2015

MUSIC THERAPY STUDENTS’ EXPERIENCES DURING PRE-INTERNSHIP TRAINING AND THE MUSIC THERAPY INTERNSHIP: A COLLECTIVE CASE STUDY USING SEMI-STRUCTURED INTERVIEWS

Christopher Marvin Nix
University of Kentucky, chrisnix.mt@gmail.com

Right click to open a feedback form in a new tab to let us know how this document benefits you.

Recommended Citation
https://uknowledge.uky.edu/music_etds/47

This Master’s Thesis is brought to you for free and open access by the Music at UKnowledge. It has been accepted for inclusion in Theses and Dissertations--Music by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.
STUDENT AGREEMENT:

I represent that my thesis or dissertation and abstract are my original work. Proper attribution has been given to all outside sources. I understand that I am solely responsible for obtaining any needed copyright permissions. I have obtained needed written permission statement(s) from the owner(s) of each third-party copyrighted matter to be included in my work, allowing electronic distribution (if such use is not permitted by the fair use doctrine) which will be submitted to UKnowledge as Additional File.

I hereby grant to The University of Kentucky and its agents the irrevocable, non-exclusive, and royalty-free license to archive and make accessible my work in whole or in part in all forms of media, now or hereafter known. I agree that the document mentioned above may be made available immediately for worldwide access unless an embargo applies.

I retain all other ownership rights to the copyright of my work. I also retain the right to use in future works (such as articles or books) all or part of my work. I understand that I am free to register the copyright to my work.

REVIEW, APPROVAL AND ACCEPTANCE

The document mentioned above has been reviewed and accepted by the student’s advisor, on behalf of the advisory committee, and by the Director of Graduate Studies (DGS), on behalf of the program; we verify that this is the final, approved version of the student’s thesis including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

Christopher Marvin Nix, Student
Dr. Olivia Yinger, Major Professor
Dr. David Sogin, Director of Graduate Studies
MUSIC THERAPY STUDENTS’ EXPERIENCES DURING PRE-INTERNSHIP TRAINING AND THE MUSIC THERAPY INTERNSHIP: A COLLECTIVE CASE STUDY USING SEMI-STRUCTURED INTERVIEWS

________________________________________

THESIS

________________________________________

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Music in the College of Fine Arts at University of Kentucky

By

Christopher Marvin Nix

Lexington, Kentucky

Director: Dr. Olivia Yinger, Professor of Music Therapy

Lexington, Kentucky

2015

Copyright © Christopher Marvin Nix
ABSTRACT OF THESIS

MUSIC THERAPY STUDENTS’ EXPERIENCES DURING PRE-INTERNSHIP TRAINING AND THE MUSIC THERAPY INTERNSHIP: A COLLECTIVE CASE STUDY USING SEMI-STRUCTURED INTERVIEWS

Music therapy students engage in a variety of academic and clinical opportunities within their music therapy education. There are options for students who want to gain the basic training for certification in music therapy, either bachelor’s, or equivalency for students with a bachelor’s degree in a related field. Previous research has been used to analyze the experiences of students and educators throughout education, with no research focusing specifically on the master’s equivalency population. Within this study, semi-structured interviews were used to gain qualitative data analyzing music therapy students’ perceptions of academic and internship curricula and their effects on the transition into the role of professional music therapists. A total of three master’s equivalency students from a university in the southeastern region participated. Findings provide the perspectives of these three students, gaining information on successes, challenges, and aspects of their education that affected their transition into the profession of music therapy. All respondents discussed (a) ways in which they increased confidence over the course of their music therapy training, (b) the theoretical orientation of their clinical and academic supervisors, and (c) the process of treatment planning and learning repertoire. When describing the transition from student to professional, all respondents mentioned the rewards and challenges associated with finding clients and how they developed preferences for specialized practice.

KEYWORDS: Music Therapy, Practicum, Internship, Case study, Student Training

Christopher Marvin Nix

07/14/2015
MUSIC THERAPY STUDENTS’ EXPERIENCES DURING PRE-INTERNSHIP TRAINING AND THE MUSIC THERAPY INTERNSHIP: A COLLECTIVE CASE STUDY USING SEMI-STRUCTURED INTERVIEWS

By

Christopher Marvin Nix

Dr. Olivia Yinger PhD MT-BC
Director of Thesis

Dr. David Sogin PhD
Director of Graduate Studies

07/10/2015
Date
To Dr. Carol Prickett and Dr. Andrea Cevasco, I am forever indebted to you. You gave me new life, a dream to pursue, and the support I craved. Thank you for not only showing me the true value of a passion-filled career, but also the benefits that come when happiness becomes priority #1. Thank you for pushing me to be my best.
ACKNOWLEDGEMENTS

To say that my master’s thesis was a challenge is an understatement. This document is both one of my proudest and most fulfilling accomplishments to date. Without my advisor and supervisor, Dr. Olivia Yinger, none of this would have been possible. Thank you for taking on a qualitative study with me. I’m so glad we were able to learn the “in’s and out’s” of this new adventure called qualitative research. Thank you for constantly pushing me further and further to do the best work I can do.

To Jessy Rushing, thank you for playing such a pivotal role in my development as a music therapist. Our work together made me question so many things about myself. Thank you for providing opportunities for me to take a step back and look at the things that I do and why I do them. These moments have shaped the person I have become to my core, and I wouldn’t know myself as well as I do had it not been for you. Thank you for opening my eyes so I can see more clearly.

Corey, you’re the best person I’ve ever met and you constantly make me want to be a better man. Thank you for living this life with me. Thanks for keeping me sane, talking me down when I got frustrated during this process, and being patient while I give so much time to fulfilling the dream of pursuing a master’s degree.

To my dad and mom, thank you both for supporting me. I’m 23 years young, and I never remember one day that I wasn’t appreciative of your guidance. Thank you for never letting me lose sight of the work that I do and what I deserve. You enable me to work hard by setting amazing examples. I love you both.
TABLE OF CONTENTS

Acknowledgments ........................................................................................................... iii

List of Tables ....................................................................................................................... viii

List of Figures .................................................................................................................... ix

Chapter One: Introduction ................................................................................................. 1

Chapter Two: Review of Literature .................................................................................. 3

Academic Preparation in Music Therapy ........................................................................ 3

Music Therapy Students’ Perceptions of Academic Preparation .................................. 4

Interviews in Research ..................................................................................................... 7

Case Studies in Qualitative Research ............................................................................. 8

Qualitative Research in Music Education ...................................................................... 9

Qualitative Research in Music Therapy ....................................................................... 10

Semi-Structured Interviews in Music Therapy Research ........................................... 12

Problem Statement ......................................................................................................... 12

Chapter Three: Methodology ........................................................................................... 14

IRB Approval ..................................................................................................................... 14

Study Design .................................................................................................................... 14

Participants ....................................................................................................................... 14

Research Procedures ...................................................................................................... 15

Chapter Four: Results ...................................................................................................... 18

Participants ....................................................................................................................... 20
Alex.................................................................................................................19
Blair..................................................................................................................19
Cody....................................................................................................................19
Information from Internship Reports.................................................................21
Research Question 1...........................................................................................23
  Music Therapy Foundations Coursework.........................................................23
  Applying Information from Clinical and Music Foundations Coursework...24
  Most Beneficial Courses to Professional Career.............................................25
  Courses that were easiest and most challenging............................................26
  Aspects of Equivalency Coursework Respondents Would Change..............27
Research Question 2...........................................................................................28
  Challenges of Leading Psychiatric Groups.......................................................28
  Perceptions of Practicum in a School Setting..................................................29
  Perceptions of Practicum in a Hospice Setting...............................................30
  Perceptions of Practicum in a Medical Setting...............................................31
  Perceptions of Practicum in an Early Intervention Center.............................33
  Perceptions of Practicum in an Elder Care Facility........................................34
  The Need to Think Quickly During Practica...................................................34
  Desire for More Active Participation in Sessions..........................................34
  Perceptions of Repertoire Required for Treatment Planning During Practica.36
  Developing Confidence During Practica.........................................................36
Research Question 3...........................................................................................37
Interactions with Internship Supervisors……………………..…………….37

Interactions with Co-interns………………………………………………..42

Perceptions of Repertoire Required for Treatment Planning During Internship.43

Research Question 4……………………………………………………………43

Perceptions of Finding Work as a Music Therapist…………………………44

Perceptions of Personal Skills and Life Experiences………………………..45

Developing Preference for Specialized Practice……………………………46

Developing Confidence as a New Professional……………………………46

Highlights of Equivalency Experience……………………………………….48

Chapter Five: Discussion………………………………………………………50

Developing Confidence and Confirmation of Skill and Knowledge…………50

Perceptions of Supervisors’ Theoretical Orientation……………………….51

Perceptions of Repertoire Required for Treatment Planning……………..53

Finding Work as a Music Therapist…………………………………………53

Limitations…………………………………………………………………….54

Suggestions for Future Research……………………………………………55

Implications for Clinical Practice…………………………………………..56

Conclusions…………………………………………………………………..56

Appendices

Appendix A: Informed Consent…………………………………………….58

Appendix B: Interview Outline……………………………………………..62

Appendix C: Alex Interview Transcript……………………………………66

Appendix D: Blair Interview Transcript……………………………………82
List of Tables

Table 1: Minute Spent on Each Topic.................................................................19

Table 2: Clinical Practica Sites.................................................................27

Table 3: Current Professional Weekly Schedule........................................52
List of Figures

Figure 1: Topics Found in Internship Reports and Interviews………………………………22
Chapter One

INTRODUCTION

The music therapy clinical internship is the culmination of the education, training, and skills acquired by students seeking to become eligible for certification in music therapy. The American Music Therapy Association (AMTA) Standards for Education and Clinical Training state that the academic institution shall develop an individual training plan with each student to measure attainment of all “clinical training based on the AMTA competencies, student’s needs, student’s competencies, and life circumstances” (AMTA 2014, 3.2.6). Previous research on music therapy education, published largely from the late 1970s to the mid 1990s, has focused primarily on curricular issues rather than necessities for the transition from student to professional (Brookins, 1984). Several quantitative studies have analyzed perceptions of internship supervisors, interns, and pre-internship students regarding the internship experience (Gooding & Standley, 2010; Hsiao, 2014; Knight, 2008; Madsen & Kaiser, 1999; Miller & Kahler, 2008; Tanguay, 2008). In 2002, Wheeler used a semi-structured interview format to analyze experiences and concerns of students during music therapy practica. In 2009, Hourigan and Scheib used semi-structured interviews to examine the perceived requisite skills and understandings needed by music education students for success in student teaching; however, no comparable qualitative studies of music therapy students’ perceptions of their internship exist. Qualitative research on music therapy student perceptions could provide greater knowledge of the music therapy internship to students prior to entering the internship. The present qualitative study incorporates semi-structured interviews to
learn more about music therapy master’s equivalency students’ perceptions of their academic and clinical training and their transition from student to professional music therapist.
Chapter Two

REVIEW OF LITERATURE

Academic Preparation in Music Therapy

Academic preparation in music therapy includes educational experiences within a classroom setting as well as required practicum placements in facilities throughout the community, each supervised by a board-certified music therapist (MT-BC). According to the American Music Therapy Association (AMTA) Standards for Education and Clinical Training, curricula are designed to, “impart entry-level competencies in three main areas: Musical Foundations, Clinical Foundations, and Music Therapy Foundations and principles as specified in the AMTA Professional Competencies” (AMTA, 2014, Section 3.2.6). Music therapy coursework encompasses applied lessons, guitar and piano proficiency, music theory and history, core curricular classes, and all music therapy academic and clinical training. Following completion of academic coursework, students complete additional clinical work in an approved internship before taking the board-certification exam to acquire the credential MT-BC.

Students may choose to pursue a bachelor’s degree in music therapy, or a degree equivalency program. According to the American Music Therapy Association, individuals who hold a bachelor’s degree in an area of music other than music therapy may complete only coursework needed to attain the equivalency of music therapy training without necessarily attaining an additional bachelor’s degree. Students may then become eligible to take the examination, after their internship, to become a board-certified music therapist and then work in the field or pursue additional training in music therapy to attain a master’s degree.
Many academic programs and internships serve students with competency problems, but these problems are often corrected before entering the music therapy internship. In a study conducted in 2014, Hsiao used a survey to study gatekeeping practices of music therapy academic programs and internships. Specifically, Hsiao’s study examined the prevalence of interns and pre-internship students with severe professional competency problems (SPCP), program-wide precautionary measures, common indicators of SPCP, remedial strategies, and supports and barriers to help supervisors manage SPCP in students and interns. Results indicate that a significantly higher percentage of academic programs (93.8%) reported having at least one trainee with SPCP over the past five years than did internships (66.2%). This may indicate that SPCP are corrected during academic training, before internship, or that some students with SPCP do not advance to internship. More common indicators of competency problems include inadequate music skill development, emotional instability, limited communication skills, deficient interpersonal skills, and lack of personal insight (Hsiao, 2014). These findings may raise questions as to how students view these competency problems, and what aspects of their academic training may contribute to correcting these problems.

**Music Therapy Students’ Perceptions of Academic Preparation**

There have been few studies analyzing music therapy students’ perceptions of their educational experience. In 2000, Wyatt and Furioso created a survey to assess reasons why students pursue a master’s degree. Of the 103 board-certified music therapists they surveyed, 77% of the overall sample had completed an equivalency program, while only 23% held a bachelor’s degree in music therapy. With such a large
percentage of students who pursue advanced training in music therapy obtaining their entry-level training through the equivalency option, research on perceptions and experiences of equivalency students is warranted.

In 2008, Knight compared perceptions of professional competency between pre-internship music therapy students and internship supervisors in the Midwest region. Results indicate that students’ concerns differ greatly from that of internship supervisors. Whereas students’ concerns are mostly about personal stressors in terms of housing, finances, and transportation, supervisors are more concerned with music skills, emotional maturity, competency, preparation for the board-certification exam, and support systems provided for interns. Music therapy interns and supervisors differed significantly in the mean ratings on two of the twenty survey items: 1) communication with facility staff and 2) maintaining client confidence. In both cases, the student interns reported a significantly lower mean level of concern about getting assistance in these areas than did their supervisors. Knight suggests that future research include revised questions with more specific items to better assess the gaps between coursework and the internship. Further research may be warranted analyzing student perceptions of academic and musical preparation for the internship apart from personal stressors.

Wheeler’s 2002 study examined the experiences and concerns of students during music therapy practica and clinical observation experiences. Wheeler conducted interviews with eight pre-internship music therapy students across the span of the academic year while enrolled at the researcher’s university. Participants included both undergraduate and equivalency students, with four of these students in sophomore level practica and the remaining four in upper level practica. Transcriptions of interviews were
coded by the researcher into categories, including: (a) supervision, (b) practicum class, (c) reactions to clients, (d) personal awareness and observation, (e) anxiety and concerns, (f) easing of anxiety and concern, (g) structure of practicum, and (h) musical skills, with each category having numerous subcategories. Students tended to place great emphasis on “guidance and direction” from music therapy faculty in selecting interventions and client interactions before beginning practicum placement. Another frequently reported concern was receiving “desired support and respect” from supervisors, wanting positive feedback for accomplishments while helping them move forward in their clinical development.

