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THE RELATIONSHIP BETWEEN PERCEIVED ENGLISH PROFICIENCY AND
SUCCESS IN CLINICAL WORK: A SURVEY OF ASIAN INTERNATIONAL
MUSIC THERAPY STUDENTS AND MUSIC THERAPY
INSTRUCTORS/SUPERVISORS

by

Yayoi Nakai

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Music
School of Music

Western Michigan University
Kalamazoo, Michigan
April 2006

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Yayoi Nakai

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INSTRUCTORS/SUPERVISORS

Yayoi Nakai, M.M.

Western Michigan University, 2006

The purpose of this study was (1) to identify the students' and instructors'/supervisors' perceptions regarding Asian international music therapy students' English proficiency, and (2) to identify successful strategies students use or instructors/supervisors suggest for resolution regarding English proficiency in clinical situations. The participants of this study were Asian international music therapy students who are currently enrolled in practicum classes or internships in the United States, and instructors/supervisors who have supervised Asian international music therapy students. It was found that there were various difficulties for Asian international music therapy students using English in clinical situations; however, overall both students and instructors/supervisors perceived that students have generally successful practicum experiences. Students seem to have difficulty the most in speaking and writing, and the students tend to have less successful practicum experiences with certain populations and age groups. From these findings, some recommendations were made to support Asian international music therapy students.

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CHAPTER 1

INTRODUCTION

The academic level of music therapy programs in the United States is one of the most advanced levels in the world. Many were established in the mid 20th century after the first music therapy degree program started at Michigan State University in 1944 (de l'Etoile, 2000). According to the American Music Therapy Association (AMTA, 2006b), there are 72 schools (one school is in Canada) which have approved music therapy programs, the most of any country in the world.

Unlike the U.S., most music therapy programs in Asian countries were started in the early 1990s. For example, the Japanese Federation for Music Therapy (JFMT), now the Japanese Music Therapy Association (JMTA), in 1996, established the standards of education for music therapy courses in universities and started certifying music therapists using a point system (JMTA, 2005). In Korea, the first music therapy degree was established at a graduate school of SookMyung Women's University in 1997 (Korea Association for Music Therapy, 2005). According to Lee (2003), the systematic development of music therapy in Taiwan started in the early 1990s followed by the establishment of the Music Therapy Association of Taiwan (MTAT) in 1996. Since the music therapy training programs in Asian countries are relatively new and still developing, it is assumed that many students wish to study music therapy in the United States where the degree programs are more established. In fact, many people from Korea choose to go abroad to study music therapy (Kim, 2002). In Taiwan, more than 50% of

accredited music therapists received their degree in Europe or the United States (Lee, 2003). Furthermore, music therapists who were educated in Europe, the United States, and Australia were actively involved in the development of music therapy programs in these three Asian countries (Kim, 2002; Lee, 2003; Okazaki-Sakaue, 2003).

Despite these developments international students continue to come to the United States to receive their music therapy education. At the annual AMTA conferences, an International Relations Networking Lunch is sponsored by International Relations Committee as a way for international students to exchange information regarding their academic work, job finding strategies, VISA concerns among other issues. According to an article on Ohio University's website, the international interest in the music therapy field is increasing with students coming from Indonesia, Korea, Cyprus, Taiwan, and Nicaragua (Ohio University, 2005). There is a Korean Music Therapy Student Association (KMTSA) at the University of Kansas (KMTSA, 2005). There is also an unofficial organization called Japanese Music Therapy Students and Professionals (JMTSP) which is made up of Japanese music therapy students and professionals who are currently studying or have studied music therapy in the U.S. There are currently about 50 members in this organization.

Although there is no statistical data as to how many Asian students are currently enrolled in music therapy programs or received music therapy degrees in the United States, the 2005 AMTA member resource book (AMTA, 2005b) indicates there are 49 members who currently live in Japan, 17 members in South Korea, 7 members in Taiwan, 3 members in Hong Kong, and 1 member in North Korea. These members reside in their native countries and are considered international members. However, members from

Asian countries who are currently residents in the United States are not considered international members. When people have a current address in the U.S., they are automatically counted as members in the United States. It is very likely that many Asians who have current addresses in the U.S. are not citizens of the U.S. but are either students or music therapists who are originally from Asian countries. In terms of the ethnicity of AMTA members, the second largest ethnic group of members following Caucasian (88%) is Asian or Asian-American (6%). The percentage of other ethnic groups is between one to two percentages. Another source that can be used to estimate international populations involved with music therapy are the members and fellows associated with Neurologic Music Therapy (NMT). Because training at the Center for Biomedical Research in Music at Colorado State University is required in order to practice NMT, participants come to Colorado not only from all over the United States but also from around the world. The full names and addresses of members and fellows of the Academy of Neurologic Music Therapy, maintained at Colorado State University, were reviewed by the researcher to identify the nationality. There are 11 Japanese members who are currently in the U.S (including the researcher) and 13 Japanese members who are currently residents in Japan. There are 4 members who have addresses in South Korea, 1 in Hong Kong, and 1 in Taiwan (The Center for Biomedical Research in Music, 2005).

Through observations done by the researcher for this paper, it is assumed that there are many Asian music therapy students from Japan, South Korea, Hong Kong, and Taiwan who study music therapy in institutions in the United States. Because the nationality was judged by only name, the exact number of Asian students in music

therapy programs in the U.S. can only be estimated by the researcher and should not be deemed as accurate.

It is believed that many Asian students come to the United States to study music therapy because the field is more advanced in this country than in their own countries. Because English is not the first language in China (including Hong Kong), Japan, North Korea, South Korea, and Taiwan, it is assumed that those students who come to the United States to study music therapy are not native English speakers. Although studying music therapy in the U.S. may seem attractive, studying in foreign countries in a foreign language also brings many challenges.

CHAPTER II

REVIEW OF LITERATURE

Huntley (1993) divided the challenges international students face into three broad categories; language, academics and social adjustments. Although language proficiency is essential for international students to have a successful adjustment, approximately one third of international students rate their own English skills on arrival to the U.S. as inadequate (Huntley, 1993). Most higher education institutions in the United States require international students to obtain a certain score on the Test of English as a Foreign Language (TOEFL). TOEFL is known as the most reliable test source to examine if international students have adequate English skills to attend higher education institutions in the United States. The minimum required score varies by school and averages between 173 and 250 on the computer based test (CBT) and between 500 and 600 on the paper based test (PBT) for undergraduate applicants. The scores range from 213 to 250 (CBT) and 550 to 600 (PBT) for graduate applicants (Bureau of Educational and Cultural Affairs, U.S. Department of State, 2005). The TOEFL was revised in 2005 and now includes a speaking section (Educational Testing Service, 2005a). However, international students who participated in this research study have not been required to take the speaking section. Prior to 2005, the test contained only four different sections: writing, listening, grammatical questions, and reading.

Most colleges and universities in the United States require international students to submit their TOEFL score when they apply for admission. Based on the researcher's

review of AMTA approved music therapy schools' web sites, it appears that most music therapy programs require the same score as other academic programs in their school. At Western Michigan University (WMU) in Kalamazoo, however, a higher score is required for admission to the music therapy program than the university at large (Western Michigan University, 2006). The minimum requirement to be admitted to WMU is 500 (CBT=173), but the minimum score for admission to music therapy at WMU is 575(CBT= 233). This higher score is also required for admission to graduate programs in music education, social work, and speech pathology at WMU (Western Michigan University, 2006).

The fact that the music therapy program at WMU has established higher score requirements than most other majors indicates the importance of English proficiency in order for students to succeed in the music therapy program. However, even though the TOEFL score to enroll in practicum at WMU is higher than other programs in WMU, it cannot guarantee that the English proficiency of international students will be acceptable. Although TOEFL is a reliable tool to examine non English speakers' proficiency in English (Wainer & Lukhele, 1997), the test did not examine spoken English until 2005. Since it is difficult for students in Asian countries to have opportunities to practice spoken English, most do not start improving their speaking skills until they arrive in the United States. Since the speaking section on TOEFL was just added in 2005, students who enrolled in music therapy programs before 2005 did not take this portion of the test. Therefore, some students who had poor speaking skills but were good at reading, writing, listening, and grammar could have obtained high scores on the TOEFL prior to 2006. Furthermore, earning a higher score on the non-speaking section of the TOEFL may not

accurately reflect the students' reading and writing abilities. Spack (1997) found that although the student in his study had sufficient TOEFL scores to enroll in several universities or colleges, the student had difficulty reading, writing, and speaking English. Spack believes this is because of a lack of background knowledge, cultural gaps, differences in education systems, inadequate linguistic proficiency, and difficulty understanding context.

Many international students who attend a college or university in the United States first attend an intensive English school in their native country. The length of their stay at the school depends on their English proficiency. Even students who have the necessary scores on TOEFL may go to such schools before their academic year begins in order to better adapt to American universities or colleges. The curriculum at these language intensive schools usually contains courses in grammar, reading, and speaking. While students are in the United States, they may also be required to attend classes in English and encouraged to use English in their daily life. However, Phillip (1990) found that international students often feel more comfortable interacting with people who share their first language, which may limit the opportunities they have to interact with native-English speakers. If students have difficulty reading, writing, and speaking English because of a lack of background knowledge and cultural gaps, separation from native-English speakers may further delay of their acquiring sufficient English skills (Spack, 1997).

Proficiency in English is difficult to examine. Some people are knowledgeable about grammar, but may not do well at speaking. According to Hudson (1999), people have to meet three different competences to use complete or mature language:

grammatical competence, conversational competence, and sociolinguistic competence. Grammatical competence involves knowledge about grammar including lexicon and syntactic rules of language. Conversational competence relates to conversational skills and general smoothness of communication (such as back-channel feedback, returning questions, and introducing new topics). Sociolinguistic competence reflects knowledge about social significance of the choices between some forms of language (such as informal English or formal English). Although grammatical competence can be practiced alone, conversational competence and sociolinguistic competence are difficult to practice in a country where students seldom have opportunities speaking English with native speakers and exposure to American cultures. The reason is that those two competences include more communicative factors than grammatical competence and require communicating with people in English speaking environments.

Jarvis and Stephens (1994) identified four factors which can affect communicative effectiveness: vocabulary, accent and pronunciation, conversational participants' different discourse strategies, and the use of style or register. Vocabulary is an essential component of language; if speakers or listeners do not have enough vocabulary, there will not be proper communication. Words also carry various connotations as well as their own meaning, which makes it difficult for non-native speakers to sometimes understand. Accents and pronunciation problems can also contribute to miscommunication because the implication conveyed by stress and pitch patterns is not universal and can change the meaning of a sentence (Jarvis & Stephen, 1994). The third factor, conversational participants' different discourse strategies, means the difference between what people perceive as meaningful discourse cues. According to

Gumperz (1982), the difference usually occurs as the result of differences in linguistic and socio-culture knowledge. The last factor, use of style or register, involves all of the factors which were previously discussed. The register is styles of speaking and which are sets of linguistic features that reflect levels of formality and situational appropriateness (Wardhaugh, 1986). Speakers use different speaking style to match appropriate situation such as formal, semi-formal, casual, and informal. Jarvis and Stephen (1994) found that a person's choice of register can result in a most unfortunate type of miscommunication. For example, if an international student does not use a formal speaking style when talking with his/her professor, the professor might have the impression that the student is rude. Furthermore, the student may not even be aware that the professor thought the student was rude.

Most of factors discussed above that are related to communication effectiveness are difficult to learn using only books. International students often have difficulty acquiring adequate English skills because communication with native speakers has to involve all four factors when they are in their own countries, and they may not have many opportunities to communicate with native English speakers. If international students spend more time with non-native English speakers even when they are in the United States, that further exacerbates the difficulty for them to acquire these four competences. Language difficulty might be a primary issue that international students face, but students also confront other issues includes academic adjustments and social adjustments.

