students usually have to wait a week or two before they can be seen for an initial appointment (Participants 1, 3, 4, 6). “It gets really busy. The wait time for an initial appointment can be two or three weeks sometimes. Even once you get that appointment the wait time can still be sometimes a few weeks,” said Participant 1. Because students usually cannot be seen immediately, some of them get discouraged and decide not to return (Participants 1, 3, 4, 6). Participant 3 confirmed this by stating:

I think some students get discouraged if they're told they have to wait a couple of weeks, or their symptoms are exacerbated as a result. I'm certain that [is true for] the music students. I mean if you're already coming from a culture where you know you're deterred and you finally get up the courage to call the mental health center and you're told it's two weeks or something, maybe you don't follow up.

Participant 4 echoed a similar opinion by stating, “In the middle of the semester many of us are capped out, so then they [music majors] have to wait a few days to come in, and then they get frustrated and leave.” While having to wait for an appointment in counseling centers can be frustrating for music majors, personality can also be a factor that prevents them from wanting to seek help.

Personality factors. Personality factors also had a tendency to prevent music majors from seeking counseling services (Participants 2, 7, 9, 10). They believed that music majors generally tend to have the desire to focus more intently on their craft, perfecting their musical abilities and dealing with their issues independently instead of utilizing counseling services. Participant 2 expressed this belief by stating:

Musicians are not unlike other fields when it comes to shame [and] fear of opening up Pandora's box. And also I think with musicians, it's a competitive music school, and I think these are high achievers and their mode of coping is to buckle down and focus on that sense of their identity, which serves them well with being a better musician. [It's a] sort of denial.

Participant 10 shared a similar belief by stating that musicians have an attitude of "if I can just put my mind to it, if I can just practice more and work harder, then my craft will get better, and if my craft gets better, I will feel better."

Suggestions for Increasing Desirability

A significant barrier that prevents certain groups of music majors from seeking college counseling services is the lack of desirability due to stigma (Participants 1, 3, 4, 6, 7, 8). Many music majors see counseling or mental illness as signs of weakness, with the belief that one must be significantly impaired in order to seek services (Participants 1 and 5). According to the reports of the participants, ways to improve the desirability of college counseling services for music majors would involve more outreach and advertisements from counseling centers (Participants 1, 5, 7, 10). By doing this, it is believed that it would help lessen the stigma by providing psychoeducation on the benefits of counseling services, would allow for the opportunity for music majors

to meet counselors face to face in a non-threatening environment, and would also provide early interventions to prevent the presenting concerns from worsening (Participants 1, 5, 7, 10).

Participants 1 and 7 proposed doing early intervention work such as outreach workshops to music majors. Participant 1 said: “We could do outreach to show that counselors are human beings, and it would probably lead to more people coming in for more than just performance anxiety.” Participant 1’s proposal also focused on teaching stress management techniques, such as relaxation training, meditation, and mindfulness techniques. Participant 7 echoed similar beliefs about the effectiveness of doing early intervention programming by stating: “I think whenever we do programming, the students get to know us, they feel a little more comfortable with us, and they’re more likely to come in.” She went on to say “Programming might help students as an early intervention so they wouldn’t have to come to therapy...however it would require more staff in order to make that happen.”

Participants 10 and 11 also echoed similar beliefs about the importance of outreach, and the likelihood of it leading to less stigmatization of services. Participant 10 suggested the possibility of doing more targeted outreach specifically to the music department and becoming a liaison for the music department. He explained that if he were to become a liaison for the music department, he would communicate with the department heads of that department and state, “I’m your point person, if you have musicians or artists who might be looking to get services and want to bridge that connection or facilitate them getting into treatment easier, you can contact me specifically.”