In 2010, Gooding and Standley examined the effects of observations on students’ analysis of clinical skills as well as students’ perceptions of preparedness in clinical skills and confidence levels. Students in the pre-internship phase of their education completed an observation form following four direct (live) observations of music therapy sessions and four videotaped observations of music therapy sessions. Results indicated a non-significant increase in analytical skill with greater exposure to music therapy sessions. Although not a statistically significant difference in terms of analytic skills, levels of self-confidence were significantly lower in students with less previous exposure to music therapy, especially when they observed live sessions first. With knowledge that more clinical exposure increases self-confidence in students, future research may analyze students’ perceptions of clinical experiences in observation, practica, or in-class exercises in academic work and preparation for the music therapy internship/professional work in music therapy. One way to obtain detailed information about students’ perceptions is through research interviews.
Interviews in Research

The research interview is defined by Cannell and Kahn (1968) as “a two-person conversation” for data collection purposes. This data-collection is performed, measured, and documented by the researcher, whose communication skills heavily influence the effectiveness of the interview (Clough & Nutbrown, 2007). Many of the communication skills necessary when conducting research interviews are similar to those used by therapists, such as active listening skills, using nonverbal and verbal prompts appropriately, and providing a safe environment for free responses (Clough & Nutbrown, 2007). Using interview techniques in research data collection places emphasis on the role of the spoken word in response to interview questions (Gillham, 2000). By using in-person interviewing, which occurs face to face, the level of comfort interviewees feel in responding to questions may increase, which can lead to greater personal insight and help the researcher better understand the topic of interest (Ritchie, 2003).

The semi-structured interview is a specific type of research interview that does not require the sole use of pre-determined questions. Cohen and Manion propose that the semi-structured interview may be the preferred choice for researchers who wish to interpret responses from interviewees (1994). Having flexibility involved allows the interviewer to direct the interview topics rather than rely on set questions and restrictions in discussions (Nunan, 1992). Such flexibility in structure enables the interviewer to create open and closed questions, probe for more detail, use verbal prompts, and ask for further detail or redirect the respondent toward more preferred responses (Drever, 1995).
Case Studies in Qualitative Research

A case is used to describe something unique (Smeijsters and Trygve, 2005). In clinical music therapy research, case studies can be used to analyze a particular client, therapist, group, or treatment (Smeijsters and Trygve, 2005). In case study research, Merriam (1998) states that interviews are the primary form of data collection. Although Merriam validates the importance of observation, she notes the influence of personal bias and subjectivity of the researcher in documenting his or her observations (Merriam, 1998). In 2000, Stake stated that “case studies will often be the preferred method of research because they may be epistemologically in harmony with the reader’s experience and thus to that person a natural bias for generalization” (Stake, 2000, p. 20). Further discussing the benefits and disadvantages of using case study research, Stake states that when the research question calls for “explanation, propositional knowledge and law… the case study will often be at a disadvantage. When the aims are understanding, extension of experience, and increase in conviction in that which is known, the disadvantage disappears” (2000, p. 21). In other words, interviews are not necessarily to be used to provide information on causation or information that can be widely generalized, but they can provide greater insight into the experiences and perceptions of respondents in a given setting. By providing the opportunity for respondents to elaborate on their personal experiences as well as their observations of their environment, case study research using interviews can help establish new understandings of individual perceptions of experiences in their unique environment.
Qualitative Research in Music Education

Qualitative research has been used in the field of music education to provide more accurate assessments of perceptions and experiences of individuals within the field and those training to become music educators. In 2009, Hourigan and Scheib used semi-structured interviews to examine the perceived prerequisite skills and understandings needed by music education students for success in student teaching. The six participants, all instrumental music student teachers, reported that not only did they acquire skills and abilities from coursework and immersion in musical experiences, but also from personal experiences outside of curricula requirements, particularly those personal experiences attributed to inter- and intra-personal skills (Hourigan & Scheib, 2009). By elaborating on individual curricular components of their education, respondents provided greater breadth of information on specific elements of their education that contributed to a successful student teaching experience. These included music foundations in applied lessons, courses on methodology in music education, field experiences, and hands-on experience in conducting and ensemble management.

Also included in results from the study were data from observations of student teaching and weekly journals from their student teaching, provided by the student teachers electronically. These three sources provided triangulation of data. From this data, Hourigan and Scheib stress the importance of relationships with peers and colleagues in creating successful experiences in student teaching (2009). Additional research is warranted on the perceptions of skills, usefulness of coursework and fieldwork, and extracurricular relationships and experiences in the music education setting. This call for further research may be generalized to the music therapy education
setting, providing greater knowledge of these contributing factors to the overall experience in the music therapy internship, similar to the student teaching experience. There is a need for qualitative research on the perceptions of music therapy students.

**Qualitative Research in Music Therapy**

With a growing body of qualitative studies in higher education, music therapy educators have expanded the body of current research in music therapy educational practice from perspectives of educators, clinical internship supervisors, and students (Knight, 2008). While there have been multiple studies analyzing these perceptions, continued research is needed on the perceptions of music therapy students specifically enrolled in masters equivalency coursework, as their educational experiences may differ from that of music therapy students seeking bachelor’s level education.

In the publication *Music Therapy Research: Quantitative and Qualitative Perspectives*, qualitative research is described as “a process wherein one human being genuinely attempts to understand something about another human being or about the conditions of being human by using approaches which take full advantage of being human” (Bruscia, 1995, p. 426).

Some of the first articles researching the field of music therapy in practice were qualitative case studies. These included multiple studies published by Paul Nordoff and Clive Robbins (1971), founders of the Nordoff-Robbins approach to music therapy which utilizes improvisation in individual practice, and journals from both the National Association for Music Therapy and the American Association for Music Therapy. Between the 1940s and 1950s, the field of music therapy expanded into medical facilities and schools, and as a result music therapists adjusted to using quantitative research
methodology, as this was widely used by professionals and educators in related fields (Denzin & Lincoln, 1995). Although there were advancements, documentation of clients served maintained a descriptive format, which aided in keeping case studies as relevant in music therapy literature. In *Music Therapy Research, 2nd Edition* (2005), Brian Abrams reviews a body of literature exploring multiple facets of qualitative research findings. Of the research studies reviewed, Cobb and Hagemaster (1987), state that research finding should build upon practical knowledge within a discipline. Research must also be applicable to real life contexts (Stiles, 1993).

Within qualitative studies, the researcher must maintain empathy without judgment (Bruscia, 1995). This allows the researcher to be fully aware of surroundings, contextual influence on respondents’ interactions, and enables the researcher to use the relationship with the respondent in a beneficial manner concerning the research while maintaining the necessary interaction to maintain professionalism in interactions (Aigen, 1996). These principles were vital in Wheeler’s study of music therapy students’ experiences during music therapy practica in maintaining professionalism and accurate empathy while focusing on the perceptions of students, regardless of how it differed from the personal opinions experienced as the respondents’ primary educator (Wheeler, 2002).

Within the field of music therapy, qualitative research has the potential to help better understand the education experience of all student populations. In addition, perceptions of how the educational experiences helped establish the skills and competencies necessary to enter advanced clinical training and the profession of music therapy could be examined through the use of qualitative research. Qualitative research on students’ perceptions of their education using semi-structured interviews could
provide helpful perspectives for pre-internship music therapy students. Furthermore, educators and internship directors could use information gained from qualitative research on music therapy students’ experiences and perceptions to help better prepare their own students and interns.

**Semi-Structured Interviews in Music Therapy Research**

Semi-structured interviews have been used in a variety of clinical settings and populations in music therapy research (Fredenburg, 2013; Hahna, 2011; Masko, 2013; O’Callaghan, 2012; Stordahl, 2009; Woelfer, 2014). Currently in the music therapy research literature, no research could be found that studied aspects of the music therapy equivalency experience and perceptions of equivalency student’s transition from student to professional using semi-structured interviews. In addition to generating greater knowledge of what can be done to provide students positive experiences in academic coursework, practica, and the internship phase, qualitative research on the perceptions of music therapy students could provide future and current music therapy interns better understanding of challenges they may face during clinical experiences and ways they may best prepare themselves for the role of a music therapy intern and the transition into a professional music therapist.

**Problem Statement**

Evidence within the music therapy literature points to increased attention being placed on opinions and personal experience of educators, clinical supervisors, and students, during educational training. Research is warranted analyzing students’ personal reflection on experiences during the educational experience. Future research may also consider studying new music therapy professionals’ perceptions of their academic and
clinical training, detailing perceived positive and negative experiences throughout training.

By looking at how students manage success and difficulty within music therapy education and clinical experience, educators may gain knowledge of aspects of the curriculum that may ensure a more positive educational experience across the pre-internship, internship, and post-internship training of music therapy master’s equivalency students. This information could help music therapy equivalency students prepare for their music therapy internship by showing similar experiences from the perspective of those who have previously completed the equivalency and internship. The current study aims to provide insight into how music therapy students view areas of strength and difficulty in coursework, internship training, and the role of supervision style on clinical experiences in practica and the clinical internship. Research also details the transition into the role of a professional music therapist. The following research questions served as the basis of the study:

1. What are the perceptions of newly-certified music therapists regarding their music therapy equivalency coursework?

2. What are the perceptions of newly-certified music therapists regarding their music therapy practica?

3. What are the perceptions of newly-certified music therapists regarding their music therapy internship?

4. What are the perceptions of newly-certified music therapists regarding their transition from student to professional?
CHAPTER THREE

METHODOLOGY

IRB Approval

Prior to conducting the study, the researcher sent a research prospectus to the University of Kentucky Institutional Review Board, Office of Research Integrity. The study was described as having no more than minimal risk to participants, and due to the collective case study design with only three participants, the Office of Research Integrity determined that IRB approval was not necessary for this study (see Appendix A).

Study Design

This study utilizes the collective case study format. The primary investigator used semi-structured interviewing with music therapy students following completion of music therapy internship and attaining board-certification. Interviews were conducted between December 1, 2014 and February 1, 2015.

Participants

Music therapy students from the University of Kentucky who completed the music therapy internship and became board-certified music therapists between January 2014 and December 2014 were invited to participate in this study. Music therapy students who had not yet completed their music therapy internship, who had not yet become board-certified, or who did not attend the University of Kentucky were excluded from participation in this study. Three students in the University of Kentucky music therapy program met criteria for inclusion and participated in this study.
The University of Kentucky music therapy masters-equivalency program allows students who have a bachelor’s degree in music to take coursework necessary for equivalent music therapy training so that they may complete a music therapy internship and become eligible for board-certification. Students may then pursue the masters in music therapy degree by completing additional academic and clinical requirements. In the University of Kentucky music therapy program, clinical practicum placement is required throughout the curriculum to enhance the educational experience and fulfill requirements set out by AMTA.

**Research Procedures**

Once parameters for participation were established, the researcher and faculty advisor met to identify potential participants. Emails were sent to potential participants via university-secured email requesting participation. Respondents were then informed via email of the purpose and expectations of the study as well as being provided the informed consent document (see Appendix B). The researcher then provided opportunity for respondents to ask questions and discuss the research further. Respondents were also given autonomy in selecting the location of the interviews, with all three respondents expressing no preference in interview location. This led the researcher to select a location that would be convenient for all respondents, positioned adjacent to the university’s campus. This familiarity of the interview setting was used in hope of providing environmental comfort to aide in authenticity of responses.

Prior to beginning the semi-structured interviews, respondents were informed of the researcher’s request to share written journals or reports from their music therapy
internship. At the time of interviews, respondents were asked to provide verbal consent of shared documents to be provided by their university’s internship faculty advisor. Following completion of the interview, one respondent provided their internship documents via university-secured email. It was then decided in collaboration with the researcher’s faculty advisor that written permission must be received and documented to share internship reports provided as academic assignments during the music therapy internship. The researcher then requested written permission of the other two respondents, providing a document to be signed and submitted to their faculty advisor.

During the semi-structured interviews, data were collected via audio recording (with a handheld voice recorder) and video recording (with a handheld camcorder). During each interview, the researcher handwrote notes using pen and notebook paper, keeping data of time allotment for each interview topic, nonverbal behaviors in correlation with responses, and numerical data for faster access in data analysis. This was done to establish the researcher’s use of bracketing. Tufford and Newman define bracketing as “a method used by some researchers to mitigate the potential deleterious effects of unacknowledged preconceptions related to the research and thereby to increase the rigor of the project” (p. 81). Information recorded included nonverbal behaviors, key points mentioned for faster access while reporting data, and time spent on each topic with each individual respondent. These analytical memos were processed with the researcher’s supervisor. During scheduled meetings, the researcher and his supervisor reviewed video footage from the interviews while analyzing the researcher’s analytical memos. This provided additional perspectives to
reduce the researcher’s biases while presenting and interpreting data. The researcher then provided his supervisor with a research journal used to process additional biases and perspectives based on his previous knowledge of the respondents. This allowed the researcher to separate all of these perceptions from information solely presented by the respondents.

The researcher created typed transcripts of the interviews from the audio recordings. Typed transcripts were then sent to respondents via university-secured email to provide respondents the opportunity to review and make corrections to their transcripts to ensure accuracy and respondent satisfaction. Following respondent approval, data were organized categorically to identify general topics and opinions in individual respondents, and to identify trends in responses and experiences across respondents. The researcher worked with these documents by hand, printing each transcript on different color paper, reading and re-reading each transcript in its entirety while taking notes in the margins of the transcripts. Since this study utilizes qualitative research methodology, the researcher also kept a personal research journal throughout the course of the research study. The research journal and analytical memos, interview data, and reports submitted by participants provide true triangulation of data.
CHAPTER FOUR

Results

This study examined master’s equivalency music therapy students’ perceptions of their academic and internship experiences and their transition into the role of professional board-certified music therapists. This chapter presents the findings from three respondents’ in-depth interviews and internship reports provided by respondents. The three music therapy students who served as respondents in this study, Alex, Blair, and Cody, are all currently enrolled in master’s level coursework while working as professional music therapists. All three respondents received bachelor’s degrees in an area of music other than music therapy. Each respondent attended a different school and had a different major for their bachelor’s degree, meaning they all had different amounts of coursework credits transfer that could be applied to their equivalency requirements.

Participants

I was familiar with each respondent prior to beginning the interview process. To complete my undergraduate training, I completed a music therapy internship at the research university’s medical facility. During my internship, I had opportunities to interact and build professional and personal relationships with students from the music therapy academic training program, including this study’s respondents. During my graduate studies, I was enrolled in multiple courses with Alex. This provided opportunities to engage with Alex in the classroom and in social life. Although never enrolled in courses with Blair and Cody, we were able to develop personal relationships through mutual peers. These interactions provided me with opportunities build personal
relationships and to learn background knowledge of the respondents’ personal experiences during their academic training.

**Alex.** Alex had worked in retail for years before pursuing a career in music therapy and had seven years’ experience in managing and training employees in a retail environment. He completed all of his music foundations courses during his bachelor’s degrees, so he only needed to take clinical and music therapy foundations courses to fulfill equivalency requirements. Alex chose to complete his clinical foundations courses through a local community college.

**Blair.** Blair’s family moved frequently throughout her childhood, which she says led her to be comfortable in social group environments. Blair reported that she grew up being involved in music as a result of exposure to music from her family and throughout the majority of her education. Blair received an undergraduate degree in music education, but desired a change in career from music education, which led her to the music therapy program. She completed all of her music foundations courses during her bachelor’s degree, only needing to take clinical and music therapy foundations courses to fulfill equivalency requirements. Blair chose to take her clinical foundations courses on campus prior to beginning her music therapy foundations coursework.

