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Clinical Training in Music Therapy : Perceptions of Preparedness and Satisfaction

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Received: 8 June 2020 Accepted: 14 October 2021 Published: 1 November 2021

Editor: Susan J Hadley Reviewers: ChihChen Lee, Debbie Bates

Abstract

Objective: This paper examines the experiences of music therapy students throughout their clinical training. Three surveys inquired about: 1) the perception from both interns and supervisors as to interns' needs, 2) interns' preparedness, their skills, their priorities when choosing an internship, and whether their expectations for training were met (with comparisons between American and International respondents), and 3) satisfaction with clinical training. **Method:** Three separate surveys were distributed. The first survey's respondents included pre-interns (n = 19) and internship supervisors (n = 14) who had completed their training in the Great Lakes Region of the United States. The second survey's respondents included American interns (n = 50), American professionals (n = 353), International interns (n = 12), and International professionals (n = 50). Respondents for the third survey included professional music therapists who completed their curriculum in the United States and held the MT-BC professional credential (N = 777). **Results:** Some differences between interns' and supervisors' perceptions of the interns' needs were found in Survey 1; significant differences were found between the preparedness and strengths/weaknesses between groups in Survey 2; and Survey 3 found general satisfaction with training with some areas respondents felt needed improvement. **Conclusions:** While there is overall satisfaction with training for music therapists, there are inconsistencies in students' experiences in, and perceptions of, their training.

Keywords: *music therapy, clinical training, needs, preparedness, expectations, satisfaction*

Literature Review

Music Therapy Curriculum

Beginning in 1919, music therapy training in the United States was offered informally by pioneers such as Margaret Anderton, Isa Maude Ilsen, Harriet Seymour, Eva Vescelius, (Davis & Gfeller, 2008) and Wilhelmina Harbert (Davis et al., 2018). Each had their own curriculum, philosophy for conducting music therapy, and indications of what instruments and/or types of music were most or least appropriate (de l'Etoile, 2000). Students were trained to work in hospitals and schools to address physical and mental needs of those with whom they worked (Davis et al., 2018). The first structured music therapy course was taught by Anderton and later by Ilsen at Columbia University starting in 1919 (de l'Etoile, 2000). The first recognized undergraduate and graduate university training programs were established at Michigan State University in 1944 and the University of Kansas in 1946, respectively (de l'Etoile, 2000). Due to the variety of training occurring across the country, the need arose to establish education standards to further the recognition of the profession.

With assistance from Music Teachers National Association, the National Association for Music Therapy (NAMT) was established in 1950 with the purpose to progress music therapy education and training, and determine standards for music therapy practice (Davis et al., 2018). This effort culminated in the undergraduate curriculum being formalized in 1952 (de l'Etoile, 2000), based on specific required music therapy courses and nationally rostered internships occurring outside the university setting (de l'Etoile, 2000). NAMT credentialed music therapists from their programs as Registered Music Therapists (RMT), with NAMT maintaining a roster of credentialed professionals within the association. Over time, philosophical differences regarding education and training arose within the music therapy community, which led to a split in the profession and the formation of the Urban Federation for Music Therapists (later renamed the American Association of Music Therapy [AAMT]) in 1971 (Davis et al., 2018). AAMT addressed education and training more flexibly through the use of professional competencies instead of required courses, and university-affiliated internships that were more closely related to the university (Davis et al., 2018). Music therapists who studied at AAMT programs were credentialed as Certified Music Therapists (CMT) or Advanced Certified Music Therapists (ACMT), with AAMT maintaining a roster of credentialed professionals for that association. In order to have one set of standards for credentialing music therapists, the Certification Board for Music Therapists (CBMT) was established in 1983 to serve as the single credentialing agency for the profession (CBMT, n.d.), consolidating credentials issued by NAMT and AAMT (AMTA, 2011). CBMT administered the first board-certification exam in 1985, which granted candidates the credential of board-certified music therapist (MT-BC). The MT-BC credential verifies that candidates meet the required knowledge to practice music therapy, and requires the professional to engage in 100 hours of continuing education over five years to maintain MT-BC status.

Background on AMTA Professional Competencies

The presence of two professional associations (NAMT and AAMT) resulted in confusion for the public and the profession, and limited the growth of the profession (Davis et al., 2018). Members from both associations voted to unify as one association in 1996, with ratification occurring in 1998, which formed the American Music Therapy Association (AMTA). AMTA established the Commission on Education and Training to study and design education and training standards for the new association. The use of AAMT's competency-based education was adopted (AMTA Professional Competencies, Adopted 1999, Revised 2013), with both nationally rostered and university-affiliated internships being offered (AMTA, 2011). The credentialed registries from both NAMT and AAMT were maintained through 2020 for the RMT, ACMT, and CMT credentials; while the MT-BC became established as the sole credential for the profession (AMTA,

2011). The approved AMTA competency-based curriculum was designed to impart entry-level competencies in music foundations (45%), clinical foundations (15%), music therapy foundations and principles (15%), general education (20-25%), and other electives (5%) (*AMTA Standards for Education and Clinical Training, Adopted 2000, Revised 2017*), while allowing each college/university program diversity in determining how to address competencies.

A bachelor's degree in music therapy addresses three main areas: 1) music foundations, 2) clinical foundations, and 3) music therapy foundations and principles. Each main category is comprised of several subcategories to be addressed through coursework, pre-internship clinical hours, and internship (*AMTA Professional Competencies, Adopted 1999, Revised 2013*). Since academic programs across the country vary in training styles, course requirements, and pre-internship clinical experiences, students may enter internship with different skill sets than peers from other institutions.

Internship

In addition to coursework, music therapy students are required to complete a minimum of 1,200 hours of clinical training through fieldwork and an internship. This involves music therapy students completing 180 hours in pre-internship experiences (practicum assignments from academic programs) and at least 900 hours of internship experience (*AMTA Standards for Education and Clinical Training, Adopted 2000, Revised 2017*). All AMTA-approved colleges and universities follow the above standard; however, depending on their philosophical orientation, coursework requirements for students may vary between institutions. The AMTA Professional Competencies are addressed through both academic courses and in the development of a training plan and written internship agreement. The academic training program periodically assesses students' progress through coursework and clinical training, and collaborates with the internship site to determine when a student has met all of the competencies to graduate (*AMTA, Standards for Education and Clinical Training, Adopted 2000, Revised 2017*). Upon completion of AMTA-approved academic training and internship, students are eligible to sit for the board certification exam administered by CBMT.

