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A Comparison of Concerns Related to Internship Preparation: A Survey of International and American Music Therapy Students and Professionals

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A COMPARISON OF CONCERNS RELATED TO INTERNSHIP PREPARATION: A SURVEY OF INTERNATIONAL AND AMERICAN MUSIC THERAPY STUDENTS AND PROFESSIONALS

Fei Wang, M.M.

Western Michigan University, 2017

The purpose of this study was to investigate the different perceptions of internship between International and American music therapy students and professionals. There were 465 participants enroll in this study, and divided into four groups base on their own identification. Group AI (American Interns, n1=50), Group II (International Interns, n2=12), Group AP (American Professionals, n3=353), and Group IP (International Professionals, n4=50). The different perceptions include (a) primary criterion when choosing internship, (b) most confident areas when entering internship, (c) most want to improve during internship, (d) perceived strength related to internship preparedness, (e) primary concerns/worries related to internship preparedness. The survey included 13 questions. The format of the survey questions included multiple-choice questions and short answer questions. All the multiple-choice questions included an “other” option to let participants add language if they did not find a choice appropriate for them in the provided responses. The results indicated that there are many different opinions held by participants when participants select and prepare for their internship training.
A COMPARISON OF CONCERNS RELATED TO INTERNSHIP PREPARATION: A SURVEY OF INTERNATIONAL AND AMERICAN MUSIC THERAPY STUDENTS AND PROFESSIONALS

by
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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

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In 1832, the United States documented the first article about music as a therapeutic medium. Ever since, the discipline of music therapy has been developing throughout the world (Maranto, 1993a). New music therapy associations have been created; now, music therapy is practiced in over 40 countries, and in 1994, there were 27 countries offering some type of training in music therapy (Erdonmez, 1994).

The earliest known reference to music therapy appeared in 1789 in an unsigned article in Columbian Magazine titled “Music Physically Considered” (AMTA, 2016). E. Thayer Gaston, known as the “father of music therapy,” was instrumental in moving the profession forward from an organizational and educational standpoint. The first music therapy college training programs were created in the 1940s. Michigan State University established the first academic program in music therapy in 1944, and the University of Kansas followed Michigan State University to start music therapy program (AMTA, 2016a). Because of this long tradition, the United States offers the highest number of educational training programs and provides opportunities for international students (Brotons, 1995). Now in America, there are more than 80 universities that have a music therapy major, and over 7,000 music therapists working in a wide variety of settings including (but not limited to) psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient clinics, day care treatment centers, agencies serving developmentally disabled persons, community mental health centers, drug and alcohol programs, senior centers, nursing
homes, hospice programs, correctional facilities, halfway houses, schools, and private practice (AMTA, 2016b).

Music therapy is also developing in other countries around the world. In eight major regions of the world (North America, Australia/New Zealand, Southeast Asia, Africa, Western Pacific, Eastern Mediterranean, Latin America and Europe), there are growing numbers of music therapy programs developing (WFMT, 2016). Even still, there are many students who come from different countries around the world to America to study music therapy.

In America, people who want to be music therapists must earn bachelor’s degrees or its equivalent in music therapy from an American Music Therapy Association (AMTA) approved program and have, at minimum, the entry-level credential, MT-BC to ethically practice as a music therapist. Clinical skills are developed through 1,200 hours of required fieldwork, including an internship in healthcare and/or education facilities. These experiences allow students to learn how to assess the needs of clients, develop and implement treatment plans, and evaluate and document clinical changes. Once the music therapy degree is earned and the internship is completed, students are eligible to sit for the national examination offered by the Certification Board for Music Therapists. Music therapists who successfully complete the independently administered examination hold the credential Music Therapist, Board Certified (MT-BC) (AMTA, 2016b).

The purpose of this study is to investigate the different perceptions of internships among International and American music therapy students and professionals.

Research Questions:

1. What is the primary criterion used by students when choosing an internship?
2. What aspects of development do students/interns feel most confident about as they enter their internship?

3. What aspects of development do students/interns most want to improve during their internship?

4. What are the primary areas of perceived strength related to internship preparedness?

5. What are the primary concerns/worries of students related to internship preparedness?

Sub-research question:

Are there differences between students who identify themselves as “American” and those who identify themselves as “international”?
CHAPTER II

LITERATURE REVIEW

Internships, work experiences, and/or work-integrated learning experiences are key curriculum elements for students in many fields of study as a transitional form of coursework designed to bridge academia and the workplace (Collins, 2002; Rehling, 2000).

The music therapy clinical internship is the culminating activity in the music therapy curriculum. It has been viewed as a necessary and integral part of the education and training of music therapists since the curriculum was first formalized (Boxberger, 1988; Gault, 1978).

Music Therapy students who study in American universities must complete a clinical internship before they take the exam offered by the Certification Board for Music Therapists (CBMT), and students are expected to evolve from student to professional music therapist during the internship phase. The student affiliation or internship lasts for a minimum of 900 hours or any greater length of time (typically, 1,040 hours) needed to fulfill the clinical training requirement of 1,200 hours (AMTA, 2016b). Music Therapy students need to have acquired all competency-based prerequisites for internship (including both coursework completion and clinical experience) required by both the AMTA approved college/university and the internship program, prior to beginning the internship” (AMTA, 2016b). Students may be required additional hours of internship by the internship program in consultation with the academic institution when they are unable to demonstrate required exit level competencies of internship (AMTA, 2016b).
Lamb, Baker, Jennings, and Yarris (1982) identified five distinct passages of an internship in professional psychology: (a) pre-entry preparation, which included applications, acceptance, and pre-arrival apprehension; (b) early intern syndrome, which was characterized by gathering information and finding a place in the agency; (c) intern identity, which focused on the realization of strengths and limitations, a period of self-doubt, and a period of greater role differentiation; (d) the emerging professional, which was characterized by increased sense of competence and independence; and (e) resolution, which incorporated various ways of separating from the agency. Psychology internships last one year, but compared to music therapy internships, the processes have possible similarities.

From the beginning of organized educational training for music therapists, an integral part of the conceptualization of that training has been the necessity of internship or clinical experience (Gault, 1978).

Nearly 40 years ago, Braswell, Maranto, and Decuir (1979) found that music therapists rate their clinical training experiences more favorably than their university training. Around the same time, Gault (1978) surveyed 529 professional music therapists concerning the adequacy of their university and clinical training in preparing them for “effective functioning as professional music therapists serving client populations.” Results showed that for clinical internship experiences, 60% of participants considered their internship adequate to meet the needs of a professional music therapist. Of the 60%, 18% of participants considered the internship inadequate, 42% of participants felt that the major problems were a lack of specific training and application of actual music therapy procedures.

Braswell, Decuir & Maranto conducted another study in 1980 to investigate the possibility of establishing entry-level skills for Loyola music therapy students and
interns. Entry-level skills were defined as skills music therapy students should possess after completion of a 4-year academic sequence and a 6-month clinical training program. There were 48 participants, including 13 music therapy interns, who were asked to use a nine-point scale to rate different skills related to academic clinical skills and academic functional skills. The results showed that the highest rated skills for academic clinical skills were, “show respect for patients and clients,” “Looks for creative approaches to help uncooperative patients or clients,” “designs activities and provides musical and nonmusical resources to accomplish goals and objectives for patients or clients”, and “Is creative and resourceful in designing activities to meet patient or client needs.” The skills concerned with knowledge of music therapy research, clinical, theoretical literature, and associated with the psychology of music were below the midpoint. The highest rated functional skills were “Correctly tunes guitar,” and “Plays commonly used strums on guitar.” The lowest rated skill was “Identifies French, German, and Italian names for the standard orchestral and band instruments.”

Over 30 years ago, Brookins (1984) conducted a research investigation about music therapy clinical interns to determine the knowledge, skills, and attributes a clinical training director considers important when selecting a music therapy intern. Results of the survey indicated that piano skills, knowledge of psychology, emotional maturity, and the ability to express needs and feelings were considered most important for the prospective intern to possess at the same time.

