Perspectives on Satisfaction for the Clinical Internship in Music Therapy: Differences Between American and International Music Therapy Students and Music Therapists

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PERSPECTIVES ON SATISFACTION FOR THE CLINICAL INTERNSHIP IN MUSIC THERAPY: DIFFERENCES BETWEEN AMERICAN AND INTERNATIONAL MUSIC THERAPY STUDENTS AND MUSIC THERAPISTS

by

Wang Lu

A thesis submitted to the Graduate College in partial fulfillment of the requirements for the Degree of Master of Music
School of Music
Western Michigan University
August 2017

Thesis Committee:

Edward Roth, M.M.
David Smith, Ph.D.
Ying Zeng, Ph. D.
The purpose of this study was to survey music therapy intern students and professionals across the United States to evaluate their satisfaction regarding their internship experience. 465 responses were collected for this study, 50 American music therapy interns, 353 American music therapy professionals, 12 international music therapy interns, and 50 international music therapy professionals. Data indicated that in the areas of “therapeutic relationship”, “professional role/ethics”, “therapy implementation,” and “documentation”, which are categories of the AMTA competencies, over 91% of the participants indicated that their expectations were mostly or completely met during internship. In contrast, the competency that respondents felt was least met during their internship training was “conducting skills” (42.73%). Statistically significant differences were found between American and International respondents related to expectations for the following competencies: major performance medium; keyboard skills; voice skills; exceptionality; therapy evaluation; interdisciplinary collaboration; therapy implementation; and professional role/ethics. Differences were also observed between interns and professionals Interns may have lower expectations for the internship experience compared with professionals based on their limited music therapy clinical experience, while professionals’ expectations may be impacted by work experience. This study may offer a reference for clinical training directors to evaluate their internships, taking nationality into consideration.
ACKNOWLEDGMENTS

I would like to express my appreciation to all of the people who have supported and encouraged me with my master’s thesis. I especially want to thank my committee for their assistance in this project, and for their wisdom in the profession of music therapy.

I would like to thank Dr. Joshua D. Naranjo, the graduate advisor and director of statistical consulting center, for his support and suggestions regarding the statistical methods.

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Finally, I would like to express my appreciation to my family, partner, and friends for their unlimited support and assistance.

Wang Lu
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CHAPTER I
INTRODUCTION

Music Therapy is a health profession that requires a full-time internship training experience prior to board certification. According to the AMTA Standards for Education and Clinical Training (2014), the music therapy clinical internship is the culminating experience for students pursuing a degree in music therapy. Before being eligible for board certification, music therapy students are required to complete a minimum of 1200 hours of clinical training, including: at least 180 hours of educational coursework training and the minimum number of 900 hours of supervised clinical training in an approved internship setting (AMTA, 2014).

Statement of the Problem

Throughout their internship experience, music therapy students may experience a variety of opportunities and challenges. For example, many students may feel overworked and some may be asked to assume duties that belong to their supervisors. Students may also experience a lack of support or assistance with various tasks, such as: clarity in expectations for paper work, having clinical training with a population other than those served during the internship, and preparing for the music therapy board certification exam. Many international students may also experience difficulties with differences in communication and culture during their internship (Lin, 2008).

Current research has mostly focused on the experiences of students prior to internship and the supervisor’s perspective, such as: comparing perceptions of professional competency between pre-internship music therapy students and internship
supervisors (Knight, 2008); required competencies for seeking a music therapy clinical training site (Brookins, 1984); and the influence of multicultural issues on the quality of music therapy supervision (Young, 2009). Areas that have received little attention are the expectations and satisfaction of music therapy intern students.

The purpose of this study was to survey music therapy intern students and professionals across the United States to evaluate their satisfaction regarding their internship experience.

Research Questions

Research Question 1: To what extent are/were internship student expectations met during the clinical internship?

Research Question 2: What do/did interns perceive as areas of strength related to their clinical internship training?

Research Question 3: What do/did interns perceive as areas in need of improvement related to their clinical internship training?

Sub-Research Question: Are there differences between students and/or professionals who identify themselves as 'American' and those who identify themselves as 'International'?
A number of professions in a variety of sectors ranging from healthcare to business, and trades to arts and media, require individuals to complete intensive internship placement experiences as part of their formal training (as cited in Clements-Cortes, 2015). As to music therapy programs, internship is the final component of university music therapy degree programs in United States. The internships provide the pre-professionals opportunities to link theories and principles with clinical music therapy practice under professional supervision.

Supervision

The AMTA National Roster Internship Guidelines (2004) provides the following definition of intern supervision: “Supervision includes, but is not limited to, formal and informal observation and interaction in the areas of: direct patient contact, evaluation and documentation, treatment planning, supervision, participation in interdisciplinary didactic sessions, team involvement, participation in training sessions, and staff relationships (p.40).”

Historically, the majority of research related to supervision and music therapy has focused on discovering the methods and techniques utilized by supervisors to improve music therapy internship experiences. Braswell et al. (1985) surveyed music therapy interns regarding their internship experiences. They reported that 86% of interns observed their supervisor leading music therapy sessions and 73% co-lead sessions with their supervisor. Main didactic supervision techniques included outside reading (73%),
written case histories (55%), and research projects (53%). In a later study in 1988, Maranto and Bruscia conducted a survey with internship supervisors. The results indicated that 62% of supervisors rated observation and feedback as the most successful methods of supervision. Other methods included case discussion (33%), modeling (20%), and written evaluations (14%).

Tanguay (2008) conducted a survey about supervision of music therapy interns with AMTA national roster internship directors. As for intern supervision, respondents indicated that the most difficult aspect of supervising interns was letting them make mistakes. The most rewarding area was finding time for supervision and observation duties. Fifty-six percent of respondents reported their willingness to receive more training with supervision skills. Areas identified to receive further instruction included training in experiential supervision techniques (55%), professional and ethical aspects of supervision (50%), and evaluation and goal setting (44%).

Concerns of Interns

The AMTA Code of Ethics (2013) outlines the considerations for passing a student through the clinical internship:

The [MT] involved in education and/or supervision will evaluate the competencies of students as required by good educational practices and will identify those students whose limitations impede performance as competent music therapists. The MT will recommend only those students for internship or membership whom he/she feels will perform as competent music therapists and who meet the academic, clinical, and ethical expectations of the AMTA (Sect. 11.5).
This statement provides a standard for training interns to walk into the professional world. However, some issues are caused by this situation.

First, the supervisory relationship between an internship supervisor and student is not one of equals. The supervisor has more “power” than the intern in a therapeutic relationship, particularly related to their experience, clinical skill, education, resources, income, and status (Salmon, 2013). The role of the intern is more like a student in this relationship: students want to learn and benefit from their supervisors as time goes on. In this situation, to protect on-going gains, the intern students may choose to do things in order to please or prevent conflict with their supervisor.

Additionally, music therapy students are only able to graduate and obtain recommendation letters from their supervisors when they meet the competencies, which may affect the changes of true thoughts the supervision received from intern. Although AMTA (2014) requires mid-term and final evaluations from both music therapy interns and their supervisors, many students may not be honest when completing their evaluations since they need to satisfy their supervisor in order to get appropriate recommendations and desired grades.

Furthermore, as the perception of power in life is something critical to all, supervisors may be prone to misusing their position to meet their own needs (Jacobs, 1991). The potential for supervisors to misuse the supervisor-intern relationship inappropriately may include: requesting interns to take work responsibilities beyond their own duties in order to generate extra income; extending the length of the internship to fit the work schedule of the intern site; or keeping subordinates in a one-down position to enhance their perception of control and ease the anxiety—which is caused by a threat from
their supervisees (Pinderhughes, 1989).