**Cody.** Cody had two bachelor’s degrees: one in psychology and one in general music. He stated that he had little confidence in his own musical ability coming into his music therapy studies. Cody also completed all of his music and clinical foundations courses at another university, but had some difficulty transferring credits. This led him to take one music foundations course on orchestration techniques in addition to the remaining music therapy foundations coursework.
Responses varied in the number of practica the three respondents had completed. Only three practica are required by the respondents’ university. However, students have the option to complete additional practica during their studies. Practicum sites included: (a) an early-intervention center, (b) a hospice unit, (c) a medical hospital, (d) a public school district, (e) an elder care facility, and (f) an inpatient psychiatric unit. Each respondent completed an internship with a different population. Each internship was full time, but each respondent required different amounts of time to complete their internship, ranging from 5 months to 6 months. This difference in time required for the internship was due in part to extra practica that some students completed during their equivalency coursework, and in part due to facility requirements for lengths of internships. Table 2 shows respondents’ practicum placements, the semester each practicum was completed, as well as their internship facility type and length of time needed for completion.

Table 2

*Practicum and Internship Sites*

<table>
<thead>
<tr>
<th>Practicum Site</th>
<th>Alex</th>
<th>Blair</th>
<th>Cody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for individuals with disabilities</td>
<td>Internship (6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early intervention center</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; semester</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; semester</td>
<td></td>
</tr>
<tr>
<td>Eldercare facility</td>
<td></td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; semester</td>
</tr>
<tr>
<td>Hospice</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; semester</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; semester</td>
<td></td>
</tr>
<tr>
<td>Medical center</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; semester</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; semester</td>
<td>Internship (6 months)</td>
</tr>
<tr>
<td>Psychiatric facility</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; semester</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; semester</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; semester</td>
</tr>
<tr>
<td>Public school</td>
<td>Internship (5 months)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; semester</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; semester</td>
</tr>
</tbody>
</table>
When given original transcripts of the interviews, respondents’ suggestions for change were minor. Most changes consisted of adding information where details contributed to a more thorough explanation of experience. The revised transcriptions, as well as the originally transcribed interviews, were used when categorically organizing interview data. Full revised transcripts of the semi-structured interviews can be found in Appendices C, D, and E.

In the initial analysis of semi-structured interviews, the researcher used the original structure of interview topics as categorical organization of respondent’s data. Main categories included equivalency coursework, equivalency practicum, internship, and professional life. The researcher then organized the data into categories that included objective statements and subjective statements from the interviews, with subjective statements showing the respondents’ perceptions of their experiences.

**Information from Internship Reports.**

As previously stated, each respondent completed internship reports as a required assignment during their music therapy internship. These reports were submitted to their faculty advisor to communicate their perceptions of progress across the internship. Initial data analysis and organization of internship reports was consistent with the original structure of the reports, with data falling under these five categories: (a) responsibilities, (b) successes, (c) challenges, (d) goals, and (e) supervision. This format was consistent across Blair and Cody’s reports but was not used by Alex due to the structure of internship reports being changed over different semesters. Themes from the internship reports were then combined with themes from semi-structured interviews to find consistency in perceptions found within both data sources. These perceptions were then
separated into subcategories, with the following themes found: (a) supervision, (b) practicum, (c) personal awareness, and (d) challenges. Each theme contain multiple subtopics, as shown in Figure 1.

Figure 1

Topics Found in Internship Reports and Interviews

<table>
<thead>
<tr>
<th>Internship Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Success</strong></td>
</tr>
<tr>
<td>• Increased confidence</td>
</tr>
<tr>
<td>• Adaptability</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
</tr>
<tr>
<td>• Expanded interventions</td>
</tr>
<tr>
<td><strong>Goals</strong></td>
</tr>
<tr>
<td>• Expand repertoire</td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
</tr>
<tr>
<td>• Observation</td>
</tr>
<tr>
<td>• Co-leading</td>
</tr>
<tr>
<td>• Setting pt goals</td>
</tr>
<tr>
<td>• Interactions with colleagues</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
</tr>
<tr>
<td>• Provided feedback from sessions</td>
</tr>
<tr>
<td>• Positive experience in scheduling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Similarities and differences in internship structure</td>
</tr>
<tr>
<td>• Expectations for the internship experience</td>
</tr>
<tr>
<td>• Similarities and differences in internship assignments</td>
</tr>
<tr>
<td>• Co-intern relationships</td>
</tr>
<tr>
<td>• Value of supervisors' style of supervision</td>
</tr>
<tr>
<td>• Communication with supervisor</td>
</tr>
<tr>
<td>• Desired changes in supervision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topics Found in Internship Reports and Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervision</strong></td>
</tr>
<tr>
<td>• Interactions with supervisor - Feedback, Observation</td>
</tr>
<tr>
<td>• Theoretical background</td>
</tr>
<tr>
<td>• Co-intern relationship</td>
</tr>
<tr>
<td>• Finding preferred populations</td>
</tr>
<tr>
<td><strong>Practicum</strong></td>
</tr>
<tr>
<td>• Clinical Exposure</td>
</tr>
<tr>
<td>• Group facilitation</td>
</tr>
<tr>
<td>• Philosophical background</td>
</tr>
<tr>
<td>• Expanding on previous knowledge</td>
</tr>
<tr>
<td>• Repertoire</td>
</tr>
<tr>
<td>• Time management</td>
</tr>
<tr>
<td>• Seeing what was learned in class during practicum</td>
</tr>
<tr>
<td><strong>Personal awareness</strong></td>
</tr>
<tr>
<td>• Increase in confidence and confirmation of skill and knowledge</td>
</tr>
<tr>
<td>• Seeing what was learned in class during practicum</td>
</tr>
<tr>
<td>• Finding preferred populations</td>
</tr>
<tr>
<td>• Group facilitation</td>
</tr>
<tr>
<td>• Personal skills and life experiences</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
</tr>
<tr>
<td>• Increase in confidence</td>
</tr>
<tr>
<td>• Confirmation of skill and knowledge</td>
</tr>
<tr>
<td>• Personal skills and life experiences</td>
</tr>
<tr>
<td>• Time management</td>
</tr>
<tr>
<td>• Finding clients</td>
</tr>
<tr>
<td>• Repertoire</td>
</tr>
<tr>
<td>• Peer interactions</td>
</tr>
</tbody>
</table>
Subtopics are presented as they apply to the research questions of the present study. There are some subtopics that are relevant to multiple research topics. In these instances, information has been separated and presented where applicable.

Research Question 1: What are the perceptions of newly-certified music therapists regarding their music therapy equivalency coursework?

Music therapy foundations coursework. When asked to describe the music therapy foundations courses completed during equivalency coursework, respondents all reported having minimal understanding of music therapy and no clinical experience or exposure to music therapy prior to beginning coursework. Alex and Blair both described the amount of information covered within music therapy foundations coursework in a short amount of time. According to Alex, “It was a lot of information to take all in two semesters. But, it gave me a basic understanding of music therapy and the philosophical approach that the program uses”. Blair had more to say about this.

As I know now, there’s a lot to it. Since we’re equivalency students and we had a shorter time frame, it seemed like they tried to throw a lot of information at us as quickly as possible. I think the type of people that do equivalencies already have a degree, or are already at a point in life where they’re mature enough to handle that type of time frame.

Cody elaborated on the subjects addressed within individual courses in the curriculum.
The first course was primarily on populations, which I knew quite a bit about. It went more extensively into them, and I thought that was really helpful. And the second two were more application base and intervention focused; more lab based, where we’re actually practicing. I think sometimes lab-based is difficult in preparation, trying to transfer what you’re doing in class to the actual setting, because the people in class are your friends and colleagues. So actually trying to implement the intervention is difficult.

**Applying information from clinical and music foundations courses.** One topic that Cody and Blair brought up was how items specifically covered during the clinical foundations coursework were expanded on in the music therapy foundations coursework. For example, when discussing being able to apply information from his undergraduate work in psychology, Cody said, “The music therapy courses would hit on an aspect that I was familiar with in my other coursework and it would expand on it.” This information was directly applied during his practicum placement in psychiatric care, combining learned material from his clinical foundations and music therapy foundations with group facilitation and counseling skills. Likewise, one of Blair’s clinical foundations course provided opportunities for Blair to practice counseling techniques with classmates, which helped her during her practicum placement in psychiatric care.

Although Cody and Blair discussed ways in which information from clinical foundations courses related to music therapy foundations courses, Cody expressed difficulty applying information presented in one of his music foundations courses, which covered orchestration, to music therapy practice. In spite of this, Cody recognized the
efforts of the educators to adjust information so that music therapy students could apply it to their field of study.

**Most beneficial courses to professional career.** All respondents began by first stating that the music therapy foundations coursework was beneficial as a whole. Blair and Cody also mentioned that the incorporation of the practicum within the music therapy coursework was helpful. Blair said,

> The music therapy foundations courses were very beneficial. They may have been a crash course, but the way they have it set up with the practicum going on, a lot of the time you could see what you were learning in class, being implemented in your practicum.

Cody also appreciated how the practica and coursework related, saying,

> “definitely the MT foundations coursework. I think just because it applied most directly to what I was going to be doing, like the practicums I was in and the internship.”

Alex elaborated on a specific course that he found most beneficial, saying,

> The behavior modification course was definitely the most useful class I’ve had. It was more than just behavior modification. We learned assessment and goal writing and objective writing and research. There was a lot of actual foundational research that we learned in class. So, that class probably has provided me with three classes worth of information that I’ve used.
Courses that were easiest and most challenging. When discussing which courses were easiest for them, responses varied. Alex spoke of the music psychology course, which covered material that had already been taught during clinical foundations courses. Blair spoke of the structure of the music therapy foundations courses as an aspect that made it easier for students to achieve, saying “The way that the music therapy foundations courses were laid out was very well done, to a point where it was a high success rate given the variety of people in the class from very different musical backgrounds”.

Each respondent had a different answer to the question regarding the most difficult courses. Alex reported little difficulty in understanding information presented, citing personal preparedness for this experience; however, learning repertoire in a short amount of time presented a challenge.

The most challenging aspect of it has been the repertoire that you need to have to be a music therapist. So, coming from an equivalency background where I did all the coursework in two semesters and a summer, plus an internship, I had 9 months to learn this repertoire versus someone who has gone through a bachelors program for four years.

Blair spoke of challenges in courses that required a lot of studying and memorization, stating, “Any time it involved a lot of grind work, nose in the book, it never really came easy to me”. Cody reported difficulty at times within the music therapy
coursework, not because of the course content, but “as a person how it required you to get
in there hands-on was new to me and probably the hardest and most challenging”.

**Aspects of equivalency coursework respondents would change.** Respondents
were asked to identify any areas of the equivalency coursework that they wish had been
different. Alex reported,

> I think one thing I would have liked to have known before starting the program
would have been in regards to the amount of repertoire. The amount of music that
you should know. Having that information prior to the start of the first semester
would be good, if that could be provided.

Blair emphasized the short time frame of the equivalency program and expressed
desire for more lab-based experiential learning.

> … Just the short nature of the equivalency, given the time frame. I mean, it was
something that those people who don’t go through an equivalency, they spent 4 or
5 years learning the same things. I’m spending two and getting thrown in. I wish
it had been longer, but most of the people going into the equivalency are going in
because it’s not longer. They’re not gonna spend another 4 years getting a
bachelor’s and I understand that. If there was a way to get more information out
about that, like I said earlier, a crash course. Though I did feel prepared going in, I
think there could have been more lab stuff where we could have done more to
better prepare ourselves.
Cody reported desire to change the way credits transfer, detailing frustration by having to retake courses.

This isn’t necessarily the music therapy equivalency program’s structure but maybe the university’s structure and the way credits work. Coming in with two undergraduate degrees and understanding information but not having credits transfer can be frustrating, relearning information that I feel I already knew, where I feel like that time could be applied somewhere else. Like, if an independent study was offered more in an equivalency, where I could still get those orchestration credits, but they would actually help me toward a degree.

Research Question 2: What are the perceptions of newly-certified music therapists regarding their music therapy practica?

Challenges of leading psychiatric groups. Although respondents varied in the number of practica completed and the settings where they were conducted, all three had a practicum at a psychiatric facility, and all three mentioned that leading groups at a psychiatric facility during their practicum was a challenging experience. When discussing her practicum with a psychiatric group, Blair reported,

With the psych, I would easily say [the psychiatric practicum] was my weakest component, just because of the emotional aspects that are involved with it, and how much you have to talk with clients. It’s very easy to say the wrong thing and that part intimidated me a lot.
By the end of the practicum placement, however, Blair was able to lead an entire hour-long session with a group of adolescents, calling it a “confidence-booster” to know that it could be done.

Alex reported having difficulty leading psychiatric groups due to the unpredictability of the setting, stating, “Your groups have multiple diagnosis. It’s very intimidating. That was my second semester into music therapy. I still did not and really still don’t understand all the aspects of mental health diagnosis and what comes along with that.”

Although Cody had a strong background in psychology, he also reported having challenges with the psychiatric practicum:

My second practicum was definitely the hardest for me. It was groups and at that time, it was something I struggled with. Adding psychiatric care to it was very challenging to me. There was another student that was paired with me, and that made it easier for me to work off each other. I never got to lead an entire session on my own in that practicum, and that’s something I wish I had been able to do.

**Perceptions of practica in a school setting.** Blair and Cody each conducted a practicum in a school setting, working with students with special needs. Within this setting, Blair spoke of the need for a shift in perspective from that of a music educator to that of a music therapist:
My first practicum was in the public schools system. A music therapy faculty member sent me to that one first because of my background with the population. They thought that it would be a good transition for me and it was. My supervisor made a point that I had to get the music education perspective out of my head and get the therapist perspective into my head. You’re gonna hear wrong notes. You’re gonna see that they’re going to do things in tempo. You’re gonna have to let that go. And I didn’t know how much of a struggle that’d be given my background and having been involved in music education throughout my adolescence for 7 or 8 years. So that was difficult.

Cody discussed the way his supervisor individualized instruction within the school setting.

It was the first to get me out of my comfort zone and I really jumped in fairly early, starting co-leading sessions. I think what I was learning in class, I was able to apply in this practicum. My supervisor was asking what I was learning in class and what I wanted to work on. It was very individually focused for me so that I was learning the material I wanted to learn, but they were also focused on what I wanted to gain out of it and what my strengths and weaknesses were.

**Perceptions of practica in a hospice setting.** Cody and Alex both conducted practica in a hospice setting, and both mentioned having worked with a supervisor who was from a different theoretical orientation than the orientation taught in their master’s
equivalency coursework. Alex described the experience of this orientation to therapy as a “feel and a vibe, versus a technical and structured experience.” Cody described similar experiences with this supervisor, saying

This one, I was working with a therapist with a different approach than my own. I found that really insightful when going through the program and being so cognitive-behavioral focused. It was neat to see someone coming from a different perspective, but also being open to what questions I had and how things I would do would be different. It really challenged me to think about how I would do it in this situation. Would it be similar or different?