Suggestions for Increasing Accessibility

A major theme that emerged in this study was the challenge music majors face regarding access to college counseling services due to their busy schedules, the hours of the counseling

centers, and the lack of counselors in counseling centers to accommodate the needs of all students seeking services (Participants 3, 4, 5, 6, 7). "I'm not sure if these are good hours for musicians if they need different hours because of their different schedules," said Participant 3. Participants 11, 8, 6, and 4 also believed that having more flexible hours and an increase in staff availability could make counseling services more available. Participant 11 stated that "sometimes they [music majors] have really booked days so maybe extended hours potentially, maybe the use of video conferencing like Skype" would be sufficient to making services more accommodating. Similarly, Participant 6 said, "I think if we stayed opened later, that could help some of them." Lastly, Participant 4 believed that having the finances available to have a staff on duty in the counseling center 24 hours a day "would be a luxury so they [students] could drop in for when it's convenient for them."

Participants 2, 3, and 5 proposed solutions for allowing more time availability for music majors in counseling centers. Participant 2 suggested having a flexible model of care by decreasing the rigidity in the length of sessions. Participant 2 believed this could be done by being more open to shorter sessions and having flexibility in the frequency of sessions to accommodate the busy schedules of music majors. Participant 5 echoed similar beliefs and emphasized the importance for counseling centers to define their scope of practice and to build a strong referral network. Participant 5 believed that in order to free up more time during the day for students to be seen in the counseling center, it is important to have clear communication among staff about the right fit for various presenting concerns. Participant 5 said this would free up space for students to be seen in counseling centers as a result of proper referrals and assessments to the appropriate levels of care. Participant 10 had similar opinions to Participant 5. She also emphasized that groups helped with the flow of students coming in because it was "easier to put eight people

in one group for one hour than to see them all individually.” Participant 10 also emphasized the importance of having an efficient intake system and to have flexible session lengths.

Conclusion

To begin the findings chapter, the demographic information of the participants that were interviewed was discussed. The chapter then discussed common concerns music majors presented in treatment, types of therapeutic approaches that were offered, motivational factors and barriers to music majors pursuing college counseling services. Finally, the researcher discussed the recommendations from the participants on ways to improve the access and desirability of college counseling services for college musicians. The discussion section (Chapter Five) follows this chapter. Areas for discussion include a comparison of the findings in this study to the existing literature, along with the strengths and limitations of the study, implications for clinical practice, policy, and for future research.

CHAPTER V

Discussion

The purpose of this study was to answer the question: “What would increase the accessibility of college counseling services for college musicians presenting with various mental health issues?” The study was conducted by interviewing 11 college counselors throughout New England who provided specific recommendations regarding the thesis question. The study was designed to fill certain gaps in the literature. For example, Pompeo’s (2011) study measured the influence that perceived and personal mental health stigmas had on college students seeking college counseling services at two different college campuses. The gap in this study was the lack of specification of the majors of each participant. However, the current study focused exclusively on college musicians and explored whether or not stigma played a factor with college musicians seeking counseling services. Other gaps in the literature included the lack of specific strategies or ideas that would make college counseling services more appealing and accessible for college music majors, whereas this study aimed to provide answers to those questions from the perspectives of college counselors. The participants in this study provided many recommendations about how to make college counseling services more appealing and accessible for college music majors.

Key Findings

One of the major themes that emerged from this study was that stigma was a significant barrier that prevented certain groups of music majors from seeking college counseling services.

Due to stigma, many of the participants believed that the desirability of college counseling services for music majors would increase if there was more outreach and advertisement from counseling centers. The participants believed that this strategy would lessen the stigma, provide psychoeducation on the implications of counseling services, and provide early interventions.

Another major theme that emerged in this study was that music majors face challenges regarding access to college counseling services due to their busy schedules, the hours of the counseling centers, and the lack of counselors to accommodate the needs of all students seeking services. As noted in the previous chapter, there were four participants who believed that the solution to improving counseling center accessibility for music majors would be more flexible hours, along with an increase in staff to accommodate the needs of music majors and their schedules.

Additional key findings from this study included a summary of the common concerns that music majors presented while in therapy such as anxiety, panic disorder, performance anxiety, depression, eating disorders, adjustment disorders, and substance abuse. The participants also reported unique stressors that music majors presented, including burnout, intense relationships with their instructors, career stress, and stressors of being an international student.