Intern concerns related to personal care during the internship is another area that requires attention. Tasks such as finding a job, choosing a school, or selecting an internship site can be stressful for anyone, especially for people with personal physical or mental difficulties. For example, Ingber (2000) discusses issues and solutions when working with music therapists who are blind. The study noted possible concerns of employers, faculty, and internship supervisors when working with music therapists or music therapy students who are blind, including how to deal with obstacles such as learning new material, compiling data and reports, and creating an efficient and safe working environment.

Ten out of 19 music therapy internship programs required students to sign a contract of conduct standards regarding professional behaviors, such as: punctuality, dress code, and ethics. However, most contracts did not include language addressing personal or psychological issues (Bradt, 2006). Bradt, Gardstrom and Jackson (2011) found a lack of procedures and policies among academic programs to dismiss a student with psychiatric difficulties or personal issues such as emotional instability.

Culture is a significant factor that colors each person’s musical preferences as well as ways of responding to illness, attitudes, and expectations towards health care services (Kenny & Stige, 2002). As noted in Zimmermann’s study in 1995, international students must adapt to a social-cultural system, which is different from their own (p.322). This additional adjustment process may bring the international students more stress and difficulties when coping with the intensive internship experience.

Multicultural concerns in music therapy have been raised in the past by a number
of scholars and practitioners including Bright, Bunt, Gaston, Kenny, Moreno, Ruud, Sekeles and Schwabe (as cited in Kenny & Stige, 2002). However, today a broader community of music therapists is committed to confronting this issue with a greater sense of urgency. Kenny and Stige (2002) pointed out in their book that people are shaped by their cultural experiences, yet they may not fully recognize the extent of these influences since cultural assimilation is an unconscious process.

A recent study was conducted by Lin (2008), comparing the concerns of international students and native speakers at AMTA national roster internship sites across the U.S. Lin found that both international interns and native speakers scored similarly on most skills and/or conditions, except for language skills and level of cultural differences experienced. Their coping strategies have both similar and different ways to overcome those challenges encountered during internship. It will be valuable for supervisors and academic program directors to learn and understand the difficulties and differences of international students caused by their cultural conflicts. This may also enhance their supervision competency.

AMTA outlines that the music therapy internship director is required to: “[work] jointly with academic faculty to develop internship agreements based upon the needs and abilities of each intern, and assign supervisory responsibilities to qualified music therapy staff (AMTA, 2.1.3).” As a result, plenty of music therapy internship sites ask students to illustrate their expectations in their applications.

American Music Therapy Association Professional Competencies (AMTAPC)

Besides the expectation directly provided from the intern applicants when filling
the application form, AMTAPC are important standards for supervisors to train their interns.

Before the competencies were published by AMTA, this standards list was first created by Bruscia, Hesser, and Boxhill for the former American Association for Music Therapy (AAMT) in 1981. Then it was revised and posted at the former National Association for Music Therapy (NAMT) in 1996, and adopted by the American Music Therapy Association in 1998.

AMTAPC are competency-based standards for ensuring the quality of education and clinical training in the field of music therapy (AMTA, 2013). The Association states that “the competency requirements need to be reevaluated regularly to ensure consistency with current trends and needs of the profession and to reflect the growth of the knowledge base of the professional.”

There are two levels of practice within the music therapy profession that were distinguished: Professional Level of Practice and Advanced Level of practice. At the professional level, the music therapist has the ability to assume a supportive role in treating clients, collaborating within an interdisciplinary team to contribute to the client’s overall treatment plan, and has a Bachelor’s degree or its equivalent in music therapy and a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT) (AMTA, 2014).

The purpose of this study was to survey music therapy intern students and professionals across the United States to evaluate their satisfaction regarding their internship experience. It may provide supervisors a guide to understand potential needs for their future interns, and help academic professionals to better assist their students in
finding suitable internship placements.
CHAPTER III

METHOD

Participants

The sample inclusion criteria for this investigation were music therapy interns and professionals who earned their music therapy degree in the United States. *Music therapy interns* included participants who were at least near or beyond the midterm of their internship. *Professional music therapists* refers to music therapists who have successfully completed an undergraduate degree or equivalency curriculum in music therapy and/or have earned the professional credential of MT-BC within the last five years (i.e., no earlier than March, 2012).

2673 people met the inclusion criteria and received invitations to participate. 467 responses were received by the end of the survey completion period. Two respondents failed to meet inclusion criteria (they chose N/A instead of identifying as a current intern or professional), so they were excluded from the sample, leaving a total sample size of 465 participants.

Participants (N=465) were organized through self-identification into four groups by demographic and professional level: American internship student (AI, n=50), American professional (AP, n=353), international internship student (II, n=12), and international professional (IP, n=50).

There were 90.24% (n=416) of the candidates who reported their first language was English, and the second largest percentage of first language was Chinese, with a proportion of 5.86% (n=27). Other languages reported by participants were French (n=3),
Hebrew (n=2), Japanese (n=2), Korean (n=2), German (n=1), Hindi (n=1), Russian (n=1), and other (n=6). Participants who choose “other” mentioned their first languages were Marathi, Spanish, and Tagalog. In the comment box, American Sign Language, Italian, French, Spanish, Portuguese, and Hungarian were also reported as other languages that they could speak, write, or read proficiently.

Respondents included 86.18% female (n=399), 13.39% male (n=62), and 2 participants identified as other. As presented in survey question 4, 44.92% (n=208) responses reported they were 20-25 years old, 38.01% (n=176) were 26-30 years old, 11.45% (n=55) were 31-40 years old, and 5.62% of the total (n=26) were more than 40 years old.

The educational level or respondents varied: 48.16% (n=223) earned a Bachelor’s degree, and 33.69% (n=156) earned a Master’s degree. Some respondents identified as bachelor’s equivalency (n=14) and master’s equivalency (n=63), with proportions of 3.02% and 13.61%, respectively, and 7 people (1.51%) earned a doctoral degree.

Development of the Survey Instrument

An original survey (see Appendix A) was created in electronic format on SurveyMonkey to examine differences between American Respondents (AR) and International Respondents (IR). The survey instrument was created for this study by the investigator in collaboration with another researcher. It contained 13 questions, including yes or no questions, multiple-choice questions, Likert-scale rating questions (4-level), and short answer questions. Survey questions 6 to 10, which related to the collaborator’s study were modified versions of questions from surveys used in earlier (Knight, 2008;
Response items for survey questions related to this investigation were based on the major categories of the AMTA professional competencies, and were used by permission from the Western Michigan University Music Therapy pre-internship self-evaluation. The survey instrument as a whole, was approved by the thesis committee.

Survey questions 11 through 13 related to this study, and consisted of one Likert-scale rating question (4-levels), and two short answer questions. The Likert-scale rating questions contained an “other” option to allow participants to provide additional information not reflected in the response options. The results of “other” options were also analyzed and summarized qualitatively.

All the data were coded and computed using IBM SPSS Statistics, widely used program for statistical analysis in social science (Wikipedia, 2017).

Procedures

Following approval by WMU’s Human Subjects Institutions Review Board, the investigator contacted the Certification Board for Music Therapists (CBMT) to request email addresses for professional music therapists (MT-BCs). The investigators also accessed the approved internship sites list (including National Roster internship sites and University-Affiliated internship sites) posted on the AMTA website to obtain contact information for clinical training directors (a.k.a. internship supervisors).

The survey was administered through SurveyMonkey April 27th, 2017 to May 26th, 2017. The purpose of the study, name and contact information of the investigators, nature of the online survey platform, description of inclusion criteria, expected time
commitment, and incentives for completing the survey were described in the invitation email. This message also included the statement regarding consent, and was delivered via SurveyMonkey e-mail notification system.

The survey was open for one month. During this time, three messages were sent to each e-mail address (the initial invitation message, then two reminder messages) in compliance with the CBMT policy on use of member email contacts.