Cody discussed other aspects of his practicum in hospice, which is now the area in which he would like to work:

I once again never got to lead much in this. I think most of that came from the sensitive environment and having only been a second semester equivalency student. But I learned a lot about counseling and how to be empathetic and from there… When that practicum was over, I felt very prepared going forward and working with people and how to approach sensitive situations.

**Perceptions of practica in a medical setting.** Alex and Blair both completed practica in medical facilities as their third practicum placement. Alex reported difficulty in the third practicum setting, again referencing the need for expanded repertoire.
The medical setting was difficult for me. It goes back to the need for repertoire. I think this is what added to the difficulty in general. In practicum, you’re learning the rep you need for the practicum, but it was suggested, or highly encouraged, that the other repertoire that you were learning from class was to be different. It was highly encouraged that it was different. So you’re looking at putting in extra work learning repertoire for class and then you’re looking at your practicum where you’re putting in even more work for your repertoire there. So when it came down to the medical setting, I was still lacking in the amount of material I should be familiar with. Through my practicum, that wasn’t something that I was doing because of the settings I was in. So going into a medical setting, it was like “Oh, I don’t know any Katy Perry songs.” I hadn’t been working on that, so it made the experiences very difficult.

Blair was placed specifically within pediatric populations, and spoke about several highlights of this practicum experience:

We saw kids in NICU, PICU, and in the progressive care unit. So we hopped around a lot. It wasn’t so much what I learned the whole semester, but that I got to see the power of music therapy. We had a child whose second language was English, and the child you could tell was in pain. We used the iso-principle, and by the end of it, the baby was asleep. Even though English was a second language, the mother was able to express thanks to us and that was a big “Oh, this
is what it can do.’’ That was a big moment for me, to be able to see what a 30-minute session can do. To see how impactful that can be for two people, the infant and the mother.

**Perceptions of practicum in an early intervention center.** Blair and Alex both completed practica in an early intervention center. Blair reported having increased autonomy in his early intervention practicum, due to his level of experience and comfort.

…at that point I was a more experienced student. This was my last semester before internship, and my supervisor just let me take it. What they did was really helpful, which was to have three new activities each week. I had to be creative and I had to really provide the stuff I learned and incorporate it every week.

Alex contrasted the approach of the supervisor who led the early intervention group with the approach of the supervisor of his hospice practicum, since both practica were conducted in the same semester:

I got to see a lot of … behavior modification techniques put into practice. And that was before learning anything about behavior modification…One of the early childhood groups was very much based on a cognitive behavioral background and implementation and then the supervisor with the hospice practicum was based in the psychodynamic Nordoff Robbins background so that was cool. I got to see two kind of music therapy so that was really cool.
Perceptions of practicum in an elder care facility. Blair was the only respondent who conducted a practicum in an elder care facility. As was the case during his initial practicum in the school setting, Blair again mentioned a shift in perspective during his practicum at an elder care facility, this time related to perceptions of older adults.

…going in, I had the stereotypes of older adults being cranky. They’re gonna swear at you and they’re not gonna want to do anything. It took a while to get over that, and by that time I got out of that practicum that was my preferred population.

The need to think quickly during practica. Cody and Alex both discussed the importance of experiences during their practica in which they had to think quickly. Alex referred to this as a “throw you in the water and see if you can swim” experience. He reports having to trust his supervisor to know when he was ready to do something, being able to use information learned in class and from observing supervisors to implement therapy himself, even increasing his self-awareness. He stated,

It made me pull information and things that I knew. I just wasn’t totally aware that it was there, ya know? Like, the things that I had learned from class and from watching my supervisors. It all kinda came together in that moment.
Cody reflected on how challenging and valuable experiences that required quick thinking were:

I was provided with so many opportunities to gain confidence. If I hadn’t had those opportunities, it wouldn’t have happened as quickly. Being thrown into situations. Not being told “Okay next week you’re gonna do this…” Just being thrown in right when I was there and not being able to prepare. That made me think on the spot and challenged me. Both in classes and in practica were definitely the most influential in that change.

Desire for more active participation in sessions. Alex and Cody all spoke of the importance of being actively involved in therapeutic experiences in clinical practica. Cody spoke of his desire for more active participation within his hospice practicum placement:

In hospice I wish I could have been part of it a little more. I would really just “do music” in those sessions. We would talk a lot after these sessions. My supervisor did all of the talking. Even the hello, how are you, that type of thing. I wish I had gotten a little more experience, even if it wasn’t counseling techniques, but maybe even going in and starting or ending the session.

During interviews, Alex talked about how he would have liked opportunities to actively engage in sessions sooner throughout his practica:
I think that certain things could happen in the practicum experience to possibly help some students grow a little faster in some things. I know that in a lot of situations, musical skills, the repertoire, was challenging but I could have learned it. I would have liked to be in experiences that would have contributed to that a little sooner in the practicum experiences. I didn’t need to wait 4 weeks to play a hello song. And that would have allotted more time for like, learning interventions and designing them. That would have gotten me to do that sooner.

Perceptions of Repertoire required for treatment planning during practica.

All three respondents talked about the importance of repertoire and developing interventions during their practica. This was a challenge for Alex and Blair, with both Alex and Blair citing difficulty being creative while developing interventions during practica. Cody, however, found it to be the easiest element of the treatment process during his practica. Alex stressed the importance of repertoire multiple times during his interview. Discussing his practicum placements, he stated that it was the most challenging aspect of the music therapy coursework, requiring 10+ hours weekly devoted only to learning new repertoire. When asked about specific types of repertoire that was challenging for him to learn, Alex replied,

Oh, pop music. I don’t listen to the radio. I don’t like a lot of that music that’s on, that most people listen to. So knowing that I needed to be familiar with popular current radio music would have been great to have known.
Developing Confidence during Practicum. While discussing his active participation in sessions during practicum experiences, Cody discussed having his confidence increase during practica:

Confidence was something that I built throughout my entire equivalency. I came into the equivalency kind of not confident in my abilities musically. I didn’t want to do anything wrong, and I wanted to make sure I did it all right the first time. I think that limited me feeling comfortable in the settings and with the clients because I wanted to make sure it was right. And then I realized that I am doing things right, and I am a good musician. I can do these things.

Likewise, Blair reported a “confidence-booster” in being able to lead an entire hour-long session at the end of his practicum experiences. Blair and Cody were also able to increase confidence through expanded musical abilities, developing appropriate vocal and guitar techniques to use in practicum sessions.

Research Question 3: What are the perceptions of newly-certified music therapists regarding their music therapy internship?

Interactions with internship supervisors. While discussing their supervisor’s style of supervision during the interviews, respondents talked about ways in which they interacted with and received feedback from their supervisors. Alex reported that he had already worked under his internship supervisor in one of his practicum placements, which
helped his supervisor to know Alex’s strengths and areas of potential improvement. This knowledge enabled his supervisor to allow Alex the opportunity to interact with the musical elements, interacting with the clients by singing and playing instruments while encouraging active participation during the sessions. Without this, Alex would have observed his supervisor for a longer amount of time while minimally engaging during sessions. By both he and his supervisor engaging and facilitating sessions, Alex states he was provided “…learning opportunities while using the strengths that I already had.”

Blair’s internship facility allowed his supervisors to observe every session through video surveillance. This provided her the opportunity to be directly supervised across the internship, and the ability to discuss sessions with her supervisors after first taking time for self-reflection. Through this self-reflection, Blair was able to assess her own areas of potential growth. For example, in her internship reports, Blair reported a challenge and desire in leading sessions to become more involved, stating

The biggest challenge I need to overcome is to become more energetic and involved. Almost every time I feel like I have been energetic or “bubbly,” I am told I could do more. To overcome this I need to become aware of my naturally calm persona and overdo my energy in sessions, and hopefully it will become natural.

Alex and Blair both reported that they were able to process sessions regularly with their internship supervisors. Alex had this to say about his internship supervisor:
He was very good about giving immediate feedback for sessions, which for most of the time, it was very positive and supportive. There was never any sort of negative feedback or criticism or anything. It was very supportive. But he definitely made sure I understood things that could have been done differently and to make sure we explored those options.

This was similar to statements from Alex’s internship reports:

During lunch we review the morning sessions and make notes for charting. [Internship supervisor] gives me pointers about things he observed and suggestions on improvements as well as letting me know what went well. I have increased my skill set for taking mental notes and being able to recall the information later for charting. I have also learned to look more objectively at what transpires during a session and make adjustments, sometimes during the intervention or session if necessary.

When talking about her internship supervisor’s style of supervision, Blair described how in their facility, prior to sessions she learned to stop asking questions because her internship supervisors would simply respond with “Whatever you wanna do.” After her music therapy sessions, supervisors required that she reflect on the session before approaching them with questions or concerns:
The way that the [internship site] was set up, any room that we performed music therapy, there was a camera where they could watch and listen. After about two weeks or so, we were left alone in the session but they would still watch. I think I enjoyed the fact that even 6 months later they would still watch the sessions. After every session, they would always ask, “What did you do well, and what would you do better?” It would really make me think… it was nice to know that I would do something in a session and wonder why it didn’t work, and I could run to my supervisor and I’d be able to ask them what they thought happened. Then I’d be able to discuss it with them.

Both Cody and Alex described how they would have liked more direct supervision during their internship. Alex desired increased exposure and supervision from a music therapist from a cognitive-behavioral theoretical orientation:

Working with someone with a different philosophical background was a great experience, but it would have benefited me to also have been able to spend time with someone from a similar philosophical background in that same setting. So I made a suggestion of being able to spend a couple of days a week with different supervisors. Or a month of being able in some way to spend time with different supervisors in that setting. I came out at the end of the 5 months having no idea how a music therapist from a CBT background would have worked with kids in an educational setting. So I had to spend time after my internship going to observe other music therapists in my own time to see that and understand that.
Cody stated, “There were times when I felt like I was being evaluated on aspects of my therapy that my supervisor was not truly seeing to the full extent to effectively be able to evaluate me.” He elaborated on this and discussed how he addressed these issues, stating

Especially in the beginning, I felt like I wasn’t receiving adequate feedback initially, and that was frustrating for me. I felt like I wasn’t doing as well as I could be doing, and I’m very big on feedback. I like to be told in detail. As soon as I told my supervisor that, that changed. It became this: if I wanted that feedback, or if I didn’t feel like I was doing well, or if I wanted to watch a session because I didn’t feel comfortable yet, they were willing to allow that. I learned a lot from them, and I think a lot of what I do, I reflect back on things that they have done.

Cody reported having learned a lot from his supervisor and frequently reflecting on things they had done, “…but also, letting me do things myself allowed me to develop my own therapeutic style, which I appreciated.” This belief is also reflected in his internship reports, with Cody reporting that his supervisor pointed things out that he wouldn’t have been able to notice through self-reflection. He also stated that his supervisor wanted him and his co-intern to experience everything for themselves first before approaching them to discuss their experiences to make corrections.
**Interactions with co-interns.** Concerning peer interactions during their music therapy internships, Alex did not have a co-intern during his internship. Blair and Cody both spoke fondly of their internship relationships. Cody had two separate co-interns, coming into the internship at different times:

That was probably my favorite part about the internship besides seeing patients. My other intern who was with me, I had coursework with them prior, so I knew them beforehand but not well. We grew very close and it was really nice to have somebody to share things with that you might not have necessarily felt comfortable sharing with your supervisor or if you had a very frustrating day, to be able to talk to your co-intern about that. And build off each other. We had a lot of opportunity to lead sessions together. So being able to build off of both our experiences. It was nice to have the other person there. When the other intern showed up, it was nice to know that I had been there a few months and be able to have that kind of supervision of a less experienced peer and get that experience. So I really enjoyed having not just me.

This was reflected in Cody’s internship reports, detailing a decrease in nervousness and increase in confidence by speaking with his co-interns about sessions. Within these conversations he would ask for advice, and incorporate suggested changes during future sessions.

Blair reported only having required interactions with her co-interns once weekly during a structured “guitar-circle”, in which co-interns and supervisors were given the
opportunity to share repertoire and intervention ideas as a group. Blair continued to describe how some of her interactions with co-interns were by choice, with “…a lot of sharing and helping while always constantly making ourselves better.”

**Perceptions of repertoire required for treatment planning during internship.**

During the music therapy internship, all three respondents were assigned a caseload for music therapy treatment. They were provided the opportunity to design and implement interventions as well as document goals addressed during sessions. Within the respondents’ internship reports, each respondent listed that one of their goals was to develop and learn new repertoire throughout their internship. This was challenging for Alex, but Blair found enjoyment through this process. Blair stated in her internship reports,

I probably play my guitar at least every other day outside of the [internship site].

Not because I have to, but because I want to. I don’t consider it work for me.

Because of this, my guitar rep is growing every week.

**Research Question 4: What are the perceptions of newly-certified music therapists regarding their transition from student to professional?**

In each interview, respondents detailed the amount of time spent working both inside and outside the field of music therapy. Each respondent’s situation was different, similar only in the aspects of having jobs while completing their graduate coursework. All three respondents began master’s level coursework in the semester immediately
following completion of their internship. All respondents expressed similar experiences seeking work opportunities and expanding services in the community after achieving board certification. Each respondent spent different amounts of time working as a music therapist, working as a student, and working in jobs not related to music therapy. Weekly time allotment varied in session planning, direct contact, and documentation (see Table 3).

Table 3
*Current Weekly Professional Schedule (in hours spent)*

<table>
<thead>
<tr>
<th></th>
<th>Alex</th>
<th>Blair</th>
<th>Cody</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MT treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client interaction</td>
<td>12</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Session planning</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Documentation</td>
<td>1</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Graduate coursework</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class time</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Assignments</td>
<td>5 (a)</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct supervising</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student observation</td>
<td>0.5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Work outside MT</strong></td>
<td>0</td>
<td>30</td>
<td>20-40 (a)</td>
</tr>
</tbody>
</table>

\(a\) varied from week to week

**Perceptions of finding work as a music therapist.** Each respondent spoke of their client interactions and success in finding clients as being the most rewarding aspect of their professional life. Alex and Cody also reported that seeing progress across treatment with clients was one of the most rewarding parts of being a professional music therapist. Cody stated, “I think that’s most rewarding, just seeing the impact that I’m already having on these guys. It’s fun. I love knowing that this is my job. All of the work that I’ve put into it now has been worth it.”
All respondents spoke of the difficulty in finding work in a growing music therapy community, having to network and find new clients while also devoting time to their graduate coursework. For instance, Alex stated, “Creating a need for music therapy, or helping others to see the need for music therapy is challenging. Especially in this community, it’s a new thing. So bringing awareness to music therapy and seeing the benefits of music therapy: it’s a daily challenge.”

**Perceptions of personal skill and life experiences.** Two respondents (Alex and Blair) discussed how experiences and skills existing prior to beginning their music therapy education affected their experiences during their transition from student to professional. Alex stated,

I think something that I … my life experiences going into music therapy have helped success through school and starting a business, and as a music therapist. You know, I’ve spent many years working in different scenarios and situations. I worked within a sales setting, music retail setting, that helped me understand a lot about interpersonal skills. I spent a lot of years in management that taught me a lot in running a business, developing those who work for you, leveraging the strengths of others who are on your team. I learned a lot about how to assess situations, see opportunities and see goals and objectives to see these deficits. There’s just so much that I learned. It’s almost like these gave me these opportunities to set me up to be a successful music therapist.
Blair, while speaking of her personal skills attributing to her work in music therapy stated, “Even when I was a music educator, I had a ‘leg-up’ when it came to personal interactions with people.” Blair explained how her ability to relate to others was related to frequently moving throughout her early life, saying,

I’ve always had an ability to talk with people and interact with people. I’ve relayed this to my growing up in a military household and we moved around a lot. The one thing you had to learn is that you have to meet people all the time.