In academic situations, international students may have a hard time adjusting to a different teaching style. Taking notes, answering questions, and writing essays can be

particularly problematic (Heggins & Jackson, 2003). According to Lin and Yi (1997), international students usually find the test constructions to be difficult to comprehend and are often unable to articulate their knowledge on essays or research papers due to their limited vocabulary. Regarding reading skills, Favreau and Segalowits (1982) found that even fluent bilinguals read more slowly than native speakers, which can make reading English more time consuming and frustrating in reading assignments for non-native speakers.

Limited English proficiency, especially speaking skills, also affects international students' participation in classes, particularly in a discussion. In addition to their English skills, the attitude of international students in a classroom may affect their participation. Huntley (1993) reported that usually Asian students participate less in a discussion because they are from academic environments which discourage active participation and speaking for any reasons in class. Ramburuth's study (2001) showed that there is no correlation between language proficiency and academic achievements. However, his study examined a class which mainly targeted writing tasks. International students who have low language proficiency may perform differently in academic situations which require more speaking tasks such as clinical practicum affiliations in music therapy programs. Ying's study (2003) regarding academic achievement of Taiwanese students in the United States found that overall students' academic performance was high (GPA=3.5). Furthermore, higher academic achievement was associated with stronger English writing skills. It is important to note, however, that most participants in this study were majoring in engineering, social sciences, and natural science fields that may not require advanced speaking skills. Because clinical work in music therapy program

demands more oral communication skills than may be required in lecture classes, international music therapy students may have lower different academic achievements from those students described in the previous two studies.

Another issue in academic situations is that international students are under greater pressure to maintain adequate academic achievement than native students. Since most international students are in the U.S. with a student visa, they have many restrictions placed upon them while they complete their degrees. For example, they have to be full time students each semester and have to maintain a good academic standing to prevent being out of status (U. S. Department of State, 2006). With a visa, students are allowed to work only on campus within certain hours a week, and available scholarships for international students are limited. These facts might become a burden for students who have limited financial support.

A common problem associated with cultural adjustment is known as culture shock. Lin and Yi (1997) report that Asian students often struggle to find a balance between acculturation and maintaining their own cultures. East Asian people's cultures are affected by Confucianism in which harmony and respect are emphasized in human relations (Yao, 2000). Therefore, Asian students are often not comfortable with the individualism and the competitiveness associated with American cultures (Lin & Yi, 1997). Those delicate psychological or cultural gaps can be complicated and hard to explain due to the students' limited English skills. An inability to share or to understand their confusion regarding cultural differences may cause depression, homesickness, and further isolation from the Asian students' community, and eventually could prevent them from making successful social adjustments.

Having adequate English skills and appropriate social supports can enhance the likelihood that international students will have a successful adjustment. Huntley (1993) found a correlation between English proficiency and social adjustment. International students who have inadequate English skills interact less with natives or their community which leads to further isolation. If non native English speakers prefer interacting with people who share their first language, the continuing separation from their new community and American students may lead to more delay in their adjustment and language development. Wilton and Constantine (2003) found that Asian students who had lived in the U.S. for longer periods of time tended to report lower levels of distress in adjusting to U.S. culture norms. They determined that those students were able to acquire more social supports than students who had recently moved to the U.S.

No research was found that has addressed the potential difficulties international music therapy students can experience in clinical training. Research studies in the nursing and counseling disciplines, however, may provide some insights that can be transferred to the music therapy setting.

As the number of nurses from other countries relocating to the U.S. continues to increase, the linguistic competence of nurses with limited English proficiency is a growing concern. According to Guttman (2004), healthcare professionals are concerned about the speaking, writing, and listening skills of some of the nurses from other countries, especially in transcribing physicians' orders and providing patient education. Guttman insists that it is the patients' right to have healthcare workers who are able to communicate clearly and accurately in the English skills. It is understandable that

patients would doubt the professional ability of nurses who have inadequate English. If that doubt exists, the nurses can't establish trusting relationships with their patients.

According to Dexter (1999), authorities in the United States require nursing applicants to take the Test of Spoken English (TSE) and the Test of Written English (TWE) in addition to the Test of English as a Foreign Language (TOEFL) in order to obtain a visa to the United States. The TSE focuses on speaking skills and measures the ability of nonnative speaker English to communicate orally in English (Educational Testing Service, 2005b). Even though competence in English speaking is examined before foreign nursing students start their study, there can still be difficulty communicating in English. For example, Asian nursing students who were non-English speakers but competent in English, still had difficulty communicating orally with patients, their families, and other health professionals (Wong & Strauss, 2004).

Although international students vary in how quickly they improve their English skills, Hakata, Butler, and Witt (2000) found that children who start learning English as a second language in their elementary school years took 3 to 5 years to develop oral proficiency and 4 to 7 years to develop academic English proficiency. Moor and Zainuddin (2003) found that 4th grade students took fewer years to improve their English when compared to their older peers. Therefore, one can assume that college students might need additional time to acquire proficient English skills.

Since practicum classes in music therapy programs usually start in the students' junior year, some international students in music therapy programs may have 1 to 2 years to improve their English skills before they start practicum. However, this may not be enough time to acquire sufficient English skills. If they have acceptable TOEFL scores

and if they have previous music credits, some students may start practicum within a year of when they came to the U.S. Shakya and Horsfall's study (2000) revealed that some international nursing students who started clinical courses within a few weeks after they come to the United States (because of their previous experiences) had difficulty succeeding in courses because they were new to the country. Even though students may have worked on their English skills for a couple of years, it may not be enough to communicate effectively with clients and to be aware of American cultures.

Nilsson and Anderson (2004) studied international students in a counseling program and found significant relationships between lower levels of acculturation and less supervisory working alliance, less counseling self-efficacy, more role ambiguity, and more discussion of cultural issues with their supervisors. They claimed that it is necessary for international students in applied psychology programs to be fluent in English and to have a solid understanding of the U.S. cultures. They also suggested that the students' supervisors assess international students' awareness of American cultures and address cultural issues during their supervisions.

It is assumed that there are quite a few Asian international students enrolled in music therapy programs in the United States, and many may struggle with adjustment problems. In comparison to other international students, those majoring in music therapy are required to have sufficient communication skills in English in order to effectively communicate with clients. Since values and beliefs of individuals are usually discussed in clinical situations, music therapy students must be aware of cultural differences in values and beliefs. Since the goal of music therapy is to accomplish individualized goals within a therapeutic relationship (AMTA, 2005a), adequate English skills are required to

communicate with clients in order to provide maximum benefits. Therefore, international music therapy students are responsible for improving their English skills as well as their professional music therapy skills.

Music therapy students not only work with clients but also with other professionals such as physical therapists, occupational therapists, social workers, and counselors. Therefore, they have to have adequate English skills to communicate with their clients and family members as well as other professionals. In music therapy sessions, topics regarding pop cultures, mass media, and newsworthy events frequently arise in conversation with clients. These topics are challenging for international students if they are not familiar with the topics. Based on a review of the literature regarding general issues associated with international students in health care fields, it can be assumed that Asian international music therapy practicum students usually start their education in the U.S. with limited English proficiency, limited cultural understanding, and may struggle when communicating with their clients. However, despite these disadvantages, there are many Asian students who have successfully graduated and are currently working as professional music therapists in the United States. Therefore, it is also assumed that there are successful strategies they may be used to resolve communication difficulties.

The purpose of this study is (1) to identify the students' and instructors'/supervisors' perceptions regarding Asian international music therapy students' English proficiency (including listening, reading, speaking, and writing skills) in clinical situations, and (2) to identify successful strategies students use or instructors/supervisors suggest for resolution regarding English proficiency in clinical situations.

For this study, international music therapy students will only include students from China (including Hong Kong), North Korea, South Korea, Taiwan, or Japan who are currently enrolled in music therapy practicum (pre-intern) classes or music therapy internships in the United States. English has to be their second language. Only those five countries were chosen because they are the largest countries in Asia and are presumed to have the largest number of international students in music therapy programs in the U.S. They also share similar cultural backgrounds which are based on Confucianism. According to Yao (2000), China is the first home for Confucianism and Korea is described as the second home for Confucianism. Japan and Korea have many similarities in Confucian history, and the combination of Confucian ethics and Shinto religion affect Japanese social behaviors. (Yao, 2000). Because these similar cultural backgrounds and values may affect students' academic attitudes and the way they communicate with people, only students who are from these countries were included in this research study.

The research questions and hypotheses in this study are divided into two main areas. The first area focuses on the students' and instructors'/supervisors' perceptions regarding international music therapy students' English proficiency in clinical training situations. The second area focuses on successful strategies students use or instructors/supervisors suggest for resolution regarding English proficiency in clinical situations.

CHAPTER III

RESEARCH QUESTIONS AND NULL HYPOTHESES

Research area 1

Question 1a

Is there any difference between Asian international music therapy students' and instructors' perceptions about the adequacy of the students' English skills to start music therapy practicum (pre internship) work?

Null Hypothesis 1a

There will be no difference between Asian international music therapy students' and instructors' perceptions about the adequacy of the students' English skills to start music therapy practicum (pre internship) work.

Question 1b

Is there any difference in the difficulty Asian international music therapy students experience between speaking, listening, writing, and reading in their practicum (pre internship) work?

Null Hypothesis 1b

There will be no difference in the difficulty Asian international music therapy students experience between speaking, listening, writing, and reading in their practicum (pre internship) work?

Question 1c

Is there any difference in instructors'/supervisors' perceptions about the difficulty Asian international music therapy students experience between speaking, listening, writing, and reading in their practicum (pre-internship) work?

Null Hypothesis 1c

There will be no difference in instructors'/supervisors' perceptions about the difficulty Asian international music therapy students experience between speaking, listening, writing, and reading in their practicum (pre-internship) work.

Question 1d

Is there a correlation between Asian international students' perception of their ability to succeed in clinical practicum (pre-internship) and their TOEFL score?

Null Hypothesis 1d

There will be no correlation between Asian international students' perception of their ability to succeed in clinical practicum (pre-internship) and their TOEFL score.

Question 1e

Is there any difference between Asian international students' perceptions and instructors/supervisors' perceptions of students' ability to succeed in clinical practicum (pre-internship) based on students' TOEFL score?

Null Hypothesis 1e

There will be no difference between Asian international students' perceptions and instructors/supervisors' perceptions of students' ability to succeed in clinical practicum (pre-internship) based on students' TOEFL score.

Question 1f

Is there a correlation between international students' length of stay in English speaking countries and their perceptions of their ability to be successful in clinical practicum (pre-internship)?

Null hypothesis 1f

There will be no correlation between international students' length of stay in English speaking countries and their perceptions of their ability to be successful in clinical practicum (pre-internship).

Question 1g

Is there any difference in level of difficulty for Asian international music therapy students between specific clinical populations based on their perceived level of English proficiency?

Null Hypothesis 1g

There will be no difference in level of difficulty for Asian international music therapy students between specific clinical populations based on their perceived level of English proficiency.

Question 1h

Is there any difference in level of difficulty for Asian international music therapy students between specific age groups based on their perceived level of English proficiency?

Null Hypothesis 1h

There will be no difference in level of difficulty for Asian international music therapy students between clinical age groups based on their perceived level of English proficiency.

Question 1i

Is there a difference in instructors'/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical populations based on their level of English proficiency?

Null Hypothesis 1i

There will be no difference in instructors/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical populations based on their level of English proficiency.

Question 1j

Is there a difference in instructors'/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific age groups based on their level of English proficiency?

Null Hypothesis 1j

There will be no difference in instructors/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical age groups based on their level of English proficiency.

Research area 2

Question 2a

Is there a correlation between instructors'/supervisors' awareness of resources to increase Asian international students' English proficiency and their years of teaching at the college level?

Null Hypothesis 2a

There will be no correlation between instructors'/supervisors' awareness of resources to increase Asian international students' English proficiency and their years of teaching at the college level

Question 2b

Is there a correlation between Asian international music therapy students' use of external resources and their level of perceived English proficiency to improve their English skills?