In 1998, AMTA first established the “American Music Therapy Association Professional Competencies,” then revised them in 2013. The professional competencies were established to ensure standards for education and clinical training. There were twenty major competencies in three areas: A. Music Foundations (Music
Some published articles of 40 to 50 years ago focused on descriptions of music therapy clinical and internship programs (Carle, 1973; Williams, 1963). Twenty years before the AMTA Competencies were established, Alley (1978) investigated competency ratings by 24 trained music therapy students during university coursework and clinical training. When evaluating students for their skill attainment upon completion of their internship, three skills were assessed: music, music therapy, and administrative skills. Among the music skills listed were, familiarity with various stylistic elements of major compositions, ability to compose or transcribe music, and ability to conduct. The music therapy skills included knowledge of various psychotherapies; awareness of laws concerning patient right, confidentiality, and treatment; ability to relate to handicapped people; development of data collection procedures; and ability to function as a leader. Interdisciplinary administrative skills included ability to interact effectively with peers, supervisors, and client families; understanding of professional ethics; ability to explain music therapy to another; and ability to participate on interdisciplinary teams to design client programs. 91% of participants reported that upon successful completion of clinical training experience, they were adequately prepared to be professional music therapists.
Braswell, Decuir & Brooks conducted a study in 1985 that compared the experiences and responsibilities of music therapy interns with requirements outlined in the Guidelines for Establishing and Maintaining Music Therapy Clinical Training Programs. The participants included 134 music therapy clinical training directors and 75 music therapy interns. Results showed that 80% of interns were more than satisfied with their clinical training experiences.

Previous articles discussed the importance of music therapy internships and academic training received from universities to prepare music therapy students with entry-level skills, attitudes, and knowledge for a successful career, but they took place over 3 decades ago. Investigator did not find much research that discussed students prior to the internship experience and their fears when preparing for the internship.

Madsen and Kaiser (1999) conducted a study that examined pre-internship fears of music therapy majors. This article also compared pre-internship fears of music education majors with music therapy majors. The results showed that music therapy interns listed “general preparation/being prepared” as their primary fear followed by issues relating to “Failure/not cut out for therapy.” The next most frequently noted fears related to concerns about “internship placement” and concerns about the “physical environment (money, moving, housing, etc.).” The results also showed that responses revealed a very low fear concerning “Discipline” for music therapy majors. For music education major students, “Failure/not being cut out for teaching/therapy,” “physical environment including money, moving, etc.,” “supervising teacher/placement,” and “students not learning/clients not responding” all had a high selection rate.

The American Music Therapy Association has attempted to monitor the quality of internship programs through the implementation of stringent requirements
for internship programs and supervisors. These attempts have provided the needed focus for quality training opportunities to students entering the profession. Patterns of emotional states experienced by interns are discussed informally among music therapy internship supervisors, and have also been discussed during formal seminars for supervisors at regional and national conferences (Grant & McCarty, 1990). Grant and McCarty (1990) conducted a study attempting to identify patterns and factors of emotional states or passages experienced by music therapy interns during the 6-month internship. Results showed that gender, type of facility, and outside employment during the internship had no significant impact on overall ratings.

More recently, Knight (2008) conducted a study comparing perceptions of professional competency between pre-internship music therapy students and internship supervisors. Student interns reported a lower mean level of concern about getting assistance in “Communicating with facility staff”, and “Maintaining client confidence” than their supervisors. The results showed that the internship supervisors could also benefit from interns’ knowledge. Interns need to be prepared well when they enter the internship and learn as much as possible of how to use their knowledge that they learned from school in their clinical experience.

For international students studying in America, the internship of their degree can be a hard part of their overseas study experience. Internships allow international students to engage actively in a foreign culture; this offers the opportunity to grow their skills in a new and unfamiliar environment and expose themselves to a range of other individuals whom they might not have otherwise had contact with. This experience provides international students the opportunity to understand more fully the differing cultures and norms between countries (Roberts, 1998; Toncar & Cudmore, 2000). International students are often at a disadvantage when studying
outside of their home country due to: unfamiliar learning contexts, differing learning styles, language barriers and overcoming cultural differences, among other issues (Ruhamen, Robinson & Breakey, 2013).

Roberts (1998) created an article to discuss the outcome of one set of international internships in which the students were not prepared in advance. This article examines whether or not an awareness of cultural differences affects the technical aspects of an internship experience. Roberts interviewed six undergraduate Cornell students. The investigation of the students’ internships was comprised of over 30 hours of taped responses to 10 interview questions after they finished their six-month internship with a large international hotel group. The students ranked factors related to intercultural differences that caused them the most difficulty. Those factors that presented the greatest challenge for them throughout their internships were nonverbal communication practices, negotiation practices, religious practices and kinship ties, and protocol and etiquette rituals.

In recent years, there has been an increasing awareness of the cultural pluralism of the American society. As society becomes more diverse, health care professionals such as music therapists face growing pressure to respond to the needs and values associated with different races and cultures (Toppozada, 1995). Because of the diversity of American culture, music therapy students may face challenges of multicultural issues when they start the internship. During their internship, they might work with an increasing number of clients whose worldviews, culture values, and experiences may be markedly different from their own (Young, 2009).

Dileo (2000) included a chapter on multicultural perspectives in which she made recommendations for education and training. These included the integration of multicultural issues into the music therapy undergraduate and graduate curricula, and
providing students with opportunities to have practicum experiences with diverse cultures. She also stressed the need for music therapy faculty and internship supervisors to be culturally aware and competent.

Sue, Fujino, Hu, Takeuchi & Zane (1991) found that clients (who did not speak English as their first and/or primary language) were more successful in therapy when their cultural and/or primary linguistic needs were addressed. Since music is so closely linked with culture, an individual’s cultural heritage can potentially play an important role within music therapy clinical practice (Darrow & Molloy, 1998).

Toppozada (1995) examined professional music therapists’ knowledge of, and attitudes toward, relevant multicultural issues. Particularly to examine if there is in fact a need for multicultural training for music therapists. A survey was sent to 500 music therapists across the country. With results showing that 78.2% of the total 202 valid respondents supported multicultural training for music therapy students.

Darrow and Molloy (1998) examined multicultural perspectives in the field of music therapy by reviewing the professional literature, national conference programs, NAMT program requirements, and by surveying 219 professional and student music therapists practicing in culturally diverse areas of the United States. The results showed that 75 percent of the respondents were familiar with multicultural music and their knowledge of multiculturalism was gained through experience. Most respondents felt coursework in multicultural education was necessary.

While there have been previous investigations into music therapy internships in the United States, little information is available concerning international students’ internship experiences. The purpose of the current study was to investigate the perceptions of American and International students and professionals in music therapy regarding clinical internship training. The different categories of internships
included: 1. The first and second criterion for choosing an internship. 2. What do you want to improve during the internship? 3. What are your primary and secondary fears when preparing for your internship?
CHAPTER III

METHOD

Participants

2,673 people who might meet the inclusion criteria amongst the Certification Board for Music Therapists membership were recruited to take this survey. When the survey closed, there were 467 respondents. To be eligible to participate, music therapy interns were required to have completed the first half of their internship and professional music therapists needed to have earned the professional credential of MT-BC within the last five years, which for the purpose of this study, meant no earlier than 3/6/2012. Two respondents did not meet the eligibility requirements, so their data was excluded from analyses. The participants were organized in two groups by country of origin. The participants of “American” were from the United States of America. International participants included participants whose country of origin was anywhere other than the United States (U.S.). These two groups were further divided into four groups from their responses to survey question 1. Group AI were American interns, Group II were international interns, Group AP were American professionals, and Group IP were International professionals. The 465 participants included 50 (nAI) American internship students (AI), 12 (nII) international internship students (II) who studied music therapy in United States, 353 (nAP) American professionals (AP), and 50 (nIP) International professionals (IP).

The sample contained 416 (90.24%) people who spoke English as their first language, 27 (5.86%) people who spoke Chinese as their first language, and 3 (0.65%) participants who spoke French, 2 (0.43%) participants who spoke Hebrew, 2 (0.43%) participants who spoke Japanese, 2 (0.43%) participants who spoke Korean,
1 (0.22%) participant who spoke German, 1 (0.22%) participant who spoke Hindi, and 1 (0.22%) participant who spoke Russian. There were also 6 (1.30%) participants who choose “other option” and mentioned their first language in the comment box. Those languages were Marathi, Spanish, and Tagalog. In the comment box, American Sign Language, Italian, French, Spanish, Portuguese, and Hungarian were also popular as the other language that participants spoke/ wrote/ read proficiently.

399 (86.18%) participants in this survey identified as female, 62 (13.39%) male, and 2 (0.43%) participants identified themselves as other.

As presented in Survey Question four, 44.92% (n=208) of all participants were 20-25 years old, 38.01% (n=176) participants were 26-30 years old, 11.45% (n=55) were 31-40 years old, and only 26 participants (5.62%) were over 40 years old.

Concerning Survey Question five (the highest completed/currently enrolled degree), 48.16% (n=223) of participants had or were pursuing Bachelor’s degrees, and 33.69% (n=156) had or were pursuing Master’s degrees. 3.02% (n=14) respondents identified as a bachelor’s equivalency, 13.61% (n=63) participants chose Master’s equivalency. There were also seven (1.51%) participants who had or were pursuing Doctoral degrees.