The findings further demonstrated the different types of short-term treatments that were offered to music majors, such as Cognitive Behavioral Therapy (CBT), eclectic approaches, teaching of relaxation techniques, time management, prioritization management, group therapies, Dialectic Behavioral Therapy (DBT), and mind-body awareness. The participants then provided the motivational factors that brought music majors into treatment. These factors involved increases in severity of presenting concerns, encouragement from faculty/peers, and outreach work from the counseling centers. The barriers that prevented students from seeking counseling

services included time conflicts between the music majors' schedules and the counseling center hours, waitlists, personality issues, and stigma.

Unexpected Findings

Some of the findings in this study that were reported by the participants were unexpected due to their absence in the previous literature or because the opposite was reported in the literature. For example, despite the many reports in the literature (McGrath, 2012; NIAAA, 2008; Wechsler & Nelson, 2008) of alcohol and substance abuse from college musicians, it was seldom reported by the participants in this study. Only Participants 1 and 6, who were from different schools, reported music majors abusing substances such as marijuana, with no reports of alcohol abuse from any of the participants.

Another unusual finding in this study was the report of intense and abusive relationships between music majors and their instructors, reported by Participants 1 and 2, who were from the same school. This was not an area reported in any of the previous literature, however it was strongly emphasized by Participant 2, who expressed significant concerns about the emotional abuse music majors faced from their personal instructors. Participant 2 strongly believed that the culture of music departments should be explored and changed due to the high volumes of practice sessions, stress, panic attacks before lessons, and the reports of instructor abuse from music majors.

A third unexpected finding in this study was the multiple reports from the participants on the unique personalities that music majors presented, such as perfectionism, beliefs that improving their craft would eliminate their mental health concerns, and difficulties with enjoying other aspects of life outside of their music. This was an area that was only discussed once in the literature by McGrath (2012), who cited perfectionism and a need to perfect the playing of their in-

struments as a factor that prevents music majors from seeking services. The personality traits reported by the participants in the current study provided new information and clear reasoning about what prevents music majors from seeking counseling services. Similarly, the discrepancies in the types of personalities or presenting concerns based on a music major's specialty was also an unexpected finding in this study. While the literature did not cite differences regarding the presenting concerns of various music specialties, the participants in the current study cited many differences based on one's music specialty. As a researcher, it was surprising to learn about such differences, because no prior research on this topic was found in the literature. However, it should be noted that each participant had different opinions on the various discrepancies of mental health concerns associated with music major specialties.

Comparison of Findings to Existing Literature

The current study's findings presented with a combination of similar and different findings from the previous literature. To begin, this study supported the findings of Wallace et al. (2014) regarding the overall increase in demand for services, along with students presenting with more acute concerns. Compared to previous literature, there also was a similarity in faculty involvement in making referrals of students for treatment. O'Connor-Merrigan's (2013) study focused on the comfort for faculty to approach students with recommendations to seek college counseling services. Based on their study's findings, it appeared that the faculty overall felt comfortable convincing students with mental health conditions or substance abuse issues to seek help. It also appeared that the faculty desired proper training on how to identify students with various mental health conditions and substance abuse issues. The present study had similar findings, and participants reported that many of the referrals for the counseling centers came from

faculty. This demonstrated that the faculty at each school as a whole felt comfortable with encouraging students to seek treatment when they presented with mental health concerns.

The next similarity between the present study and the literature was the report of stigma regarding seeking college counseling services. Hoey's (2014) study suggested that mental health stigma is still present among college students in general, and there is fear of utilizing college counseling services. Hoey's (2014) findings suggested that the main reasons for initial avoidance were reportedly due to internal and external stigmas, such as participants finding the idea of counseling "embarrassing." The study showed that the majority of participants had been encouraged by somebody else to seek therapy, such as parents or friends, while others were discouraged by parents or peers. The present study had similar findings with reports that the majority of music majors were encouraged by parents and peers to seek counseling services, while a small handful were discouraged.