Data collection was anonymous, except for the confirmation e-mail for participants who were willing to be added into the drawing for the opportunity to win one of the twenty $10 Amazon.com gift cards, participant names or other identifying information was not collected. Data were stored in SurveyMonkey’s servers during the period the survey was open and then downloaded to the investigator’s laptop computer for subsequent analysis. After the completion of the thesis project, the investigator transferred the data to flash drives, deleted the data in the laptop computer, and placed the flash drive in a locked cabinet in a secure Western Michigan University office.

Several techniques were used to increase the response. Twenty $10 Amazon gift cards were offered in a drawing to participants who completed the survey, and a snowball sampling method was used to increase participants for the intern groups, Group AI and II. The investigator also sent e-mails to all the listed internship sites from the AMTA internship list (including Roster sites and University-Affiliated Internship sites), and asked that the email be forwarded to eligible interns.

Analysis

Statistical analyses used in this study were selected in consultation with faculty
from WMU’s Department of Statistics, who performed these duties as the statistical consultant for WMU’s Graduate College. The statistical methods included graphic percentage comparisons, Chi-square Test, and the Kruskal Wallis Test. According to the definition (Statistics Solutions, 2017), Kruskal Wallis Test is a nonparametric test, which assesses for significant differences on ordinal-level dependent variables by a categorical independent variable (with two or more groups).

To answer research question 1, “to what extent are/were internship student expectations met during the clinical internship”, the graphic percentage comparisons were implemented by using data collected from survey question 11, and the answers were computed by using the statistical method -Kruskal Wallis Test, and analyzed the difference across groups.

The percentage tables and bar graphics showed the answers of research question 2 (what do/did interns perceive as areas of strength related to their clinical internship training) and research question 3 (what do/did interns perceive as areas in need of improvement related to their clinical internship training) by first coding the short-answer responses and then exhibiting the data from survey question 12 and 13, separately.

The Chi-Square Test was computed through SPSS to answer “are there differences between students who identify themselves as ‘American’ and those who identify themselves as ‘International’” (the sub-research questions) for survey questions 12 and 13.
CHAPTER IV

RESULTS

Email invitations of the survey were sent to 2673 potential participants. 467 completed surveys were submitted online, yielding a 17.47% response rate. Two individuals were not included in the final sample, because they identified themselves as N/A in the survey question set up to categorize participants. The total number of responses included in the analysis was 465.

Research Question 1:

*To what extent are/were internship student expectations met during the clinical internship?*

For this question, dependent variables were chosen from the Major categories of AMTA Basic Competencies, including (1) music theory and history; (2) composition and arranging; (3) major performance medium; (4) keyboard skills; (5) voice skills; (6) non-symphonic instrument skills; (7) improvisation skills; (8) conducting skills; (9) movement skills; (10) exceptionality; (11) principles of therapy; (12) therapeutic relationship; (13) foundations and principles; (14) client assessment; (15) treatment planning (16) therapy implementation; (17) therapy evaluation; (18) documentation; (19) termination/discharge planning; (20) professional role/ethics; (21) interdisciplinary collaboration; (22) supervision and administration; and (23) research methods (see Appendix A). Participants rated all those categories by 4 levels:

- **Level 1**: Expectation is/was not met at all;
- **Level 2**: Expectation is going/went mostly unmet;
Level 3: Expectation is/was mostly met;
Level 4: Expectation is/was completely met.

The data listed in Table 1 was presented by weighted average rank order with a total weight value of 4. Results for this question were calculated for 94% of total participants (n=437), 28 respondents failed to answer this question. The data shows that in four aspects of the major AMTAPC, including “therapeutic relationship”, “professional role/ethics”, “therapy implementation”, and “documentation”, the proportions of participants identifying their expectation for intern training is/was met (people selected level 3 or higher) were 96.54%, 96.07%, 95.38%, and 91.94%, respectively. At the same time, data shows that 77.60% of respondents reported their expectations of “therapeutic relationship” are/were completely met.

As to these most highly weighted responses, the first competency was “therapeutic relationship.” 18.94% people (n=82) chose level 3, and 77.6% of them (n=336) chose level 4, the weighted average value is 3.73. The second highly weighted response was “professional role/ethics”, with a weighted average value 3.64. There were 26.79% of respondents (n=116) who reported their expectations were mostly met, and 69.28% of respondents (n=300) felt their expectation is/was completely met. Data collected in “therapy implementation” shows a similar result as “professional role/ethics.” 26.33% of respondents (n=114) chose level 3 and 69.05% of respondents (n=229) rated themselves as having completely met the expectation. In the area of “documentation”, 21.66% of total participants (n=94) identified their expectation is/was mostly met, and 70.28% of respondents (n=305) thought their expectation is/was completely met.
On the other end of the spectrum, it is worth mentioning that 42.73% of respondents (21.6% chose level 1, n=92; and 21.13% chose level 2, n=90) who reported their expectation is/was not met in “conducting skills”. “Research method” was the other area that over 30% of respondents identified the expectation is/was not met (36.72%, n=159).

Table 1

*RQ1: Evaluation of Major AMTA Competencies by Interns during Their Internship*

<table>
<thead>
<tr>
<th>Major AMTA Competencies</th>
<th>Not met at all</th>
<th>Mostly unmet</th>
<th>Mostly met</th>
<th>Completely met</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic relationship</td>
<td>0.69%</td>
<td>2.77%</td>
<td>18.94%</td>
<td>77.60%</td>
<td></td>
</tr>
<tr>
<td>Professional role/ethics</td>
<td>1.15%</td>
<td>2.77%</td>
<td>26.79%</td>
<td>69.28%</td>
<td></td>
</tr>
<tr>
<td>Therapy implementation</td>
<td>1.39%</td>
<td>3.23%</td>
<td>26.33%</td>
<td>69.05%</td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>2.07%</td>
<td>5.99%</td>
<td>21.66%</td>
<td>70.28%</td>
<td></td>
</tr>
<tr>
<td>Voice skills</td>
<td>1.85%</td>
<td>4.40%</td>
<td>27.08%</td>
<td>66.67%</td>
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<tr>
<td>Therapy evaluation</td>
<td>2.55%</td>
<td>6.25%</td>
<td>31.25%</td>
<td>59.95%</td>
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</tr>
<tr>
<td>Foundations and principles</td>
<td>2.30%</td>
<td>6.22%</td>
<td>31.34%</td>
<td>60.14%</td>
<td></td>
</tr>
<tr>
<td>Treatment planning</td>
<td>2.77%</td>
<td>6.00%</td>
<td>31.41%</td>
<td>59.82%</td>
<td></td>
</tr>
<tr>
<td>Client assessment</td>
<td>3.23%</td>
<td>7.83%</td>
<td>28.80%</td>
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<tr>
<td>Principles of therapy</td>
<td>1.84%</td>
<td>6.67%</td>
<td>35.86%</td>
<td>55.63%</td>
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<tr>
<td>Supervision and Administration</td>
<td>4.85%</td>
<td>9.01%</td>
<td>26.56%</td>
<td>59.58%</td>
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<tr>
<td>Interdisciplinary collaboration</td>
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<td>27.55%</td>
<td>58.10%</td>
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Table 1-continued