Developing preferences for specialized practice. A topic that came up across all three interviews was the factors of their education that contributed to their finding the population or populations with whom they prefer to work, which allows them to develop a specialized practice as a new professional. Each developed different preferences and it happened at different points during their education. For example, Alex stated, “The first music therapy foundations course helped me understand a little bit about the different populations that music therapists work with and kind of guided me towards an idea of the populations that I would wanna work with.”

Cody had experiences in both practicum and internship that helped shape his preference for the populations with whom he would like to work. While describing his practicum experiences, Cody stated, “This practicum is what makes me want to work in hospice. Hospice is really where I’d ideally like to have a job.” He also described how one of his internship supervisor’s goals for when he finished internship was to be
confident working in any population. Later in the interview, while discussing aspects of his professional life, Cody discussed another population with whom he enjoys working

When I first started, I never saw myself in early childhood. I love kids. But I always thought hospice is where I wanted to be. But I found that I really love early childhood. But I think that’s most rewarding, just seeing the impact that I’m already having on these guys.

While talking about her preferred population, Blair said, “By the time I got out of that practicum, that’s one of my preferred populations: to work in elder care.” Blair mentioned how she had to overcome preconceived ideas about working with older adults, as they became her preferred population:

I had the stereotypes in my head about people in eldercare facilities are cranky. You know, my supervisor would talk to us about it. If you’ve observed in the past month, I’ve had no one flip out to me. Everyone’s been very warm. They enjoy music. They don’t get to go out often. A lot of them are in wheelchairs. This is enjoyment for them. You’re not doing PT or OT or something that might cause pain or discomfort. This is enjoyable. Don’t let the possibility of them freaking out on you discourage you.

Developing confidence as a new professional. Alex and Blair spoke of experiences as new professionals that confirmed their knowledge and abilities as a music
therapist. At the start of his work as a professional music therapist, Alex felt that it all came to a culminating point, stating,

I realized, *wow*, I’ve learned how to be a music therapist in just four semesters… I went to go to my first client assessment and write and plan for my first session, and I thought I really did learn how to do this! *Holy smokes*!

Blair talked about the Graduate Clinical Placement course as “providing confirmation” of information learned in equivalency training, confirming her skills and abilities as a “person of resource” as a music therapist.

**Highlights of equivalency experience.** Cody and Alex both mentioned practica and clinical experiences as highlights of their equivalency coursework. Cody reported feeling prepared due to the diversity in equivalency practicum work:

I think that within those experiences, there was such a diverse knowledge base. Like, I could really work with any population, so by the time I got to my internship I felt like I could really work with any population. And then especially after internship, I felt extremely prepared.

Alex discussed personal significance of music therapy before mentioning practica and clinical experiences.
It’s maybe a combination of several things. One for me, the idea of music therapy. It takes everything and puts it all together in one nice package. The aspect of music and then being able to help others through music… And so, that’s generally the highlight for me. Also, having the experiences through different practicum settings to watch other music therapists and learn from them but then be able to participate and learn how you can use music therapy to see other people grow, success and move forward. But, also for me, just learning something new and being challenged. I spent several years in a different profession and got comfortable and complacent. Getting out of that environment and getting into a new situation has been good for me.

Blair also spoke of personal experiences during coursework as an educational highlight, being acknowledged for academic achievement and accepting an award, saying it “felt good being recognized for something that I enjoy doing”.
CHAPTER FIVE

Discussion

The present study provides detailed descriptions of three respondents’ perceptions of their academic and clinical experiences during master’s equivalency training. The topics included in the discussion are the topics I found across each of the three respondent’s data collected during interviews and internship reports. As these are the most consistently addressed topics, I would like to show that these are the most notable discoveries from the results and present the perceptions of the respondents as they relate to the existing body of literature.

Developing Confidence and Confirmation of Skill and Knowledge

Confidence was a frequently addressed topic in both the interviews and internship reports. The present study’s results indicate that respondents increased confidence and developed their music skills within lab-based assignments that were part of their coursework and within pre-certification clinical work. Within the present study, the respondents reported that they felt they had grown in terms of learning and developing repertoire, incorporating music in sessions, and becoming more comfortable in verbal interactions during both group and individual sessions. Respondents suggested that being actively involved in sessions during their practicum or internship helped them grow and increase confidence.

In addition to discussions of how they developed confidence, each respondent talked about having their knowledge and skill being confirmed at different times during their training. These confirmations of skill and knowledge were attributed to becoming...
more comfortable through increased exposure and active participation in sessions, as well as growing in musical abilities through practice and experience. This growth in confidence is consistent with findings of Gooding and Standley (2010), which showed that students with less exposure to clinical work reported lower levels of self-confidence.

**Perceptions of Supervisors’ Theoretical Orientation**

When describing their clinical experiences, each respondent spoke of the role that the theoretical orientation of their supervisors (academic faculty, practicum supervisor, or internship supervisor) played during the students’ music therapy training. Blair mentioned that her practicum supervisors were all from a similar background, with three of them having attended the same university for their music therapy training. She then listed factors that contributed to these similarities, stating,

> A lot of positive reinforcement. You know, just a lot of things I would except to see from a school like Florida State or UK or Louisville. It’s what you would expect to see from their students: a lot of behavioral discussion and positive reinforcement, some criticism where it’s needed.

During interviews, Cody talked about how the supervisor during his hospice practicum had a theoretical orientation other than his own, which provided opportunities to ask questions and engage. Similarly, during his interview, Alex discussed how his internship supervisor’s theoretical orientation differed from his own, which provided opportunities to discuss session-leading from separate perspectives during his internship:
He definitely made sure I understood things that could have been done differently and to make sure we explored those options. So he did challenge me and a lot of it came from his philosophical background versus what I was rooted in with the education experiences in CBT. So he challenged me and at the same time I challenged him. And we had a lot of conversations about why I did something or didn’t do something and I explained my thought process behind something. It definitely challenged his ideas about how he would have done it. Being able to speak to why I did something and justify why I did or didn’t do something in the process I was doing. So it was also kind of neat to see him implement some of the things that I had done into his sessions. It was an opportunity where he saw something work, and he did it with another kid. These ideas are things that he’d never done.

During the interview, Blair talked about how his internship supervisors had a similar theoretical orientation than her own. Within his interactions with this supervisor, he was able to discuss aspects of the sessions including successes and challenges. In results from Tanguay’s 2008 study surveying music therapy internship directors, 20% of respondents said that their theoretical orientation influences their style of supervision or typical supervisory practices. In the present study, although Blair and Alex described experiences with internship supervisors from different theoretical orientations, there were similarities in how their supervisors discussed the students’ clinical work after sessions. Based on the responses in the present study, it appears that the supervisor’s theoretical orientation is something that students are aware of and interested in, but that even
supervisors who use different approaches with their clients may have similarities in their styles of supervision.

**Perceptions of the repertoire required for treatment planning**

Alex, Blair, and Cody spoke, in their internship reports and interview, of the necessary skill of being able to plan for treatment in sessions by learning repertoire and developing interventions. As Alex noted while discussing repertoire during interviews, the need to learn repertoire for a variety of populations is necessary but challenging due to the short time frame of equivalency coursework prior to entering internship. Alex’s comments highlight the challenges equivalency students may face in developing repertoire in such a short time span, which differs from the experience of undergraduate music therapy students who have four years to develop repertoire prior to entering internship.

**Finding Work as a Music Therapist**

During interviews, all three respondents focused on their client interactions and finding clients as being the most rewarding aspect of their professional life, and also one of the most challenging in terms of networking and expanding the music therapy community. Alex said that he feels like part of the job is developing a need for music therapy because it’s a “new thing” in his particular community, which may be related to the fact that the music therapy program at his university has only existed for three years. Within the results from interviews, it should be noted that all three respondents reported that within a short amount of time after becoming board-certified music therapists, they began seeking work in music therapy.
Developing Preferences of Populations for Specialized Practice

All three respondents spoke, in their interviews, about the factors of their education that contributed to their finding the population or populations with whom they prefer to work, which has allowed them to develop a specialized practice as a new professional. All three respondents developed these preferences at different times during their music therapy education. As respondents also discussed their increase in confidence across their education, perhaps becoming confident within a particular clinical setting or with a particular population may have helped the three respondents develop preferences for their populations.

Limitations

There are several limitations associated with this study. The small sample size and the fact that all participants attended the same university preclude generalization of results. For future investigations, it would be appropriate to include interviews with master’s equivalency students in multiple universities. This would allow for comparison of students’ perceptions of music therapy programs with different curricular structures. The way in which the semi-structured interviews were scheduled could be considered an additional limitation to this study. During interviews, I limited the number of follow-up questions that would prompt respondents to elaborate and provide detailed descriptions to ensure that interviews didn’t run over the time allotted. Future studies should consider allowing a flexible time frame for interviews, allowing time for respondents to elaborate where they have more to say.
Suggestions for Future Research

Results from the study by Wyatt and Furioso (2000) showed that 77% of all music therapy students surveyed who pursued a master’s degree came from an equivalency program (as opposed to a bachelor’s program in music therapy). The three respondents in the present study pursued the master’s equivalency training instead of a bachelor’s degree in music therapy. It is not known why the participants in the present study pursued a master’s equivalency in music therapy. Future research could investigate the reasons behind students’ decisions to enroll in master’s equivalency programs in music therapy.

Respondents in the present study frequently spoke of experiences that helped them develop confidence. Future studies could survey other newly-certified music therapists to better understand how they developed confidence during their academic and pre-certification clinical work. Researchers could also investigate how and when music therapy students develop preferences for specialized populations for practice.

Respondents from this study discussed areas where they experienced significant growth during their music therapy education. Although none of the respondents in the present study showed signs of what Hsaio (2014) called severe professional competency problems (SPCP), it would be interesting to better understand how students with and without SPCP perceive their own growth during their music therapy education. Hsaio recommended that future researchers analyze aspects of music therapy training that contribute to correcting problems with professional competency prior to the music therapy internship. Future researchers could also survey music therapy educators and practicum supervisors to assess how they address areas where students have opportunities to grow and develop competency.
Implications for Clinical Practice

With results showing that the three respondents place emphasis on the role of theoretical orientation in clinical experiences, clinical supervisors may benefit from recognizing how their theoretical orientation influences their clinical work, and how this relates to the theoretical orientation of the students and interns they supervise. Supervisors may also benefit from discussing their student’s personal strengths and how they may be used effectively while developing areas of potential growth. These discussions of potential growth could be related to development of repertoire and interventions typically used within differing theoretical orientations, and exploring ways multiple techniques may be used to address similar goals and objectives in treatment.

Clinical supervisors and educators may also consider the transition from student to professional. With respondents from this study emphasizing the challenges of finding clients, supervisors and educators may consider teaching students best practices in seeking clients and work within the music therapy community. Furthermore, students may benefit from lab-based assignments and role-playing opportunities for advocacy within the music therapy community, expanding knowledge of music therapy practice and efficacy of music therapy treatment.

Conclusions

Within data collected from interviews and internship reports, all respondents discussed ways that they increased confidence over the course of their music therapy training, the theoretical orientation of their clinical and academic supervisors, and the importance of repertoire in treatment planning during clinical work. Also, in describing the transition from student to professional, respondents detailed how and when they
developed preferences for specialized practice, as well as the rewards and challenges associated with finding clients within their community. Although there were similarities in focuses from interview and internship reports, each respondent had a different perspective and unique experiences. The results of the present study provide insight into how master’s equivalency students make the transition from student to professional and aspects of their music therapy training that have allowed them to be successful in their work as board-certified music therapists.
Appendix A: Informed Consent

Consent to Participate in a Research Study

Music Therapy Students’ Experiences During Pre-Internship Training and the Music Therapy Internship:

A Collective Case Study using Semi-structured Interviews

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study of music therapy students’ perceptions of academic and internship curricula and their effects on the transition into the role of professional music therapists. You are being invited to take part in this research study due to your status as a music therapy student from the University of Kentucky who has completed the required music therapy internship within the 2014 calendar year. If you volunteer to take part in this study, you will be one of three people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Christopher Nix of University of Kentucky Department of Music Therapy. The principal investigator is a student at the University of Kentucky and he is being guided in this research by Dr. Olivia Yinger.

WHAT IS THE PURPOSE OF THIS STUDY?

By doing this study, I hope to learn the perceived value of fieldwork and academic preparation prior to and during the music therapy internship experience in preparation for the first year as a board-certified music therapist.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research procedures will be conducted at the University of Kentucky School of Music facilities and surrounding areas in Lexington, KY. The semi-structured interview will be administered in person at a location of your choice. This will allow you to choose the location most comfortable for you. The total amount of time you will be asked to volunteer for this study is three hours over the next three months.

WHAT WILL YOU BE ASKED TO DO?
The principal investigator will administer the semi-structured interviews and also be responsible for data collection, transcription, and organization. Semi-structured interviews will be administered in person at a location of your choice following discussion of interview topics. This will ensure a more comfortable interview environment, allowing you to choose the location most comfortable for them to speak openly. Prior to beginning the semi-structured interviews, you will be asked to share written journals or reports from their music therapy internship with the researcher. Following the interview, typed transcripts will then be sent to you via university-secured email. You will then be asked to review and make corrections to their transcripts to ensure accuracy.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There is minimal risk for participants in the current study. One potential risk may be your experiencing discomfort when answering some questions. You may decline to include information regarding their internship experience. Any information provided will have no bearing on your standing as a music therapy equivalency student at the University of Kentucky. You may also feel pressure to answer questions in a manner that best represents positive experiences within their internship. You may choose not to answer any questions where you may experience discomfort.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

By participating in this study you may increase personal insight and reflection on experiences during your education and internship experiences.

WHO WILL BENEFIT FROM THE RESULTS FOUND IN THIS STUDY?

Data collected in this project will expand knowledge of music therapy equivalency students’ perceptions through the transition into the role of professional board-certified music therapists. Another potential benefit may be better curricular implementations of practices based on equivalency students’ experiences. The data collected in this project may also serve to better prepare music therapy equivalency students for their role as music therapy interns and the transition into board-certification and practice as a music therapist.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. As a student, if you decide not to take part in this study, your choice will have no effect on your academic status.
IF YOU DON’T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

The principal researcher will make every effort to keep confidential all research records that identify you to the extent allowed by law.

You will not be personally identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private. To further ensure anonymity, you will be asked to review and make corrections to their transcripts to ensure accuracy and remove any identifiable facts.

Please be aware, while we make every effort to safeguard your data once received on our servers via REDCap, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still en route to us.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

ARE YOU PARTICIPATING OR CAN YOU PARTICIPATE IN ANOTHER RESEARCH STUDY AT THE SAME TIME AS PARTICIPATING IN THIS ONE?

You may take part in this study if you are currently involved in another research study. It is important to let the investigator know if you are in another research study. You should
also discuss with the investigator before you agree to participate in another research study while you are enrolled in this study.

WHAT ELSE DO YOU NEED TO KNOW?