The next similarity between the present study and the literature was the presenting concerns students experienced such as general anxiety, performance anxiety, and depression. As discussed in Chapter II, Lester (2013) suggested there was a high level of depression and mania at the school where the research was conducted. McGrath (2012) suggested that 15-25% of musicians suffer from music performance anxiety, citing it as a prominent concern for musicians. Lastly, the National Institute on Alcohol Abuse and Alcoholism's (2008) study on college students and alcoholism found that 44% of college students admitted to binge drinking within the prior two weeks. Also cited in McGrath's (2012) study, Park's 2010 study on musicians found a strong correlation between music performance anxiety and substance use in an effort to cope with performance anxiety. In the current study, multiple participants reported that anxiety and depression were the most prominent presenting concerns for music majors, along with perfor-

mance anxiety. However, substance abuse from music majors was only reported by Participants 1 and 6, who represented different schools, suggesting a low level of substance abuse among music majors reported by this sample of college counselors.

Lastly, there were discrepancies between the suggestions from the literature on strategies to improve the accessibility and desirability of college counseling services for music majors. In the literature, Wallace et al.'s (2014) study suggested the need for all colleges and universities to conduct a needs-based assessment in order to determine and prioritize various counseling services and to learn the best course of action to improve accessibility and desirability. In the current study, that suggestion was cited by only one of the 11 participants. The other 10 participants had clear suggestions and strategies for improving the accessibility and desirability of college counseling services, such as having more flexible hours/session lengths, more staff, and conducting more outreach to the study body.

Study's Strengths

The current study had an exceptional sample of participants, representing a wide range in the ages of the participants, a wide range in their years of experience, an even ratio of men to women, and a strong representation of participant experience working with musicians. Another strength of the current study was its ability to provide clear solutions about how to improve accessibility and desirability of college counseling services for music majors presenting with various mental health concerns. Previous literature has not provided clear strategies or solutions about how to improve these areas, specifically for music majors. All of the participants had clear and detailed strategies for improving those two areas and offered suggestions for future research to further improve the mental health of music majors. Another benefit to this study was that the findings provided specific details and information on the unique stressors of music majors and

new information on these unique stressors that were not present in the previous literature. The study was also able to cite the specific stigmas music majors have against college counseling services and the specific concerns that music majors presented. The benefit of these findings is that counseling centers can start strategizing about how to improve accessibility and desirability based on the information that is now known.

Study's Limitations

While the presenting study had multiple strengths, it also had limitations, particularly involving the sample. For example, the sample was small and did not include music majors. Further, none of the participants interviewed were from public universities or schools outside of New England, and few of the participants were musicians themselves. Although it was beneficial to interview college counselors regarding the study's research question, it would have been more informative to gain the perspectives from music majors themselves regarding how to make college counseling services more accessible and desirable.

Despite the benefits of having a sample from private universities and two music conservatories, it would have been beneficial to have samples from public universities and colleges outside New England. A benefit would have been the opinions from the perspectives of college counselors at public universities where systematically the college counseling center structure could be different. It also would have been interesting to get the perspectives from colleges across the United States to see if they had different ideas about how to increase the accessibility and desirability of college counseling services for college musicians.

It would have been valuable to evaluate whether or not music majors meeting with counselors who were musicians themselves would have increased the desirability of college counseling services for them. Participant 7 believed that when music majors had counselors who were

musicians, they typically felt more comfortable and understood. Dews and Williams (1989) echoed this belief in their study by stating that music students “expressed a need for a specialized counselor, one who would know music and be able to relate to the special problems they experience” (p. 43).