<table>
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<th>Major performance medium</th>
<th>7.83%</th>
<th>7.60%</th>
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<th>50.23%</th>
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<tr>
<td></td>
<td>34</td>
<td>33</td>
<td>149</td>
<td>218</td>
</tr>
<tr>
<td>Exceptionality</td>
<td>3.08%</td>
<td>10.19%</td>
<td>43.36%</td>
<td>43.36%</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>43</td>
<td>183</td>
<td>183</td>
</tr>
<tr>
<td>Termination/discharge planning</td>
<td>3.92%</td>
<td>14.98%</td>
<td>32.49%</td>
<td>48.62%</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>65</td>
<td>141</td>
<td>211</td>
</tr>
<tr>
<td>Improvisation skills</td>
<td>4.64%</td>
<td>16.01%</td>
<td>38.52%</td>
<td>40.84%</td>
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<td>20</td>
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<td>176</td>
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<tr>
<td>Non-symphonic instrument skills</td>
<td>5.79%</td>
<td>13.43%</td>
<td>42.13%</td>
<td>38.66%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>58</td>
<td>182</td>
<td>167</td>
</tr>
<tr>
<td>Keyboard skills</td>
<td>4.60%</td>
<td>22.30%</td>
<td>40.23%</td>
<td>32.87%</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>97</td>
<td>175</td>
<td>143</td>
</tr>
<tr>
<td>Movement skills</td>
<td>8.80%</td>
<td>16.20%</td>
<td>43.06%</td>
<td>31.94%</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>70</td>
<td>186</td>
<td>138</td>
</tr>
<tr>
<td>Music theory and history</td>
<td>6.90%</td>
<td>17.47%</td>
<td>50.57%</td>
<td>25.06%</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>76</td>
<td>220</td>
<td>109</td>
</tr>
<tr>
<td>Composition and arranging</td>
<td>9.20%</td>
<td>19.31%</td>
<td>48.97%</td>
<td>22.53%</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>84</td>
<td>213</td>
<td>98</td>
</tr>
<tr>
<td>Research methods</td>
<td>10.62%</td>
<td>26.10%</td>
<td>36.26%</td>
<td>27.02%</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>113</td>
<td>157</td>
<td>117</td>
</tr>
<tr>
<td>Conducting skills</td>
<td>21.60%</td>
<td>21.13%</td>
<td>32.39%</td>
<td>24.88%</td>
</tr>
<tr>
<td></td>
<td>92</td>
<td>90</td>
<td>138</td>
<td>106</td>
</tr>
</tbody>
</table>

Sub-research Question

*Are there differences between students and professionals who identify themselves as “American” and those who identify themselves as “International”, when measuring “to what extent are/were internship student expectations met during the clinical internship”?

Table 2 shows the statistically significant results of data computed by Kruskal-Wallis Test to analyze the difference between groups. Levels for two of the top four
expectations, “therapy implementation” and “professional role/ethics”, were significantly different, with p-value less than .05 ($p = .005$ and $p = .011$, respectively). Level responses for another six AMTAPCs were also statistically significant: major performance medium ($p = .043$), keyboard skills ($p = .010$), voice skills ($p = .000$), exceptionality ($p = .005$), therapy evaluation ($p = .005$), and interdisciplinary collaboration ($p = .000$).

Table 2

Sub RQ: Differences Across Response Levels in Evaluation of Major AMTA Competencies by Interns during Their Internship

<table>
<thead>
<tr>
<th>Major AMTA Competencies</th>
<th>Chi-Square</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major performance medium</td>
<td>8.160</td>
<td>3</td>
<td>.043</td>
</tr>
<tr>
<td>Keyboard skills</td>
<td>11.291</td>
<td>3</td>
<td>.010</td>
</tr>
<tr>
<td>Voice skills</td>
<td>18.731</td>
<td>3</td>
<td>.000</td>
</tr>
<tr>
<td>Exceptionality</td>
<td>12.690</td>
<td>3</td>
<td>.005</td>
</tr>
<tr>
<td>Therapeutic relationship</td>
<td>6.716</td>
<td>3</td>
<td>.082</td>
</tr>
<tr>
<td>Therapy implementation</td>
<td>11.652</td>
<td>3</td>
<td>.009</td>
</tr>
<tr>
<td>Therapy evaluation</td>
<td>12.676</td>
<td>3</td>
<td>.005</td>
</tr>
<tr>
<td>Documentation</td>
<td>7.270</td>
<td>3</td>
<td>.064</td>
</tr>
<tr>
<td>Professional role/ethics</td>
<td>11.105</td>
<td>3</td>
<td>.011</td>
</tr>
<tr>
<td>Interdisciplinary collaboration</td>
<td>18.182</td>
<td>3</td>
<td>.000</td>
</tr>
</tbody>
</table>

Differences in AMTAPC

Figure 1 illustrates that a higher percentage of American respondents felt their expectation concerning the “major performance medium competency” selected the completely met, than International respondents. Data collected from American interns
was 60.87% (n=28) and 50.76% (n=167) for American professionals, while 41.67% (n=5) of international interns and 38.30% (n=18) of international professionals selected the completely met responses choice. Half of the international interns chose the mostly met response option, compared to 30% of responders in the other groups. For other groups, all the percentages were approximately 30%.

![Bar chart showing the differences in AMTAPC self-evaluation across groups for major performance medium competency.](image)

*Figure 1. Difference in AMTAPC Self-evaluation Across Groups – Major Performance Medium*

Figure 1 also illustrates that more professionals reported their expectations are/were not met than intern students for the major performance medium competency. The total proportion of unmet responses (mostly unmet plus not met at all) for international professional and American professional was 29.78% (n=14) and 14.89% (n=49), respectively. This compares to 8.33% and 6.52% of International and American interns.

Figure 2 shows that all international interns met their expectations (completely...
met plus mostly met) on “keyboard skills” (100%, n=12). However, international professionals had the lowest percentage (58.7% (N=27) of met expectations (completely met plus mostly met) for this competency. In contrast, both American groups responded in a similar manner, with around 75% indicating their keyboard skills competency expectations had been mostly, or completely met.

<table>
<thead>
<tr>
<th></th>
<th>Keyboard Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American intern</td>
</tr>
<tr>
<td>100%</td>
<td>41.30%</td>
</tr>
<tr>
<td>80%</td>
<td>34.78%</td>
</tr>
<tr>
<td>60%</td>
<td>19.57%</td>
</tr>
<tr>
<td>40%</td>
<td>4.35%</td>
</tr>
<tr>
<td>20%</td>
<td>0.00%</td>
</tr>
<tr>
<td>0%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

*Figure 2. Difference in AMTAPC Self-evaluation Across Groups – Keyboard Skills*
 Except for International Professionals, data from Figure 3 displays high percentages of met voice skills competency expectations in participants from American intern (95.66%, n=44), international intern (91.67%, n=11), and American professional (94.85%, n=313) respondents. Candidates who completely met goals were around or over 70% of the sample from these three groups. Only 38.64% of international professionals identified themselves as having completely met their expectations in the voice skills competency.
Figure 4. Difference in AMTAPC Self-evaluation Across Groups – Exceptionality

Data in Figure 4 showed similarity in exceptionality competency area, compared with voice skills. Except for the international professionals, the other three groups had more than 45% reporting their expectations are/were completely met (AI=47.83%, n=22; II=45.45%, n=5; AP=45.94%, n=147). While only 20% of International Professionals (n=9) selected “completely met”. Furthermore, the percentage of unmet expectations in international groups were higher than American groups. International groups had around 20% of unmet responses on exceptionality (II=18.18%, n=2; IP=24.44%, n=11), however, the percentage of American expressing unmet expectations was around 10% (AI=10.87%, n=5; AP= 11.88%, n=38).

Figure 5 demonstrates that the overall met percentage data were similar among the four groups for the "therapy implementation" competency (AI=97.83%, n=45; II=100%, n=11; AP=95.45%, n=315; IP=91.31%, n=42). However, the International professionals had the lowest percentage when identifying whether they had completely
met their goals on therapy implementation (47.85%, n=22). Data of this response level from all the other three groups were more than 60% (AI=76.09%, n=35; II=63.64%, n=7; AP=71.21%, n=235).