Differences Between American & International Students

AMTA has a total of 88 accredited educational programs, which provides many opportunities for international students to study music therapy in the United States (*AMTA Organization Directory Search, 2019*). For international students, internship can be a difficult part of their academic experience. International students have additional challenges when studying outside of their home country due to unfamiliar learning contexts, differing learning styles, language barriers, and cultural differences, among other issues (*Ruhanen et al., 2013*). These differences can produce acculturative stress in international students not experienced by Americans, which can potentially have a negative impact on clients if such stress affects the well-being of interns during their internship experiences (*Kim, 2011*). The present research further explores these differences between American and international students.

Internship Director Perceptions of Incoming Interns on AMTA Professional Competencies

At the start of the internship, the supervisor may notice some significant deficiencies in the intern's ability to perform their job. If a pre-intern shows signs of severe professional competency problems prior to the start of the internship, the individual can be identified by academic faculty. However, sometimes these students move on to internships, nonetheless. In a survey of 32 academic program directors and 77 internship directors, "inadequate music skill development" was rated by both groups as the top indicator of students with severe professional competency problems. The same survey identified additional deficiencies that included poor musical skills, ethical violations,

poor boundaries, and social inappropriateness (Hsiao, 2014). In a survey of 96 internship directors, respondents rated the majority of their interns as below average competency level for guitar, keyboard, percussion, and improvisational skills at the start of their internship (Jenkins, 2013). In another survey, 94 internship directors were asked to identify the most difficult aspects of supervision; “making sure competencies were met” was rated as one of the two top-ranked responses (Tanguay, 2008). The present research explores the different perceptions of internship directors and incoming interns on AMTA Professional Competencies.

Professional Preparedness

Since the music therapy curriculum was revised by NAMT in 1996, there have been few studies focused on educational satisfaction related to music therapy. One study in occupational therapy surveyed current students and graduates about professional education and preparedness (Hodgetts et al., 2007). The study indicated that students and recent graduates from occupational therapy felt that they lacked technical and intervention skills, yet both students and graduates were satisfied with their education.

Research Questions

An understanding of all of these factors – interns’ preparedness, their skill in relation to the AMTA Professional Competencies, their satisfaction with their training, and the perception of both the intern and the supervisor as to the intern’s needs – is necessary to give a full picture of the system used to train music therapists in the United States. In addition, understanding a student’s growth from internship into the professional world for both American and International interns can help to improve the quality of training and provide support where needed. The questions below served as the primary research questions across the surveys administered:

Survey 1:

- What are the similarities and differences in how pre-interns and internship supervisors perceive areas of need within the AMTA Professional Competencies in terms of a) music foundations and b) clinical foundations?

Survey 2:

- What are the differences between American and International interns and professionals in clinical training in terms of a) AMTA Professional Competencies, b) general strengths and weaknesses, c) choosing an internship, and d) strengths and weaknesses of their internship?

Survey 3:

- How satisfied are music therapists with their undergraduate or equivalency curriculum as preparation for professional practice?

Methods

Survey 1

The purpose of this survey was to investigate the differences in how pre-interns and internship supervisors perceive areas of need within the AMTA Professional Competencies. The study was approved by an institutional review board¹. The pre-interns were required to have completed at least two semesters of music therapy practicum courses to participate, while internship supervisors were required to be board-certified music therapists who had supervised at least one intern in the past two years. A list of internship supervisors was compiled using the AMTA National Roster website. Using purposive sampling, pre-interns were contacted through the Great Lakes Region (GLR) Music Therapy Association, GLR Student Association, and university faculty. The survey was made available in September 2016 for a duration of a month. The survey was a closed-form questionnaire developed by Knight (2008) with 36 Likert-scale rating

(5-level) questions. The participants rated their need for assistance from “Little or no need for assistance” [1] to “Very high need for assistance in this area” [5]. Questions included inquiries about clinical foundations, music therapy, and music foundations competencies. In order to clarify the language for the participants, the phrase “concern for assistance” was changed to “need for assistance,” “diagnosing client needs” was changed to “assessing client needs,” and “closing a knowledge gap between academic program and internship” was added to the end of the first section of the questionnaire. The survey asked pre-intern respondents to rate their perceived need for assistance and asked internship supervisors to rate their own perception of the needs of their typical intern to meet the AMTA Professional Competencies. Between-group responses were compared using t-tests and Mann–Whitney tests.

Survey 2

The purpose of this study was to investigate internship preparedness and the differences between International and American music therapy interns and professionals. The study was approved by an institutional review board. The inclusion criteria required interns to have completed the first half of their internship and professionals to have earned their MT-BC credential within the previous five years (no earlier than March 2012). The investigators requested email addresses from the Certification Board for Music Therapists for professional music therapists and accessed the approved internship sites list posted on the AMTA website to obtain contact information for clinical training directors. The survey was open for one month. Participants who completed the survey were entered into a drawing for \$10 Amazon gift cards.

The survey instrument was created for this study by the investigators. It contained 13 questions, formatted as yes or no, multiple-choice, Likert-scale rating (4-level), and short answer. Five of these questions were modified from surveys used in earlier studies (Knight, 2008; Madsen & Kaiser, 1999; Young, 2009). The survey included questions on demographics, how respondents decided where to complete their internship, perceived strengths and weaknesses in accordance with the AMTA Professional Competencies, and how those competencies were met during their internship. Response items were based on the major categories of the AMTA Professional Competencies and were used by permission from the Western Michigan University (WMU) music therapy pre-internship self-evaluation. Chi-square analyses were used to compare the four different groups with different sample sizes.

Survey 3

The purpose of this study was to examine the satisfaction level of undergraduate and equivalency students who have completed their degree program, with respect to their professional education and preparedness for practice in the United States. The study was approved by an institutional review board. The inclusion criteria for participants in this study required that participants be professional music therapists who completed their undergraduate degree or an equivalency curriculum in the United States and held the professional credential of MT-BC at the time of data collection. Participant emails were obtained from the CBMT email list for music therapists who held an MT-BC credential, and the survey was open from October 16th, 2017 - November 16th, 2017. The survey contained one main research question with 20 sub-survey questions. Questions were modified from Hodgetts et al. (2007) and included yes or no, multiple choice, and Likert-scale rating questions (6-levels which are totally satisfied [6], mostly satisfied [5], somewhat satisfied [4], somewhat dissatisfied [3], mostly dissatisfied [2]; and totally dissatisfied [1]). Chi-square and Spearman correlation analyses were used to answer primary research questions.