Lastly, a limitation in this study is that no generalizations can be made due to the small sample size. Originally, the researcher wanted to conduct a quantitative study by surveying college music majors. However, due to feasibility issues such as time constraints and challenges with gathering a sufficient sample size, the researcher felt it was best to use a qualitative approach because college counselors would be more accessible. Qualitative studies are beneficial due to their ability to gather knowledge about unknown areas of study directly from experts themselves. Due to this study’s methodology, the researcher was able to gather insightful information from the perspectives of college counselors about how to improve the accessibility and desirability of college counseling services for music majors. However, because the sample only had 11 participants in one region of the country, generalizations beyond this sample cannot be made.

Implication of the Study

Clinical social work practice. The study provided implications for future clinical social work practice with music majors in college counseling settings. The study's findings indicated the importance of meeting music majors where they are in terms of their presenting concerns, along with accommodating their busy schedules by having more flexibility with meeting times, frequency of sessions, and session lengths. The participants explained that often music majors are faced with unique stressors. These stressors are often associated with the requirements of their music programs such as taking 12-13 classes a semester, having frequent lessons and re-

hearsals, and having very high expectations from their music instructors. Due to these requirements from music programs, music majors are often left with little time to themselves or to attend hour-long therapy sessions once a week. As a result of these factors, the participants believed that it is essential for college counselors to reconsider the structure of their therapeutic approaches and to discuss with their clients what would be the most feasible method of treatment for them.

Another implication for clinical social work practice is the importance of developing an understanding of the unique stressors that music majors face on a regular basis, along with the cultures surrounding music programs. Previous literature and a participant in this study believed that when working with music majors, it is important for counselors to have a basic understanding of the implications of being musicians and the high expectations they face on a regular basis. Having this knowledge could help music majors feel more comfortable and validated in the clinical setting, while potentially leading to better outcomes in treatment.

Lastly, offering group practice as a treatment option for music majors could be a beneficial option for providing more treatment opportunities for music majors who cannot be seen immediately in individual therapy, have time limited schedules, or would be more clinically appropriate for a group. Three participants strongly emphasized the benefits of utilizing treatment groups in college counseling settings. They believed that groups allow for more students to receive treatment at once, helps students learn and receive support from their peers, and eliminates waitlists. In order to gain the ability to provide alternative treatment options for music majors, the funding for college counseling centers will have to improve.

Policy. A theme that emerged in this study was the importance of increasing finances for college counseling services in order to gain more staff, physical space, and the ability to provide

alternative treatment options so that more students can be served in a timely manner. Many of the participants in this study reported that their counseling centers were understaffed, had limited physical space, and were unable to serve students asking for services in a timely manner. The participants reported that the lack of staff and physical space was the result of not being a financial priority at their respective schools. As a result, students are forced to wait to be seen for multiple weeks, even though students are now presenting with higher levels of acuity. Based on these findings, it was recommended by the participants to advocate for more finances for college counseling services so that students will have opportunities to be treated in a timely manner.

Future Research

The findings from this study provided ideas and recommendations for future research. The first recommendation for future research would be to explore the barriers/motivational factors to music majors seeking services, views on college counseling services, and what would make counseling services more desirable/accessible from the music students' perspective. Gaining this insight from the standpoint of music majors would provide new perspectives and would increase evidence about the need to restructure college counseling programs.

It is apparent that college counseling centers are not a financial priority for most colleges. Due to these circumstances, it would be beneficial for schools across the country to conduct needs-based assessments and evaluation research about how to make college counseling centers accessible so that students are not left waiting for services or are turned away. Areas of focus could involve an evaluation of strategies to increase efficiency in completing required documentation or intakes. For example, establishing a specific protocol for determining appropriate levels of care on a case-by-case basis could lead to successful management of the high demand for treatment, despite financial limitations. Evaluation research and needs-based assessments could

be done independently by college counseling centers across the country, and counseling centers at neighboring schools could exchange their ideas.