Null Hypothesis 2b

There will be no correlation between Asian international music therapy students' use of external resources and their level of perceived English proficiency to improve their English skills.

Question 2c

Is there a correlation between strategies used by Asian international music therapy students to ease communication or avoid miscommunications in clinical situations and the number of practicum (pre-internship) affiliations they completed?

Null Hypothesis 2c

There will be no correlation between strategies used by Asian international music therapy students to ease communication or avoid miscommunications in clinical situations and the number of practicum (pre-internship) affiliations they completed.

Open questions*Question 3a*

Is there any difference between university/college's English proficiency requirements for international students wishing to study music therapy as compared to other majors?

Null Hypothesis 3a

This is an open question to see if there are any differences between university/college's English proficiency requirements for international students wishing to study music therapy as compared to other majors.

Question 3b

Is there any advantage of being non-native English speakers in music therapy clinical settings?

Null Hypothesis 3b

This is an open answer question.

CHAPTER IV

METHOD

Subjects

There were two different subject groups in this study. Subject group 1 was composed of international students from China (including Hong Kong), North Korea, South Korea, Taiwan, or Japan who were currently enrolled in music therapy practicum (pre-intern) classes or music therapy internships in the United States. English could not be their first language. For this investigation, a music therapy practicum was defined as a clinical experience doing music therapy interventions with a representative range of client populations in various settings. A practicum could include assessing clients, planning sessions, implementing the session by oneself or with a co-leader or a supervisor, and evaluating and documenting clients' progress. For this study, practicum activities were not defined as observing sessions, role playing, or field trips in music therapy classes to conduct single sessions as groups. An internship was defined as clinical training under the supervision of a Music Therapy Board Certified (MT-BC) at either an American Music Therapy Association (AMTA) approved intern site or a university-affiliated internship site. Since there were not any resources available that identified appropriate subjects for subject group 1, the researcher sent an invitation letter to the director of each approved music therapy program and asked them to forward the invitation letter (either as an electronic attachment or paper copy) to potential subjects. In order to estimate the number of potential subjects in subject group 1, a letter was sent

to the directors of each approved music therapy program in the United States before this study was implemented asking how many students in their program met the aforementioned criteria. Based on the responses from the forty eight directors who responded to the letter, it was estimated there were 80 students who would be eligible to participate in this study.

Subject group 2 consisted of instructors or supervisors of music therapy programs in the United States that were approved by the American Music Therapy Association (AMTA). The list of approved schools was obtained from the AMTA website, and names and email addresses of all instructors and supervisors were obtained by reviewing all schools' websites and the AMTA Resource Book (2005). To be eligible to participate in this study, those instructors or supervisors had to have supervised international Asian music therapy students previously.

Survey

The 17 question web-based survey for Asian music therapy international students (see Appendix F) and 16 question web-based survey for music therapy instructors/supervisors (see Appendix G) were designed by the researcher to collect the data. The researcher's thesis committee and one linguistic professional who was an expert in the English as Second Language field reviewed the surveys and provided comments and suggestions for revision. Formats of questions included multiple choice, ranking, Likert scale, short answers, and open ended questions. The study and survey instruments were approved by the Western Michigan University Human Subjects Institutional Review Board (See Appendix A).

The internet web site SurveyMonkey.com® was used as a web tool for this research study. SurveyMonkey.com® is a recognized web site that guarantees user confidentiality and security. The student researcher checked the data obtained online and the printed data was shredded after been analyzed. The collected data was stored in the student investigator's account which required a username and password to login electronically.

Design and Procedure

Once the researcher created the survey, SurveyMonkey.com® provided the link for the survey to the researcher. To survey Asian international music therapy students, the researcher put the link on the invitation/consent e-mail/hardcopy letter that the students received (see Appendix D). Since the researcher did not have information identifying Asian international music therapy students, a written request with a description of the study was sent in two different formats (email [see Appendix B] and hardcopy letter [see Appendix C]) to each director of a college/university music therapy program in the United States. If directors chose the email format, they were asked to forward the written request with attached invitation/consent (see Appendix D) to students in their programs. If they chose the hardcopy format, they were asked to distribute the attached invitation/consent (see Appendix D) to students in their program. The actual survey itself was only available on line. Instructions provided to the universities'/colleges' directors and prospective subjects clarified that survey participation was completely voluntary and the decision whether or not to participate in this survey did not affect the students' academic performance at their universities/colleges. In Appendix B and C, the instructors were directed to include the

following statement when they distributed the invitation to students in order that the potential subjects would not feel coerced to participate: “Participation in this survey is completely voluntary and the decision whether or not to participate in this survey will not affect your academic performance”. The same information was included in the invitation to participate given to potential subjects (see Appendix D).

To survey the music therapy instructors/supervisors, the researcher put a link which was provided by SurveyMonkey.com® on the invitation/consent e-mail/hardcopy letter that the instructors/supervisors received (see Appendix E). A follow-up reminder email (see Appendix H) was sent to the director of music therapy programs 10 days after the initial invitation was extended to the students using the same procedures described above for subject recruitment (See Appendix I for copy of reminder letter for students). A follow-up reminder email (see Appendix J) was sent to the instructors/supervisors 10 days after the initial invitation was extended to them using the same procedure described above for subject recruitment. The results were charted, graphed, and tallied as percentages.

CHAPTER V

RESULTS

Asian international music therapy students

Due to the nature of the survey procedure, it was not possible to identify whether the sample of respondents was representative of Asian international music therapy students. Several directors contacted the researcher identifying how many of their students had received the invitation letter. That number of students totaled 20; however, it is unknown how many Asian international students who were eligible for this study actually received the invitation letter from their directors. Ten students ultimately completed the survey. Out of the ten students who participated in this survey, four were currently undergraduate students (40 %), 1 was an equivalency student (10%), and 5 were graduate students (50%). Eight students were currently enrolled in practicum classes (80%) and 2 students (20%) were currently interning. Five students were from Japan, 3 students were from Taiwan, 1 student was from China (including Hong Kong), and 1 student was from South Korea. The average length the students had been in a predominantly English speaking country was 3.6 years. The shortest period of residence was 5 months and the longest period of residence was 10 years. Eight students were required to take the TOEFL test when they applied for admission to their respective universities or colleges. The average score was 218.25 (Paper Based Test score was converted to Computer Based score). The highest score was 243 and the lowest score was 173. One student was also required to take the American College Testing (ACT)

exam, one student took a calculus exam, and two students took the Graduate Record Examination (GRE) in addition to the TOEFL. Five students spent time in intensive English school prior to attending colleges or universities in the U.S. with the average length being 5.9 months. The amount of time spent in intensive English school ranged from 17 months to one month. The average number of clinical settings during practicum experiences for these 10 students was 3.1 settings. The largest number of practicum experiences was more than 7 and the smallest number was zero.

Music therapy instructors/supervisors

Of the 225 invitation emails sent to instructors and supervisors, 20 were returned to the researcher as failed delivery or returned mail. Therefore, a total of 205 invitations were actually sent and 56 surveys were completed resulting in a response rate of 27.3%. Of the total participants in the survey for instructors or supervisors, 22 participants were directors of music therapy programs, 18 participants were instructors in music therapy programs, 8 participants were music therapy clinical supervisors, and 8 were classified as others (such as a graduate or doctoral teaching assistance, a coordinator of training, or both a clinical supervisor and instructor). Section 1 in the survey was answered only by the directors of music therapy programs (N=22). Thirty three participants completed all questions on the survey while the remaining 23 participants skipped either one or more required questions in the survey. The average length of time the respondents had taught or supervised music therapy at the college level was 13.3 years. The longest period was 30 years and the shortest period was 1.4 years.

Nine directors of music therapy programs indicated that the TOEFL was a good predictor of international students' ability to succeed in clinical practicum while two felt that it was not. Six directors answered that they required some assessments other than the TOEFL exam to assess English proficiency of Asian international music therapy students prior to their being admitted the music therapy program or beginning practicum classes. These assessment tools were interviewing students (3), writing exam (3), GRE (1), and English Language Institute Assessment on campus (1).

Data analysis

To respond to the research questions and null hypothesis associated with this study, the Pearson Correlations Test, one-way ANOVA, and Mann Whitney Test were run to see if there was a significant correlation or difference between variables. All of these tests were run at the 95 % confidence level. Means and medians were calculated using only data from those who responded to each survey item.

Null Hypothesis 1a

There will be no difference between Asian international music therapy students' and instructors' perceptions about the adequacy of the students' English skills to start music therapy practicum (pre internship) work.

The Mann Whitney test was used to test this null hypothesis which indicated that the test statistic $W=175$ had a p-value of 0.0777 or 0.0566 when adjusted for ties (See Table 1). Since the p-value was not less than 0.05, there is insufficient evidence to reject the null

hypothesis. Therefore, there was no significant difference between students' perceptions and instructors'/supervisors' perceptions.

Table 1

Perception about the adequacy of the students' English skills to start music therapy practicum (pre-internship) work

Participants	N (respond)	N (not respond)	Mean	Median	P
Students	10	0	2.4	2.0	0.0777-0.0566
Instructors/Supervisors	38	18	2.97	3.0	

* 5 is the most adequate and 1 is the least adequate

Null Hypothesis 1b

There will be no difference in the difficulty Asian international music therapy students experience between speaking, listening, writing, and reading in their practicum (pre-internship) work.

A one-way ANOVA test found that there was a significant difference between variables ($P=0.02$) (See Table 2). There was a significant difference between only listening skill and speaking skills and between only listening skills and writing skills, according to the Tukey test.

Table 2

The difficulty Asian international music therapy students experience between speaking, listening, writing, and reading (students' perceptions)

Variables	N (respond)	N (not-respond)	Mean	St Dev	F	P
Listening	10	0	3.3	0.949	3.71	0.02
Reading	10	0	2.7	0.823		
Speaking	10	0	2.0	0.943		
Writing	10	0	2.0	1.333		

* 1 most difficult and 5 is the least difficult

Null Hypothesis 1c

There will be no difference in instructors'/supervisors' perceptions about the difficulty Asian international music therapy students experience between speaking, listening, writing, and reading in their practicum (pre-internship) work.

A one-way ANOVA indicated that there was a significant difference between variables ($p=0.00$) (See Table 3). The Tukey test identified there was a significant difference between each variable except between speaking skills and writing skills.

Table 3

The difficulty Asian international music therapy students experience between speaking, listening, writing, and reading (instructors'/supervisors' perceptions)

Variables	N (respond)	N (not-respond)	Mean	St Dev	F	P
Listening	38	18	2.82	1.06	34.06	0.00
Reading	39	17	3.49	0.64		
Speaking	39	17	1.69	0.73		
Writing	39	17	2.00	0.97		

* 1 most difficult and 5 is the least difficult

Null Hypothesis 1d

There will be no correlation between Asian international students' perception of their ability to succeed in clinical practicum (pre-internship) and their TOEFL score.

A Pearson correlation of TOEFL scores and students' perception of their ability to succeed in clinical practicum was $r=0.077$. Therefore, there was not a significant correlation between the two variables.

Null Hypothesis 1e

There will be no difference between Asian international students' perceptions and instructors/supervisors' perceptions of students' ability to succeed in clinical practicum (pre-internship) based on students' TOEFL score.

The Mann-Whitney Test with 95% confidence level indicated that the test statistic W was 157.0 and had a p-value of 0.8681 or 0.8628 when adjusted for ties (See Table 4). Since the p-value was much higher than 0.05, there was insufficient evidence to reject the null hypothesis. Therefore, there was no significant difference between two variables.

Table 4

Students' perceptions and instructors'/supervisors' perceptions of students' ability to succeed in clinical practicum (pre-internship) based on students' TOEFL score.

Group	N (respond)	N (not respond)	Mean	Median	P
Students	8	2	2.75	3.0	0.8681-0.8628
Instructors/supervisors	29	27	2.93	3.0	

* 1 is the strongly agree and 5 is the strongly disagree

Null hypothesis 1f

There will be no correlation between international students' length of stay in English speaking countries and their perceptions of their ability to be successful in clinical practicum (pre-internship).