Instrumentation

An original survey created in electronic format on SurveyMonkey was utilized by student-researchers to examine any differences between participants from “American” and International participants. The survey included 13 questions. From question 1 to question 10, the 10 questions were designed to collect demographic data while answering the five research questions and one sub-research question. The
consent form and the link to the survey was e-mailed to 2,673 potential participants through SurveyMonkey. Although the survey instrument was created by the student-researchers, Research Question 4 and 5 (Survey Question 9 and 10) were created by modifying questions from the Madsen and Kaiser study (1999). Research Question 2 and 3 (Survey Question 7 and 8) were also borrowed from the Western Michigan University Music Therapy pre-internship self-evaluation which includes the major categories of the AMTA competencies (See Appendix A).

The format of the survey questions included multiple-choice questions, short answer questions and rating question (4 levels: Expectation is/was not met at all; Expectation is going/went mostly unmet; Expectation is/was mostly met; Expectation is/was completely met). All the multiple-choice questions included “other” options to let participants fill in if they did not find a choice appropriate for them. When participants chose “other,” they were asked to provide an explanation. The results of the “other” option was analyzed and summarized.

Procedure

The investigator submitted a request form on The Certification Board for Music Therapists (CBMT) website to buy an e-mail list of music therapists who got their first time Music Therapy Board Certification (MT-BC) in the last five years (no later than 3/6/2012). The e-mail lists of all the clinical training directors (a.k.a internship supervisors) were found on the AMTA internship list (included Roster sites and University-Affiliated internship sites). The survey also used snowball sampling, requesting that clinical training directors forward the invitation letter to their current internship students to garner more participants.
Each participant received an invitation (See Appendix B) to participate via e-mail through the SurveyMonkey e-mail started on April 27th, 2017, describing the purpose of the study, the name and contact information of the investigator, the nature of the online survey platform, a description of inclusion criteria, and expected time commitment. It also included a statement regarding consent, and the survey questions web link from SurveyMonkey. The SurveyMonkey link remained open for one month and closed on May 26th, 2017. At the request of CBMT, each board-certified music therapist only received three e-mails. Following the invitation email, two reminder e-mails were sent to participants weekly before the survey closed. Participants completed the survey with the understanding that completion of the survey was considered as consent to participate in the study.

The investigator also offered Amazon gift cards rewards to encourage more people to participate in this study. A drawing with 20 Amazon gift cards, 10 dollars each, was set up for participants who completed the survey and wanted to be included.

None of the participants were asked for names or other identifying information (except for an e-mail address if they would like to be added into the drawing for an Amazon gift card). Only the investigator and thesis advisor had access to data collected during the study.

The data from the survey was collected through SurveyMonkey and then analyzed by the investigator under the supervision of the thesis committee. Data were initially stored in SurveyMonkey's servers. After the data collection period closed, the data were downloaded to the investigator’s laptop computer for subsequent analysis. Following the successful defense of the thesis, the investigator transferred the data to
flash drives, deleted the data from the hard drive, and turned the flash drive over to
the thesis advisor who kept the flash drive in a locked cabinet in his locked office.
CHAPTER IV

RESULTS

2,673 e-mails were sent to potential participants for recruitment purposes. 465 participants took the survey and met the eligibility requirements; this resulted in a response rate of 17.47% and the data below represent responses from these 465 participants.

Research Question 1

What is the primary criterion used by students when choosing an internship?

Research Question 1 related to Survey Question 6: Please identify your top three criteria when deciding where to complete your internship training?

A list of characteristics was developed for this study to associate with students when choosing an internship. The characteristics were: (1) Clinical population; (2) Pre-internship clinical experience; (3) Opportunities to work with other disciplines/professions; (4) Location (i.e., city, state); (5) Supervisor; (6) Start date; (7) Provision of monetary support (i.e., stipend, housing, meals); and “other” option to let participants specify the answer if they did not find the appropriate answer above.
As presented in Figure 1, according to the 461 responses (4 participants failed to complete this question), the top three criteria for participants who were deciding where to complete their internship training were: (1) Clinical population, 91.8% (n=423); (2) Location (i.e., city, state), 68.5% (n=316); and (3) Opportunities to work with other discipline/professions, 37.5% (n=173). The criteria of least consequence included: “Provision of monetary support” (16.5%, n=76), “Pre-internship clinical experience” (14.3%, n=66), and “Other” (6.3%, n=29).
Figure 2. Primary Criterion When Choosing Internship by Group

For research question 1, survey question 6, Group AI, Group AP, and Group IP all chose the same criteria (“Clinical Population,” “Location,” and “Opportunities to work with other disciplines/professions”) as their top three. The top three criteria for Group II were: (1) Clinical Population, 83.3% (nII=10); (2) Opportunities to work with disciplines/professions, 58.3% (nII=7); (3) Supervisor, 50% (nII=6).
There were 6.3% (n=29) participants who chose the “other” option. Participants in Group AP mentioned that when choosing the internship site, they considered the opportunity to work with a wide spectrum of ages, diagnoses, and settings. Participants in Group II mentioned that they considered whether the internship site offered the opportunity to work at the site part-time (25 hours/week). Participants in Group AP also mentioned that they considered flexibility with hours since some of them needed to work through their internship period. The following were also considerations for participants in Group AP when choosing an internship: reputation of internship agency and supervisors; opportunities for professional and personal growth; and the clinical business model.

Sub-Research Question 1

*Are there differences between students who identify themselves as ‘American’ and those who identify themselves as ‘international’ in the primary criterion used when choosing an internship?*

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Percentage of Top Three Criteria When Choosing an Internship by Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group AI</td>
</tr>
<tr>
<td>Clinical Population</td>
<td>98% (49)</td>
</tr>
<tr>
<td>Location</td>
<td>66% (33)</td>
</tr>
<tr>
<td>Opportunities to work with other disciplines/professions</td>
<td>36% (18)</td>
</tr>
</tbody>
</table>
Because the data were nominal, and there were four groups with different sample sizes to compare, the investigator used Chi-Square test to analyze the data. There was no significant difference between group responses for any of the top three primary criteria related to choosing an internship.

Research Question 2

*What aspects of development do students/interns feel most confident about as they enter their internship?*

Research Question 2 related to Survey Question 7, and was presented in the survey as “Please identify the top five AMTA competency areas that you feel/felt most competent about prior to the start of your internship.”

For this question, a list of characteristics (AMTA competencies) associated with students choosing an internship was developed including: (1) Music theory and history; (2) Composition and arranging; (3) Major performance medium; (4) Keyboard skills; (5) Voice skills; (6) Guitar skills; (7) Percussion skills; (8) Non-symphonic instrument skills; (9) Improvisation skills; (10) Conducting skills; (11) Movement skills; (12) Therapeutic applications; (13) Therapeutic principles; (14) Therapeutic relationship; (15) Foundations and principles; (16) Client assessment; (17) Treatment planning; (18) Therapy implementation; (19) Therapy evaluation; (20) Documentation; (21) Termination/discharge planning; (22) Professional role/ ethics; (23) Interprofessional collaboration; (24) Supervision and administration; (25) Research methods; and (26) Other (please specify).
As presented in Figure 3, results for Research Question 2 were calculated from the 460 total participants; five participants failed to answer this question. 53.3% (n=245) participants stated that “Voice skills” was their first choice. “Therapeutic relationship” (48.3%, n=222) was the second competency participants felt most
confident in prior to their internship. There were 35.4% (n=163) of participants who chose “Guitar skills,” and 33.7% (n=154) of participants who chose “Music theory and history.” The fifth AMTA competency that participants felt confident about was “Major performance medium,” with 30.4% of respondents (n=140) reporting. Table 2 contains the percentage of top five confidence areas at the onset of internship, by group.

Results for Group AI were calculated out of the total 49 participants; one participant failed to answer this question. Their top five competency choices were “Voice skills” (55.01%, n=27), “Therapeutic relationship” (53.1%, n=26), “Guitar skills” (46.9%, n=23), “Documentation” and “Professional role/ethics” (32.7%, n=16).

In Group II (nII=12), over half of the respondents (75%, n=9) reported that “Keyboard skills” was their most confident AMTA competency. 66.7% of respondents (n=8) indicated “Voice skills” as their second most confident AMTA competency. “Therapeutic relationship” (58.3%, n=7) was their third choice, followed by “Music theory and history” (50%, n=6). There were also 41.7% (n=5) of participants in Group II who chose “Major music performance medium.”