Results

Survey 1

Approximately 70 individuals were contacted for this study and 33 self-selected to enroll, including pre-interns ($n = 19$) and internship supervisors ($n = 14$) in the Great Lakes Region (GLR) of AMTA. Pre-interns had an age range of 18-25 with two males (10.53%), 16 females (84.21%), and one who identified with the "other" category (5.26%). Internship supervisors in this study had an age range of 25-55 with one male (7.14%) and 13 females (92.86%). Determining the varying levels of perceived need required to meet the AMTA Professional Competencies by both students and internship supervisors is an important step to improving the quality of internship training. In this survey, the means of the music therapy pre-interns and internship supervisors were compared across 36 questions regarding clinical foundations and music foundations using a t-test and Mann-Whitney test (Field, 2013) utilizing the program SPSS.

Level of Need for Assistance in Clinical Foundations

The clinical foundations portion of the AMTA Professional Competencies covers skills used to facilitate a therapeutic session and knowledge required to be a successful clinician. Identifying the level of need for incoming interns in this area is a valuable tool for the internship supervisors to use when designing their internship program. The mean scores of pre-interns and internship supervisors were calculated on each item to find areas requiring the highest level of need. The surveyed pre-interns were moderately to highly concerned about "finding out what is expected of me as an intern" ($M = 3.526$), "closing the knowledge gap between academic program and internship" ($M = 3.368$), "understanding the facility's intern evaluation process" ($M = 3.526$), and "obtaining instructional resources and materials" ($M = 3.053$). In contrast, the internship supervisors were moderately to highly concerned about "facilitating group discussions" ($M = 3.714$), "assisting students in assessing client needs" ($M = 3.571$), "dealing with stress" ($M = 3.5$), and "closing the knowledge gap between academic program and internship" ($M = 3.357$). "Closing the knowledge gap between academic program and internship" was the only commonality between the pre-interns and the internship supervisors. The mean scores of the internship supervisors were compared against the mean scores of the pre-interns using the independent t-test. The independent t-test was used to compare the mean scores due to the assumed normality of data distribution, independence and homogeneity. One area was found to be statistically significant: "understanding the facility's intern evaluation process," $t(31) = 4.217$, $p = .001$ with an effect size of 1.514. See Table 1 for remaining statements.

Level of Need for Assistance in Music Foundations

The music foundations section of the AMTA Professional Competencies covers musical skills needed to be a successful clinician and sets music therapy apart from other expressive arts therapies. The surveyed pre-interns identified the following areas as requiring the highest levels of assistance: "knowledge of multicultural music" ($M = 3.421$), "selecting standard works for your client's needs" ($M = 2.737$), and "improvising vocally" ($M = 2.52$). The internship supervisors rated their highest levels of concern regarding "improvising vocally" ($M = 3.00$), "demonstrating basic piano skills" ($M = 2.786$), and "leading and accompanying on guitar and piano" ($M = 2.714$).

Only two responses differed significantly between pre-interns and supervisors within the music foundations section: "demonstrating basic piano skills" $t(31) = -2.929$, $p = .006$ with an effect size of 1.049 and "leading and accompanying on guitar and piano" $U(N_{\text{pre-interns}} = 19, N_{\text{supervisors}} = 14,) = 140.5$, $z = 2.063$, $p = .046$. These strong effect sizes show that pre-interns perceive they need much less assistance to meet the competencies compared to internship supervisors' perceptions. See Table 2 for remaining statements.

Table 1
Results for Clinical Foundations

Item	Pre-intern	Internship supervisor	<i>t</i>	<i>df</i>	<i>p</i>
	M	M			
Finding out what is expected of me as an intern	3.5263	2.9286	1.266	31	.215
Communicating with facility staff	2.8421	3.2143	-0.920	31	.365
Communicating with other interns/supervisors	2.9474	2.5714	0.873	31	.390
Organizing and managing my session space	2.5263	2.8571	-0.784	31	.439
Maintaining client confidence	2.5263	2.5000	0.062	30.341	.951
Obtaining instructional resources and materials	3.0526	2.6429	0.998	31	.326
Planning a session	2.2632	2.8571	-1.676	31	.104
Managing my time and work	2.4211	3.2143	-1.925	30.120	.064
Assessing client needs	2.9474	3.5714	-1.683	31	.103
Evaluating client's progress	2.7368	3.2857	-1.476	31	.150
Motivating clients	2.4737	2.8571	-1.104	30.426	.278
Dealing with individual differences among clients	2.6842	2.9286	-0.618	31	.541
Understanding the treatment modality	3.0000	2.5714	1.107	31	.277
Completing administrative paperwork	2.8421	2.7143	0.307	31	.761
Using a variety of therapeutic methods	2.8947	3.1429	-0.660	29.292	.514
Facilitating group discussions	2.8947	3.7143	-2.032	31	.051
Understanding the facility's intern evaluation process	3.5263	2.0000	4.217	31	.001*
Understanding my legal rights and responsibilities as a therapist	3.1053	2.4286	1.627	31	.114
Dealing with stress	2.6842	3.5000	-1.953	31	.060
Becoming aware of special services provided by facility	2.7895	2.3571	1.076	31	.290
Closing knowledge gap between academic program and internship	3.3684	3.3571	0.031	31	.976

**p* < .05.

Summary

Pre-interns reported a higher need for assistance in the area of “understanding the facility’s intern evaluation process” compared to internship supervisors. Pre-interns reported lower need for assistance in “demonstrating basic piano skills” and “leading and accompanying on guitar and piano” than was reported by internship supervisors.