A Pearson correlation of students' length of stay in English speaking countries and their perceptions of their ability to be successful in clinical practicum was $r=0.704$ (See Table 5). Since the correlation value is larger than 0.6 ($p<0.05$), there is a significant correlation between these two variables.

Table: 5

International students' length of stay in English speaking countries and their perceptions of their ability to be successful in clinical practicum (pre-internship)

Participants	1	2	3	4	5	6	7	8	9	10	
The length of stay (year)	3.4	10	5	2.4	0.4	3.8	3.6	1	4.75	Not respond	R=0.704
Perception	2	1	2	3	2	3	2	3	2	Not respond	

*Perception: 1 is the most successful and 5 is the least successful

Null Hypothesis 1g

There will be no difference in level of difficulty for Asian international music therapy students between specific clinical populations based on their perceived level of English proficiency.

The average students' perceived English proficiency was 4.9 (the maximum score was 7). A one-way ANOVA identified that there was no significant difference between variables ($p=0.458$). The average scores for all items stayed between 4.71 (Speech impaired) and 5.38 (School age population) [1 is very unsuccessful and 7 is very successful].

Null Hypothesis 1h

There will be no difference in level of difficulty for Asian international music therapy students between clinical age groups based on their perceived level of English proficiency.

A one-way ANOVA identified that there was no significant difference between variables ($P=0.453$). The average scores for all items stayed between 5.14 (adolescent) and 6.33 (infant).

Null Hypothesis 1i

There will be no difference in instructors/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical populations based on their level of English proficiency.

Thirteen different populations were chosen from the AMTA Source Book (2005) representing the populations that were served by the largest number of music therapists.

A one-way ANOVA revealed a significant difference between variables ($p=0.000$) (See Table 6). The Tukey test identified that there was a significant difference between developmentally disabled and behavioral disorder, mental health, speech impaired, emotional disturbed, and abused/sexually abused/substance abuse population, between autism and emotional disturbance, abused/sexually abused/substance abused population, and between elderly persons and speech impairment, emotional disturbance, and abused/sexual abused/substance abused population.

Table: 6

Instructors'/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical populations

Population	1	2	3	4	5	6	7	N/A	Response Average
Development disabled	0% (0)	0% (0)	5% (2)	29% (11)	29% (11)	24% (9)	8% (3)	5% (2)	5.00
Autism Spectrum	0% (0)	0% (0)	13% (5)	26% (10)	21% (8)	13% (5)	5% (2)	21% (8)	4.63
School Age Population	0% (0)	0% (0)	5% (2)	50% (19)	29% (11)	5% (2)	3% (1)	8% (3)	4.46
Behavioral Disorder	3% (1)	8% (3)	14% (5)	41% (15)	16% (6)	0% (0)	0% (0)	19% (7)	3.73
Mental Health	5% (2)	11% (4)	18% (7)	16% (6)	5% (2)	8% (3)	3% (1)	34% (13)	3.60
Elderly Persons	0% (0)	10% (4)	8% (3)	23% (9)	15% (6)	21% (8)	10% (4)	13% (5)	4.68
Physically Disabled	0% (0)	3% (1)	5% (2)	34% (13)	18% (7)	5% (2)	8% (3)	26% (10)	4.57
Speech Impaired	5% (2)	5% (2)	29% (11)	29% (11)	3% (1)	5% (2)	3% (1)	21% (8)	3.57
Learning Disabled	3% (1)	3% (1)	11% (4)	34% (13)	13% (5)	13% (5)	0% (0)	24% (9)	4.21
Emotional Disturbed	5% (2)	5% (2)	18% (7)	29% (11)	8% (3)	0% (0)	0% (0)	34% (13)	3.44
Abused/Sexually abused/Substance abused	3% (1)	16% (6)	5% (2)	16% (6)	8% (3)	3% (1)	0% (0)	50% (19)	3.37
Terminal Ill	5% (2)	11% (4)	5% (2)	13% (5)	13% (5)	8% (3)	8% (3)	37% (14)	4.17
Visually Impaired	0% (0)	3% (1)	11% (4)	32% (12)	8% (3)	5% (2)	3% (1)	39% (15)	4.17
								Total Respondents	39
									P=0.000

* 1=very unsuccessful, 7=very successful, and N/A=Not Applicable

Null Hypothesis 1j

There will be no difference in instructors/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical age groups based on their level of English proficiency.

When the researcher typed this question using the online web survey tool, infant and toddler were typed in the same cell. Therefore, the survey form for instructors/supervisors had only 6 categories (infant/toddler, child, adolescent, young adults, meddle-aged adults, and elderly adults) as compared to a student survey where the infant and the toddler was typed as a different item.

A one way ANOVA indicated there was a significant difference between variables ($p=0.012$) (See Table 7). However, the Tukey test found that there was only a significant difference between infant/toddler and adolescent.

Table: 7
Instructors'/supervisors' perceptions about level of difficulty for Asian international music therapy students working with specific clinical age groups

Age Group	1	2	3	4	5	6	7	N/A	Response Average
Infant (0-1)	0%	0%	8%	26%	13%	18%	11%	24%	4.97
Toddler (1-3)	(0)	(0)	(3)	(10)	(5)	(7)	(4)	(9)	
Child (4-10)	0%	3%	13%	29%	21%	18%	3%	13%	4.55
	(0)	(1)	(5)	(11)	(8)	(7)	(1)	(5)	
Adolescent (11-18)	0%	11%	18%	34%	16%	0%	0%	21%	3.70
	(0)	(4)	(7)	(13)	(6)	(0)	(0)	(8)	
Young Adults (19-39)	0%	3%	21%	26%	16%	11%	5%	18%	4.32
	(3)	(1)	(8)	(10)	(6)	(4)	(2)	(7)	
Middle-aged adults (40-65)	3%	3%	11%	24%	22%	11%	3%	24%	4.36
	(1)	(1)	(4)	(9)	(8)	(4)	(1)	(9)	
Elderly Adults (66 and older)	5%	8%	5%	23%	21%	18%	8%	13%	4.50
	(2)	(3)	(2)	(9)	(8)	(7)	(3)	(5)	
								Total Respondents	39
									P=0.012

* 1=very unsuccessful, 7=very successful, and N/A=Not Applicable

Null Hypothesis 2a

There will be no correlation between instructors'/supervisors' awareness of resources to increase Asian international students' English proficiency and their years of teaching at the college level

The Pearson correlation of instructors'/supervisors' awareness of resources to increase Asian international students' English proficiency and their years of teaching at the college level was $r=0.029$. Therefore, there was no correlation between variables.

The resources and the number of respondents are shown in Figure 1.

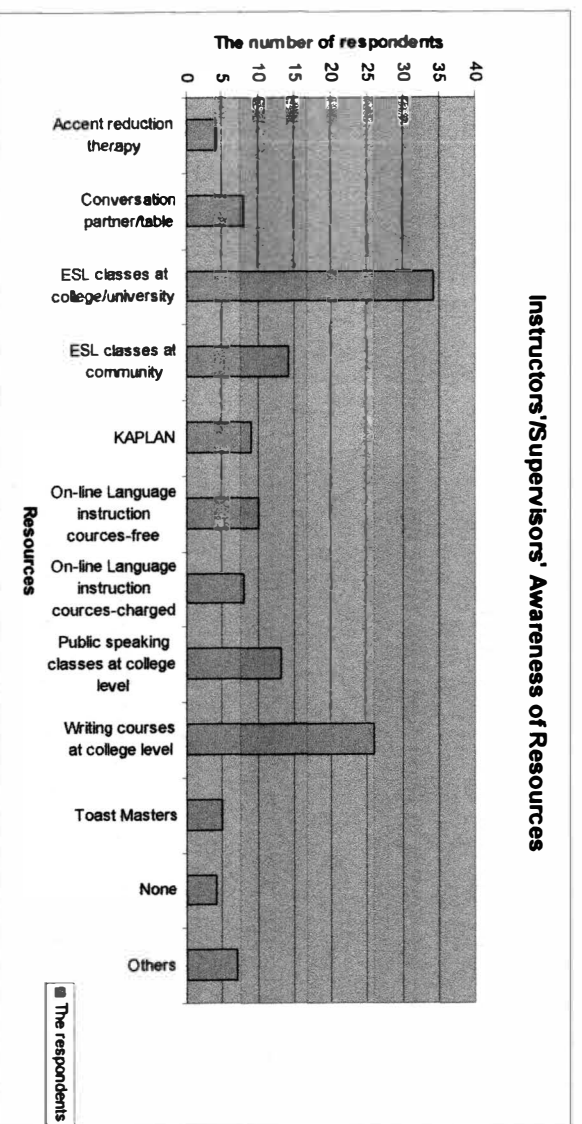


Figure 1 Instructors'/supervisors' awareness of resources

* Others: private tutoring, communicating only in English, and writing center

Twenty six of 36 instructors/supervisors (72.2%) answered that they had recommended specific resources to Asian international music therapy students. The resources instructors/supervisors recommended the most were ESL classes (9 people), writing courses at college level (8 people), and conversation partner/table (6 people). Twenty

one out of 39 instructors/supervisors (53.8%) found those resources to be helpful in improving English skills in clinical situations, 1 participant (2.6%) said they were not helpful, 13 participants (10.3%) did not know if they were helpful, and 2 participants (5.1%) answered that they were somewhat helpful. One person answered that there was no assessment to evaluate these resources, and another indicated that the students did not take the instructor/supervisor's recommendation. The resources instructors/supervisors found to be the most effective were tutoring (3 participants), ESL classes (3), accent reduction (1), writing center (1), and using only English (1).

Null Hypothesis 2b

There will be no correlation between Asian international music therapy students' use of external resources to improve their English skills and their level of perceived English proficiency.

The Pearson correlation of Asian international music therapy students' use of external resources to improve their English skills and their level of perceived English proficiency was $r=0.441$. Therefore, there was no significant correlation between the two variables.

The resources students used and the number of respondents are shown in Figure 2.

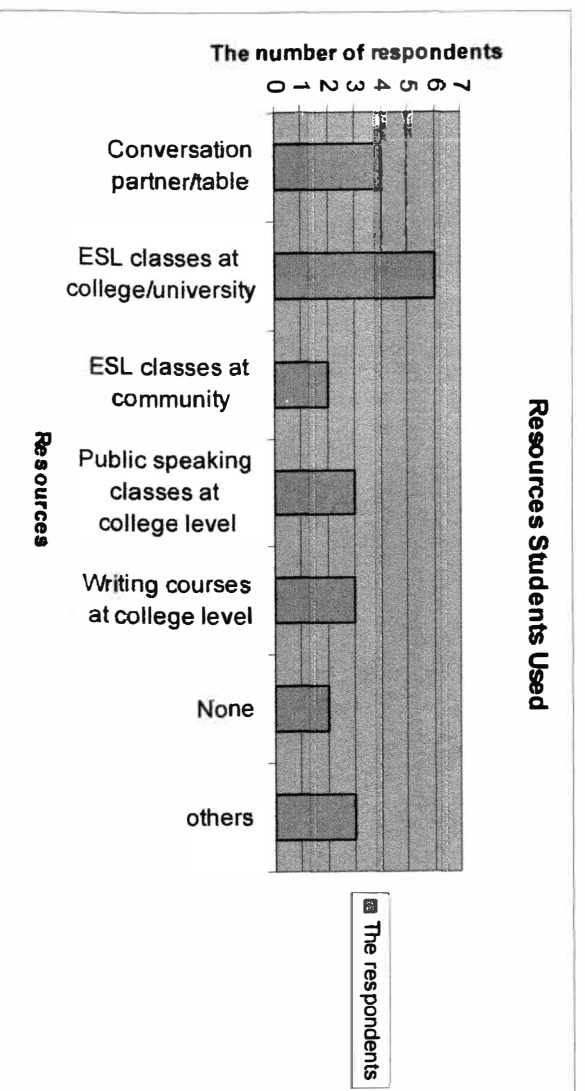


Figure 2 Resources students used

* Others: Speech therapy, tutoring, and watching TV and reading books

Students answered that they found resources from the Office for International Students at their respective school (4 people), other international students (4 people), non music therapy instructors or professors (4 people), students who are native English speakers (3 people), music therapy instructors or supervisors (1), and the internet (1 person). When students were asked for their perceptions as to what was the most effective resource, the responses included English as second language classes (ESL) (2 participants) at school, accent reduction/speech therapy (2), ESL classes in the community(1), writing courses at college level (1), tutoring (1), and taking any university classes.