Results for Group AP were calculated out of the total 350 participants; three participants failed to answer this question. According to the data, the primary AMTA competencies this group felt confident in prior to internship training were “Voice skills” (54.6%, n=191) and “Therapeutic relationship” (47.4%, n=166) followed by “Guitar skills” (35.4%, n=124) and “Music theory and history” (34%, n=119). “Documentation” and “Professional role/ethics” had the same percentage (31.4%, n=110).
Figure 4. Areas in Which Respondents Felt Most Confident at the Onset Internship by Group

Group IP had 49 participants who responded to this question; one participant failed to answer the question. Data presented in Table 4 reveals that 46.9% (n=23) of
participants from Group IP reported their most confident AMTA competency was “Therapeutic relationship” 42.9% (n=21) and their second one was “Keyboard skills” before they went to internship training. The third most confident AMTA competency was “Voice skills” (38.8%, n=19), followed by “Improvisation skills” (32%, n=16). “Music theory and history” and “Therapeutic applications” (30.6%, n=15) were their fifth choices for skills they wanted to improve during their internship.

Sub-Research Question 2

Are there differences between students who identify themselves as ‘American’ and those who identify themselves as ‘international’ regarding aspects of development students/interns feel most confident about as they enter their internship?

There were no significant differences across groups in their top five AMTA competencies that participants felt most confident in when they entered their internship. There were, however, significant differences across groups in “Keyboard skills” ($\chi^2 = 20.280, \rho < .001$), and “Improvisation skills” ($\chi^2 = 9.617, \rho < .05$). Table 2 and 3 contain the percentage responses by group for each of those competencies.

Table 2
Percentage of Top Five Confidence Areas at the Onset Internship by Group
<table>
<thead>
<tr>
<th>Within Groups</th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voice skills</td>
<td>55.1% (27)</td>
<td>66.67% (8)</td>
<td>54.57% (191)</td>
<td>38.78% (19)</td>
</tr>
<tr>
<td>Therapeutic relationship</td>
<td>53.06% (26)</td>
<td>58.33% (7)</td>
<td>47.43% (166)</td>
<td>46.94% (23)</td>
</tr>
<tr>
<td>Guitar skills</td>
<td>46.94% (23)</td>
<td>25% (3)</td>
<td>35.43% (124)</td>
<td>26.53% (13)</td>
</tr>
<tr>
<td>Music theory and history</td>
<td>22.45% (11)</td>
<td>50% (6)</td>
<td>34% (119)</td>
<td>38.78% (19)</td>
</tr>
<tr>
<td>Major performance medium</td>
<td>30.61% (15)</td>
<td>41.67% (5)</td>
<td>30.57% (107)</td>
<td>26.53% (13)</td>
</tr>
</tbody>
</table>

Table 3
*Percentage of Keyboard Skills by Group*

<table>
<thead>
<tr>
<th></th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keyboard skills</td>
<td>22.45% (11)</td>
<td>75% (9)</td>
<td>25.43% (89)</td>
<td>42.86% (21)</td>
</tr>
</tbody>
</table>

Table 4
*Percentage of Improvisation Skills by Group*

<table>
<thead>
<tr>
<th></th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvisation Skills</td>
<td>12.24% (6)</td>
<td>16.67% (2)</td>
<td>15.71% (55)</td>
<td>32.65% (16)</td>
</tr>
</tbody>
</table>

Research Question 3
What aspects of development do students/interns most want to improve during their internship?

Research Question 3 was related to Survey Question 8: Please identify the top five AMTA major competency areas that you wanted to improve prior to the start of your internship.

The list of available response characteristics (AMTA Competencies) associated with this question was the same as Survey Question 7. Similarly, an “other” option was added for participants who could not find appropriate options to express what they wanted to choose.

Results for this question were calculated from 460 total participants; 5 participants failed to answer this question. There were 48.26% (n=222) of participants who reported that they wanted to develop their “Improvisation skills” most during their internship training. The second AMTA competency was “Client assessment” (46.74%, n=215). 38.04% (n=175) of participants reported that “Guitar skills” (41.52%, n=191) was also an important AMTA competency that they wanted to improve during their internship training, followed by “Therapeutic applications” (38.04%, n=175), and “Therapy implementation” (37%, n=170). Percentages for the top five improvement areas by groups are included in Table 7. The major AMTA competency least chosen by participants was “Major performance medium” (0.43%, n=2).
Figure 5. Areas in Which Respondents Most Want to Improve During Internship
Figure 6. Areas in Which Respondents Most Want to Improve During Internship by Group
Results for Group AI were calculated from 49 total participants; one participant failed to answer this question. American Interns wanted to improve “Improvisation skills” the most (44.90%, n=22) during their internship. “Keyboard skills” and “Therapeutic applications” (42.86%, n=21) had the same percentage as the second AMTA competency they wanted to improve. “Interprofessional collaboration” (38.78%, n=19) was also considered an important skill to improve during internship. “Guitar skills” and “Client assessment” (36.73%, n=18) had the same percentage as the fifth AMTA competency they wanted to improve.

In Group AP, there were 353 participants who answered this question; 3 participants failed to answer this question. Data presented in Figure 7, reveals that over half of participants in this group chose “Improvisation skills” (50.29%, n=176) as the AMTA competency they most wanted to improve during their internship training. 46.86% (n=164) of participants chose “Client assessment,” followed by “Guitar skills” (42.86%, n=150), “Therapeutic applications” (37.14%, n=130), and “Therapy implementation” (36.86%, n=129). “Major performance medium” (0.57%, n=2) was the least important competency that participants wanted to improve.

For International Professionals (Group IP), there were 49 participants who answered this question; one participant failed to answer this question. The top two choices were “Client assessment” (57.14%, n=28), and “Therapy implementation” (44.90%, n=22). “Improvisation skills,” “Therapeutic applications,” “Treatment planning,” and “Documentation” (36.73%, n=18) had the same percentage and were considered as the third AMTA competency that participants wanted to improve during their internship training. For this Group, there were no participants who chose “Major performance medium,” and only one participant chose “Conducting skills,” “Movement skills,” and “Research method” (2.04%, n=1).
Sub-Research Question 3

Are there differences between students who identify themselves as ‘American’ and those who identify themselves as ‘international’ regarding aspects of development students/interns most want to improve during their internship?

Chi-square analyses indicated no significant differences across the top five choices of competencies that they wanted to improve during their internship. But there were significant differences between groups in “Keyboard skills” ($\chi^2 = 8.770, p < .05$), “Conducting skills” ($\chi^2 = 14.623, p < .001$), “Therapeutic principles” ($\chi^2 = 25.816, p < .0001$), and “Foundations and principles” ($\chi^2 = 8.802, p < .05$). Table 8, 9, 10 & 11 respectively contain the percentage responses by group for each of those competencies.

Table 5
Percentage of Top Five Improvement Areas by Group

<table>
<thead>
<tr>
<th>Within Groups</th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvisation skills</td>
<td>44.90%</td>
<td>50%</td>
<td>50.29%</td>
<td>36.73%</td>
</tr>
<tr>
<td></td>
<td>(22)</td>
<td>(6)</td>
<td>(176)</td>
<td>(18)</td>
</tr>
<tr>
<td>Client assessment</td>
<td>36.73%</td>
<td>41.67%</td>
<td>46.86%</td>
<td>57.14%</td>
</tr>
<tr>
<td></td>
<td>(18)</td>
<td>(5)</td>
<td>(164)</td>
<td>(28)</td>
</tr>
<tr>
<td>Guitar skills</td>
<td>36.73%</td>
<td>50%</td>
<td>42.86%</td>
<td>34.69%</td>
</tr>
<tr>
<td></td>
<td>(18)</td>
<td>(6)</td>
<td>(150)</td>
<td>(17)</td>
</tr>
<tr>
<td>Therapeutic application</td>
<td>42.86%</td>
<td>50%</td>
<td>37.14%</td>
<td>36.73%</td>
</tr>
<tr>
<td></td>
<td>(21)</td>
<td>(6)</td>
<td>(130)</td>
<td>(18)</td>
</tr>
<tr>
<td>Therapeutic implementation</td>
<td>32.65%</td>
<td>25%</td>
<td>36.86%</td>
<td>44.9%</td>
</tr>
<tr>
<td></td>
<td>(16)</td>
<td>(3)</td>
<td>(129)</td>
<td>(22)</td>
</tr>
</tbody>
</table>

Table 6
Percentage of Keyboard Skills by Group

<table>
<thead>
<tr>
<th></th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keyboard Skills</td>
<td>42.86%</td>
<td>8.33%</td>
<td>32%</td>
<td>20.41%</td>
</tr>
<tr>
<td>Table 7</td>
<td>Percentage of Conducting Skills by Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group AI</td>
<td>Group II</td>
<td>Group AP</td>
<td>Group IP</td>
</tr>
<tr>
<td>Conducting skills</td>
<td>0.0%</td>
<td>16.7%</td>
<td>1.7%</td>
<td>2.0%</td>
</tr>
<tr>
<td></td>
<td>(0)</td>
<td>(2)</td>
<td>(6)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 8</th>
<th>Percentage of Therapeutic Principles by Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group AI</td>
</tr>
<tr>
<td>within Groups</td>
<td>18.4%</td>
</tr>
<tr>
<td></td>
<td>(9)</td>
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</table>

<table>
<thead>
<tr>
<th>Table 9</th>
<th>Percentage of Foundations and Principles by Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group AI</td>
</tr>
<tr>
<td>Foundations and Principles</td>
<td>12.24%</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
</tr>
</tbody>
</table>
Research Question 4

What are the primary areas of perceived strength related to internship preparedness?