Survey 2

The purpose of Survey 2 was to investigate internship preparedness and the differences between International and American music therapy interns and professionals. The survey was sent to a total of 2,673 individuals. A total of 465 individuals self-selected to complete the survey. Chi-square tests were used to compare the frequencies of International Interns (II), American Interns (AI), International Professionals (IP), and American Professionals (AP) as they reported the AMTA Professional Competencies they felt most and least competent in, as well as their perceived strengths and concerns when entering their internship. Two respondents did not meet the eligibility requirements, so their data were excluded from analyses. Of the respondents, participants were orga-

Table 2
Results for Music Foundations

Item	Pre-intern	Internship supervisor	t	df	p
	M	M			
Selecting standard works for your client's needs	2.7368	2.5714	0.469	31	.643
Transposing simple compositions	1.8421	2.1429	-0.715	31	.480
Composing songs with simple accompaniment	2.2105	2.4286	-0.509	28.764	.615
Demonstrating basic vocal skills	1.7368	2.2143	-1.137	31	.264
Demonstrating basic guitar skills	1.7895	2.2857	-1.240	31	.224
Demonstrating basic piano skills	1.7368	2.7857	-2.929	31	.006*
Demonstrating basic percussion skills	2.0526	2.0714	-0.051	31	.960
Leading and accompanying on guitar and piano	2.0526	2.7143	-1.748	31	.090
Playing and singing basic rep of traditional, folk, and pop songs by memory	2.1579	2.0714	0.194	31	.847
Singing in tune	1.7368	1.7857	-0.114	31	.910
Harmonizing and transposing simple compositions in several keys	2.0000	2.5714	-1.476	31	.510
Tuning stringed instruments	1.4737	1.5000	-0.076	31	.940
Improvising on instruments	2.1579	2.5714	-0.874	31	.389
Improvising vocally	2.5263	3.0000	-0.977	31	.336
Knowledge of multicultural music	3.4211	2.6429	1.817	31	.079

*p < .05.

nized into four groups: 50 American Interns (AI, 10.75%), 353 American Professionals (AP, 75.91%), 12 International Interns (II, 2.58%), and 50 International Professionals (IP, 10.75%). Respondents in this survey included 399 females (86.18%), 62 males (13.39%), two participants identified as “other” (0.43%), and two individuals did not respond to this question. Two hundred and thirty-seven of the respondents had earned or were pursuing a bachelor's degree (51.18%), 219 had earned or were pursuing a master's degree (47.3%), and seven had earned or were pursuing a doctoral degree (1.51%). A total of 416 respondents reported their first language was English (90.24%) with Chinese being the second highest reported (5.86%). Four hundred and thirty-nine of the participants were between the ages of 20-40 (94.38%), while 26 were over the age of 40 (5.62%).

Perceived Top Five Areas of Strength in AMTA Professional Competencies

Participants rated which five AMTA Professional Competencies they were most proficient in prior to the start of their internship. Of the 464 participants who responded to this question, the five most reported responses were “voice skills” (52.8%, n = 245), “therapeutic relationship” (47.8%, n = 222), “guitar skills” (35.1%, n = 163), “music theory and history” (33.2%, n = 154), and “major performance medium skills” (30.2%, n = 140). Table 3 indicates the top five most competent areas at the onset of internship by group association.

There were no significant associations across categorical groups (i.e., AI, II, AP, and IP) in their top five most reported proficient AMTA Professional Competencies prior to internship: “voice skills” $X^2(3) = 5.588, p = .133$, “therapeutic relationship” $X^2(3) = 1.036, p = .792$, “guitar skills” $X^2(3) = 4.965, p = .174$, “music theory and history”

Table 3
Frequency Table of Perceived Top Five Most Competent AMTA Competencies

AMTA Competencies	Percent of Cases			
	II <i>n</i> = 12	AI <i>n</i> = 49	IP <i>n</i> = 50	AP <i>n</i> = 353
Music theory and history	58.3%	28.6%	30.0%	33.4%
Composition and arranging skills	16.7%	4.1%	12.0%	9.1%
Major performance medium skills	41.7%	30.6%	26.0%	30.3%
Keyboard skills	75.0%	22.4%	42.0%	25.2%
Voice skills	66.7%	55.1%	38.0%	54.1%
Guitar skills	25.0%	46.9%	26.0%	35.1%
Percussion skills	16.7%	8.2%	18.0%	11.0%
Non-symphonic instrumental skills	0%	4.1%	6.0%	3.1%
Improvisation skills	16.7%	12.2%	32.0%	15.6%
Conducting skills	0%	12.2%	4.0%	4.2%
Movement skills	0%	10.2%	6.0%	9.9%
Therapeutic applications	8.3%	22.4%	30.0%	23.5%
Therapeutic principles	25.0%	18.4%	24.0%	23.8%
Therapeutic relationship	58.3%	53.1%	46.0%	47.0%
Foundations and principles	8.3%	20.4%	24.0%	24.6%
Client assessment	8.3%	16.3%	8.0%	8.2%
Treatment planning	33.3%	22.4%	14.0%	21.2%
Therapy implementation	8.3%	16.3%	12.0%	18.7%
Therapy evaluation	8.3%	4.1%	0%	2.5%
Documentation	8.3%	32.7%	16.0%	31.2%
Termination/discharge planning	0%	0%	0%	1.1%
Professional role/ethics	25.0%	32.7%	20.0%	31.2%
Interprofessional collaboration	0%	10.2%	12.0%	7.9%
Supervision and administration	0%	2.0%	0%	2.3%
Research methods	0%	8.2%	8.0%	14.2%
Other	0%	0%	2.0%	1.1%

Note. Top five responses for each subgroup are highlighted in bold, light grey.

$\chi^2(3) = 4.271, p = .234$, and “major performance medium skills” $\chi^2(3) = 1.170, p = .760$.

Perceived Top Five Areas of Weakness in AMTA Competencies

Of the 460 participants who responded to this question, the five most reported areas which needed improvement were “improvisation skills” (48.3%, $n = 222$), “client assessment” (46.7%, $n = 250$), “guitar skills” (41.5%, $n = 191$), “therapeutic applications” (38.0%, $n = 175$), and “therapy implementation” (37.0%, $n = 170$). Table 4 indicates the top five reported areas needing improvement at the onset of internship by group association.