Finally, it is recommended by the researcher to conduct research on the culture of music programs, with focus on how that affects the mental health of students and their ability to seek counseling services. It would also be beneficial to focus on the relationships between students and their instructors. The findings in this study indicated there were intense and sometimes abusive relationships between music majors and their personal instructors. It was especially concerning when it was reported by a psychiatrist that she would often prescribe medications for music majors who were experiencing panic attacks before lessons. Nonetheless, there has not been previous research on music program culture and the relationships between students and their instructors. The benefit of conducting research on those areas could lead to greater knowledge about the causes of emotional distress for music majors and the daily stressors they experience. Such research could increase dialogue about what could be done to improve the overall mental health for students who major in music.

Conclusion

The purpose of this study was an attempt to answer the question: “What would increase the accessibility of college counseling services for college musicians presenting with various mental health issues.” The researcher interviewed 11 college counselors throughout New England who provided specific recommendations regarding the thesis question. The study had similar findings to the literature, but it also had important differences. The participants from this current study offered specific recommendations about how to improve accessibility and desirability of college counseling services for music majors by having more flexible hours/session lengths, more staff, and more outreach to the study body. The study also had unexpected findings such as

the report of intense and abusive relationships between music majors and their instructors, lack of reported music major substance abuse from the participants, and personality factors as a barrier that prevented music majors from seeking treatment. This study's findings provided implications for future research, clinical practice, and policy. In particular, there is a need to replicate this study by interviewing music majors instead of college counselors to gain a different perspective about how college counseling services could be more accessible and desirable for music majors. Perhaps most importantly, findings from this research suggest there is a need to shed further light on the culture of music programs and the relationships between music majors and their instructors.

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Appendix A

1140 Boylston Street, Boston, MA 022153693 Tel 617 2661400 www.berklee.edu

December 10, 2015

Dear David,

Thank you for your IRB application submission and research proposal entitled: Increasing the Accessibility and Desirability of College Counseling Services for Music Majors who Present with Various Mental Health Struggles: A Qualitative Study. The Berklee IRB board has reviewed all the documentation, and we are happy to officially approve your proposal. You are now able to conduct your research.

Good luck with your research, and please let us know if you have any additional questions.
Yours sincerely,

Cecil Adderley, Ph.D.

Chair Music Education Department CoChair, Institutional Review Board Berklee College of Music

Michael C. Mason, Ph.D.

Assistant Chair, Liberal Arts Department CoChair, Institutional Review Board Berklee College of Music

Appendix B

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 6, 2016

David Winston

Dear David,

You did a very nice job on your revisions. Your excellent proposal is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Susanne Bennett, Research Advisor

Appendix C

2015-2016

**Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA**

.....

Title of Study: Increasing the Accessibility and Desirability of College Counseling Services for College Musicians

Investigator(s): David Winston, xxx-xxx-xxxx

.....

Introduction

My name is David Winston, and I am a graduate student at Smith College School for Social Work. I am conducting a study on what would increase the desirability and accessibility of college counseling services for college musicians who are suffering from various mental health struggles. Data obtained in this study will be used in my master's thesis.

Your participation is requested because you are a college counselor that has worked with college musicians. If you are interested in participating in this study, you must be a mental health counselor, social worker, psychologist, or trainee that is employed by a college counseling program, and has treated college musicians. If you choose to participate, I will interview you about your experience in, and thoughts and feelings about, working with this population. In addition, I will ask you to provide demographic information about yourself.

- **Purpose of Study**
- The purpose of the study is to evaluate what can be done to increase the desirability and accessibility of college counseling services for college musicians who are suffering from various mental health struggles.
- This study is being conducted as a research requirement for my master's in social work degree
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things:
The interview will be conducted in person, will be tape-recorded, and will last approximately one hour. I may also telephone you after the interview for the purposes of further clarification and/or elaboration if necessary.

Risks/Discomforts of Being in this Study

There are no reasonable foreseeable (or expected) risks.

Benefits of Being in the Study

- The benefits of participation are that you have the opportunity to contribute to a neglected area of research, to convey the need for better counseling accessibility for college musicians, and to enlighten the school on the need to make college counseling services more accessible/appealing based on the

presenting mental health needs. Unfortunately, I am not able to offer financial remuneration for your participation. The benefits to social work/society are: a potential reduction in burnout rates, substance abuse, better quality care for college musicians, and a potential improvement in the therapeutic experience.