Research Question 4 related to Survey Question 9, which asked participants to identify the top three areas of perceived strength when they were preparing for internships.

For this question, a list of characteristics associated with students when they were choosing an internship was developed including: (1) General preparation/being prepared (or having knowledge); (2) General aptitude (how well suited you are to be a therapist); (3) Enthusiasm for supervisor/placement; (4) Physical environment (Having enough money, moving to a new location, etc.); (5) Anticipated response from clients; (6) Your competence as a music therapy intern; (7) Specific preparation/specific content knowledge related to internship population(s); (8) Discipline; (9) Your ability to apply the knowledge you developed pre-internship; (10) Being respected; (11) Meeting expectations; (12) Your professionalism; (13) Communicating effectively; (14) Using time effectively; (15) Others (please identify other concerns you had not identified above).

Results for this question were calculated from 454 total participants; 11 participants failed to answer this question. “General aptitude” (48.68%, n=221) was the top strength when preparing for internships. There were 46.70% (n=212) of participants who selected “Your professionalism” making it the second most selected response, followed by “General preparation/being prepared” (37.67%, n=171). Percentage responses for the top three strengths by group are included in table 12. The least popular choice was “Being respected” (3.08, n=14).
For American Interns (Group AI), there were 49 participants who answered this question; one participant failed to answer this question. Over half of the participants chose “Your professionalism” (53.06%, n=26) making it the most frequently selected strength when preparing for internships. “General aptitude” (34.69%, n=17) was the second choice, followed by “Enthusiasm for supervisor/placement” (32.65, n=16). Only two participants in Group AI chose “Meeting expectations” (4.08%, n=2) as their strength when preparing for internships.

Figure 7. Strength Related to Internship Preparedness
Participants in Group II (nII=12) selected “General preparation/ being prepared,” and “General aptitude” (50%, n=6) most frequently. 41.67% (n=5) of participants who chose “Your competence as a music therapy intern,” “Your ability to apply the knowledge you developed pre-internship,” and “Your professionalism.”

*Figure 8. Strength Related to Internship Preparedness by Group*
As present in Figure 8, there were 345 participants in Group AP who answered this question; eight participants failed to answer this question. General aptitude was selected by 49.57% (N=171) of participants as one of their top three areas of perceived strength when preparing for internships. “Your professionalism” (47.25%, n=163) was selected by the second highest number of respondents, followed by “General preparation/ being prepared” (37.97%, n=131). There were only seven participants in Group AP who choose “Being respected” (2.03%, n=7).

Over half of the participants in Group IP (N4=48, two participants failed to respond to this question) selected chose “General aptitude” (56.25%, n=27) making it their top strength when preparing for internships. “General preparation/ being prepared” (39.58%, n=19) was the second choice, followed by “Your professionalism” (37.50%, n=18). The least popular areas that participants chose were “Being respected,” “Meeting expectations,” and “Using time effectively” (6.25%, n=3).

Sub-Research Question 4

*Are there differences between students who identify themselves as ‘American’ and those who identify themselves as ‘international’ regarding the primary areas of perceived strength related to internship preparedness?*

Chi-square analyses indicated; there were no significant differences in their top three strengths when they were entering internships. However, there were significant differences in “Anticipated response from clients” ($\chi^2 = 10.650, \rho < .005$). See Table 13 for percentage of responses by groups.
Table 10  
*Percentage of Top Three Strengths by Group*

<table>
<thead>
<tr>
<th>Within Groups</th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>General aptitude</td>
<td>34.69%</td>
<td>50%</td>
<td>49.57%</td>
<td>56.25%</td>
</tr>
<tr>
<td></td>
<td>(17)</td>
<td>(6)</td>
<td>(171)</td>
<td>(27)</td>
</tr>
<tr>
<td>Your professionalism</td>
<td>53.06%</td>
<td>41.67%</td>
<td>47.25%</td>
<td>37.50%</td>
</tr>
<tr>
<td></td>
<td>(26)</td>
<td>(5)</td>
<td>(163)</td>
<td>(18)</td>
</tr>
<tr>
<td>General preparation/being</td>
<td>30.61%</td>
<td>50%</td>
<td>37.97%</td>
<td>39.58%</td>
</tr>
<tr>
<td>prepared</td>
<td>(15)</td>
<td>(6)</td>
<td>(131)</td>
<td>(19)</td>
</tr>
</tbody>
</table>

Table 11  
*Percentage of Participants Response from Clients by Group*

<table>
<thead>
<tr>
<th>Anticipant response from clients within groups</th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.24%</td>
<td>8.33%</td>
<td>3.71%</td>
<td>10.20%</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
<td>(1)</td>
<td>(13)</td>
<td>(5)</td>
</tr>
</tbody>
</table>
Research Question 5

What are the primary concerns/worries of students related to internship preparedness?

Research Question 5 was to Survey Question 10, which asked participants to identify the top three concerns when they were preparing for internships.

For this question, a list of characteristics associated with students choosing an internship was developed: (1) General preparation/being prepared (or not having knowledge); (2) Failure (not cut out for therapy); (3) Concerns about supervisor/placement; (4) Physical environment concerns (money, moving, etc.); (5) Clients not responding; (6) Competent; (7) Specific preparation/lack of specific content knowledge; (8) Discipline; (9) Not being able to apply knowledge; (10) Not being respected; (11) Expectation (not meeting); (12) Not being professional; (13) Embarrassing (saying something inappropriate); (14) Clients will not like me; (15) Using time effectively; (16) Other (please identify other concerns you had not identified above).

Results for this question were calculated from 452 total participants; 13 participants failed to respond to this question. “Physical environment concerns (money, moving, etc.)” (42.48%, n=192) was the most frequently mentioned concern/worry when preparing for internships. They were also concerned about “Specific preparation/lack of specific content knowledge” (34.51%, n=156), followed by “Expectations (not meeting)” (27.43%, n=124). Percentage of top three concerns/worries by group are included in Table 14.
Figure 9. Primary Concerns/Worries Related to Internship Preparedness

There were 49 American Interns (Group AI) who answered this question. “Physical environment concerns (money, moving, etc.)” (59.18%, n=29) was the most frequently selected characteristic of concerns/worries related to internship preparedness. “Expectation (not meeting)” (36.78%, n=18) was also a big concern for
American Interns prior to their internship, “specific preparation/lack of specific content knowledge” 34.69% (n=17) were respectively second and third in frequency. There were 58.33% (n=7) of International Interns in Group II (nII=12) who reported that “Client not responding” was their top concern when preparing for internships. “Embarrassing (saying something inappropriate)” (41.67%, n=5) was next in frequency, followed by “Specific preparation/lack of specific content knowledge” and “Not being able to apply knowledge” (33.33%, n=4) were also among their top three concerns. Percentages of top three concerns/worries by group are included in Table 14. There were no participants who chose “Competent” and “Not being respected” (0%, n=0) as concerns prior to internship training.

Results for this question in Group AP were calculated from 343 total participants; there were 10 participants who failed to respond to this question. American Professionals were most concerned about “Physical environment (money, moving, etc.)” (43.15%, n=148) when preparing for internship training. “Specific preparation/lack of specific content knowledge” (32.94%, n=113) was their second concern prior to their internship training. There were also 27.99% (n=96) of participants who stated that they also worried about “Expectations (not meeting).” Seven American Professionals in Group AP chose “Discipline” (2.04%, n=7).