Null Hypothesis 2c

There will be no correlation between strategies used by Asian international music therapy students to ease communication or avoid miscommunications in clinical situations and the number of practicum (pre-internship) affiliations they completed.

The Pearson correlation of strategies used by Asian international music therapy students to ease communication or avoid miscommunications in clinical situations and the number of practicum (pre-internship) affiliations they completed was $r=0.237$. Therefore there was no correlation between these two variables.

The strategies were categorized into 6 items: speaking strategies, writing strategies, body language, using visual aids, asking suggestions to peers or supervisors, and eye contact. Speaking strategies students used were speaking clearly, slowing down, repeating, and using different expressions or words. Writing strategies they used were writing or making lists prior to sessions of things they can talk about with their clients (See Figure 3).

Question 3a

This is an open question to see if there are any differences between university/college's English proficiency requirements for international students wishing to study music therapy as compared to other majors.

The question in the survey was "Does your music therapy program require the same TOEFL score as other programs in your school?" The result indicated that 15 directors of music therapy programs answered "yes" and 5 directors answered "don't know". One director answered "no" but, the actual score was not given. Therefore, it is unknown if that particular program requires a higher or lower score than other programs in the school.

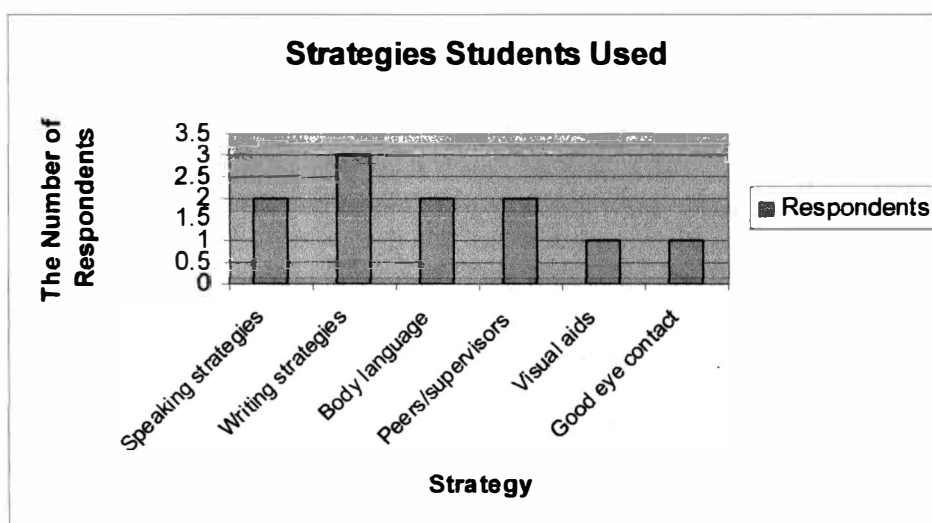


Figure 3 Strategies students used

Question 3b

This is an open question if there is any advantage of being non-native English speakers in music therapy clinical settings.

Descriptive answers were categorized into 5 different items. One person mentioned that non-native speakers used more simple directions than native speakers. One person commented that the non-native speaker can be more sensitive about multicultural issues. Another person answered that therapist's difficulty in English increases the clients' focus because they try to help the therapist. There were 3 people who indicated an advantage was being sensitive to clients who have communication difficulties. Finally, 5 people mentioned that international students can incorporate cultural experiences into music therapy sessions.

CHAPTER VI

DISCUSSION

Since only ten responses from students were obtained, any meaningful interpretation of the data is limited. One reason for the low response rate might be that there were fewer Asian international music therapy students than expected. Based on an initial contact with directors of music therapy programs before this study was implemented it was estimated there were 80 Asian international students who would be eligible to participate in this study. However, since the definition of music therapy practicum (pre-intern) and internship were not clearly defined at that time, that number may have not been an accurate representation.

The second reason for the low return rate might be due to an error the researcher made in an invitation letter. To be eligible for this survey, the students should have been enrolled in any practicum (pre-intern) classes or internship. However, when the initial invitation was sent to students, the researcher did not include the word “internship” in the invitation letter. This error might have negatively affected the response rate, because students who were interning might have thought they were not eligible for this survey. When the researcher sent the follow up letter, the mistake was corrected.

The research procedure used in this study might also have had negatively affected the return rate. Since the invitation letter was sent to students through program directors (and not directly from the researcher), it is possible that this process decreased the number of qualified students receiving the invitation letters. Finally, the total time needed to complete this survey (approximately 20 minutes) might have been a factor. Even though some null hypotheses were rejected, any attempt to generalize these

responses to all Asian international music therapy students based on the results of this survey would be inappropriate since the sample size was small and may have been homogeneous.

The researcher received emails from some instructors/supervisors indicating they had technical difficulties completing the survey. The researcher was not able to identify the cause of the problem; however, it might have been due to the incompatibility of Surveymonkey.com® and certain computer platforms. Two instructors/supervisors contacted the researcher asking for clarification as to when the supervising experiences took place. The researcher should have established a time limitation such as “supervised international students within the past 5 years.” The researcher encouraged those two participants to participate in the survey if they could remember how they perceived Asian international students’ practicum experiences and English proficiency.

Although there was no significant difference between students’ perceptions and instructors’/supervisors’ perceptions of the students’ English skills necessary to start music therapy practicum work, the results did show that instructors/supervisors have slightly lower perceptions about students’ adequacy of English skills. It seems that most of directors rely on only TOEFL test scores to determine if students have sufficient English skills for admission to music therapy programs and/or clinical practicum. Sixty eight percent of directors answered that they did not require any assessments other than the TOEFL to assess students’ English proficiency. One director reported that his/her school requires a phone interview with international students before they are admitted. However, as long as the TOEFL score is sufficient the director admits the students even if the students have difficulty using English during the interview. The reason given by the

director was the level of anxiety associated with speaking in English on the phone may not provide an accurate assessment of the students' abilities. There was no significant difference between students' perception and instructors'/supervisors' perception of students' ability to succeed in clinical practicum based on students' TOEFL scores, and both students and instructors/supervisors somewhat agree that higher TOEFL scores help students to be more successful in clinical situations ($M=2.75$ [students] $M=2.93$ [instructors/supervisors]). Although 55 % of directors did not think TOEFL was a good indicator of international music therapy students' ability to succeed in clinical practicum, the TOEFL is widely used in determining admission decisions at higher education institutions in the U.S. Forty-five percent of directors did think TOEFL was a good indicator and both students and instructors/supervisors somewhat agreed that a higher TOEFL score helped students to be more successful in practicum. However, both students and instructors/supervisors did not strongly agree that higher TOEFL scores helped students to be more successful in clinical situations. Anecdotal reasons given by directors who did not think TOEFL was a good indicator included (1) the belief that the TOEFL did not examine spoken English (the speaking component was added to the TOEFL starting in 2005), (2) the TOEFL does not examine cultural knowledge, (3) students need better proficiency than can be assessed on the TOEFL, and (4) English used in the TOEFL and English used in clinical situations is different. Because it seems difficult to assess students' English abilities in clinical situations by using only the TOEFL, it might be helpful to require international students to complete some type of English assessments (oral interview or writing exam) before they start practicum. This could assist in identifying what the students need to improve upon in order to have

successful practicum experiences. English skills typically include the four areas of listening, reading, speaking, and writing. The results of comparison of perceptions of these 4 different areas showed that students perceived listening to be the least difficult and speaking and writing to be the most difficult. Although the instructors' perceptions were that reading was the least difficult, they agreed with the students in naming speaking and writing as the most difficult. Four of research questions in this survey (1g, 1h, 1i, and 1j) examined students' and instructors'/supervisors' perceptions about the level of difficulty for students between specific populations and age groups. There was no significant difference between students' perceptions of clinical populations and age groups, but there was a significant difference between instructors'/supervisors' perceptions. In terms of clinical populations, instructors'/supervisors' perceive that students have been more successful working with clients who were developmentally disabled, diagnosed on the autism spectrum, and elderly persons and less successful working with clients who were speech impaired, or who were included in behavioral health, mental health, emotional disturbance, and abused/sexually abused/substance abused populations. Since participants were not asked the reasons for their perceptions, the researcher can only speculate. If students are having difficulty speaking, it seems natural that they would be less successful when working with clients with speech impairments. If music therapy interventions that require substantial verbal skills (such as lyric analysis, lyric (re)writing, and discussion) are used more often by music therapists in the treatment of people with behavioral health or mental health issues, emotional disturbances, and who are abused/sexually abused/substance abused, Asian music therapy international students who are having difficulty speaking would probably be less

successful with these populations. However, it can be also hypothesized that regardless of English proficiency, music therapy students who are both native English speakers and non-native English speakers might have more difficulty interacting with these clinical populations.

In terms of age groups, instructors'/supervisors' perceive that students are the most successful with infants and the least successful with adolescents. The reasons their perceptions are again unknown but might be attributable to the fact that there would likely be more verbalization required in sessions with adolescents than infants. In addition, the tendency for adolescents to use more slang and pop cultural topics that may be unfamiliar to international students might have also been a factor.

Findings from the study indicated that the instructors/supervisors have most frequently recommended college level writing courses and other writing resources (such as writing centers) to improve English proficiency. Since it was found that writing skills are one of the most difficult of the four skills to achieve, the instructors/supervisors might have most frequently recommended students to use the writing resources. Some instructors commented that if Asian international students have difficulty expressing themselves in writing, writing courses and writing centers can improve their ability to structure sentences correctly. ESL classes were also chosen by the instructors/supervisors as a useful resource. This may be because ESL classes cover all four areas of English proficiency (speaking, writing, reading, and listening).

In the review of literature, the limited amount of time international students interacted with their American peers was discussed. Several instructors/supervisors recommended a conversation partner or table along with simply interacting more with

American students. Some instructors/supervisors even recommended that students should spend more time speaking English or speak English exclusively. In fact, according to the experiences of the researcher as an Asian international music therapy students and consulting with other Asian international music therapy students, interacting with native English speakers and speaking English out of classes improved speaking skills and increased familiarity with American cultures.

Although many instructors/supervisors reported being familiar with external resources to improve English proficiency it is interesting to note that only one Asian international student answered that she/he found the resources from a music therapy instructor/supervisor. This low number might be because this student sample group was very small (10 participants), or because college/university offices for international students are the first people students contact after they have arrived in the United States. One instructor/supervisor mentioned that students do not have time to use recommended resources because fulfilling academic requirements is already so demanding and time consuming. Another instructor/supervisor commented that students do not follow up with the recommendations. Since some international students commented that consulting supervisors or peers can be helpful, supervision that focuses on the students' English skills in clinical situations might be an effective way to improve their English skills. Some instructors mentioned that cultural issues and the students' lack of American music repertoires should be emphasized more than language proficiency. Discussing both of these issues during supervisions could be very helpful for international students.

To compensate for the language disadvantage, students identified several writing and speaking strategies to ease communication or avoid miscommunication. Writing

strategies included writing down what students were going to say to their clients prior to a session, writing down words when students had difficulty with pronunciations, and visual aids. Speaking strategies included speaking slowly, clearly, repeating, changing words or expression if clients do not understand, and using simple sentences. Other strategies mentioned included body language, good eye contact, and consulting with supervisors and peers. These strategies would seem to be helpful and effective not only for students who have English difficulty but all music therapy students who have difficulty communicating with their clients. One student commented that a client found her/his explanations to be easy to understand because the student used simple words and sentences.