Chi-square analyses indicated there were no significant associations across categorical groups in the top five most reported areas of improvement: “improvisation skills” $\chi^2(3) = 3.702, p = .295$, “client assessment” $\chi^2(3) = 4.133, p = .247$, “guitar skills”

Table 4
 Frequency Table of Perceived Five Areas Needing Improvement in AMTA Competencies

AMTA Competencies	Percent of Cases			
	II n = 12	AI n = 49	IP n = 49	AP n = 350
Music theory and history	0%	6.1%	4.1%	2.0%
Composition and arranging skills	0%	12.2%	12.2%	13.7%
Major performance medium skills	0%	0%	0%	0.6%
Keyboard skills	8.3%	42.9%	20.4%	32.0%
Voice skills	8.3%	20.4%	18.4%	19.4%
Guitar skills	50.0%	36.7%	34.7%	42.9%
Percussion skills	0%	6.1%	8.2%	12.0%
Non-symphonic instrumental skills	0%	2.0%	4.1%	1.7%
Improvisation skills	50.0%	44.9%	36.7%	50.3%
Conducting skills	16.7%	0%	2.0%	1.7%
Movement skills	8.3%	6.1%	2.0%	6.6%
Therapeutic applications	50.0%	42.9%	36.7%	37.1%
Therapeutic principles	50.0%	18.4%	16.3%	8.0%
Therapeutic relationship	33.3%	16.3%	18.4%	18.0%
Foundations and principles	8.3%	12.2%	10.2%	3.7%
Client assessment	41.7%	36.7%	57.1%	46.9%
Treatment planning	25.0%	26.5%	36.7%	34.6%
Therapy implementation	25.0%	32.7%	44.9%	36.9%
Therapy evaluation	16.7%	14.3%	24.5%	15.4%
Documentation	50.0%	28.6%	36.7%	32.9%
Termination/discharge planning	25.0%	18.4%	14.3%	20.6%
Professional role/ethics	0%	6.1%	12.2%	11.1%
Interprofessional collaboration	16.7%	38.8%	28.6%	32.0%
Supervision and administration	8.3%	12.2%	8.2%	6.6%
Research methods	8.3%	12.2%	2.0%	8.3%
Other	0%	0%	0%	0.6%

Note. Top five responses for each subgroup are highlighted in bold, light grey.

$\chi^2(3) = 2.254, p = .521$, “therapeutic applications” $\chi^2(3) = 1.343, p = .719$, and “therapy implementation” $\chi^2(3) = 2.333, p = .506$.

Perceived Top Three Strengths Entering Internship (Not Related to AMTA Professional Competencies)

Results for this question were calculated from 454 total participants. The most frequently reported were “general aptitude” (48.7%, $n = 221$), “professionalism” (46.7%, $n = 212$), and “general preparation/being prepared” (37.7%, $n = 171$). Table 5 includes the remaining statements across all group associations.

Chi-square analyses indicated there were no significant associations across categorical groups in the top three strengths when entering internships: “general aptitude” $\chi^2(3) = 4.657, p = .199$, “professionalism” $\chi^2(3) = 2.805, p = .423$, and “general preparation/being prepared” $\chi^2(3) = 1.939, p = .585$.

Table 5
 Frequency Table of Perceived Top Three Strengths Entering Internship (Not AMTA Competency Related)

Categories	Percent of Cases			
	II n = 12	AI n = 49	IP n = 48	AP n = 345
General preparation/being prepared (or having knowledge)	50.0%	30.6%	39.6%	38.0%
General aptitude (how well suited you are to be a therapist)	50.0%	34.7%	56.2%	49.6%
Enthusiasm for supervisor/placement	25.0%	32.7%	27.1%	33.0%
Physical environment (Having enough money, moving to a new location, etc.)	8.3%	10.2%	12.5%	7.2%
Anticipated response from clients	0%	12.2%	8.3%	2.9%
Your competence as a music therapy intern	41.7%	18.4%	22.9%	15.7%
Specific preparation/specific content knowledge related to internship population(s)	0%	14.3%	12.5%	12.2%
Discipline	16.7%	12.2%	20.8%	18.3%
Your ability to apply the knowledge you developed pre-internship	41.7%	28.6%	25.0%	26.4%
Being respected	8.3%	6.1%	6.2%	2.0%
Meeting expectations	0%	4.1%	6.2%	11.9%
Your professionalism	41.7%	53.1%	37.5%	47.2%
Communicating effectively	16.7%	30.6%	18.8%	22.0%
Using time effectively	0%	10.2%	6.2%	12.8%
Other	0%	0%	0%	0.9%

Note. Top three responses for each subgroup are highlighted in bold, light grey.

Perceived Top Three Concerns Entering Internship (Not AMTA Competency Related)

Results for this question were calculated from 452 total participants. Frequency counts determined the primary concerns in relation to internship preparedness included “physical environment concerns (money, moving, etc.)” (42.5%, *n* = 192) and “specific preparation/lack of specific content knowledge” (34.5%, *n* = 156), followed by “expectations (not meeting)” (27.4%, *n* = 124). See Table 6 for remaining statements.

Chi-square analyses indicated there was a significant association across categorical groups in the top three areas of concerns/worries of “physical environment concern,” $X^2(3) = 14.838, p < .005$, “clients not responding,” $X^2(3) = 9.348, p < .05$, and “not being professional,” $X^2(3) = 18.259, p < .001$.

Differences Between American and International Participants

Analyses were also computed across statements outside of the top items that were reported. Chi-square analyses were used to indicate whether or not a relationship existed across the categorical variables. Significant associations within the proficient AMTA Professional Competencies question included “keyboard skills,” $X^2(3) = 20.282, p < .001$ and “improvisation skills,” $X^2(3) = 9.369, p < .05$. There were four areas of significant associations across groups in perceived least proficient AMTA competencies. These included “keyboard skills,” $X^2(3) = 8.631, p < .05$, “conducting skills,” $X^2(3) = 14.811, p < .01$, “therapeutic principles,” $X^2(3) = 25.883, p < .001$, and “foundations and principles” $X^2(3) = 8.610, p < .05$.