48 International Professionals in Group IP answered this question. They chose “Specific preparation/lack of specific content knowledge” (45.83%, n=22) as their area of highest concern when preparing for internships. “Physical environment (money, moving, etc.)” (29.17%, n=14) was also an important area of concern when preparing for internship training. Also, 25% (n=12) of International Professionals reported that they also worried about “Client not responding.” Only one International Professional chose “Discipline” (2.08%, n=1) as an area of concern.
Figure 10. Primary Concerns/Worries Related to Internship Preparedness by Group
Sub-Research Question 5

*Are there differences between students who identify themselves as ‘American’ and those who identify themselves as ‘international’ regarding the primary concerns/worries of students related to internship preparedness?*

Chi-square analyses groups; indicated there was a significant difference in one of the top three concerns/worries, “Physical environment concern” ($\chi^2 = 14.866, \rho < .005$), and two others “Clients not responding” ($\chi^2 = 9.003, \rho < .05$), and “Not being professional” ($\chi^2 = 18.560, \rho < .001$). This means there were differences between the participants who identify themselves as ‘American’ and ‘International’ when they concerned/worried about internship preparedness.

Table 12

*Percentage of Top Three Concerns/Worries by Group*

<table>
<thead>
<tr>
<th>Within Groups</th>
<th>Group A</th>
<th>Group I</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical environment concern</td>
<td>59.18%</td>
<td>8.33%</td>
<td>43.15%</td>
<td>29.17%</td>
</tr>
<tr>
<td>(29)</td>
<td>(1)</td>
<td>(148)</td>
<td>(14)</td>
<td></td>
</tr>
<tr>
<td>Specific preparation/lack of</td>
<td>34.69%</td>
<td>33.33%</td>
<td>32.94%</td>
<td>45.83%</td>
</tr>
<tr>
<td>specific content knowledge</td>
<td>(17)</td>
<td>(4)</td>
<td>(113)</td>
<td>(22)</td>
</tr>
<tr>
<td>Expectations</td>
<td>36.73%</td>
<td>8.33%</td>
<td>27.99%</td>
<td>18.75%</td>
</tr>
<tr>
<td>(18)</td>
<td>(1)</td>
<td>(96)</td>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Table 13

*Percentage of Clients Not Responding by Group*

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group I</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients not responding</td>
<td>16.33%</td>
<td>58.33%</td>
<td>25.66%</td>
<td>25%</td>
</tr>
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</table>
Table 14  
*Percentage of Not Being Professional by Group*

<table>
<thead>
<tr>
<th>Not being professional</th>
<th>Group AI</th>
<th>Group II</th>
<th>Group AP</th>
<th>Group IP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.04%</td>
<td>8.33%</td>
<td>2.33%</td>
<td>14.58%</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(1)</td>
<td>(8)</td>
<td>(7)</td>
</tr>
</tbody>
</table>
CHAPTER V

DISCUSSION

The purpose of this study was to investigate the different perceptions of internships among American and International music therapy interns and professionals. Categories used for analyses included their primary criterion when choosing an internship, the AMTA competencies they were most confident in prior to internship, the major AMTA competencies they wanted to improve most during their internship, the primary areas of strength related to internship preparedness, and the primary concerns/worries they experience while preparing for internships. This was achieved through an online survey (SurveyMonkey) completed by 465 participants in four groups which included American Interns, American Professionals, International Interns, and International Professionals. The responses provided a wealth of information about demographics, and different opinions about internships from participants across the four groups.

The reason the investigator chose participants who finished their internship training or got their first time MT-BC within five years, is that CBMT requires all MT-BCs to be re-certified every five years. Additionally, if the participants received internship training more than five years ago, they may not be able to accurately recall their thoughts and feelings at the time they were making a decision about where to complete their training, surrounding their internships.

Since this study was a survey, it depends upon anonymous and voluntary participant responses. Music therapy interns and professionals were the participants in this study. “Music therapy intern” refers to the students who were doing their music therapy internship from the midterm to the end of their internship. “Music therapy
professional” refers to music therapists who earned their first-time professional credential of Music Therapy Board Certificated within the last five years. That means all the music therapy professionals who met the criteria got their first time credential MT-BC between March 6, 2012 and March 5, 2017.

Response Rate

2,673 e-mails were sent to potential participants that included the invitation letter, consent form, invitation letter, and the link to the survey. There were 467 participants who took the survey; this resulted in a response rate of 17.47% for this study.

According to FluidSurvey Team (2014), after a survey has been sent out to potential participants, the average percentage of views per email contact is 31.6%, and the average completion rate is 78.6%. According to the data provided above, the average response rate of the e-mail surveys is:

\[ 31.6\% \times 78.6\% = 24.8\% \]

However, the true response collection of this survey was 465, divided by the total number of people who received an invitation (2,673), which equals 17.47%. Therefore, it is easy to determine that the survey response rate is lower than the average response rate for online survey. FluidSurveys Team (2014) also mentioned that if the receiving response rate is lower than 25% that might be related two reasons: 1) it is difficult to reach sample group; 2) the survey topic may be more sensitive than others.
Survey Questionnaire Validation

Although the student-researchers created the survey instrument, several questions were modified versions of questions from surveys used in earlier studies. The options of Survey Questions 7 & 8 were borrowed from the major categories of AMTA competencies from AMTA website under “American Music Therapy Association Professional Competencies” section. Survey Question 10 came from an article called “Pre-internship Fears of Music Therapists” published in the “Journal of Music Therapy” on 1999 from Madsen & Kaiser.

After the survey questionnaire design was finalized, investigator asked the committee members and other music therapists who understand the purpose of the study to read the questionnaire and pretend to fill out the survey while taking notes. In order to ensure the validity of the survey questionnaire, investigator also pilot tested the survey. They then edited the survey questionnaire based on the feedbacks and recommendations from the pilot test participants. Investigator also cleaned the collected pilot data before sending it out to participants.

Primary Criterion

For Research Question 1 (Survey Question 6), four groups all chose “Client Population” as their top criteria when deciding where to complete their internship training. This result indicated that population is a very important consideration for people choosing an internship site. When people are deciding where to complete their internship, they have a preferred population in mind that they want to work with. Participants report “I had the opportunity to work with a wide spectrum diagnosis”, “Diversity of clinical population”, “I wanted to do something totally new that I had no
experience in (different population) and take it as a learning experience not just a professional one”, “I chose my internship in a population much different than my pre-internship clinical experience so that I could expand my knowledge and become a more well-rounded music therapist”. Working with a specific population could bring them more passion and confidence during their internship training. The reason could be that they want to work with a population they have never worked with. They may want a different experience than their period clinical experience.

“Location” is the second most indicated option that participants in Group AI, Group AP, and Group IP said they considered when deciding where to complete their internship training, except Group II (International Intern). Participants leaves their comments in comment box, “Ability to do it on part time basis”, “Opportunity to work at the site part-time (25 hours/week)”, “Close to university and flexibility with hours since I had to work throughout my internship”. Based on participants’ comments. Many American students went to university close to their family, and some of them might work outside of university to support themselves or even their family. Most internship sites were unpaid, so it was hard for them to quit their part-time paid job and went to other places far from university or their family to work at least 6 months or more than 900 hours of unpaid work. For these reasons, “Location” needed consideration when they were looking for an internship site. International Professionals also chose “Location” as an important factor when they were searching for an internship site. Many International Professionals leave their families to study alone in other countries, like the United States. This means that when they begin an internship program, they must move all of their belongings to a new city or location. Logistically, it is not easy to re-locate all of one’s belongings. Furthermore, it is not easy to adjust to another new life.
“Opportunities to work with other disciplines/professions” is also a popular choice when participants are deciding where to do their internship training. The clinical supervisors could consider this in the future. If the faculty could include professionals in other areas (Physical Therapy, Speech Therapy, Occupational therapy, etc.,) there might be more diverse opportunities for interns.

In Group II and Group IP, there were only three and eleven participants who chose “Start date” as a consideration when they chose where to complete their internship training. This was unexpected. The investigator did a survey study in MUS 6810 to investigate what is the first criterion between “American” and “Chinese” students when choosing an internship. “Start date” was the top one in the “Chinese” groups. 30% (n=3) participants think “Start date” was the most important.

For international students who came to America to study music therapy, they hold F1 visas as a student and had many limitations in their study schedule. For example, graduate students needed to have a minimum number of credits every semester to maintain their F1 visa as a full-time student. On investigator’s own experience as an international student and interacted with other international students/professionals, the only situation when they could choose less than six credits was when they started their thesis project. So, for international students, when they did their internship, they needed to take some other classes at the same time, or they needed to start their thesis to make sure that they met the criteria as an F1 visa student in America. For this limitation, “Start Date” was very important for them to consider when they chose their internship. For international students who came to America to study, financial aid also needed consideration. International students who hold F1 visas cannot work outside of university, which means most of their financial support came from their family, government, scholarship, etc. Therefore, many international
students wanted to finish their schooling as soon as possible so they could either find paid work outside of the university, or go back to their country to work and become financially independent.