Data from Figure 6 illustrates that the overall met percentages were extremely high for the “therapy evaluation” competency” from intern students (G1=97.82%, n=45; G2=100%, n=11). The data from American professionals is slightly lower than data of either of intern groups (91.49%, n=301), and International Professionals reported the lowest percentage response (80.43%) for this competency. On this competency, International Professionals had the lowest percentage for the completely met response choice (39.13%, n=18). The percentages for this response choice, from all the other three groups was more than 60% (AI=67.39%, II=31; AI=72.73%, n=8; IP=61.40%, n=202).

Figure 5. Difference in AMTAPC Self-evaluation Across Groups – Therapy Implementation
Similar results were also found in Figure 7. The overall met percentages were extremely high for the professional role/ethics competency from intern students (AI=97.83%, n=45; II=100%, n=11). Data from the professionals’ groups was a little lower than either intern group (AP=96.06%, n=235; IP=93.48%, n=43). On this competency, about 50% of the international groups identified themselves as having completely met their expectations, which was lower than the American groups (the percentage is more than 70% for Americans).
Figure 7. Difference in AMTAPC Self-evaluation Across Groups – Professional Role/Ethics

When comparing data of interdisciplinary collaboration (Figure 8), more respondents from America reported that their expectations are/were met “mostly” or “completely” compared with international groups. 91.3% of American interns (n=42) and 86.97% of American professionals (n=287) met their expectation. Data reported for international groups was 81.45% (n=9) and 71.11% (n=32), respectively. Groups of international professionals less than half of the percentages from others that reported they completely met the expectation (IP=31.11%, n=14).
Figure 8. Difference in AMTAPC Self-evaluation Across Groups – Interdisciplinary Collaboration

Short Response Analysis

A categorical analysis was conducted of the short answer responses from survey question 12 (see Appendix A). The investigator used the AMTA Professional Competencies categories as the basis for the analysis, coding responses into the AMTAPC categories or an “other” category in the initial step of the process. Responses in the “other” category were then re-examined for frequently occurring keywords, with additional categories being created, and responses that were phrased too generally, or had vague meanings remaining in the “other” category. The final step was to re-examine the entire category list, collapsing similar categories as necessary to create distinct categories. Frequency counts were then conducted for responses in each category to allow for statistical analysis. Two music therapy board certified native English speakers served as a resource in the coding process, to assist in comprehension of written
responses.

The entire list of categories used in survey questions 12 & 13 follows: (1) music theory and history; (2) composition and arranging; (3) major performance medium; (4) functional music skills; (5) conducting skills; (6) movement skills; (7) clinical foundations; (8) music therapy functions and principles; (9) client assessment; (10) treatment planning; (11) therapy implementation; (12) therapy evaluation; (13) documentation; (14) termination/discharge planning; (15) professional role/ethics; (16) interdisciplinary collaboration; (17) supervision; (18) administration; (19) research methods; (20) job interview training; (21) income/finance aid; (22) self-care; (23) workload; (24) peer/intern relationship; (25) personal growth; (26) independency; (27) be respected; (28) site environment; and (29) other.

Research Question 2

*What do/did interns perceive as areas of strength related to their clinical internship training?*

Four hundred and three participants responded to this survey question. One of the responses was counted as invalid because the content did not match the question. With the total valid sample of 402 responses, “supervision” was the most frequently included response. 69.7% of participants (n=280) listed that “supervision” as one of the three competencies that they felt contributed the most to their development as a clinical music therapist. The second most frequently mentioned category was “inter-professional collaboration”, with 43.0% of participants (n=173) stating that was an area of strength related to their clinical internship training. The categories of “clinical foundations”
(n=121) and “site environment” (n=119) had a similar percentage of 30.1% and 29.6%, respectively, which tied for the third most frequently mentioned category.

According to Figure 9, aspects that the fewest respondents mentioned were mostly under the “music foundations” of AMTAPC, such as “music theory and history” (n=0), “major performance medium skills” (n=1), “conducting skills” (n=1), and “movement skills” (n=1). Other categories that contained data counts less than 2 were “job interview training” (n=0), and “income/finance aid” (n=1).
**Figure 9. Areas of Strength Related to Clinical Internship Training for Interns**

Sub-research Question

*Are there differences between students and professionals who identify themselves as “American” and those who identify themselves as “International” when reporting areas of strength related to their clinical internship training?*
As shown in Table 3, there was a significant difference of responses to areas of strength related to clinical internship training across four groups \( \chi^2 = 117.89, \rho < .05 \). Based on the Chi-Square test results exhibited in Table 4, differences existed in “major performance medium skills” (\( \chi^2 = 42.785, \rho < .001 \)), “termination planning” (\( \chi^2 = 12.625, \rho < .05 \)), and “workload” (\( \chi^2 = 8.879, \rho < .05 \)). However, for the four internship strengths reported most frequently above (clinical foundations, interprofessional collaboration, supervision, and site environment), \( \rho > .05 \), there was no significant difference among the four groups.

Table 3

<table>
<thead>
<tr>
<th>Chi-Square Tests Across Groups – Areas of Strength Related to Internship (Overall)</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>117.890(^{a})</td>
<td>78</td>
<td>.002</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>86.086</td>
<td>78</td>
<td>.248</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>1.958</td>
<td>1</td>
<td>.162</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>1225</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4

*Chi-Square Tests Across Groups – Areas of Strength Related to Internship*

<table>
<thead>
<tr>
<th>Area</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major performance medium skills</td>
<td>42.785*</td>
<td>3</td>
<td>.000</td>
</tr>
<tr>
<td>Clinical foundations</td>
<td>5.731*</td>
<td>3</td>
<td>.125</td>
</tr>
<tr>
<td>Termination planning</td>
<td>12.625*</td>
<td>3</td>
<td>.006</td>
</tr>
<tr>
<td>Inter-professional collaboration</td>
<td>.327*</td>
<td>3</td>
<td>.955</td>
</tr>
<tr>
<td>Supervision</td>
<td>3.160*</td>
<td>3</td>
<td>.368</td>
</tr>
<tr>
<td>Workload</td>
<td>8.879*</td>
<td>3</td>
<td>.031</td>
</tr>
<tr>
<td>Site environment</td>
<td>1.920*</td>
<td>3</td>
<td>.589</td>
</tr>
</tbody>
</table>

Table 5

*Areas of Strength with Significant Difference Related to Internship*

<table>
<thead>
<tr>
<th>Area</th>
<th>AI</th>
<th>II</th>
<th>AP</th>
<th>IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major performance medium skills</td>
<td>0%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Termination planning</td>
<td>0%</td>
<td>10%</td>
<td>0.6%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Workload</td>
<td>14.3%</td>
<td>0%</td>
<td>3.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Research Question 3

*What do/did interns perceive as areas in need of improvement related to their clinical internship training?*

375 of the survey participants responded to this survey question. One of the responses was counted as invalid since the content did not match the question. With the
total valid sample number of 375, Figure 10 stated that “supervision”, with the percentage of 57.5%, was the most frequently cited (N=215) category in need of improvement. 27.8% of participants (n=104) commented that “functional music skill” was an area in need of improvement, making it the second most frequently mentioned category, followed by “clinical foundations” (n=82) and “site environment” (n=77) with similar percentages of 21.9% and 20.6% respectively.

![Figure 10. Areas in Need Improvement of Clinical Internship Training for Interns](image-url)
The categories that the fewest participants mentioned were “personal growth” (n=0), “major performance medium skills” (n=1), and “conducting skills” (n=1). Other areas that contain data less than 1.5% were “music theory and history” (n=5), “movement skills” (n=3), “job interview training” (n=4), “peer/intern Relationship” (n=3), and “independency” (n=2).

Sub-research Question

Are there differences between students who identify themselves as 'American' and those who identify themselves as 'International' when reporting areas in need of improvement related to their clinical internship training?

As shown in Table 6, there was a significant difference of responses to areas that need improvement of intern site across four groups $\chi^2 = 124.256$, $\rho < .005$.