Table 6
 Frequency Table of Perceived Top Three Concerns Entering Internship (Not AMTA Competency Related)

Categories	Percent of Cases			
	II n = 12	AI n = 49	IP n = 48	AP n = 343
General preparation/being prepared (or not having knowledge)	8.3%	28.6%	20.8%	19.5%
Failure (not cut out for therapy)	16.7%	18.4%	14.6%	23.0%
Concerns about supervisor/placement	25.0%	16.3%	12.5%	16.3%
Physical environment concerns (money, moving, etc.)	8.3%	59.2%	29.2%	43.1%
Clients not responding	58.3%	16.3%	25.0%	25.7%
Competent	0%	16.3%	22.9%	15.7%
Specific preparation/lack of content knowledge	33.3%	34.7%	45.8%	32.9%
Discipline	8.3%	6.1%	2.1%	2.0%
Not being able to apply knowledge	33.3%	16.3%	22.9%	16.0%
Not being respected	0%	10.2%	14.6%	11.7%
Expectations (not meeting)	8.3%	36.7%	18.8%	28.0%
Not being professional	8.3%	2.0%	14.6%	2.3%
Embarrassing (saying something inappropriate)	41.7%	10.2%	14.6%	14.6%
Clients will not like me	16.7%	4.1%	6.2%	7.9%
Using time effectively	25.0%	14.3%	14.6%	25.4%
Other	8.3%	6.1%	18.8%	9.3%

Note. Top three responses for each subgroup are highlighted in bold, light grey.

Within the perceived strengths questions, there was a significant association across categorical groups in “anticipated response from clients,” $X^2(3) = 10.626, p < .05$. Finally, there were significant associations in “physical environment (having enough money, moving to a new location, etc.),” $X^2(3) = 14.838, p < .05$, “clients not responding,” $X^2(3) 9.348, p < .05$, “not being professional,” $X^2(3) = 18.259, p < .001$, and “embarrassing (saying something inappropriate),” $X^2(3) = 8.042, p < .05$ within the top areas of concern.

Factors in Choosing an Internship

Survey 2 also asked respondents what was important to them when choosing an internship. The top three responses when aggregating all participants in deciding where to complete their internship training included: (1) clinical population (91.8%, $n = 423$); (2) location (i.e., city, state), (68.5%, $n = 316$); and (3) opportunities to work with other disciplines/professions (37.5%, $n = 173$). AI ($n = 50$), AP ($n = 350$), and IP ($n = 49$) all chose the same top three factors as listed above. However, II chose (1) clinical population (83.3%, $n = 10$); (2) opportunities to work with disciplines/professions (58.3%, $n = 7$); and (3) supervisor (50%, $n = 6$) as their top three factors when choosing an internship.

Expectations Met in Internship

To compare the differences between subgroups regarding if expectations were met in their internship, a nonparametric test was completed using the Kruskal-Wallis test. A total of eight areas were significantly different between subgroups. Statements included: “major performance medium” ($H(3) = 8.16, p = .043$), “keyboard skills” ($H(3) =$

Table 7
Kruskal-Wallis Results on Expectations Met in Internship

AMTA Competencies	N	df	H	p
Music theory and history	435	3	5.950	.114
Composition and arranging skills	435	3	6.570	.087
Major performance medium skills	434	3	8.160	.043*
Keyboard skills	435	3	11.291	.010*
Voice skills	432	3	18.731	.001*
Non-symphonic instrument skills	432	3	3.636	.304
Improvisation skills	426	3	2.865	.413
Conducting skills	431	3	7.524	.057
Movement skills	432	3	5.778	.123
Therapeutic applications	422	3	12.690	.005*
Therapeutic principles	435	3	7.127	.068
Therapeutic relationship	433	3	6.716	.082
Foundations and principles	434	3	6.598	.086
Client assessment	434	3	5.504	.138
Treatment planning	433	3	2.555	.465
Therapy implementation	433	3	11.652	.009*
Therapy evaluation	432	3	12.676	.005*
Documentation	434	3	7.270	.064
Termination/discharge planning	434	3	1.836	.607
Professional role/ethics	433	3	11.105	.011*
Interprofessional collaboration	432	3	18.182	.001*
Supervision and administration	433	3	4.806	.187
Research methods	433	3	5.412	.144

* $p < .05$.

11.291, $p = .01$), “voice skills” ($H(3) = 18.731, p = 0.01$), “therapeutic applications” ($H(3) = 12.690, p = .005$), “therapy implementation” ($H(3) = 11.652, p = .009$), “therapy evaluation” ($H(3) = 12.676, p = .005$), “professional role/ethics” ($H(3) = 11.105, p = .011$), and “interdisciplinary collaboration” ($H(3) = 18.182, p = .001$). Table 7 lists all statements.

A total of eight statements demonstrated a significant difference between groups. Post hoc analyses were completed using pairwise comparisons for each subgroup. For the “major performance” competency, differences were between IP (mean rank 180.18) and AI (mean rank 247.03) ($p = .048$). For “keyboard skills,” IP (mean rank 179.58) and II (mean rank 297.97) showed differences ($p = .021$). “Voice skills” showed differences between IP (mean rank 152.81) and AP (mean rank 223.43) ($p = .001$) and IP (mean rank 152.81) and AI (mean rank 223.62) ($p = .011$). The competency of “therapeutic applications” showed differences between IP (mean rank 155.73) and AP (mean rank 217.95) ($p = .005$) and IP (mean rank 155.73) and AI (mean rank 221.41) ($p = .050$). “Therapy implementation” differences existed between IP (mean rank 170.48) and AP (mean rank 221.49) ($p = .013$) and IP (mean rank 170.48) and AI (mean rank 233.23) ($p = .029$). In “therapy evaluation” differences existed between IP (mean rank 166.41) and AP (mean rank 219.60) ($p = .018$) and IP (mean rank 166.41) and AI (mean rank 235.59) ($p = .019$). “Professional role/ethics” showed differences between IP (mean rank 175.14) and AP (mean rank 221.00) ($p = .038$) and IP (mean

rank 175.14) and AI (mean rank 236.89) ($p = .033$). The competency of “interdisciplinary collaboration” showed differences between IP (mean rank 153.48) and AP (mean rank 221.67) ($p = .001$) and IP (mean rank 153.48) and AI (mean rank 243.26) ($p = .001$).

Summary

In relation to the top five AMTA Professional Competencies respondents felt most and least confident in, there were no significant differences across the four groups. There were also no significant differences in respondents’ top three perceived strengths when entering internship. There were, however, differences in respondents’ top three concerns when entering internship in terms of preparedness relating to “physical environment concern,” “clients not responding,” and “not being professional.” There were also significant differences across groups outside of the top five responses. A Kruskal-Wallis test was used to compare which expectations were met in internship between groups. Items that significantly differed across groups included “major performance medium,” “keyboard skills,” “voice skills,” “therapeutic applications,” “therapy implementation,” “therapy evaluation,” “professional role/ethics,” and “interdisciplinary collaboration.”