For sub-research question 1, there were no significant differences between the participants who identified themselves “American” and “International” when they considered their top three criteria for choosing an internship site. They all thought “Clinical population,” “Location,” and “Opportunities to work with other disciplines/professions” are very important for them to consider.

Top Five Confident AMTA Competencies

Of all the AMTA competencies, “Voice skills” was the competency selected the most in Group AI and Group AP. Across both groups of American participants, they were most confident in the voice skills heading into their internship. Participants who identified themselves as “American” felt the most confident AMTA competency before they went to internship was “Voice skills.” Based on interacted with many American students and professionals, here are some assumptions: 1) Perhaps there were many participants who were voice majors before they studied music therapy and therefore they felt confident with their voice skills. 2) In the AMTA professional competency, it defines a professional voice skill as “Sing in tune with a pleasing quality and adequate volume both with accompaniment and a capella” (AMTA, 2013). To achieve professional level voice skills is not as hard as other major AMTA competencies such as keyboard skills or guitar skills. 3) Most participants in Group B did not speak English as their first language, so maybe they did not feel comfortable or confident singing songs in English during their session.
For Group B, “Keyboard skills” is an area in which they felt confident before they started their internships. Especially for International Interns (Group II), there were 75% (n=9) of participants who chose “Keyboard skills.” Investigator found that there were seven participants who chose “Chinese” as their first language who also chose “Keyboard skills.” Based on investigator’s own experience as an international student who came from China, piano/keyboard is a very popular instrument in China; many people start to learn it when they are a child. This could be a reason that many international interns felt confident in “Keyboard skills.”

Group A also mentioned that they felt confident in “Documentation” (N=126), but only 9 out of 61 (one participant in Group I skipped this question) participants in Group B chose “Documentation.” In Group A, 97.5% (N=393) of participants chose “English” as their first language. 39.7% (N=23, 4 participants skipped this question) of Group B stated their first language is “English.” For the participants whose first language is English, “Documentation” is easier for them than participants who are non-English in areas such as time efficiency, grammar, form, terminology, etc.

For “therapeutic applications” and “foundations and principles,” the percentage of Group II is 8.33% (n=1). All of the other groups are higher than 20%. International interns seemed to have less confidence in these two areas than other groups. According to AMTA professional competency, the aim of “Therapeutic applications” is to demonstrate basic knowledge in terminology, human systems, understanding the neurological processes of the brain, etc. “Foundations and principles” refers to different music therapy methods used in assessment, treatment, evaluation, and termination with psychological, physiological and sociological, etc. But participants did not have access to these definitions when they completed the survey. International Interns lack of confidence in these two areas may be due to their
different languages; the understanding and learning processes were not as efficient as other English-speaking groups. For Group IP, even though most of them did not speak English as their first language, they did finish their internship in the last five years and when they think back, “Therapeutic application” and “Foundations and principles” were not their most confident areas, but also not their least confident areas.

For the percentage of “Termination/discharge planning,” this major AMTA competency is the least people chosen among each of the groups. No participants felt confident in this area before they started their internship. This might be an important area to focus on. Professionals in academic fields and pre-clinical supervisors may want to focus on this area to better aid students preparing for internships.

For sub-research question 2, there were no significant differences between Group A (Americans) and Group B (Internationals) in their top five choices for areas of confidence prior to their internships. Investigator compared each option in this question and found that Group A and Group B have statistical significance in “Keyboard skills” In Group II and Group IP, there were 75% and 42.86% of participants chose “Keyboard skill,” the percentage of the other two groups were all lower than 30%. This reflected that participants who identified themselves as “American” and “International” do have different opinions on major AMTA competency.

Top Five AMTA Competencies that Participants Want to Improve

Investigator found some interesting results in this research question. As mentioned before, Group A stated that they felt confident about their “Guitar skills” before they started their internship training. For this research question, participants in Group A still reported “Guitar skills” was in their top five AMTA competencies that
they wanted to improve during their internship. Participants in Group II (International Interns) stated that they also wanted to improve “Guitar skills” during their internship. Participants in Group IP (International Professionals) did not choose “Guitar skills” in their top five AMTA competencies that they wanted to improve during their internship even though they did not feel confident in this area.

Participants in Group B (Internationals) reported “Documentation” as one of their top five choice that they wanted to improve during their internships. As mentioned before, Group A (Americans) felt “Documentation” was an area of confidence when they entered their internships, but due to language differences, Group B did not feel confident in this area before their internship started. Therefore, in this research question, they chose “Documentation” as the area that they wanted to improve. This may also imply that language is a very important skill for students who want to become professional music therapists. Because all of the participants of this research project study music therapy in the United States, the participants who are proficient in English may be able to use their language as a tool to make tasks easier or more efficient. Language also could be a limitation in many areas (paper work, communication, learning/understanding process, singing/memories lyric, etc.) for students/professionals who do not use English as their first language. The percentages for “Documentation” in Group II are higher than Group IP. Even though many people in Group IP came from other countries and did not identify “English” as their first language, they spent years finishing their music therapy education and internship training in United States. Some of them are working full time in United States now. Therefore, they have more experience and a larger language-learning environment than International students who are only doing their internship training.
Only Group IP mentioned that “Termination/discharge planning” is in their top five major AMTA competencies that they want to improve during their internships. As mentioned before, no groups felt confident about “Termination/discharge planning” in Research Question 2 (Survey Question), but the participants in Groups 1, 2, and 3 still did not choose this area as their top five to improve during internship training.

Compare Confidence and Improvement of AMTA Competencies

According to the discussion above, and comparing Research Question 2 (Survey Question 7) with Research Question 3 (Survey Question 8), Investigator found three different outcomes:

1) There were major AMTA competencies that participants did not feel confident about when entering their internships (RQ2), so they wanted to improve them during their internship (RQ3). For example, “Documentation.”

2) There were major AMTA competencies that participants felt confident about when entering their internships (RQ2), but they still wanted to improve them during their internship training (RQ3). For example, “Guitar skills.”

3) There were major AMTA competencies that participants did not feel confident about when they were entering their internship (RQ2), but they did not want to improve them during their internship training (RQ3). For example, “non-symphonic instrument,” “Conducting skills,” “Movement skills,” “Therapy evaluation,” “interprofessional collaboration,” “research method,” “supervision and administration,” “composition and arranging,”
“Percussion skills,” and “Therapeutic relationship.”

Outcome 1 is logical. Internship experience is a learning experience; interns can learn a lot of things that they, perhaps, either did not learn, or don’t recall learning, during academic and pre-clinical experiences. For example, the diversity of population, cooperation with team members/other professionals, etc. They also need to apply the knowledge they learned from school/books and transferred to their clinical experience. Naturally, participants wanted to improve upon the areas during their internships that they did not feel confident about before their internships.

For outcome 2, the areas that participants felt confident about before their internships, but still wanted to improve during their internships, could imply that they think these major AMTA competencies are very important areas for them to improve upon before becoming a professional music therapist and for future clinical experience. Another reason could be that for some “skill” type competencies like “Guitar skills,” “Keyboard skills,” “Percussion skills,” “Improvisation skills,” etc., there is no end of the learning. You can always learn and practice these skills in your lifetime. Therefore, even though they stated that they feel confident, they may feel that they still need to improve.

There are also some possible conclusions for condition 3, competencies that participants did not feel confident about, but also that they did not report as top five major AMTA competencies they want to improve during their internship. (a) Some participants might have thought that these areas are not as important as other competencies; (b) Some competencies might not be used as frequently as other competencies in clinical settings due to different facilities and different clinical supervisors, so participants may have thought these areas are less worth improving; (c) Internships are short term and some competencies are “skills;” participants might
think these skills are difficult to improve in the limited time during their internship;
(d) Research Question 3 (Survey Question 8) only let participants identify their top
five choices. There might have been some major AMTA competencies that
participants wanted to improve during their internships, but would have been ranked
sixth or seventh.

Top Three Concerns/Worries for Internship Preparedness

Research Question 5 asked participants to choose their top three strengths
when they were preparing for their internship training. “Physical environment
(money, moving, etc.,)” and “Specific preparation/lack of specific knowledge” are the
two most popular options that all groups chose in their top three concerns/worries for
internship preparedness.