<table>
<thead>
<tr>
<th>Chi-Square Tests Across Groups –Areas Need Improvement of Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
</tr>
<tr>
<td>N of Valid Cases</td>
</tr>
</tbody>
</table>

Based on the Chi-Square test results exhibited in Table 7, the differences existed in “functional music skills” ($\chi^2=18.447$, $\rho<.001$), “conducting skills” ($\chi^2=47.749$, $\rho<.001$), and “job interview training” ($\chi^2=8.044$, $\rho<.05$). However, for the four intern site
areas that participants wanted improvement most (clinical foundations, inter-professional collaboration, supervision, and site environment), there were no significant differences among the four groups ($p>.05$).

Table 7
*Chi-Square Tests Across Groups - Areas Need Improvement of Internship*

<table>
<thead>
<tr>
<th>Area</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional music skills</td>
<td>18.447a</td>
<td>3</td>
<td>.000</td>
</tr>
<tr>
<td>Conducting skills</td>
<td>47.749a</td>
<td>3</td>
<td>.000</td>
</tr>
<tr>
<td>Clinical foundations</td>
<td>5.020a</td>
<td>3</td>
<td>.170</td>
</tr>
<tr>
<td>Supervision</td>
<td>4.102a</td>
<td>3</td>
<td>.251</td>
</tr>
<tr>
<td>Job interview training</td>
<td>8.044a</td>
<td>3</td>
<td>.045</td>
</tr>
<tr>
<td>Site environment</td>
<td>.915a</td>
<td>3</td>
<td>.822</td>
</tr>
</tbody>
</table>

Table 8
*Areas with Significant Difference That Need Improvement of Internship*

<table>
<thead>
<tr>
<th>Area</th>
<th>AI</th>
<th>II</th>
<th>AP</th>
<th>IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional music skills</td>
<td>14.6%</td>
<td>75%</td>
<td>31.1%</td>
<td>7.7%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>6</td>
<td>89</td>
<td>3</td>
</tr>
<tr>
<td>Conducting skills</td>
<td>0%</td>
<td>12.5%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Job interview training</td>
<td>4.9%</td>
<td>0%</td>
<td>0.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>2</td>
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<td>1</td>
</tr>
<tr>
<td>Total</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>8</td>
<td>286</td>
<td>39</td>
</tr>
</tbody>
</table>
CHAPTER V
DISCUSSION

The purpose of this study was to examine perspectives of the music therapy internship experience using the AMTA Professional Competencies and open-ended questions, as well as to compare perceptions between American and International participants.

Evaluation of Expectations related to the AMTAPC

*Research Question 1: to what extent are/were internship student expectations met during the clinical internship?*

The first research question required respondents to rate each of the AMTA professional competencies in terms of how well their expectations were met during their internship. Respondents indicated that the top four choices were “therapeutic relationship”, “professional role/ethics”, “therapy implementation,” and “documentation”, which were all under the main category of “Music Therapy” on the AMTA Professional Competencies. For those four areas, over 90% of candidates reported that their expectations were met, and the specific proportions of participants identified their expectation for intern training is/was met (people selected “mostly met” or higher) were 96.54%, 96.07%, 95.38%, and 91.94%, respectively. At the same time, data shows that 77.6% of respondents reported their expectations of “therapeutic relationship” are/were completely met. It is worth mentioning that, there was no significant difference between groups in “therapeutic relationship” and “documentation”, which means that no matter if they were interns or professionals, or if they were from the
U.S. or other countries, most of them were satisfied with what they learned and improved upon in these two areas during their internship.

Nearly half of the participants (42.73%) reported that they did not meet their expectations for “conducting skills”, and there was no significant difference between groups. This may illustrate their willingness to improve this area during the internship. It may also indicate that there was simply no opportunity for them to utilize or develop this skill during their internship.

280 (69.7%) responses mentioned supervision as an area of strength related to the internship experience; while 215 (57.5%) responses also reported supervision as area in need of improvement related to their clinical internship training. Qualitative responses may partially help to interpret this outcome. Some illustrative statements appear below:

“Variety of supervision: individual/group, with different supervisors, talking/music/art making.”

“I received individual and weekly supervision during my internship consistently.”

“My internship supervisor’s skills and knowledge related to music therapy were excellent.”

“During my internship, I felt like I did not have a helpful supervisor. My experience during my internship actually led to my decision to pursue a different profession.”

“More explanation of how therapeutic principles are being used when observing supervisor in beginning of internship”

“Streamlining the communication between the different supervisors would have helped me to communicate more productively.”
This could be caused by the different experience during their internship training, such as: whether they felt like the supervision during their internship guided them the way they need, whether the clinical training setting/environment could provide different type of clinical experience to their interns, or whether the way the music therapy interns learn from other disciplines.

Sub-Research Question: Are there differences between students and/or professionals who identify themselves as 'American' and those who identify themselves as 'International'?

By checking all of the results of the eight competency categories, including “major performance medium”, “keyboard skills”, “voice skills”, “exceptionality”, “therapy evaluation”, “interdisciplinary collaboration”, “therapy implementation” and “professional role/ethics”, between groups comparisons were implemented (Table 3 and Figure 1-8).

First, the weighted score of expectation evaluations of the AMTA Competencies was higher in American groups than in International groups. Based on the investigator’s undergraduate educational experience (in China) and music therapy academic and clinical training in United States, as well as comments collected from other music therapy international students and professionals, results may indicate higher level of demands from international music therapy students and professionals. This may also illustrate that people who were international may have met more obstacles of learning and training in the eight areas during their internship when compared with American ones.

Second, participants in both intern groups felt more satisfied with meeting their expectations during intern training when compared with respondents from professional
groups. It illustrated that intern students may have lower expectations compared with professionals depending on their limited music therapy clinical experience, while professionals may re-evaluate their internship training in a more critical way based on their working experience. Interns who identified themselves as having met expectations may find that their competencies were not good enough after walking into the professional world.

The last finding was that the “unmet” rate from international professionals’ self-evaluation rating of “meet expectation” was the lowest one in all the areas which had statistical differences. This may indicate the high pressure on international professionals as they may meet more difficulties during music therapy training and at the same time they need to perform better to earn an opportunity to work. Even in the U.S., with more working opportunities than other countries, an international professional still needs to find a work place that is available to provide a work visa, which are typically rare. This situation may push them to think more critically, and causing higher evaluation standards.

Internship Site Evaluation – from Interns

Research Question 2: What do/did interns perceive as areas of strength related to their clinical internship training?

Research Question 3: What do/did interns perceive as areas in need of improvement related to their clinical internship training?

Sub-Research Question: Are there differences between students and/or professionals who identify themselves as 'American' and those who identify themselves as 'International'?
Data related to perceived areas of strength found that there was no difference between groups in the areas chosen most frequently (supervision, inter-professional collaboration, clinical foundations, and site environment). It was interesting that the similarly ranked categories were also found regarding the aspects of music therapy internship training that intern students felt need improvement most. Except the top 2 choices, the other three areas were the same. These were: supervision, clinical foundations, and site environment. These may illustrate that most of the music therapy students and professionals think that supervision, clinical foundations, and site environment were the most important area when which influence their internship experience.

The most popular keyword for both research question 2 and research question 3 was “supervision.” Responses mentioned frequently: “multiple supervisors” (include peer supervision); “one-on-one supervision”; “knowledgeable supervisors”; “weekly meetings”; “reasonable expectations”; “balance between supervision and independency”; “role modeling”; “feedback right after sessions”; and “observing other therapists’ work”. These comments detailed why people felt satisfied with supervision provided during their music therapy internship, which areas of supervision were important to interns. Those comments may also provide supervisors a guide with how to improve their supervision quality in the future, and they may also provide the academic professors an evidence to mention their students that supervision should be the top one consideration when choosing an internship in the future.