There is a possibility that the data collected from you may be shared with other investigators in the future. If that is the case the data will not contain information that can identify you unless you give your consent or the UK Institutional Review Board (IRB) approves the research. The IRB is a committee that reviews ethical issues, according to federal, state and local regulations on research with human subjects, to make sure the study complies with these before approval of a research study is issued.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Christopher M. Nix MT-BC at cni228@uky.edu. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky between the business hours of 8am and 5pm EST, Mon-Fri. at 859-257-9428 or toll free at 1-866-400-9428. We will give you a signed copy of this consent form to take with you.

_________________________________________  ______________
Signature of person agreeing to take part in the study    Date

_________________________________________
Printed name of person agreeing to take part in the study

_________________________________________  ______________
Name of (authorized) person obtaining informed consent    Date
Appendix B: Interview Outline

| Introduction 1-5 minutes | Thank you for agreeing to meet with me. I’m speaking with you and two other recently board-certified music therapists who obtained the music therapy equivalency at the University of Kentucky. I’m hoping to better understand the experiences you had during your academic and internship training. I’m also interested in your perceptions of how your academic and internship training helped prepare you for the transition into the role of a professional music therapist. Specifically, I’d like to talk with you about the components of your experiences that you feel best prepared you for board certification and your role as a professional music therapist.

As a reminder, to help protect your privacy, an identification number will be applied to your interview data and will be used for data storage and organization to maintain confidentiality. Even though I will not use your name when referring to you in my study, details that you provide in this interview may make it possible for other people to know who you are. If there are any details that you share with me that you decide later you do not want me to include in my thesis, you can let me know this when I send you the transcript of our interview or any time prior.

Do you have any questions about the study?

| Topic 1 10-15 minutes | **Topic #1: Equivalency coursework**

- I’m interested in learning more about the courses you took as an equivalency student. I know there are three different types of courses required. Could you tell me about them?
  - Can you describe the music foundations courses you’ve taken?
  - Can you describe the music therapy foundations courses you’ve taken?
  - Can you describe the clinical foundations courses you’ve taken?
- Which courses during equivalency coursework have you found to be most beneficial during the beginning of your professional career?
- Which courses did you find the easiest?
- Which courses did you find the most challenging?
- Tell me about your interactions with your peers in your music therapy courses. What was the class size? Did you learn anything from your interactions with your peers?
- Discuss the highlight of your educational experience in the music therapy equivalency program.
<table>
<thead>
<tr>
<th>Topic 2</th>
<th>10-15 minutes</th>
<th>Topic #2: Equivalency practicum</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are there any aspects of the music therapy coursework that you wish had been different? If so, what aspects and why?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How many practica did you complete during your equivalency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Tell me about your first practicum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Tell me about your second practicum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Tell me about your third practicum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tell me about your practicum supervisors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o What were they like in their style of supervision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Did you become more comfortable in your interactions with clients over the span of your practicum placements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o If so, can you describe how this change occurred?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o When did you notice yourself becoming more comfortable in interacting with clients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o What contributed to this change?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What were the most important things you learned during each of your practica?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• As you learned about the music therapy treatment process during practicum, what aspect was the easiest for you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What did you find the most challenging in each practicum?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are there any aspects of your practicum experiences that you would change? If so, what would you change? and why?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic 3</th>
<th>20-30 minutes</th>
<th>Topic #3 Internship facility, population, and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How would you describe your internship? How long did it last? What type of facility was it? Which population or populations did you work with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Did you have a co-intern? What was your experience with your co-intern like? Did you collaborate and share ideas? If so, was collaboration required or was it your choice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tell me about your supervisor. What was their style of supervision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Describe the assignments you completed during your internship. Were there assignments that were consistent for all interns at your site? Were there assignments that were individualized for your specific needs during your internship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How long did you observe your supervisors or other music therapists before implementing music therapy yourself during your internship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What was the process like when you began implementing music therapy? Was it a gradual process or all at once?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Was there a period of time when you were co-leading with your supervisor before implementing sessions on your own?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o If so, how long was that period?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Was there a period of time when you were leading sessions on your own with your supervisor observing before you led sessions without your supervisor present?
  o If so, how long was that period?
• What were your supervisor’s expectations?
• What were your expectations for yourself?
• Were there ever times when your expectations did not match? If so, can you tell me more about those times?
  o Did you and your supervisor discuss expectations?
  o What, if anything, did you learn from discussions with your supervisor about expectations?
• Are there any aspects of your internship site that you would change? If so, what are they? Why would you change them?
• When did you finish your internship?

Topic 4
10-15 minutes

Topic #4: Professional Life

• When did you become board-certified?
• I want to know a little more about your experiences since you became a board-certified music therapist. Tell me about your work.
  o In your work as a music therapist, how many hours per week are spent interacting with clients?
  o How many hours a week do you spend on session planning?
  o How much time do you spend on documentation?
  o How many hours per week are spent supervising students?
• Tell me more about your graduate studies in music therapy.
  o How many hours per week do you spend in class?
  o How many hours a week do you spend working on graduate coursework outside of class?
  o Have you learned anything from your post-internship graduate studies that you have been able to apply to your music therapy practice? If so, what and where did you learn it?
• Are you currently working another job outside of your work as a music therapist? If so, what is your other job? How many hours do you devote to your other job?
  o Do you feel that the work you do in this job affects your work as a music therapist, either positively or negatively? If so, how?
• Thinking about each of the areas we just talked about (client interactions, session planning, documentation and supervision), what experiences helped prepare you to carry out each of these professional tasks? Is there a particular experience that you think was most helpful in preparing you to be a music therapist?
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What has been the most rewarding since becoming board-certified?</td>
</tr>
<tr>
<td>What has been the most challenging experience since you became board-certified?</td>
</tr>
<tr>
<td>Since you became board-certified, are there any resources you have found to expand your professional development?</td>
</tr>
<tr>
<td>Since you became board-certified how do you define success?</td>
</tr>
<tr>
<td>Is there anything else that you believe</td>
</tr>
</tbody>
</table>
Appendix C: Alex Interview Transcript

CN: Thank you for being here. I’m speaking with you and two other board-certified music therapists from the university of Kentucky. You had to have obtained your music therapy equivalency at UK and become board-certified in the 2014 year. I’m hoping to better understanding the experiences you had during your academic and your internship work. I’m also interested in seeing how your academics influences the work that you have as a professional as a board-certified music therapist. Specifically I’d like to talk with you about the components that you think best prepared you for board certification and the role as a music therapist. As a reminder, to protect your privacy an identification number will be applied to your interview. It will be used for data storage and organization to maintain your confidentiality. Even though I will not use your name when referring to you in my study, details that you provide may make it possible for other people to know who you are. If there are any details that you decide later you do not want me to include in my published document, you can let me know this when I send you the transcript or any time prior. Do you have any questions?

Alex: I’m good. Nope. No questions.

CN: Alright, well let’s get started. First of all, I’m interested in learning more about the courses that you took at UK. I know that there were three sections of courses required. First, could you tell me about the music foundations courses you took?

Alex: The music foundations courses? I didn’t take any music courses. My bachelor’s degree covered that.

CN: Okay. How about the music therapy foundations courses?

Alex: Those… I took ALL at UK. Um, yeah. So, I had no true prior understanding of music therapy and no experiences. So it was completely new to me. The… Uh. It was a lot of information to take all in two semesters. But, it gave me a basic understanding of music therapy and the uh philosophical approach that the program uses.

CN: And what would that be?

Alex: They’re based on a cognitive-behavioral background. Heavy research-based and that side of it.

CN: Okay. How about the clinical foundations courses that you took?

Alex: The clinical foundations courses that I took… It was a combination of… Actually I think the actual clinical foundations, like psychology, were all online through BCTC.

CN: Okay.
Alex: And those were the pre-requisites for the equivalency if I’m thinking of that correctly. It was like the intro to psychology and that side of it. Um, within the equivalency coursework, yeah. Those were all done while I was at UK, but I took them through BCTC.

CN: What courses during your coursework do you feel have been most beneficial during your time as a professional?

Alex: Well, the… first MT foundations course helped me understand a little bit about the different populations that music therapists work with and kind of guided me towards an idea of the populations that I would wanna work with. Um, the… I can’t remember the names of the courses or what those were. Like, the three foundations courses helped me. They taught me everything about like… how to be a music therapist. They gave me those basic skills. How do document and use documentation. And possibly the… behavior mod was probably … it has been one of the most useful classes I’ve had. It was more than just behavior mod. We learned assessment and goal writing and objective writing and um research. There was a lot of actual foundational research that we learned in class. So that class probably has provided me with three classes worth of information that I’ve use.

CN: Okay. Which courses did you find easiest?

Alex: In regards to the MT specific courses, I don’t think any of them were easy. For the equivalency coursework… I think maybe the music psychology class was maybe the easiest class because it was kind of an intro to psychology class and it was a lot of information that I was already familiar with.

CN: Okay. So it was kind of reiterating facts that you had already come to know in your education?

Alex: Yeah.

CN: Okay. Which courses did you find most challenging?

Alex: I think that … the coursework itself wasn’t necessarily uh… extremely challenging. It was learning new information but I was ready for that. That part wasn’t necessarily challenging. The most challenging aspect of it um has been the uh repertoire that you need to have to do music therapy. So coming from an equivalency background, where I did all the coursework in two semesters and a summer plus an internship, you’re talking 9 months of working on rep vs. someone who has gone through a bachelors program for 4 years…

CN: Can you tell me what you mean by repertoire?
Alex: Just the different songs and um and like intervention ideas and access to that kind of information that you would use during um therapy sessions.

CN: Okay. So in developing repertoire, was that during coursework or was that involved in your spare time outside of the classroom?

Alex: Um, it was like an extra assignment. That was essentially another class that you had to devote time to outside of class.

CN: How much time would you say you devoted to repertoire during your academic work? Lets say hours weekly.

Alex: I… hours weekly? I would spend probably 10 hours a week or so working on learning songs.

CN: And that was additional?

Alex: Yeah.

CN: Okay. The next question… Tell me a little bit about your interactions with your peers during your music therapy coursework. What was your class size? Did you learn anything from your peers in the classroom? So first. What was your class size typically?

Alex: Our class size was typically between 6 and 9 people.

CN: How did you interact with those people during your class time?

Alex: Well a lot of the classes were set up to be kind of an experiential learning, so it was a lot of hands-on for the class which helped set up some relationships with some of my peers. I didn’t spend time outside of class working with anybody and that kind of thing, but we would… I would I would… share information or ask for guidance from my peers. So the class was set up in an environment in which we were encouraged to learn from each other. It was a little different for me being… uhhh… a nontraditional student and being a little older than most of the students… So that was a different learning environment. Just interacting with folks who were 8-12 years younger than me. That created some challenges.

CN: So you said you didn’t really interact with your peers outside of the classroom, but you collaborated and shared ideas and learned from each other within the classroom?

Alex: Yeah. We didn’t necessarily have like study group time or jam sessions or anything like that. Now we did… We spent time together as um… friends outside of class and we would talk about things. But it was not a um, structured learning situation at all..
CN: So your time outside of class was spent in social contexts as opposed to educational?

Alex: Yes.

CN: Alright. So could you discuss the highlight of your educational experience in the music therapy program?

Alex: So it’s kind of a… maybe a combination of several things. One for me the idea of music therapy you know… it takes everything and puts it all together in one nice package. The aspect of music and then being able to help others through music… And so, like in general that’s the highlight. Being… Having the experiences through different practicum settings to watch other music therapists and learn from them but then be able to participate and um learn how you can use music therapy to see other people grow, succeed, and um… just move forward. I think that’s the overall general highlight. But… also too for me, just learning something new and being challenged for me. I spent several years in a different profession and got comfortable and complacent and so… getting out of that environment and getting into a new situation has been good for me.

CN: Okay. So you told me about the highlights of it. Were there any aspects of your equivalency coursework that you would change? If so, what was it and why would you change it?

Alex: I… have been given the opportunity to give the directors of the program a lot of feedback about things going through it because I started it the first semester of the program when it was established. So it was a learning process for them as well as the students. The feedback that I have been able to provide I think has been able to make some changes that program has been implementing or will be implementing regards to the flow of classes or not taking these two classes at the same time… things like that. Really, I think maybe one of the… one thing I would have liked to have known before starting the program would have been the … in regards to the amount of repertoire.. The amount of music that you should sorta know… or that you need to know and like maybe having that information prior to the start of the first semester would be good if that was something that was able to be provided.

CN: Okay. Do you have any examples of specific items in the repertoire that would have been beneficial coming into the program?

Alex: Oh, pop music. I don’t listen to the radio. I don’t like a lot of that music that’s on… that most people listen to. So knowing that um… I needed to be familiar with popular current radio music would have been great to have known.

CN: Thank you. So now I want to move a little bit away from the academic work and get into your practicum work. You touched on that a little bit about how beneficial it was to be able to watch other music therapists and get the experience as well. So I just...
wanna ask you a few questions about your practica? How many practica did you complete during your equivalency?

Alex: Umm… Five?

CN: Can you tell me a little bit about your first practica?

Alex: Yeah so my first… I did two my first semester. One was with early-intervention… early childhood intervention groups where I got to see a lot of um behavior modification techniques put into practice. And that was before learning anything about behavior modification. I also did um, hospice practicum that semester as well. And they were good. One of the early childhood groups was very much based on a cognitive behavioral background and implementation and then the supervisor with the hospice practicum was based in the psychodynamic Nordoff Robbins background so that was cool. I got to see two kind of music therapy so that was really cool.

CN: So those were your first semester?

Alex: Yeah, those were my first semester. So my next ones were medical. Uhh… Adolescent psych and adult psych.

CN: And those three were in the same semester?

Alex: Yeah.

CN: So tell me a little bit about supervisors during your practicum? What was their style of supervision?

Alex: That semester?

CN: Lets start in your first semester.

Alex: Okay okay okay. So my first was early-intervention. That was a new music therapist with supervision from the director of the program. So technically the director was my supervisor who was supervising the group leader who was helping direct us. So we would get feedback from both people. The hospice practicum supervisor was very very … it was a very different experience having a different philosophical background from CBT. It was definitely a more … it felt more of like a.. It’s a terrible way to put it, but it was more of a feel and a vibe sort of experience versus a technical structured experience.

CN: Alright. How about your medical setting?

Alex: The medical setting was a difficult setting for me. And it goes back to the need for repertoire. Uh and I think this is what added to the difficulty in general was the… with the practicum you’re learning the rep you need for the practicum, but it was suggested or
highly encouraged that the other repertoire that you were learning from class was to be different. It was highly encouraged that it was different. So I guess I’m kinda backtracking to the other stuff with that. So you’re looking at putting in extra work learning repertoire for class and then you’re look at your practicum where you’re putting in even more work for your practicum. So when it came down to the medical setting, I was still lacking in the amount of material I should be familiar with which goes back to the comment about learning current popular songs. Through my practicum that wasn’t something that I was doing because of the settings I was in. So going into a medical setting it was like OH I don’t know Katy Perry songs. I hadn’t been working on it. So it made that experience very difficult.

CN: Okay. And what was your supervisor’s style of supervision in your medical practicum?