Although many difficulties and disadvantages associated with international Asian music therapy students in clinical situations were reported, some instructors/supervisors cautioned against generalizing any findings from this study to all Asian international music therapy students. Each student's level of English proficiency is unique. The researcher of this study agrees with this opinion not only because the students' sample group was very small but also because several instructors/supervisors commented that they had difficulty responding to this survey due to their students' varied English skills. Besides mentioning that some Asian international students have excellent English skills, one instructor/supervisor commented that having diversity in a classroom is a positive aspect of having international students in a music therapy program. Another instructor/supervisor commented that he/she learned better communication skills by working with international students.

Asian international music therapy students also described some perceived advantages of being non-native speakers. Students felt that incorporating cultural experiences in a music therapy session could be beneficial to clients. Students also mentioned that since they have difficulty communicating and are surrounded by multicultural environments, they can empathize with the difficulty of communication and multicultural issues. Although international Asian music therapy students acknowledged several difficulties and disadvantages, their overall experiences in practicum work seemed to be successful.

In summary, the purpose of this study was (1) to identify the students' and instructors'/supervisors' perceptions regarding Asian international music therapy students' English proficiency (including listening, reading, speaking, and writing skills) in clinical situations, and (2) to identify successful strategies students use or instructors/supervisors suggest for resolution regarding English proficiency in clinical situations. These findings of this study should be considered limitations due to the small sample group of international Asian music therapy students.

Many directors do not think the TOEFL is a good indicator to assess Asian international music therapy students' English proficiency. A few schools even require additional assessments other than the TOEFL. Although there are various difficulties for Asian international music therapy students using English in clinical situations, overall both students and instructors/supervisors perceived that students have generally successful practicum experiences. Because students seem to have the greatest difficulty with speaking, it can be assumed that they may have less successful experiences during music therapy sessions with populations and/or an age groups that require higher degrees

of language proficiency. However, there is no statistical data to indicate a correlation exists between higher degrees of language proficiency and clinical success with varying populations and age groups.

From this study's findings, some recommendations can be made to support Asian international music therapy students. First, it is recommended that music therapy programs require international students to complete some kind of exams (oral interview or writing exam) as an assessment of English proficiency before they start practicum (pre-intern). The findings could be used to not only determine whether the students should or should not be admitted to practicum, but also to identify their specific English language problems or deficits. Based on the findings from the assessment, individualized goals and planning to resolve any identified language problems should be established by the student and his/her supervisor/instructor. Goals should be measurable and achievable and evaluated during supervision. In that way, students and supervisors/instructors can keep track of the students' progress, which may be more effective than simply suggesting resources. Second, it is recommended that Asian international music therapy students who have difficulty communicating in English should start with populations (e.g. clients with developmentally delay, clients with autism, and elderly people) or age groups (e.g. infant/toddler) that are less verbal or require less advanced language proficiency. Third, it is recommended that supervisors discuss not only clinical issues but also English skills, cultural issues, and music repertoires with students during supervision. Fourth, although most of Asian international music therapy students found external resources from somebody other than music therapy instructors/supervisors, music therapy instructors/supervisors still should suggest external resources that may improve students'

English. Because music therapy instructors/supervisors are more familiar with English used in certain clinical situations and their students' English ability, they might be able to recommend better resources than other people. Finally, those strategies mentioned by student participants should be provided to international students who are currently enrolled in music therapy as well as future students.

Since a speaking component was added to the TOEFL exam beginning in 2005, the level of English proficiency and students' and instructors'/supervisors' perceptions may change in the near future. Although the speaking section in TOEFL is a non-interactive exam (ETS, 2006b) it will be able to evaluate non-native speakers' English speaking proficiency. Examinees will be required to listen to lectures and/or passages and verbally answer questions based on their experiences, insights, and/or examples (ETS, 2006a). While the addition of the speaking section in the TOEFL might positively affect Asian international music therapy students' ability to succeed in academic situations, further study will also be required to investigate how the new TOEFL test affects students' success in clinical situations.

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Appendix A

HSIRB approval letter



Date: December 8, 2005

To: Brian Wilson, Principal Investigator
Yayoi Nakai,, Student Investigator for thesis

From: Mary Lagerwey, Ph.D., Chair

Re: HSIRB Project Number: 05-11-14

This letter will serve as confirmation that your research project entitled "The Relationship Between Perceived English Proficiency and Success in Clinical Work: A Survey of Asian International Music Therapy Students and Music Therapy Instructors/Supervisors" 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 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: December 8, 2006

Appendix B

Cover letter to directors of music therapy program: email format

Dear Director of Music Therapy Program

My name is Yayoi Nakai and I am a graduate music therapy student at Western Michigan University. Currently, I am working on my master's thesis which includes a survey of music therapy students' from Asian countries (China [including Hong Kong], Japan, North Korea, South Korea, and Taiwan) and their instructors'/supervisors' perceptions about English proficiency during music therapy practicum classes (pre-intern). If limitations in communication (English proficiency) exist, I am interested in learning what strategies have been successful in addressing these concerns. The requirements to participate in this study are as follows:

- (1) Music Therapy students who are currently enrolled in either practicum classes (pre-intern) or internship **AND**
- (2) Students who are from China (include Hong Kong), Japan, North Korea, South Korea, or Taiwan **AND**
- (3) English is NOT their first language.

For this investigation a music therapy practicum is defined as a clinical experience doing music therapy interventions with a representative range of client populations in various settings. This includes: assessing clients, planning sessions, implementing the session by yourself or with a co-leader or a supervisor, evaluating clients' progress, and documenting clients' progress. For this study, practicum activities are not defined as observing sessions, role playing, or field trips in music therapy classes to conduct a single session as a group. Internship is defined as clinical training under the supervision of a MT-BC at either an AMTA approved intern site or a university-affiliated internship site.

In order to facilitate the process and encourage the likelihood of Asian international music therapy students responding to this survey, I am providing information about this survey opportunity in two different formats (email and by hard copy letter) to each director of a music therapy program. I am requesting that you extend the invitation to Asian international music therapy students in your program to complete this survey using whichever format is most convenient for you.

If you chose the email format, please forward this email with the attached file to Asian international students who meet the stated requirements for participation.

If you chose the hard copy format (which you will receive in a few days), please distribute the invitation that will be attached to the hardcopy letter to Asian international students (who meet the stated requirements) inviting them to participate in the study.

When you distribute the invitation with either email format or hardcopy format, please include the following statement: **participating in this survey is completely voluntary and the decision whether or not to participate in this survey will not affect students' academic performance.**

Thank you very much for your time and willingness to assist me.

Sincerely,

Yayoi Nakai, MT-BC

Appendix C

Cover letter to directors of music therapy program: hard copy format

Dear Director of Music Therapy Program

My name is Yayoi Nakai and I am a graduate music therapy student at Western Michigan University. Currently, I am working on my master's thesis which includes a survey of music therapy students' from Asian countries (China [including Hong Kong], Japan, North Korea, South Korea, and Taiwan) and their instructors'/supervisors' perceptions about English proficiency during music therapy practicum classes (pre-intern). If limitations in communication (English proficiency) exist, I am interested in learning what strategies have been successful in addressing these concerns. The requirements to participate in this study are as follows:

- (1) Music Therapy students who are currently enrolled in either practicum classes (pre-intern) or internship **AND**
- (2) Students who are from China (include Hong Kong), Japan, North Korea, South Korea, or Taiwan **AND**
- (3) English is NOT their first language.

For this investigation a music therapy practicum is defined as a clinical experience doing music therapy interventions with a representative range of client populations in various settings. This includes: assessing clients, planning sessions, implementing the session by yourself or with a co-leader or a supervisor, and evaluating clients' progress, and documenting clients' progress. For this study, practicum activities are not defined as observing sessions, role playing, field trips in music therapy classes to conduct a single session as a group. Internship is defined as a clinical training under the supervision of a MT-BC at either an AMTA approved intern site or a university-affiliated internship site.

Recently, you should have received an email from me regarding the survey I am conducting of Asian international students in music therapy programs. I am requesting that you extend the invitation to Asian international music therapy students in your program to complete this survey using whichever format is most convenient for you. The invitation to participate that was attached to the email is also enclosed with this letter.

If you chose the email format, please forward the email you received with the attached file to Asian international students who meet the stated requirements for participation.

If you chose the hard copy format, please distribute the attached invitation letters to participate in the study to Asian international students who meet the stated requirements for participation.

When you distribute the invitation with either email format or hardcopy format, please include the following statement: **participating in this survey is completely voluntary and the decision whether or not to participate in this survey will not affect students' academic performance.**

Thank you very much for your time and willingness to assist me.

Sincerely,

Yayoi Nakai, MT-BC

Appendix D

Invitation letter to music therapy practicum (pre-intern) students and music therapy
interns

Western Michigan University, Department of Music Therapy

Principal Investigator: Brian Wilson, M.M.

Student Investigator: Yayoi Nakai, B.M.

The Relationship between Perceived English Proficiency and Success in Clinical Work: A Survey of Asian International Music Therapy Students and Music Therapy Instructors/Supervisors

Dear Music Therapy Practicum (pre-intern) Students and Music Therapy Interns:

In order (1) to better understand the relationship between Asian international music therapy students' perceptions and their instructors'/supervisors' perceptions of students' level of English proficiency and success in their clinical work and (2) to provide information regarding the value of different resources/strategies to assist Asian international music therapy students in developing their English proficiency, I have created an online survey project as my Master's thesis through Western Michigan University. I have contacted the director of the music therapy program at your college/university and asked her/him to forward or distribute this consent form to Asian international music therapy students who are currently enrolled in practicum (pre-intern) classes or internship. You may receive this invitation by email or as a hard copy letter from the director of music therapy program at your college/university.

Your participation in this research project will help to support efforts to maximize the benefits for clients whose therapists are Asian international music therapy students as well as aiding the students' academic achievements.

To be eligible for this survey, you should be

- (1) A student currently enrolled in any practicum (pre-intern) classes **AND**
- (2) From either China (including Hong Kong), Japan, North Korea, South Korea, or Taiwan, **AND**
- (3) English is **NOT** your first language.

To participate, simply go to the following website

(<http://www.surveymonkey.com/s.asp?u=580701481437>) to access the secure survey web page and follow the instructions to complete the survey. This site will be available to you until **February 5th, 2006** and will take approximately 20 minutes of your time. You can decline to participate, stop participating at any time, or refuse to answer any question without repercussions or penalty. Participating in this survey is completely voluntary and the decision whether or not to participate in this survey will not affect your academic performance.

All of the information collected from you is confidential meaning that your e-mail and responses will be kept confidential. SurveyMonkey.com®, the company through which this survey was created, guarantees the security and confidentiality of responses and e-mail addresses.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) on December 8, 2005. Do not participate in this survey after December 7th, 2006. Submitting the survey indicates consent to use your answers for this research.

If you have questions about this study, please contact the researcher, Yayoi Nakai at yayoi.nakai@wmich.edu, telephone (269-598-2402). You may also contact my faculty advisor, Professor Brian Wilson (269-387-4724), the Chair of Human Subjects Institutional Review Board at hsirb@wmich.edu, telephone (269-387-8293), or the vice president for research (269-387-8298), with any concerns that you have. Thank you in advance for your participation.

Sincerely,
Yayoi Nakai, MT-BC

Appendix E

Invitation letter to music therapy instructors and supervisors

Western Michigan University, Department of Music Therapy

Principal Investigator: Brian Wilson, M.M.

Student Investigator: Yayoi Nakai, B.M.

The Relationship between Perceived English Proficiency and Success in Clinical Work: A Survey of Asian International Music Therapy Students and Music Therapy Instructors/Supervisors

Dear Music Therapy Instructors and Supervisors:

In order to identify (1) to understand the relationship between Asian international music therapy students' perceptions and their instructors'/supervisors' perceptions of students' level of English proficiency and success in their clinical work and (2) to provide information regarding the value of different resources/strategies to assist Asian international music therapy students in developing their English proficiency, I have created an online survey project as my Master's thesis through Western Michigan University. Your email address was obtained from your university's/college's web site and/or the American Music Therapy Association's Resource Book (2005).