As for “clinical foundations”, most of the respondents focused on “variety of population”; “therapeutic relationship with clients”; “clinical work in multiple settings”;
“variety styles of therapy (different philosophies)”; and “workshops”. Intern students wanted to build up their knowledge and experience in different settings of music therapy clinical work, including the treatment types, different populations, variable therapy theories and principles, and training related to music therapy and related areas.

Participants who mentioned “site environments” in both survey questions 12 and 13 were mostly concerning about “respect and trust from other professionals, staffs, peers in the facility”; “being treated as professionals”; “professional work environment”; “overall feeling of acceptance”; “access to the equipment and/or instruments”; and “a positive working atmosphere”. Most of the comments were related to the atmosphere of the workplace. Intern students who were satisfied with their internship usually reported that they had been treated as professionals even though they still needed finish one more step to walk into the professional world. For those who reported “site environments” was area that need improvement wish they could be treated equally compared with other staffs or professionals. These may help future intern students to think deeper when choosing an internship site, as well as providing internship sites some ideas of how to build a better working environment to attract more interns.

“Inter-professional collaboration” is the second popular responses in research question 2 (areas of strength related to clinical internship training). Most of the answers that related to “inter-professional collaboration” stated that they loved their internship because the facilities had many professionals from other fields, which provided them the opportunity to acknowledge principles and foundations of other disciplines. They were also able to have experience co-working with different professionals.

In research question 3 (areas need improvement of clinical internship training),
the second frequent answer were “functional music skills”. There were 104 of 375 respondents reported they wanted more training on this competency area. Responses also indicated they were lacking “functional music skills” training; they wanted more lessons on piano, guitar and other different instruments skills. Clinical music skills like improvisation was also mentioned frequently from survey responses.

It is worth mentioning that responses related to “functional music skills” include a large difference among groups for area in need of improvement. 75% of international interns (n=6) reported this selection, 31.1% of American professionals (n=89) also mentioned the same area, however, only 4.9% of American interns (n=6) and 7.7% of international professionals (n=3) showed their concern to improve this area. This interesting finding may be caused by the number of participants in each group. For instance, both the international intern group and American intern group have only six responses. However, since the total respondents from this survey question from international interns were eight people (four people skipped this question), the percentage was higher in international one than the American one.

For other areas related to research questions 2 and 3, differences were also found between groups. However, the data may not be meaningful because the number of respondents answering those areas, including major performance medium skills, termination planning, workload, conducting skills, and job interview training, were too small (See Table 5 & 8). For the areas “major performance medium skills” and “termination planning” from survey question 12, and “conducting skills” and “job interview” from survey question 13, there were no more than five respondents that mentioned those areas from the total of 465 participants. Even for “workload”, which had
more responses than the other four areas, there were less than 20 respondents that mentioned it. Since the data was non-parametric, the difference may be caused by a huge difference of the number of respondents across groups.

Limitations

Several main limitations should be noted.

A study conducted by FluidSurvey Team (2014) found that for an electronic survey, the average percentage of views per email contact was 31.6% and the average completion rate was 78.6% which means that the average response rate of Email survey should be:

$$31.6\% \times 78.6\% = 24.8\%$$

The total number of people who received invitations was 2673, multiplied by 24.8% equals to 663. This means that in order to represent the population, the response number of this study should be at least 663. However, the true response collected for this survey was 467, the survey response rate is lower than the average.

A larger sample size might result in a lower response rate. This may be explained by two possible scenarios. The first one is difficulty in reaching all of the sample group. Unlike the professional groups, because of the limitation of the method to enroll intern students, whether all of the interns received the survey depended on if their supervisors or the professors from the intern site forwarded the invitation emails to them. The second possibility is that the response rate may be representative of the true rate of groups in the real music therapy world. It is easy to understand that population in international groups is much less than American ones as this is the true reality, though the actual rate has not
yet been studied.

As mentioned before, unequal group sizes may have affected the results, especially when comparing group differences. However, we controlled for this by utilizing the Kruskal-Wallis Test and the Chi-Square Test. Responses in groups which contained smaller sample sizes, the percentage may have changed a lot with fewer participants. For example, there were only 12 participants in group 2 (international interns) where even only one response in group 2 may reflect approximately 10% change on the percentage.

By checking the responses, another area of concern may be the misunderstanding of the survey question categories.

“I am not sure what your definition is for evaluation vs. assessment, so I answered both questions the same. Also, I wasn't sure how you were defining 'exceptionality' so I answered 'not met', but it may be best to eliminate my response for that question since I was not sure how to answer it.”

For example, there were more than 10 people skipping the rating choice “exceptionality” when compared with other options, which may be because of the confusion concerning the definition of this word. Even for “evaluation” and “assessment”, which were the exact phrases copied from the AMTAPC, there were still some respondents indicating they were unsure of the meaning in comments. This confusion may also exist in other choices, which may cause misunderstandings and affect the survey results.

Furthermore, many responses from the short answer questions were keywords or phrases, not complete sentences, which may also have caused misunderstanding when the
author attempted to code the data and sort them into categories. For example, many responses were just wording “observation”, it was not able to identify whether if it was reporting opportunities to observe their supervisor, or requested observation from supervisor.

Conclusion and Recommendations

In summary, this study found many interesting concerns of music therapy internship settings from an intern’s perspective. This may provide the music therapy associations and clinical professionals some meaningful ideas of why students love their internship training, which areas that interns found were most important during their internship, and how to improve the internship to benefit more future students. It also may give music therapy students or music therapy professors a guide of areas that need attention when applying their internships in the future.

The supplemental categories created from the study may be worth studying in the future, although some of them just show attention from a small number of respondents. Since many questions required open-answers, many participants may not have been aware of those areas when they were taking the survey. There were also several respondents that mentioned that they wanted to learn how to use electronic music equipment during their internship, which is important in the development of the clinical techniques, however, it was not mentioned in the AMTAPC.
REFERENCES


knowledge, personal qualities, and interpersonal skills necessary for a student seeking clinical training. *Journal of Music Therapy, 21* (4).


Knight, J. A. (2008). Music therapy internship supervisors and preinternship students: A


Appendix A

Survey
1. Please select whether you identify yourself as 'American' or 'International'. Separate responses appear for American Student, International Student, American Professional, and International Professional. "Professional" refers to those music therapists who have successfully completed an undergraduate degree or equivalency curriculum in music therapy. We understand that nationality is a legal status, but for the purpose of this study, we are interested in your perceptions, and as such, encourage you to respond based on your individualized sense of nationality.

- American intern
- International intern
- American professional
- International professional
- N/A

2. What is your first language?
3. With which gender do you more readily identify?

- Female
- Male
- Other

4. Age

- 20-25
- 26-30
- 31-35
- 36-40
- 40+
5. Identify the highest degree you have completed or in which you are currently enrolled.

- Bachelor's
- Bachelor's equivalency
- Master's
- Master's equivalency
- Doctoral

6. Please identify your top THREE criteria when deciding where to complete your internship training?

- Clinical Population
- Pre-internship clinical experience
- Opportunities to work with other disciplines/professions
- Location (i.e., city, state)
- Supervisor
- Start date
- Provision of monetary support (i.e., stipend, housing, meals)
- Other (Please specify)
7. Please identify the top FIVE AMTA competency areas that you feel/felt most competent about prior to the start of your internship.