Alex: The medical supervisors style went back to more of a CBT background and um… that was the basis of what that supervisor was doing. It was a much more … RIGID and kinda down to … the style there was a much more rigid delivery and a just direct work … just GO. I’m trying to think of how to say… umm… the supervisor’s level of expectation was higher than what I met. And so that combined with their style of information delivery made for kind of a tense learning experience on my part. And it was just a more rigid kind of experience. wy

CN: Okay. And your psych placements. Those were in the same semester as well?

Alex: They were. They were you know, adolescent group and adult group. They were back to back with the same supervisor.

CN: So tell me about that supervisor’s style of supervision with you.

Alex: That was a …. It was very controlled, and a very structured atmosphere. But it was a much more comfortable interaction with the supervisor. Like, their … the supervisor’s delivery of information and just… uh, interactions were more… it made for a more comfortable environment and learning experience.

CN: And that was consistent across both groups?

Alex: Yeah. Yeah.

CN: So over the span of all your practica, you talked about the need for developing repertoire throughout. Did you become more comfortable in your interaction with your clients over the span of your practicum placements? If so, how did that change occur for you?

Alex: I think part of it was that I mean, those were all environments that I had never experienced before in most any setting outside of music therapy. So um, just a combination of uh getting and understanding what music therapy was and getting err…
err… that information and combining it as the semesters went on in the practicum settings, getting more comfortable with the practicum for the given settings and then having you know, the support and challenge of a supervisor that knew how to deliver feedback in a way which it… it helped me understand things were where they should be given where I was at but then where they… where we want them to be at the end of it. So being able to see the incremental process and having that kind of encouragement. That made things more comfortable as the practicum experiences progresses.

CN: So just to reiterate… Over the span of each individual site, you grew in comfort with each site through the help of feedback from each supervisor delivered in a way that you could respond to.

Alex: Yeah. That’s a great way to sum it up.

CN: Okay. When did you notice yourself becoming more comfortable with your clients? Was there ever an a-ha moment?

Alex: I think for me most of the time, what happened was… It was interesting because I think all of the supervisors did this at different points. And maybe its just they understood when it was time to do this. It was definitely in the time when … it was a “throw you in the water and see if you can swim” kinda thing. Its like you are going to do this now. And so I didn’t have days to prepare for something or to get nervous for something. It was I showed up and “By the way, you’re gonna do this now.” Oh. OKAY. Sure. And so it was kinda a learn by fire sorta thing. But it made me pull information and things that I knew I just wasn’t totally aware that it was there ya know? Like the things that I had learned from class and from watching my supervisors. It all kinda came together in that moment. So all of those came… with those therapists it was in that day. “Okay, lets do it.” And it was like… they saw SOMETHING that told them it was time to give me that experience but it made me just kinda pull the information that I had and it worked out.

CN: So you just told me something that just contribute with these interactions? Did anything else specific contribute to that change?

Alex: I mean, I think part of it was just me becoming more confident in that I knew what I was supposed to do and trusting that I understood that I wasn’t gonna hurt anyone. I wasn’t gonna hurt anybody. Just try it and see if it works. It was just kinda being more… I don’t know. Just going for it. I think for me taking the large amount of practica hours that I was doing just helped because it just kinda helped by flooding me with the experiences of music therapy. And I guess that helped. Me getting the experience of watching others doing things and seeing that I could too.

CN: Okay. Alright. So what were the most important things that you learned during each practica?
Alex: One thing that I definitely learned from all of them is that if you ask a question be sure that you want an answer. So that at a higher level taught me to be sure to be aware of what I’m saying and how I’m saying it. So, yeah. It just made me think more about what I’m saying more before I’m saying it. I learned that… I don’t know. People like to be engaged at all age levels. They like someone to be genuine and… they’re very appreciative of the time you spend with them. And all of the different sites with all of the different people and the different ability levels and age levels… Everybody likes to be engaged and… just… people enjoy being with people.

CN: So you said across all age ranges. Is that consistent across all of your practica.

Alex: Yeah yeah. That went from early childhood through end of life. People just want to know that someone genuinely wants to interact with them. And I guess that’s something that went back to adding to my comfort level as things went on. Realizing that people like to be engaged in musical experiences. Its fun for them. And not only the musical experiences. But the counseling aspects and the conversation aspects. People just like interaction.

CN: How about your medical practica?

Alex: Medical was challenging. Because you just saw a different host of people in different situations. Umm… Again, its still similar because you’re going to people that are in the hospital and no one wants to be in the hospital. It just goes back to the… to being genuine with people and connecting with people. They just appreciate someone coming by.

CN: Was there anything in particular within your psych placement?

Alex: Psych was a little scary at first because you didn’t know what to expect because it was groups. Your groups have multiple diagnosis. It’s very intimidating. That was my second semester into music therapy. I still did not and really still don’t… I did not understand all the aspects of mental health diagnosis and what comes along with that. The first few weeks were very uncomfortable because I didn’t know what to expect. But the supervisor did a good job of just creating an environment in which… everyone, all the participants… They could all just… The supervisor created a comfortable environment for everybody. So that helps for me. But it all just kinda comes back to “Hey you’re gonna do this today.” Okay. So go for it. Try it. And it worked. No one walked out. No one yelled at me. Yeah, just the exposure helped to get comfortable with that setting.

CN: So just spending time with that population helped with the comfort?

Alex: Yes.

CN: So as you learned about the music therapy treatment process across your practica, what aspect of music therapy came easiest for you?
Alex: Building rapport. That was a skillset that I had coming into music therapy that I had a lot of experiences with. So that aspect of the treatment process, I understood that. I had that down. And that was just other life experiences.

CN: Okay. What was most challenging?

Alex: Being creative. Designing interventions. Um, and I say that because you look at other therapies that have standardized assessment processes and suggested treatment plans that… there’s already kinda a framework of things to do. My experiences with music therapy have felt like creating something out of thin air. And that was the most challenging part. Creating interventions and not having great reliable places to go see examples. There is no…. there are some books that say, “do this” but it still doesn’t tell you how to do it. It gives you a task analysis maybe, but it didn’t teach you how to do it. Spending hours researching YouTube videos and internet for examples of how to do things and still not find examples of stuff… Not having a resource was probably the most challenging aspect of doing the interventions and designing activities and stuff.

CN: Alright. Are there any aspects of your practica experiences that you would change? If so, what would you change and why would you change them?

Alex: Hmm…. I think that and I know that things are specific to the person and the practicum student… But I think that part of it is that the practicum supervisor to know that it might be okay to challenge the practicum student a little more. I think waiting until the last 4 weeks of the semester for designing an interventions or leading a session… I think that certain things could happen in the practicum experience to possibly help some students grow a little faster in some things. I know that in a lot of situations musical skills…. The rep was challenging but I could have learned it… I would have liked to be in experiences that would have contributed to that a little sooner in the practicum experiences. I didn’t need to wait 4 weeks to play a hello song. And that would have allotted more time for like, learning interventions and designing them. That would have gotten me to do that sooner. That’s definitely something that I’d change..

CN: So I wanna move from your practica to your internship site. So how would your internship?

Alex: My internship was great.

CN: How long did it last?

Alex: I interned for 5 months. And it was… with the extra practica I did, there was extra hours built up going into it, and the internship was really great. My supervisor came from a different philosophical background than what our program is, so the psychodynamic Nordoff-Robbins routed more than the CBT. Still he… because of certain courses and training, there is still CBT incorporated into what he does, but he’s
very heavily routed in improvisation and Nordoff-Robbins specific. I think that it was a great learning experience in being able to see things in a different perspective and learn how to incorporate aspects of what he had done into what I had learned through my coursework. It was really nice, really good.

CN: What type of facility was it?

Alex: It was in the public schools system working with kids toward IEP goals.

CN: Did you have a co-intern?

Alex: No it was just me.

CN: So tell me a little about your supervisor.

Alex: He was actually really good. He was the same supervisor I had in the hospice setting. Being improv based and very… MUSIC therapy where music is more of a focal point versus some other folks that are more about the therapy and less about the music. He leaned toward the music which was very important to him. It was fine with me, because he was challenging. He gave me the opportunities to interact with music much sooner than other supervisors did. So when it came time for internship, he knew that I was a capable musician. So from the get-go, I was involved musically in the sessions. He understood my strength and opportunities and really knew how to provide learning opportunities while using the strengths that I already had. It was really a hit the ground running type of thing. We didn’t spend weeks getting to know the population and watching. It was a “Lets go. You can do this.”

CN: So you told me a little bit about your interactions with your supervisor. Can you tell me about your assignments during your internship?

Alex: Yeah. So you know, right off the bat I was assigned ten students that I was going to be THEIR therapist for the week. So I was immediately responsible for designing session plans and interventions for each. Those were something that I tracked. That included documentation and notes for each session. Those were daily assignments that I was doing. There were three books that I read during the 5 months that I did summarization… basically a book report on. They were specific to music therapy with special learners, and special education and autism. Then I designed a program presentation for school administrators to give them an opportunity to understand better what music therapy was. I did not implement the presentation, but designed the presentation. Then I should say also… the entirety of my internship was not spent only in the school setting because I did put in maybe 200 hours in a hospice setting and also in a medical setting. I did have those experiences separate from the school setting.

CN: So about how long did you observe your supervisor before you started implementing therapy sessions?
Alex: For internship, I observed about 1 week, which was about 30 hours of face-time. The second week I was assigned my students and started doing the greeting, the hello and goodbye songs for those sessions. So I was getting to interact during the sessions in that time. My supervisor was leading the sessions and designing the interventions. Week 3 I began doing session interventions for half the session and the supervisor was leading the second half. By week 4 I was leading the full sessions for all of the sessions. It was definitely kind of a scaffold experiences.

CN: Was there ever a time where you were co-leading interventions?

Alex: We… throughout the entire course of the internship, we didn’t necessarily co-lead interventions but there were times when we would help each other out with students we were working with during the interventions. Like, when he was playing guitar, I would help with the kid holding the mallet the correct way. There were never any experiences that were designed to be co-leading interventions.

CN: Were there ever times when you were leading interventions while being observed by your supervisor before leading sessions completely on your own?

Alex: Well, my supervisor was always in the room for every session that I did in the school system. I never led a session that he wasn’t in the room. I think it was more… He did that because the music therapists in the school systems are a contract position, so he didn’t want liability for me or him with the kids just incase something were to go awry.

CN: So you told me a little bit earlier about your supervisor’s expectations for you. He knew about your musical background and was willing to place you in a setting that he knew you’d be comfortable with. Is there anything else you’d like to say about your supervisor’s expectations for you during internship?

Alex: Hmmmm….. No I think that pretty well sums it all up. He was very good about giving immediate feedback for sessions which for most of the time, it was very positive and supportive. There was every any sort of negative feedback or criticism or anything. It was very supportive. But he definitely made sure I understood things that could have been done differently and to make sure we explored those options. So he did challenged me and a lot of it came from his philosophical background versus what I was routed in with the education experiences in CBT. So he challenged me and at the same time I challenged him. And we had a lot of conversations about why I did something or didn’t do something and I explained my thought process behind something. It definitely challenged his ideas about how he would have done it. Being able to speak to why I did something and justify why I did or didn’t do something in the process I was doing. So it was also kind of neat to see him implement some of the things that I had done into his sessions. It was an opportunity where he saw something work, and he did it with another kid and these ideas are things that he’d never done.

CN: Okay. What were your expectations for yourself during internship?
Alex: Um… I wanted to … Jeeze… just. I’m not sure what expectations I had for myself. I just wanted to get as much experience working in a music therapy situation there where someone could direct me there and give me guidance. I didn’t have expectations with what I wanted to learn or go through… I just wanted to do it as much as I could. Um… and understand when it was all over with, have an idea of where my opportunities still existed. So that moving forward I would have more opportunity to focus that things that I needed to improve.

CN: Were there ever times where your expectations and the expectations of your supervisor didn’t match? If so, could you tell me a little bit about it?

Alex: There were and I think it goes back to specifically… back to interventions and experiences that I would deliver that were different from what he would have done. And I think those were some of the most challenging situations and conversations that we went through. And I know this probably not the greatest way to think about it or describe it, I understand change doesn’t happen overnight, but when I saw a change with a kid, or when I saw progress toward a goal with a kid, I would continually challenge that kid and I would push them week to week on things that we were working on and I would change my objectives that I was working on with the kid. And kinda… his mindset was that these were long-term goals that we were working on and its like… he would be working on the same goal and objective for 9 months and I believed that things could change and you could build upon the progress that you had and keep challenging the kid and change the goal and objectives so, I think that was the biggest.

CN: What if anything did you learn from these discussions?

Alex: Ya know, I learned that yes. When working with this population, there are long-term goals. There are things that you’re gonna be working on for a long time. But that doesn’t mean you can’t provide challenging opportunities for the kids to learn. I learned that it was okay to disagree with a colleague. Its okay, ya know? There’s no reason that we should have battles with each other based on philosophical background. It’s okay to disagree. You can learn from each other and move on.

CN: Are there any aspects of the internship that you would change?

Alex: You know, once it was all over with I provided feedback to my professor that was in charge of my internship and to the director of the program. I made the suggestion that working in the school setting was good. Working with someone with a different philosophical background was a great experience, but it would have benefitted me to also have been able to spend time with someone from a similar philosophical background in that same setting. So I made a suggestion of being able to spend a couple of days a week with different supervisors. Or a month.. Being able in some way to spend time with different supervisors in that setting. I came out at the end of the 5 months having no idea how a music therapist from a CBT background would have worked with kids in an educational setting. So I had to spend time after my internship going to observe other music therapists in my own time to see that and understand that. So that’s
something I know they have changed. So now the students that are interning in the school system have pre-planned time with different therapists throughout the semester. I think its two different therapists that they’re doing this. So it’ll be a full-time intern, but the students get the opportunity to see different therapists. That was my biggest feedback.

CN: When did you finish internship?

Alex: It was January 2014. Those were my last days.

CN: When did you become board-certified?

Alex: A couple of weeks later. It was January 2014.

CN: Okay. So I wanna know some of the experiences that you’ve had since becoming board-certified. So tell me a little about your work.

Alex: Okay. Coming out of board certification, starting that next semester in master’s work. So that was the graduate clinical placement. So I was learning how to be a music therapy supervisor. 3 days after receiving board certification, which was AWESOME. I spent 7 years before going back into school as a manager and training people and promoting people, so employee development and training was already a strong suit of mine. So learning how to do that in a music therapy setting was great. I started between January and May… I started getting an idea together of starting my own private practice. Things worked out in a different manner. There was an existing music therapy private practice that I purchased. Between the time that I got board-certified leading up to the business, I spent time networking for the business and establishing some contract work so that when I did purchase the business there was work that was immediately ready to start.

CN: So in your work as a MT-BC how many hours per week are spent interacting with clients?

Alex: I provide around 12 hours of direct client contact a week, myself. I also outsource around 12 hours of direct client contract to another therapist as well.

CN: So how much time do you spend on session planning?

Alex: I probably spend around, an average of 3 hours a week on session planning for what I do right now.

CN: How about documentation?

Alex: Probably an hour a week total. Most of the clients that I have are clients that I’ve been working with for a while at this point now. My newest client that I see now is
someone that I’ve been working with for over a month. Documentation is very efficient right now.

CN: Are you supervising students?

Alex: This semester I am not. I have observers that come, but no students.

CN: How many hours are observed a week?

Alex: Right now, probably half an hour a week. Last semester, I had 2 students that I supervised.