Your participation in this research project will help to support efforts to maximize the benefits for clients whose therapists are Asian international music therapy students as well as aiding the students' academic achievements.

To be eligible for this survey, you should be an instructor/supervisor in a music therapy program at a college/university approved by the American Music Therapy Association, and have supervised Asian music therapy practicum (pre-intern) students who are from either China (including Hong Kong), Japan, North Korea, South Korea, or Taiwan and whose first language is NOT English.

To participate, simply click on the link of the website <http://www.surveymonkey.com/s.asp?u=179161675959> to access the secure survey web page and follow the instructions to complete the survey. This site will be available to you until February 5th, 2006 and will take approximately 20 minutes of your time. You can decline to participate, stop participating at any time, or refuse to answer any question without repercussions or penalty.

All of the information collected from you is confidential. That means your e-mail and responses will be kept confidential. SurveyMonkey.com®, the company through which this survey was created, guarantees the security and confidentiality of responses and e-mail addresses.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) on December 8th, 2005. Do not participate in this study after December 7th, 2006.

Submitting the survey indicates consent to use your answers for this research.

If you have questions about this study, please contact the researcher, Yayoi Nakai at yayoi.nakai@wmich.edu, telephone (269 598-2402). You may also contact my faculty advisor, Professor Brian Wilson (269-387-4724), the Chair of Human Subjects Institutional Review Board at hsirb@wmich.edu, telephone (269-387-8293), or the vice president for research (269-387-8298) with any concerns that you have. Thank you in advance for your participation.

Sincerely,
Yayoi Nakai, MT-BC

Appendix F

Survey questions for music therapy practicum (pre-intern) students and music therapy interns

Please answer the following questions specifically pertaining to your music therapy clinical training in English.

You are invited to complete this survey if you are from China (including Hong Kong), Japan, North Korea, South Korea, or Taiwan; you are either a practicum (pre-intern) student or intern; and your first language is NOT English.

For this investigation a music therapy practicum is defined as a clinical experience doing music therapy interventions with a representative range of client populations in various settings. This includes: assessing clients, planning sessions, implementing the session by yourself or with a co-leader or a supervisor, evaluating clients' progress, and documenting clients' progress. For this study, practicum activities are not defined as observing sessions, role playing, or field trips in music therapy classes to conduct a single session as a group. Internship is defined as clinical training under the supervision of a MT-BC at either an AMTA approved intern site or a university-affiliate internship site.

By submitting this survey, you will be giving your consent to participate in this study. Your response will be kept confidential.

1. What is your status?

Undergraduate student
Equivalency student
Graduate student

2. Please indicate whether you are currently a practicum (pre-intern) student or completing a music therapy internship.

Practicum
Internship

If you are a practicum student, how many different clinical settings have you already experienced? If you are currently interning, indicate how many different clinical settings you experienced while you were a practicum student.

0
1
2
3
4
5
6
more than 7

3. In total how long have you been in a predominantly English speaking country (where the first language is English)? e.g. 3 years and 7 months

4. Please check the country you are from

China (Hong Kong)

Japan

South Korea

North Korea

Taiwan

5. Did you take the Test of English as Foreign Language (TOEFL) when you applied for admission to the school where you are currently enrolled?

Yes

No

Not required

If yes, what was your TOEFL score when you applied for admission to your current university/college?

Paper Based Test (PBT) _____

Computer Based Test (CBT) _____

Others

6. What additional test scores were you required to submit when you applied for admission to your current university/college?

ACT (American College Testing)

GRE (Graduate Record Examination)

SAT (Scholastic Aptitude Test)

TSE (Test of Spoken English)

Other (please specify) _____

None

7. Did you attend an intensive English program before you enrolled in your current university/college in the United States?

Yes

No

If yes, how many months did you spend in the school?

_____ months

8. Please rate your perceived level of English proficiency (including listening, reading, speaking, and writing) on a scale of 1 to 7 (with 7 being “very adequate” and 1 being “very poor”).

1	2	3	4	5	6	7
very poor						very adequate

9. Rank your perceived difficulty with English proficiency in each of the following categories. (Check 1 for the category that is most difficult, check 4 for the category that is least difficult, etc).

	most difficult			least difficult	
Listening	1	2	3	4	
Reading	1	2	3	4	
Speaking	1	2	3	4	
Writing	1	2	3	4	

10. Please indicate your level of agreement/disagreement with each of following statements by checking the number that represents your response.

(1=strongly agree, 2=agree, 3=somewhat agree, 4=disagree, 5=strongly agree N/A=not applicable)

I think my English skills were adequate to start music therapy practicum (pre-intern)	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

I think my English skills are/were adequate to communicate with my clients and colleagues.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

I think my music therapy practicum (pre-intern) experiences are/were successful.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

I think having a higher TOEFL score helps International music therapy students to be more successful in music therapy practicum (pre-intern).	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

11. Thinking about your level of English proficiency, please rate how successful you feel you communicated in English with each of the following clinical populations and clinical age groups during your music therapy practicum (pre-intern) using scale of 1 to 7 (with 7 being “very successful”, 1 being “very unsuccessful”, and N/A being “Not applicable”).

<Clinical population>	very unsuccessful					very successful		
Developmentally disabled	1	2	3	4	5	6	7	n/a
Autism Spectrum	1	2	3	4	5	6	7	n/a
School Age Population	1	2	3	4	5	6	7	n/a
Behavioral Disorder	1	2	3	4	5	6	7	n/a
Mental Health	1	2	3	4	5	6	7	n/a
Elderly Persons	1	2	3	4	5	6	7	n/a
(Alzheimer's/Dementia)								
Physically Disabled	1	2	3	4	5	6	7	n/a
Speech Impaired	1	2	3	4	5	6	7	n/a
Learning Disabled	1	2	3	4	5	6	7	n/a
Emotional Disturbed	1	2	3	4	5	6	7	n/a
Abused/Sexually abused/ Substance abused	1	2	3	4	5	6	7	n/a
Terminal Ill	1	2	3	4	5	6	7	n/a
Visually Impaired	1	2	3	4	5	6	7	n/a
Other _____	1	2	3	4	5	6	7	n/a
<clinical age group>								
Infant (0-1)	1	2	3	4	5	6	7	n/a
Toddler (1-3)	1	2	3	4	5	6	7	n/a
Child (4-10)	1	2	3	4	5	6	7	n/a
Adolescent (11-18)	1	2	3	4	5	6	7	n/a
Young adults (19-39)	1	2	3	4	5	6	7	n/a
Middle-aged adults (40-65)	1	2	3	4	5	6	7	n/a
Elderly adults (66 and older)	1	2	3	4	5	6	7	n/a

12. Please check all resources you have used to improve your English skills.

Accent reduction therapy

Conversation partner/table

ESL (English as second language) classes at college/university

ESL (English as second language) classes at community

KAPLAN

On-line Language instruction course-Free

On-line Language instruction course-Charged

Public speaking classes at college level

Writing courses at college level

Toast Masters

Others _____ (please specify)

None (skip to question 15)

13. If you have used any of the resources in question 12, please identify how you found those resources (Check all that apply).

Internet (on-line)

Support group for international students

Office for international students at school

Other International students

Native speakers

Music therapy instructors/supervisors

Non-music therapy instructors/professors

Other _____ (Please specify)

14. If you used any of these resources in question 12, please indicate the one resource you think was the most effective and why.

Accent reduction therapy

Conversation partner/table

ESL (English as second language) classes at college/university

ESL (English as second language) classes at community

KAPLAN

On-line Language instruction course-Free

On-line Language instruction course-Charged

Public speaking classes at college level

Writing courses at college level

Toast Masters

Others _____ (please specify)

None

Why do you think that the resource you checked in question 14 is the most effective?

15. During your practicum (pre-intern) work, do/did you use specific strategies to ease communication or avoid miscommunications?

Yes

No

If yes, please identify what these strategies are/were.

16. Please describe any advantages of being non-native English speakers in music therapy clinical settings.

17. If you have any additional comments or concerns, please describe them here.

Thank you very much for your time and willingness to assist me.
Please click “Done” to submit the survey.

Done>>

Appendix G

Survey questions for music therapy instructors and supervisors

Please answer the following questions regarding your perceptions of the English proficiency of Asian international music therapy practicum (pre-intern) students or interns in clinical situations. Your responses should only be reflective of those students who are from China (including Hong Kong), Japan, South Korea, North Korea or Taiwan.

For this investigation a music therapy practicum is defined as a clinical experience doing music therapy interventions with a representative range of client populations in various settings. This includes: assessing clients, planning sessions, implementing the session by yourself or with a co-leader or a supervisor, evaluating clients' progress, and documenting clients' progress. For this study, practicum activities are not defined as observing sessions, role playing, or field trips in music therapy classes to conduct a single session as a group. Internship is defined as clinical training under the supervision of a MT-BC at either an AMTA approved intern site or a university-affiliated internship site.

By submitting this survey, you will be giving your consent to participate in this study. Your response will be kept confidential.

1. Please indicate your job title

Director of music therapy program

Instructor of music therapy

Music therapy clinical supervisor

Other _____ (Please specify)

2. How many years have you taught/supervised music therapy at the college level?
e.g. 7 years and 6 months

If you are a director of a music therapy program, please answer the questions in both Section I (from question 3) and Section II. If you are not, please skip Section I and start from Section II (from question 10).

Next>>

Section I

3. Please indicate how many international students from Asia (China [including Hong Kong], Taiwan, North Korea, South Korea, and Japan) are currently enrolled in the music therapy program at your college/university.

_____ (Please indicate number here)

None

Don't know

4. How many Asian international students are currently enrolled in practicum (pre-intern) classes?

_____ (Please indicate number here)

None

Don't know

5. How many Asian international students from your college/university are currently completing their internship?

_____ (Please indicate number here)

None

Don't know

6. What is the minimum TOEFL score required for international students to study in your university/college?

PBT (Paper Based Test) _____

CBT (Computer Based Test) _____

Don't know

TOEFL is not required

7. Does your music therapy program require the same TOEFL score as other programs in your school?

Yes

No

Don't know

TOEFL is not required

If no, what is the minimum TOEFL score requirement to enroll in the music therapy program at your college/university?

PBT _____

CBT _____

8. Do you think TOEFL is a good indicator of international music therapy students' ability to succeed in clinical practicum?

Yes

No

Not applicable

If no, please describe why you think so.

9. At your music therapy program, do you require any assessments other than the TOEFL exam to assess English proficiency of Asian international music therapy students prior to their being admitted the music therapy program or to start practicum classes?

Yes

No

If yes, please specify your requirements (e.g. oral interview)

[<< Prev](#) [Next>>](#)

Section II

10. Please indicate your level of agreement/disagreement with each of following statements by checking the number that represents your response. (1=strongly agree, 2=agree, 3=somewhat agree, 4=disagree, 5=strongly disagree N/A=not applicable)

In general, I think Asian international music therapy students have adequate English skills to start music therapy practicum (pre-intern)	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

In general, I think Asian international music therapy students' English skills during their practicum are adequate to communicate with their clients and colleagues.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

In general, I think Asian international music therapy students have/had been successful in music therapy practicum (pre-intern)	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

In general, I think having higher TOEFL scores help Asian international music therapy students to be more successful in music therapy practicum (pre-intern).	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

11. Based on your perception, please rank Asian international music therapy students' overall difficulty in their use of English in clinical situations. Please check 1 for the category that is most difficult, check 4 for the category that is least difficult, etc. (Use each number only once)

	most difficult			least difficult		
Listening	1	2	3	4		
Reading	1	2	3	4		
Speaking	1	2	3	4		
Writing	1	2	3	4		

12. Thinking about their level of English proficiency, please rate how successful you feel your Asian international communicated in English with each of the following populations and age groups during their music therapy practicum (pre-intern) using a scale of 1 to 7 (with 7 being "very successful", 1 being "very unsuccessful", and N/A being "Not applicable").