There are currently 183 AMTA rational roster internship sites (AMTA approved
internship sites, and AMTA approved school affiliated internship sites) in the United
States. Different regions have different numbers of internship sites. Many American
students want to find an internship near their family and university. When they find an
internship site far away from their university and family, students need to consider
moving to a new city or even state. Even if the students are willing to re-locate, flying
or driving to a new place costs money. Different cities also have different basic living
costs, like renting fees, traffic fees, eating, social, etc. Many internship sites are full-
time jobs and unpaid, so students need to consider how to support their financial
needs during their internship. Some participants in Group B choose the “Other”
option and commented “financial support,” “working 40 hours for free and needing
outside work for money to live,” “Anxiety about transition/beginning new job in a
new city,” “Finances during internship,” “how to afford living while working a full-
time non-paid yet required internship,” “not being financially stable,” and “paying my bills and balancing work with internship.”

International interns did not choose “Physical environment concerns” in their top three worries when preparing for internships. Most International students came alone from other countries to American to study music therapy. Their families are in their own countries, so when they are searching for internships, they do not need to consider finding a place near their family. Also, International students who study in the United States hold F-1 visas. F-1 visas cannot work outside of their university, so most of their financial support comes from their family, government, or scholarship. They need to rent apartments anyway, so “Physical environment concerns” have less impact on them.

Group B (Internationals) chose “Clients not responding” in their top three concerns/worries. Clients not responding may mean that they do not understand the language/content the intern presented. These concerns may be due to their language and culture differences. When international interns speak English, they may have an accent. This is because English is not their first language. The accent is not a problem when they communicate with their friends or teachers, but when they talk to their clients who have hearing impairments or elderly people who have weak hearing, etc., accents can be a problem which may lead to clients not responding. One participant in Group B chose “Other” and mentioned “Language” and “Speaking English as my second language” in the comment box.

International interns (Group II) also chose “Embarrassing (saying something inappropriate)” as a concern. This may also due to their language difficulty and culture differences. America is a big country composed of many different cultures. It is not easy for interns to interact with people not familiar with their culture. For Asian
students especially, their cultures are very different in terms of communication, social practice, and belief systems. Therefore, International Interns worry about communicating something inappropriate. One participant in Group II mentioned “Culture difference (not knowing enough about American culture, music, language, etc)” in the comment box.

Group A (Americans) chose “Expectations (not meeting)” in their top three concerns/worries when preparing for internships. Some participants in Group A reported that they lack confidence, and are afraid they will not meet expectations by the end of their internship. One participant mentioned “Lack of confidence/performance anxiety” in the comment box.

Some participants did not find appropriate choices that best described their concerns, so they chose “Other,” and mentioned their concerns in a comment box. Comments included: “dangerous patients,” “didn’t have enough interventions,” “no training on assessment,” “lack of supervision,” “not having the expertise to make adjustment to the session in the moment,” “lack of repertoire,” “relationship with supervisors.”

Compare Strengths and Concerns for Internship Preparedness

When comparing Research Question 4 (Survey Question 9) with Research Question 5 (Survey Question 10), investigator found two interesting results. Participants chose “General preparation/being prepared” in their top three strengths related to internship preparedness; they also chose “Specific preparation/lack of specific content knowledge” as their top three concerns/worries related to internship preparedness. Even though these two areas are described in different words, they both imply that the interns felt well prepared in many different ways before they started
their internships. For Research Question 4, the least number of participants in Group AI, 2, and 4 chose “Meeting expectations” as their top strength. For Research Question 5, Group AI and Group AP (Group A-Americans) all chose “Expectations (not meeting)” as their top concerns/worries. This data can imply that all participants worried about not meeting the expectations of their internships.

Competencies, Strength, Concerns/Worries

The list of characteristics in Research Question 2 (Survey Question 7) and Research Question 3 (Survey Question 8) use major AMTA competencies. The descriptions in Options in Research Question 4 (Survey Question 9) and Research Question 5 (Survey Question 10) are phrased differently, but many of them can be categorized into major AMTA competencies. For example, “General preparation/being prepared (or having knowledge),” “Specific preparation/specific content knowledge related to internship population(s),” and “Discipline” could correspond to “Therapeutic applications;” “General aptitude (how well suited you are to be a therapist),” “Meeting expectations,” “Your professionalism,” “Not being professional,” “Embarrassing (saying something inappropriate)” could correspond to “Professional role/ethics.” Some options could not correspond to AMTA competencies, like “Physical environment (Having enough money, moving to a new location, etc.),” “Being respected,” “Using time effectively,” and “Not being respected.”
Limitations

There were some notable limitations in this study.

The Research Questions in this study all related to closed-ended questions (Survey Questions 6-10). Closed-ended questions provided a list of possible alternatives from which respondent might choose. This was a quicker and easier way for participants to answer questions, and for the researchers to tabulate and analyze the answers. On the other hand, closed-ended questions had disadvantages. They could lead participants in certain directions or hinder them from expressing their own thoughts or potentially more accurate answers. The set of answers may not be exhaustive; they might not include all the possible options. For this reason, Investigator added the “Other (Please specify)” option in Survey Questions 6-10. That way, participants could choose “Other (Please specify)” when they did not find the appropriate answer. They could also leave comments if they wanted to express their thought related to this question.

Sampling process was also a limitation. The investigator used the snowball method to ask all the clinical training directors to forward the e-mail (which included the invitation letter, the consent form and the survey link) to their current internship students to include more participants. This method may include bias since some clinical training directors did not forward this e-mail to their current internship students to participant in this survey.

Since it was impossible to know the total number of music therapy interns, investigator could not guarantee that all the internship students who met the criteria participated in this survey. Some interns might have been interested in this study, but did not have a chance to take it. Therefore, some valuable input might have been lost for Group AI (American Interns) and Group II (International Interns). Also, if the e-
mail addresses of the 2,678 potential participants were not current or accurate, potential respondents could have been overlooked as well.

Another limitation was the different sample sizes in each group. For the International Interns (Group II), only 12 intern took the survey, but there were 50 American Interns participants who took the survey, 353 American Professionals but only 50 International Interns. For Group II, because the sample size was so small, an increase or decrease would make a big difference in the total percentage.

The participants’ opinions may have changed when their environments changed. Their opinions could have changed when they graduated from school or worked as music therapy professionals. There could have been thoughts that the participants had when they were in their internships that they forgot. Additionally, what they once thought of as important in their internship may seem unimportant now that they have become a professional.

When investigator designed the survey questions and answers, some answers may have been confusing. For example, participants may have thought “Communicate effectively” meant communicate to clients, family, team members or other professionals. They might have had different choices if they knew more details. “Supervision and administration” was not meant to ask participants as a supervisor or administration, its aim was to ask if they have something related to their supervisor or the administration in their internship facility. There were less people who chose “Supervision and administration;” many of them chose “Other” and left comments like “Lack of supervision” and “more feedback from supervisor” in the comment box related to their supervisor and administration.

Participants from different regions and/or counties may have had different opinions even though they identify themselves in the same groups. Different cultures,
growth environments, and education environments may affect participants’ opinions even though they have the shared experience of being International students.
CHAPTER VI

CONCLUSION

Although there were limitations to this study, it yielded interesting information regarding music therapy internships from participants in four groups. It is clear from the results of this study that participants in different groups have different areas of confidence, areas that need improvement, strengths and concerns when they are searching/applying/preparing for their internship training.

Recommendations for Future Research

This study investigated some areas in which participants felt they were not well prepared when they were entering their internship training. It would be beneficial to explore more about how to let students become better prepared in music skills and academic knowledge, but also how to ensure that students feel more confident before entering their internship training.
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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? 😊

Is there any other language you use (speak/write/read proficiently? (please specify)
3. With which gender do you more readily identify?

- Female
- Male
- Other

4. Age

- 20-25
- 26-30
- 31-35
- 36-40
- 41+

Powered by SurveyMonkey
See how easy it is to create a survey.
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)
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
- 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)
* 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.

[71%]
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.

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*Powered by [SurveyMonkey](https://www.surveymonkey.com)*

See how easy it is to create a survey.
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 met at all</th>
<th>Expectation is going/went mostly unmet</th>
<th>Expectation is/was mostly met</th>
<th>Expectation is/was completely met</th>
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<td>Research methods</td>
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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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<tr>
<th>Competency</th>
<th>Rating</th>
<th>Comments (optional)</th>
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<td>Composition and arranging</td>
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<td>Non-symphonic instrument skills</td>
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<td>Improvisation skills</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

Changes 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

1903 W. Michigan Ave., Kalamazoo, MI 49008-5456
Phone: (269) 387-8293 Fax: (269) 387-8276
Campus Site: 251 W. Walwood Hall