Survey 3

While Surveys 1 and 2 examined specific elements of clinical training, Survey 3 sought to understand participants’ overall satisfaction with their academic curriculum and internship. The survey was sent to a total of 7,183 MT-BC’s and 777 participants self-selected to complete a survey that explored the satisfaction of music therapy professionals with music therapy courses and programs. The respondents included 210 from the Great Lakes Region (27.03%), 183 from the Mid-Atlantic Region (23.55%), 125 from the Southeastern Region (16.09%), 95 from the Midwest Region (12.23%), 64 from the Western Region (8.24%), 58 from the Southwestern Region (7.46%), and 42 from the New England Region (5.41%) of AMTA. Respondents reported graduation years ranging from 1971-2017. A total of 50.84% of the respondents graduated between 2011-2017 ($n = 395$).

Satisfaction with Training

Overall, 92.72% ($n = 688$) of respondents were satisfied with their courses, 92.73% ($n = 689$) were satisfied with the quality of teaching in their program, and 88.46% ($n = 664$) were satisfied with their clinical practicum coursework. However, 11.54% ($n = 84$) of respondents reported their clinical practicum coursework was not sufficient. In terms of practicum experience, 90.01% ($n = 658$) were satisfied with the range of practicum experiences offered.

Individuals were largely satisfied with their overall preparation for professional practice with 92.88% ($n = 587$) feeling satisfied with their undergraduate training. A chi-square test was used to analyze the relationship of responses regarding the overall satisfaction level with the undergraduate or equivalency curriculum and the satisfaction level related to the relevancy of the courses. Results indicated that a relationship existed between the satisfaction levels of overall curriculum and relevance of the courses, $\chi^2(25, N = 587) = 823.583, p < .001$. In addition, a chi-square test indicated that a relationship existed between satisfaction level with curriculum and the quality of teaching, $\chi^2(25, N = 587) = 672.611, p < .001$.

A Spearman correlation test was used for three analyses: 1) graduation year and the satisfaction level of the relevance of courses; 2) graduation year and the satisfaction level of the quality of teaching; and 3) graduation year and the overall satisfaction level of undergraduate or equivalency curriculum. There was no significant relationship between graduation year and the satisfaction level of the relevance of courses ($r_s = -.041, p < .135$). Also, there was no significant relationship between graduation year and the satisfaction level of the quality of teaching ($r_s = .038, p < .151$). However,

there was a significant relationship between graduation years and the overall satisfaction level of the undergraduate/graduate equivalency curriculum ($r_s = .070$, $p < .040$). The music therapists who graduated more recently had a higher satisfaction level, though it is important to mention the effect size is small.

Overall Satisfaction

The responses showed that 78.58% ($n = 491$) of professionals would choose the same university/college music therapy program again. However, 20.42% ($n = 126$) indicated they would choose a different music therapy program. The results also showed that 76.26% ($n = 453$) would choose music therapy again, or, if possible, they would double major with another discipline during their undergraduate training or earn a higher degree in another discipline. However, 23.74% ($n = 141$) of respondents specified they would choose another profession. Responses included: occupational therapy ($n = 28$); psychology ($n = 25$); social work ($n = 20$); and speech language pathology ($n = 16$). According to the responses, the most common reasons respondents indicated a desire to choose another profession were related to low income ($n = 24$), limited job availability ($n = 24$), burn out ($n = 4$), and constant advocacy efforts ($n = 3$).

Summary

Broadly, respondents were satisfied with their clinical training and preparation for professional practice. However, there were still some who reported that their training was insufficient or that they would choose a different academic program or a different field entirely.

Discussion

Survey 1

This study examined differences in perception between pre-interns and internship supervisors in regard to clinical and music foundations according to the AMTA Professional Competencies. This study replicated questions from the Knight (2008) study with some additional questions regarding music foundations. Areas of difference between the two studies are explained below.

In other studies that surveyed students' pre-internship concerns, results showed that the top concerns of most students were musical skills (Wheeler, 2002), general preparation for an internship or not having knowledge (Madsen & Kaiser, 1999), and knowing what is expected of them as an intern (Knight, 2008). The musical skills concern is mirrored in the internship supervisors (Jenkins, 2013) with the addition of other concerns for their interns. Internship supervisors and directors identified "making sure competencies were met" as the most difficult aspect of supervision (Tanguay, 2008). The results of this study fall in line with the results of previous studies and reinforce some areas of concern that can be addressed in academic programs.

The pre-interns reported a higher need for "understanding the facility's intern evaluation process" compared to the internship supervisors. This area cannot truly be addressed in the academic program due to each facility having a different evaluation process. The responsibility of addressing this concern for assistance lies solely with the internship supervisor and can only be addressed once the internship has begun.

Pre-interns reported a lower concern for "demonstrating basic piano skills" compared to internship supervisors. Additionally, there has been a reduction in the perceived importance of piano skills in music therapy internship supervisors in the last 25 years (Jenkins, 2013). A survey of 92 internship directors showed that piano skills are now ranked third behind vocal skills and guitar skills (Jenkins, 2013), whereas a similar study by Brookins (1984) ranked piano skills as the most essential (Jenkins, 2013; Brookins, 1984). The reduction of importance in piano could be tied to the portability of the guitar and the ease in which a session can be led from a guitar rather than be-

hind a piano. More experienced internship supervisors may place a higher importance on piano skills and individual clinical preferences may sway the outcome of internship supervisors.

Limitations

A limitation of this study is that this survey only targeted the Great Lakes Region and was not available nationally.

Survey 2

This survey examined differences in perceptions of clinical preparedness in relation to the AMTA Professional Competencies, personal strengths and concerns prior to internship, factors in choosing an internship as well as satisfaction with clinical training, and whether there were differences based on cultural demographics. Some significant differences were found in the responses between American and International respondents.

Perceived Preparation Related to AMTA Professional Competencies

International participants reported “documentation” as one of their top five skills that they wanted to improve during their internships while American participants chose it as an area in which they felt competent. Since documentation is typically in English, American participants may be comfortable completing paperwork in their first language whereas the language barrier makes paperwork more difficult for International participants.