- [ ] Music theory and history
- [ ] Composition and arranging
- [ ] Major performance medium
- [ ] Keyboard skills
- [ ] Voice skills
- [ ] Guitar skills
- [ ] Percussion skills
- [ ] Non-symphonic instrument skills
- [ ] Improvisation skills
- [ ] Conducting skills
- [ ] Movement skills
- [ ] Therapeutic applications
- [ ] Therapeutic principles
- [ ] Therapeutic relationship
- [ ] Foundations and principles
- [ ] Client assessment

- [ ] Treatment planning
- [ ] Therapy implementation
- [ ] Therapy evaluation
- [ ] Documentation
- [ ] Termination/discharge planning
- [ ] Professional role/ethics
- [ ] Interprofessional collaboration
- [ ] Supervision and administration
- [ ] Research methods
- [ ] Other (please specify)

[Progress bar]
5%
8. Please identify the top FIVE AMTA major competency areas that you wanted to improve prior to the start of your internship.  

- Music theory and history
- Composition and arranging
- Major performance medium
- Keyboard skills
- Vocal skills
- Guitar skills
- Percussion skills
- Non-symphonic instrument skills
- Improvisation skills
- Conducting skills
- Movement skills
- Therapeutic applications
- Therapeutic principles
- Therapeutic relationship
- Foundations and principles
- Client assessment

- Treatment planning
- Therapy implementation
- Therapy evaluation
- Documentation
- Termination/discharge planning
- Professional role/ethics
- Interprofessional collaboration
- Supervision and administration
- Research methods
- Other (please specify)

Prev  Next
9. Please identify your top THREE areas of perceived strength when you were preparing for internship.

- General preparation/being prepared (or having knowledge)
- General aptitude (how well suited you are to be a therapist)
- Enthusiasm for supervisor/placement
- Physical environment (Having enough money, moving to a new location, etc.)
- Anticipated response from clients
- Your competence as a music therapy intern
- Specific preparation/specific content knowledge related to internship population(s)
- Discipline
- Your ability to apply the knowledge you developed pre-internship
- Being respected
- Meeting expectations
- Your professionalism

- Communicating effectively
- Using time effectively

Please identify other concerns you had not identified above.
10. Please identify your top THREE concerns when you were preparing for internship.

- General preparation/being prepared (or not having knowledge)
- Failure (not cut out for therapy)
- Concerns about supervisor/placement
- Physical environment concerns (money, moving, etc.)
- Clients not responding
- Competent
- Specific preparation/lack of specific content knowledge
- Discipline
- Not being able to apply knowledge
- Not being respected
- Expectations (not meeting)
- Not being professional

- Embarrassing (saying something inappropriate)
- Clients will not like me
- Using time effectively
- Please identify other concerns you had not identified above:
11. For each of the major AMTA competencies below, please rate whether your expectation for training is being, or was, met during your internship.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Expectation is/was not met at all</th>
<th>Expectation is/was mostly unmet</th>
<th>Expectation is/was mostly met.</th>
<th>Expectation is/was completely met.</th>
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If you have other concerns not identified above, please identify them here and include one of the ranking terms to associate with your concern.
12. Please take a moment to indicate up to **THREE** aspects of your internship that you feel/felt contributed **the most** to your development as a clinical music therapist. To be clear, we are asking you to identify the aspects of your **training, not yourself**, that you perceive(d) as areas that contributed most to your development as a clinical music therapist.

Aspect 1

Aspect 2

Aspect 3

13. Please take a moment to indicate up to **THREE** aspects of your internship that you feel/felt need (ed) improvement as part of your internship training. To be clear, we are asking you to identify the aspects of your **training, not yourself**, that you perceive(d) as areas that would improve your development as a clinical music therapist.

Aspect 1

Aspect 2

Aspect 3
Appendix B

Consent Form
You are invited to participate in a research project entitled "Perspectives on Preparedness and Satisfaction for the Clinical Internship in Music Therapy: Differences Between American and International Music Therapy Students/Music Therapists". The study is designed to investigate the perspectives of American and international music therapy students and professional music therapists on preparedness and satisfaction for the clinical internship in music therapy. The study is being conducted by Professor Edward A. Roth, Fei Wang and Wang Lu from Western Michigan University, School of Music. This research is being conducted as part of the thesis requirements for Fei Wang and Wang Lu.

Who can participate in this study?

You can participate in this study if you have completed at least half of their clinical music therapy internship in the United States, to professionals (MT-BCs) who have finished their internship within the last five years (no earlier than April 5, 2012).

This survey comprises 14 questions, includes yes or no questions, multiple-choice questions, short answer questions and rating questions (1-4 levels), and will take approximately 10 to 15 minutes to complete. At the end, you can opt to be entered into a drawing for one of 20 gift cards from Amazon.com valued at $10 each. Your replies will be completely anonymous. When you begin the survey, you are consenting to participate in the study. If you do not agree to participate in this research project, simply exit now. If, after beginning the survey, you decide that you do not wish to continue, you may stop at any time. You may choose to not answer any question for any reason. If you have any questions prior to or during the study, you may contact Edward Roth at (269-387-5415), Wang Lu at (269-364-1053) Western Michigan University Department of Music,
the Human Subjects Institutional Review Board (269-387-8293) or the vice president for research (269-387-8298).

This study was approved by the Western Michigan University Human Subjects Institutional Review Board (HSIRB) on (3/29/2017). Please do not participate in this study after (3/28/2018).

Participating in this survey online indicates your consent for use of the answers you supply.

Thank you again for your time and input,

Fei Wang & Wang Lu, Graduate Students in Music Therapy
Western Michigan University
School of Music
Appendix C

WMU Pre-Internship Self-Evaluation
# Pre-Internship Self-Evaluation

Level of Performance in AMTA Competencies

Name of Intern:

_____________________________________________________________________

Name of Evaluator (Academic Program Director):

__________________________

Evaluation key:
3= exceeds expected level of performance
2= meets expected level of performance
1= does not meet expected level of performance
n/o= not observed

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<th>Comments (optional)</th>
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<td>Research methods</td>
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Expected level of performance in specific competencies at conclusion of internship:

Academic Program Director’s Signature: __________________________

Date: ______________

Music Therapy Intern’s Signature: __________________________

Date: ______________
Appendix D

HSIRB Approval Letter
Date: March 24, 2017

To: Edward Roth, Principal Investigator
    Fei Wang, Student Investigator for thesis
    Wang Lu, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 17-03-06

This letter will serve as confirmation that your research project titled “Perspectives on Preparedness and Satisfaction for the Clinical Internship in Music Therapy: Difference between American and International Music Therapy Students and Music Therapist” has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., **you must request a post approval change to enroll subjects beyond the number stated in your application under “Number of subjects you want to complete the study.”**) Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

**Reapproval of the project is required if it extends beyond the termination date stated below.**

The Board wishes you success in the pursuit of your research goals.

**Approval Termination:** March 23, 2018
Appendix E

Change Explanation Letter
Dear Julia,

I’m writing today regarding HSIRB Project #17-03-06 on behalf of my graduate thesis students, Wang Lu and Fei Wang.

Immediately after HSIRB approval, we were informed by the Certification Board for Music Therapists that the population from which we would draw our sample (the CBMT membership) was significantly larger than we anticipated.

Our original request was based on an errant estimation of the number of potential participants that would meet our inclusion criteria (N=400).

Having learned that there are 2673 people who may meet our inclusion criteria amongst their membership, we are requesting approval to send invitations to participate to those 2673 potential participants. We are estimating a return rate of 20%, bringing our potential 'N' to 535.

Sincerely,

Edward A. Roth
Director and Professor of Music Therapy
Director – Brain Research and Interdisciplinary Neurosciences (BRAIN)
Appendix F

HSIRB Post Approval Change Letter
Date: April 24, 2017

To: Edward Roth, Principal Investigator  
    Fei Wang, Student Investigator for thesis  
    Wang Lu, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 17-03-06

This letter will serve as confirmation that the change to your research project titled “Perspectives on Preparedness and Satisfaction for the Clinical Internship in Music Therapy: Difference between American and International Music Therapy Students and Music Therapist” requested in your memo received April 24, 2017 (to increase the number of potential participants recruited to 2673) has been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 23, 2018