Confidentiality

- This study is confidential. We will not be collecting or retaining any information about your identity.
- Your participation will be kept confidential. *All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.*

Payments/gift [choose one of the following]

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1st, 2015. After that date, your information will be part of the thesis.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, David Winston at dwinston@smith.edu or by telephone at xxx-xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

[if using audio or video recording, use next section for signatures:]

1. I agree to be [audio or video] taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Appendix D



School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

January 30, 2016

David Winston

Dear David:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Susanne Bennett, Research Advisor

Appendix E



School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

February 19, 2016

David Winston

Dear David:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Susanne Bennett, Research Advisor

Appendix F



School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

March 3, 2016

David Winston

Dear David:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Susanne Bennett, Research Advisor

Appendix G

Interview Guide

Opening statement: I will be asking you various questions in an attempt to answer the overall question of “what would increase the accessibility and desirability of college counseling services for college musicians presenting with various mental health struggles.” This interview should last about an hour, and you have the right to end the interview at any time. Before we get started, I would like to provide you the consent form to read over and sign when you are ready. Once you have signed it, we will begin. As stated in the consent form, this session will be audio recorded, and used just for data collecting purposes. The only person that will be listening to this recording is myself. I will begin by asking you questions about your demographic information. Do you have any questions before we begin?

Thesis Interview Questions

Profession: Years of experience: Gender: School: Age: Race:

Are you a musician?

1. How are the college counseling services at your school currently offered to students? For example, is there a limit to how many sessions a student can use?
2. What is your experience working with musicians, compared to other majors or disciplines?
3. Generally speaking, what are the more common types of problems college music majors present with while in therapy?
4. How do musicians typically cope with their mental health struggles before they begin therapy?
5. Among the music majors you have treated, are there differences in the issues faced based on their own music specialty? (Such as voice majors, instruments, producers, engineering, etc).
6. What would you say typically prevents college musicians from seeking college counseling services?
7. What would you say typically influences college musicians to seek college counseling services?
8. What types of therapies are offered to college musicians?
9. How are college services advertised to college musicians?
10. What are the most common complaints from college musicians about the college counseling services offered at your school?

11. What is the most positive feedback you have received from college musicians about the college counseling services offered at your school?

12. If you could, how would you change the way college counseling services are currently offered to college students, particularly college musicians?

13. Do you see the issues that music majors face as any different than the issues that other majors face?

14. In your opinion, what could be done to make college counseling services more accommodating for the needs of college musicians when it comes to time, comfort, convenience, and treatment?

15. What else would you like to tell me about this topic?

Appendix H

To whom it may concern,

My name is David Winston, and I am a graduate student at Smith College School for Social Work. I am conducting a study on the desirability and accessibility of college counseling services for college musicians who are suffering from various mental health struggles. Data obtained in this study will be used in my thesis for a Masters in Social Work.

Your participation is requested because you are a college counselor who has worked with college musicians. If you are interested in participating in this study, you must be a licensed clinical social worker or another licensed mental health professional who has treated college musicians. If you choose to participate, I will interview you about your experience in, and thoughts and feelings about, working with this population. In addition, I will ask you to provide demographic information about yourself.

The purpose of the study is to evaluate what can be done to increase the desirability and accessibility of college counseling services for college musicians who are suffering from various mental health struggles. This study is being conducted as a research requirement for my master's in social work degree. Ultimately, this research may be published or presented at professional conferences.

If you agree to participate in this study, the in-person interview will be conducted off-campus, at a private location of your choice. It will be tape-recorded and will last approximately one hour. I may also telephone you after the interview for the purposes of further clarification and/or elaboration if necessary.

If you are interested in participating in this study, please feel free to contact me by phone at xxx-xxx-xxxx, or by email at dwinston@smith.edu. Thank you, and I hope to hear from you soon.

Sincerely,

David Winston