<Clinical population>	very unsuccessful					very successful		
Developmentally disabled	1	2	3	4	5	6	7	n/a
Autism Spectrum	1	2	3	4	5	6	7	n/a
School Age Population	1	2	3	4	5	6	7	n/a
Behavioral Disorder	1	2	3	4	5	6	7	n/a
Mental Health	1	2	3	4	5	6	7	n/a
Elderly Persons	1	2	3	4	5	6	7	n/a
(Alzheimer's/Dementia)								
Physically Disabled	1	2	3	4	5	6	7	n/a
Speech Impaired	1	2	3	4	5	6	7	n/a
Learning Disabled	1	2	3	4	5	6	7	n/a
Emotional Disturbed	1	2	3	4	5	6	7	n/a
Abused/Sexually abused/ Substance abused	1	2	3	4	5	6	7	n/a
Terminal Ill	1	2	3	4	5	6	7	n/a
Visually Impaired	1	2	3	4	5	6	7	n/a
Other _____	1	2	3	4	5	6	7	n/a
<clinical age group>								
Infant (0-1)	1	2	3	4	5	6	7	n/a
Toddler (1-3)	1	2	3	4	5	6	7	n/a
Child (4-10)	1	2	3	4	5	6	7	n/a
Adolescent (11-18)	1	2	3	4	5	6	7	n/a
Young adults (19-39)	1	2	3	4	5	6	7	n/a
Middle-aged adults (40-65)	1	2	3	4	5	6	7	n/a
Elderly adults (66 and older)	1	2	3	4	5	6	7	n/a

13. The following external resources are sometimes used by international students to improve their English. Please indicate which of any of the following external resources you are familiar with.

Accent reduction therapy

Conversation partner/table

ESL (English as second language) classes at college/university

ESL (English as second language) classes at community

KAPLAN

On-line Language instruction course-Free

On-line Language instruction course-Charged

Public speaking classes at college level

Writing courses at college level

Toast Masters

Others _____ (please specify)

None

14. If you are familiar with any of resources in question 14, have you ever recommended that international music therapy students from Asia use any of these resources?

Yes

No

Don't remember

If yes, what resources did you recommend for them to use?

15. Do you believe using these resources help to improve Asian international music therapy students' English skills in clinical situations?

Yes

No

Don't know

Other _____ (please specify)

If yes, please identify which resource is the most effective resource and why?

16. If you have any additional comments or concerns, please describe them here.

--

Thank you very much for your time and willingness to assist me.
Please click "Done" to submit the survey.

Done>>

Appendix H

Follow up cover letter to directors of music therapy programs

Dear Director of Music Therapy Program

Ten days ago, you should have received information regarding a survey that I am conducting as a part of the requirements for the Master of music therapy degree at Western Michigan University.

This is a follow up reminder that the survey is still running and will be available until **February 5th, 2006**. If you already forwarded information to Asian international students in your program, I thank you. If not, I would be grateful if you could share this information with those students to participate in my survey.

For those of you who never received my initial email, it is attached below

Thank you again for your time and willingness to assist me.

Sincerely,

Yayoi Nakai

Initial email:

Dear Director of Music Therapy Program

My name is Yayoi Nakai and I am a graduate music therapy student at Western Michigan University. Currently, I am working on my master's thesis which includes a survey of music therapy students' from Asian countries (China [including Hong Kong], Japan, North Korea, South Korea, and Taiwan) and their instructors'/supervisors' perceptions about English proficiency during music therapy practicum classes (pre-intern). If limitations in communication (English proficiency) exist, I am interested in learning what strategies have been successful in addressing these concerns.

The requirements to participate in this study are as follows:

- (1) Music Therapy students who are currently enrolled in either practicum classes (pre-intern) or internship **AND**
- (2) Students who are from China (include Hong Kong), Japan, North Korea, South Korea, or Taiwan **AND**
- (3) English is NOT their first language.

For this investigation a music therapy practicum is defined as a clinical experience doing music therapy interventions with a representative range of client populations in various settings. This includes: assessing clients, planning sessions, implementing the session by yourself or with a co-leader or a supervisor, evaluating clients' progress, and documenting clients' progress. For this study, practicum activities are not defined as observing sessions, role playing, or field trips in music therapy classes to conduct a single session as a group. Internship is defined as

clinical training under the supervision of a MT-BC at either an AMTA approved intern site or a university-affiliated internship site.

In order to facilitate the process and encourage the likelihood of Asian international music therapy students responding to this survey, I am providing information about this survey opportunity in two different formats (email and by hard copy letter) to each director of a music therapy program. I am requesting that you extend the invitation to Asian international music therapy students in your program to complete this survey using whichever format is most convenient for you.

If you chose the email format, please forward this email with the attached file to Asian international students who meet the stated requirements for participation.

If you chose the hard copy format (which you will receive in a few days), please distribute the invitation that will be attached to the hardcopy letter to Asian international students (who meet the stated requirements) inviting them to participate in the study.

When you distribute the invitation with either email format or hardcopy format, please include the following statement: **participating in this survey is completely voluntary and the decision whether or not to participate in this survey will not affect students' academic performance.**

Thank you very much for your time and willingness to assist me.

Sincerely,

Yayoi Nakai, MT-BC

Appendix I

Follow up invitation letter to music therapy practicum (pre-intern) students and music therapy interns

Dear Music Therapy Practicum (pre-intern) Students and Music Therapy interns:

For those of you who have already participated in my survey, thank you very much for your time. This study investigating **the relationship between perceived English proficiency and success in clinical work by Asian international music therapy students** is a part of the requirements for the Master of Music Therapy degree at Western Michigan University.

For those of you who haven't had an opportunity to complete the survey, it is still running and will be available until February 5th, 2006.

The link to the survey is <http://www.surveymonkey.com/s.asp?u=580701481437>

For those of you who never received my initial invitation, it is attached below.

There was a mistake in the initial invitation letter. I stated one of the requirements to participate in this survey is enrollment in practicum (pre-intern) classes. However, if you are currently interning, you can also participate in this survey. Please refer to my corrected invitation attached below.

Your responses are very important to the success of the study. The results from the study may ultimately maximize the benefits to clients treated by Asian international music therapy students as well as the students' academic achievements. I deeply appreciate your participation in this study.

Thank you again.

Sincerely,
Yayoi Nakai

Initial invitation:

Western Michigan University, Department of Music Therapy
Principal Investigator: Brian Wilson, M.M.
Student Investigator: Yayoi Nakai, B.M.

The Relationship between Perceived English Proficiency and Success in Clinical Work: A Survey of Asian International Music Therapy Students and Music Therapy Instructors/Supervisors

Dear Music Therapy Practicum (pre-intern) Students and Music Therapy interns:

In order (1) to better understand the relationship between Asian international music therapy students' perceptions and their instructors'/supervisors' perceptions of students' level of English proficiency and success in their clinical work and (2) to provide information regarding the value of different resources/strategies to assist Asian international music therapy students in developing their English proficiency, I have created an online survey project as my Master's thesis through Western Michigan University. I have contacted the director of the music therapy program at your

college/university and asked her/him to forward or distribute this consent form to Asian international music therapy students who are currently enrolled in practicum (pre-intern) classes or internship. You may receive this invitation by email or as a hard copy letter from the director of music therapy program at your college/university.

Your participation in this research project will help to support efforts to maximize the benefits for clients whose therapists are Asian international music therapy students as well as aiding the students' academic achievements.

To be eligible for this survey, you should be

- (1) a student currently enrolled in any practicum (pre-intern) classes or internship AND
- (2) from either China (including Hong Kong), Japan, North Korea, South Korea, or Taiwan, AND
- (3) English is NOT your first language.

To participate, simply click on the link of the website

<http://www.surveymonkey.com/s.asp?u=580701481437>

to access the secure survey web page and follow the instructions to complete the survey. This site will be available to you until **February 5th, 2006** and will take approximately 20 minutes of your time. You can decline to participate, stop participating at any time, or refuse to answer any question without repercussions or penalty. Participating in this survey is completely voluntary and the decision whether or not to participate in this survey will not affect your academic performance.

All of the information collected from you is confidential meaning that your e-mail and responses will be kept confidential. SurveyMonkey.com®, the company through which this survey was created, guarantees the security and confidentiality of responses and e-mail addresses.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) on December 8, 2005. Do not participate in this survey after December 7, 2006. Submitting the survey indicates consent to use your answers for this research.

If you have questions about this study, please contact the researcher, Yayoi Nakai at yayoi.nakai@wmich.edu, telephone (269 598-2402). You may also contact my faculty advisor, Professor Brian Wilson (269-387-4724), the Chair of Human Subjects Institutional Review Board at hsirb@wmich.edu, telephone (269-387-8293), or the vice president for research (269-387-8298), with any concerns that you have. Thank you in advance for your participation.

Sincerely,
Yayoi Nakai, MT-BC

Appendix J

Follow up invitation letter to music therapy instructors and supervisors

Dear Music Therapy Instructors and Supervisors

For those of you who have already participated in my survey, thank you very much for your time. This study investigating the relationship between perceived English proficiency and success in clinical work by Asian international music therapy students is a part of the requirements for the Master of Music Therapy degree at Western Michigan University. For those of you who haven't had an opportunity to complete the survey, it is still running and will be available until February 5th, 2006.

The link to the survey is <http://www.surveymonkey.com/s.asp?u=179161675959>

For those of you who never received my initial invitation, it is attached below.

Thank you again.

Sincerely,
Yayoi Nakai

Initial invitation:

Western Michigan University, Department of Music Therapy

Principal Investigator: Brian Wilson, M.M.

Student Investigator: Yayoi Nakai, B.M.

The Relationship between Perceived English Proficiency and Success in Clinical Work: A Survey of Asian International Music Therapy Students and Music Therapy Instructors/Supervisors

Dear Music Therapy Instructors and Supervisors:

In order to identify (1) to understand the relationship between Asian international music therapy students' perceptions and their instructors'/supervisors' perceptions of students' level of English proficiency and success in their clinical work and (2) to provide information regarding the value of different resources/strategies to assist Asian international music therapy students in developing their English proficiency, I have created an online survey project as my Master's thesis through Western Michigan University. Your email address was obtained from your university's/college's web site and/or the American Music Therapy Association's Resource Book (2005).

Your participation in this research project will help to support efforts to maximize the benefits for clients whose therapists are Asian international music therapy students as well as aiding the students' academic achievements.

To be eligible for this survey, you should be an instructor/supervisor in a music therapy program at a college/university approved by the American Music Therapy Association, and have supervised Asian music therapy practicum (pre-intern) students who are from

either China (including Hong Kong), Japan, North Korea, South Korea, or Taiwan and whose first language is NOT English.

To participate, simply click on the link of the website <http://www.surveymonkey.com/s.asp?u=179161675959> to access the secure survey web page and follow the instructions to complete the survey. This site will be available to you until **February 5th, 2006** and will take approximately 20 minutes of your time. You can decline to participate, stop participating at any time, or refuse to answer any question without repercussions or penalty.

All of the information collected from you is confidential. That means your e-mail and responses will be kept confidential. SurveyMonkey.com®, the company through which this survey was created, guarantees the security and confidentiality of responses and e-mail addresses.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) on December 8th, 2005. Do not participate in this study after December 7th, 2006.

Submitting the survey indicates consent to use your answers for this research.

If you have questions about this study, please contact the researcher, Yayoi Nakai at yayoi.nakai@wmich.edu, telephone (269 598-2402). You may also contact my faculty advisor, Professor Brian Wilson (269-387-4724), the Chair of Human Subjects Institutional Review Board at hsirb@wmich.edu, telephone (269-387-8293), or the vice president for research (269-387-8298) with any concerns that you have. Thank you in advance for your participation.

Sincerely,
Yayoi Nakai, MT-BC