A higher percentage of American participants chose “voice skills,” while a higher percentage of International participants chose “piano skills” as competencies they felt confident in prior to internship.

Two points of particular interest to academic programs and internship sites: 1) “Termination/discharge planning” was least selected for all groups as a competency in which they felt confident, 2) “Guitar skills” was selected by American participants as a competency they felt most confident about, but it was also a competency they most wanted to improve during internship. This could indicate that there is a wide range of needs concerning students’ training on guitar.

Perceived Top Three Strengths and Concerns Entering Internship (Not Related to AMTA Professional Competencies)

“Physical environment (money, moving, etc.)” was in the top three choices for all groups. Internships are often unpaid and require students to move to unfamiliar places. Participants who chose “other” mentioned concerns about financial instability, their inability to work full-time during internship, and working in a new city. International interns also chose “embarrassing (saying something inappropriate)” as a concern. For Asian students especially, their cultures are very different in terms of communication, social practice, and belief systems. Therefore, International interns may have more worries about communicating something inappropriate.

Factors in Choosing an Internship

“Client population” was a top choice for all four groups. “Location” was the second highest factor for American interns, American professionals, and International professionals. Additional comments were similar to those in the *Top Three Concerns* question, citing mainly concerns about the ability to work part-time while in internship to combat financial instability. Another top factor in choosing an internship was “opportunities to work with other disciplines/professions.” This may be notable for internship sites as it indicates that students have a strong interest in interprofessional collaboration.

It was surprising that “start date” was not chosen as a top factor for International participants. International students in music therapy typically hold F1 visas, which require that the student be enrolled in a certain number of credits. This means that they need to be enrolled in other courses during their internship, making the start and end dates of their internship very important.

Expectations Met in Internships

Over 91% of participants indicated their expectations were mostly or completely met during their internship in the following AMTA Competencies: “therapeutic relationship,” “professional role/ethics,” “therapy implementation,” “documentation,” and “voice skills.” This supports findings from the Clements-Cortes (2019) mixed-methods study on the importance of a clinical internship in providing valued experience and supporting improvement in clinical, musical, and personal skills. In the Clements-Cortes study, the significant areas needing improvement from pre- to post-internship that align with the present study include “current vocal skills when singing in a music therapy session,” “level of writing music therapy treatment summaries/case studies,” and “level of completing music therapy treatment plans” (Clements-Cortes, 2019). This study expanded on this information by comparing the weighted scores of expectation evaluations of the AMTA Competencies between American groups and International groups, finding that weighted scores were higher in the American groups. This may indicate that American interns’ expectations were met to a higher degree than those of International interns due to higher demands placed on International interns as they encounter more obstacles in learning and clinical training.

Limitations

There are several limitations for Survey 2: 1) differing group sizes affected between-group comparisons, 2) respondents could have misunderstood some questions due to lack of details/specificity (i.e., more than 10 respondents skipped rating the category “exceptionality,” possibly because of confusion as to what the term was referring to, and 3) individuals within the International groups still have diverse experiences related to their cultural backgrounds that could have caused heterogeneity within the group.

Survey 3

This portion of the present study looked at professional music therapists’ satisfaction with their undergraduate experience. Based on the survey results, most professional music therapists were satisfied with their undergraduate or equivalency curriculum training in regard to the quality of teaching, course relevance, pre-internship clinical practicum settings, and overall training experience.

Most respondents were satisfied with their pre-internship clinical training. However, when compared to a similar study by Hodgetts et al. (2007) in the field of occupational therapy, the percentage of music therapy students satisfied with the teaching quality was lower (92.73%, $n = 689$) than occupational therapy (98.77%, $n = 241$). The percentage of respondents satisfied with their training (92.88%, $n = 587$) was also lower than occupational therapy (97.95%, $n = 239$). This could be due to a smaller sample size as well as a smaller range of graduation years in the Hodgetts et al. (2007) study. A larger range of graduation years allows for more variation in the quality of curriculum and ability to remember undergraduate training. Additionally, the survey by Hodgetts et al. (2007) was limited to a single university.

Many factors may contribute to the number of respondents who reported they would choose a different profession instead of music therapy (23.74%, $n = 141$). Approximately the same number of respondents indicated they would not choose the same university/college’s music therapy program (20.42%, $n = 126$). Among other things, this could be attributed to the fact that academic programs have different the-

oretical orientations, and a student may find they have a different preference in their professional life. Dissatisfaction may have less to do with the music therapy program itself and more to do with the university as a whole. Additionally, if some students are underprepared when they enter the field, they may find their work more difficult and less enjoyable and rewarding. Another reason as to why individuals may want to choose another profession could be the average salary related to years in the profession (AMTA Member Survey and Workforce Analysis, 2018).

Limitations

Since the extant literature on music therapy curriculum research is limited and outdated, current parallels could only be drawn between other professions. However, this is limited by the difference in content. Thus, deep comparisons between early studies, current studies, and other professions are limited.

Conclusions

This study provides information on the experiences of music therapy students before, during, and after the completion of their AMTA internships. It highlights how intern supervisors perceive the preparedness and development of their interns based on the AMTA Professional Competencies. A unique aspect of this research is comparisons across American and International interns and professionals, shedding light on how International interns and professionals may have different experiences within the process of completing or supervising music therapy internships in America. Overall, those surveyed were satisfied with their training and coursework. Future research might follow up with students and supervisors after internship experiences have been completed to determine what areas they improved in and how prepared interns truly are to enter the professional world. The internship is a crucial experience for the developing music therapist, as experiences from practicum and knowledge taken from coursework are applied in increased depth in a new setting and under new supervision. The level of preparedness for this experience, combined with supervision that helps interns to develop in areas of need, sets the foundation for effective clinical work in this rapidly developing field.

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Author Note

The authors declare no conflicts of interest. The authors would like to acknowledge Dr. David Smith, Dr. Ying Zeng, Dr. Ann Chapleau, Dr. Joshua D. Naranjo, Meghan Feehan, and all of their families for their guidance and support.

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Appendix

The appendices are available at the following links: Appendix A: <https://voices.no/index.php/voices/article/view/3055/3298>. Appendix B: <https://voices.no/index.php/voices/article/view/3055/3299>. Appendix C: <https://voices.no/index.php/voices/article/view/3055/3300>

Notes

1. All three studies were approved by the Institutional Review Board at Western Michigan University.

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