CN: You talked a little about GCP and starting masters level work right after board certification. Have you learned anything in your post-internship graduate studies that you’ve been able to apply to your music therapy practice?

Alex: A LOT. The… You know, some of the things that I’ve learned in my masters work would have also been very helpful; to have had more experience with in my equivalency work. Aspects of counseling, individual and group… That would have very helpful. Early on, given the way that the equivalency works, its difficult to get that worked it. But it would have been nice. But that experience has been great. I’ve really enjoyed the neurological classes and some of the music and the brain stuff that I’ve gotten to do…. Those experiences have been really good.

CN: Are you working another job outside music therapy?

Alex: Nope. I’m fortunate to not have to be working another job right now.

CN: Alright. Thinking about the areas we’ve talked about, client interactions, session planning, documentation, supervision, what experiences helped prepare you to carry out each of these professional tasks?

Alex: Really, the best way I can describe it is everything that I’ve done… every class that I’ve taken… everything I’ve learned… It’s just kinda been a series of building upon information. Everything that I’ve done and experienced has… its been brought to a culminating point. When I started seeing clients through my business, I realized WOW. I’ve learned how to be a music therapist in just four semesters. Um… You know. I went to go do my first client assessment and write and plan for my first session, and I thought, “I really did learn how to do this. Holy smokes.” So yeah. It was just… It felt like a big chaotic tornado of an experience but yeah. In the end, I really did learn how to do everything.

CN: Is there any experience that you think most helped you?
Alex: I mean, I think the internship experience itself really was the most helpful because I was immersed in music therapy every day. And from the get-go, I was being challenged to implement everything that I learned on a daily basis.

CN: So what’s been most rewarding for you since becoming board certified?

Alex: Most rewarding? Really, just being able to do this job. Like a mentioned earlier, it combines everything I’m passionate about and believe in into one situation. I’m passionate about music, I’m passionate about helping people succeed in what ever they choose to do. So being able to do that and see the clients that I work with succeed in accomplishing these goals and objectives that are set for them. Seeing them working toward these goals and having fun while they’re doing it.

CN: What’s been most challenging since becoming board certified?

Alex: Paying my bills. And all joking aside, creating a need for music therapy, or helping others to see the need for music therapy is challenging. Especially in this community, it’s a new thing. So bringing awareness to music therapy and seeing the benefits of music therapy. It’s a daily challenge.

CN: Since becoming board-certified, are there any resources that you’ve found to expand your professional development?

Alex: The biggest resources I have to call upon is my network of colleagues. I do not hesitate to call on other music therapists. Its easy to reach out to online resources, but if I can call a friend or colleague versus paying someone to receive the same information online, I’m gonna call my colleague.

CN: Since becoming board-certified, how do you define success?

Alex: Well, I think there are many areas of success. Personally, for me, in establishing and growing a business, bringing the need for music therapy to the community and help establish that has been a success so far. So I think the opportunities I’ve had so far in training other music therapists have been a great opportunity and I’ve really appreciated that. Yeah, helping contribute to a young program at UK and helping kind of… being part of it from the beginning of the program and playing part in it has been something that I’ve taken a certain amount of joy in.

CN: Okay. Is there anything else that you think that has contributed to your success as a professional?

Alex: I think something that I … my life experiences going into music therapy have helped success through school and starting a business, and as a music therapist. You know, I’ve spent many years working in different scenarios and situations. I worked within a sales setting, music retail setting, that helped me understand a lot about interpersonal skills. I spent a lot of years in management that taught me a lot in running
a business, developing those who work for you, leveraging the strengths of others who are on your team. I learned a lot about how to assess situations, see opportunities and see goals and objectives to see these deficits. There’s just so much that I learned. It’s almost like these gave me these opportunities to set me up to be a successful music therapist.

CN: Alright. That was all the questions I had. Like I had I’ll send you the transcript as soon as its typed up. Any edits you wanna make, just let me know.
Appendix D: Blair Interview Transcript

CN: Thank you for being here with me. I’m speaking with you and two other board-certified music therapists from the university of Kentucky. You had to have obtained your music therapy equivalency at UK and become board-certified in the 2014 year. I’m hoping to better understanding the experiences you had during your academic and your internship work. I’m also interested in seeing how your academics influences the work that you have as a professional as a board-certified music therapist. Specifically I’d like to talk with you about the components that you think best prepared you for board-certification and your role as a music therapist. As a reminder, to protect your privacy an identification number will be applied to your interview data and will be used for data storage and organization to maintain your confidentiality. Even though I will not use your name when referring to you in my study, details that you provide in this interview may make it possible for other people to know who you are. If there are any details that you decide later you do not want me to include in the final document, you can let me know this when I send you the transcript or any time prior. Do you have any questions?

Blair: I’m good.

CN: So to start out I want to ask you a couple questions about your equivalency coursework. Um, I’m interested in learning about the courses that you took. I know there are three different types of courses required: Music Foundations, Clinical Foundations, and Music Therapy Foundations. Can you describe the music foundations courses that you took?

Blair: “I’m trying to remember… The music foundations ones weren’t. I had a background in music education, so theory, the history. Um, the piano proficiency I did during my undergrad required at UK.

CN: So you completed those courses prior to starting the equivalency?

Blair: Yeah.

CN: How about the music therapy foundations courses?

Blair: What do you wanna know about them?

CN: Can you describe the music therapy foundations courses you took?

Blair: It seemed like a crash course. As I know now, there’s a lot to it. Going in I didn’t know much about it. Reflecting back on it I would consider it like a crash course. There was just a lot to go through. Since were equivalency students and we had a shorter time frame it seems like they tried to throw a lot of information at us as quickly as possible. Which I don’t blame the professors; it was just the situations that we were in. But I think the type of people that do equivalencies already a degree or are already at a point in life where they’re mature enough to handle that type of time frame.
CN: Okay. How about the clinical foundations? So that would be like your psychology, your anatomy…

Blair: Oh okay. Um, the psychology stuff, with my music ed background, that was a lot of stuff I already took… Childhood development, Intro to psychology… I did find them helpful. I took one course in counseling. It was a lab. We actually had to counsel each other in the class. So that helped me in my psych rotation, during one of my practicums. Anatomy, you just gotta know the body better, and the terms that are used. One of the last courses that I took, which was just an interest of my area was moderate to severe disabilities, which is where I like to practice music therapy a lot and again, just a well rounded class. I think a lot of it was just a good job done by the professors and stuff so it was just really helpful and helping out things that are not music therapy but are related to what we do.

CN: Okay. So which courses during your equivalency do you think have been most beneficial during the beginning of your professional career so far?

Blair: The music therapy courses were very beneficial. They may have been a crash course, but the way they have it set up with the practicum going on, a lot of times you could see what you were learning in your practicum. So we really got to learn a lot. Though you know, you’re very limited to what you can do in your practicum, I think it was a very good intro. It wasn’t as helpful as an internship, but I guess we’ll go into that later. But for the situation that it was, introducing people to the profession that we were, I think the music therapy classes were very beneficial.

CN: Okay. So which courses did you find easiest?

Blair: Um, music foundations were easiest for me. The theory came naturally to me, singing, piano proficiency, all that stuff… Um, and the way that the music therapy foundations were laid out was very well done to a point where it was a high success rate given the variety of people in the class from very different musical backgrounds.

CN: So which courses were most challenging to you?

Blair: I’m not a good student. I’ve told many people that. So something that involved a lot of “nose-in-the-book” work like anatomy, abnormal psychology… Those were more challenging. It’s a bad habit of mine since I was a kid. Any time it involved a lot of grind-work, nose in the book, it never really came easy to me.

CN: Okay. So tell me a little bit about your interactions with peers during your coursework. What was your average class size?

Blair: Let’s see… Uh, in the music therapy classes there was about 5 of us. One person would drop music therapy and another would jump in. We stayed around 5 to 6. The
clinical foundations ones were probably around high 20s, and the musical foundations ones… they would be up to 30, cause the music history classes were big classes…

CN: Did you learn anything from your interactions with your peers?

Blair: Um, the clinical foundations because it was not my area, and the people who were taking that were in their professions, I never really interacted with them. If we had to, we would. But it really wasn’t much. The lab and the counseling course was beneficial because we actually got to practice doing counseling. But most of the time it was just me doing my own work. The music therapy courses… Are you gonna block out (my peers) names? So, working with them, we were constantly doing group work. It wasn’t a competitive thing. It was that we all have our strengths, and we can use it to better ourselves. As opposed to what I had during musical foundations when I was in my undergrad and being in a big university like UK for my undergrad, it was very competitive. It wasn’t a lot of helping out. But working with the other students, were always helping each other out. No one would ever say no to helping someone out. It was great.

CN: So discuss the highlight of your educational experience in the music therapy equivalency coursework?

Blair: Um, the highlight honestly is… as arrogant as it would sound was the first year that the program was installed, they had a music therapy award. The school of fine arts has an award ceremony every year. And the first year of the program, they installed a music therapy award and I got it. I mention it because like I said earlier, I am not a good student. I don’t win those types of awards. That’s not who I am. So winning that was a big confidence booster. Being recognized for something that I enjoyed doing. In music ed, I never got that type of recognition. So getting that so early in this field of study was a good experience for me.

CN: Are there any aspects of the coursework that you wish had been different? If so, what and why would you change it?

Blair: As I mentioned earlier, just the short nature of the equivalency, given the time frame, I mean, it was something that those people who don’t go through an equivalency, they spent 4 or 5 years. I’m spending two and getting thrown in… Uh, I wish it would be longer, but I wish it would be longer. But most of the people going into the equivalency are going in because it’s not longer. They’re not gonna go get another whole degree. They’re not gonna spend another 4 years getting a bachelors and I understand that. If there was a way to get more information out, I said it seemed like a crash course. And though I did feel prepared going in, I think there could have been more lab stuff we could have done to better prepare ourselves.

CN: Could you clarify what you mean by lab stuff?
Blair: Um, we would do role-playing… You’re given a scenario, your peers have to act it out. You would provide the intervention and you would have to adapt the intervention based on what your peers provide. Whatever actions they did.

CN: Okay. So now that I know a little bit more about the coursework that you completed, I’d like to know more about the practica that you had throughout that coursework. How many did you complete?

Blair: I did five practica.

CN: Okay. Can you tell me what was your first?

Blair: My first one was in the (county school system). We saw 1:1 sessions. They ranged from elementary school to a couple high school students. I saw five with my supervisor. And that was my first one. Dr Gooding sent me to that one first because of my background in music ed, she thought that’d be a great transition for me and it was. With that one, my supervisor mad a point to me that I had to get the educator out of my head and get the therapist in my head. You’re gonna hear wrong notes. You’re gonna see that they’re gonna not do things in tempo. You’re gonna have to let that go. And I didn’t know how much of a struggle that’d be given my background in music ed having been involved in music education for 7 to 8 years. So that was difficult.

CN: What was your second practica?

Blair: My next one, I had two at the same time. My first was at an eldercare facility, and the second was pediatrics. The eldercare facility plays an important role for me now because that’s primarily where I’m working now, in eldercare facilities. Um, and that was really beneficial because going in I had the stereotypes of elder people being cranky. They’re gonna swear at you and they’re not gonna want to do anything. It took a little while to get over that, and by the time I got out of that practica, that’s one of my preferred populations, to work in elder care. I just learned about how to expand the dynamics of my voice. I’m very soft-spoken, so I really learned how to project. Pediatrics…. We did 1:1s… We saw kids in NICU, PICU, and in the progressive care unit. So we hopped around a lot. It wasn’t so much what I learned the whole semester, but that one I got the see the power of music therapy. We had a child whose second language was English. And the child you could tell was in pain. Had all the facial affects of pain. We just ISO’d the baby, and by the end of it the baby was asleep. Even though English was a second language, the mother was able to express thanks to us and that was a big “Oh, this is what it can do.” That was a big moment for me, to be able to see what a 30-minute session can do. To see how impactful that can be for two people, the infant and the mother.

CN: Okay. Can you tell me about your fourth?

Blair: Okay, I was at (facility name) doing an adolescent group with children, then I was in psych at good Samaritan at the same time. At (facility name), given my background in
music education, and that I had already done a practicum in the Fayette Co Public Schools, just at that point I was a more experienced student. This was my last semester before internship. Um, my supervisor just let me take it. And what they did which was really helpful, which was to have 3 new activities each week. I had to be creative and I had to really provide the stuff I learned and incorporate it every week. With the psych, I would easily saw was my weakest component, just because of the emotional aspects that are involved with it, and how much you have to talk with clients. It’s very easy to say the wrong thing and that part intimidated me a lot. It wasn’t that I ever did bad. I just always felt like that wasn’t my strongest suit. I think it was just. . The main thing was just finding the confidence to lead an entire hour session. By the end of practicum, I was able to lead an entire hour-long session and navigate an entire conversation with the entire group and I had the adolescents. Not the adults. So I think that was really a confidence boost. I still consider it my weakest area of music therapy, but again it was a good confidence booster to be able so say that I could do it.

CN: Alright. So tell me about you practicum supervisor’s style of supervision?

Blair: I had four supervisors. And the ones who had a very similar background. 3 of them went to the same university, and one of them interned with UK. They all had their sense of “Gooding” to them. So a lot of it was like a baptism by fire sort of thing. Which is the way I’ve always liked to learn. Well, let me take that back. I don’t like to learn that way, it just works best for me and I know that going in. So a lot of the times it just… except for psych, I just expressed the intimidation going in. But for most of the early ones, it was a gradual thing. This week I want you to do this, and this week I want you to do this, and this week I want you to do this. They let me go. So a lot of it was like that. A lot of positive reinforcement. You know, just a lot of things I would except to see from a school like Florida State or UK or Louisville… Its what you would expect to see from their students. A lot of behavioral discussion and positive reinforcement. Some criticism where it’s needed.

CN: So across your practica, would you say you became more comfortable in your interactions with clients over the span of your practica placements? If so, can you describe how that happened?

Blair: Yes, and I guess the example I could use the best would either be psych or the eldercare facility. You know the elder care facility, I had toe stereotypes in my head about people in eldercare facilities are cranky. You know, my supervisor would talk to us about it. If you’ve observed in the past month, I’ve had no one flip out to me. Everyone’s been very warm. They enjoy music. They don’t get to go out often. A lot of them are in wheelchairs. This is enjoyment for them. You’re not doing PT or OT or something that might cause pain or discomfort. This is enjoyable. Don’t let the possibility of them freaking out on you discourage you. And so, I would see comfort build and started seeing someone during the last few weeks… I’m gonna miss working with those people. And with psych…I know I said this earlier, its just a confidence factor that… I was just able to hold a whole session. I could hear some of the most horrible stories. Some of the
background that some of these kids are twelve to sixteen years old and be able to hold my composure and keep the discussion going in an appropriate manner.

CN: Okay. Um, So when did you notice yourself becoming more comfortable with clients?

Blair: It was really at the end when I realized how much I’d miss it. The thing about the practicums is it’s just long enough to start getting to know people. Settle roots. And b that point, I realized that I’d really miss seeing these clients. Especially with the first practicum when I was doing 1:1… you’re with these people for 45 minutes for months and you’re starting to really get to know them. Then, you have to go on somewhere else. I think toward the end of each practicum, I realized I was going to genuinely miss them. That’s when I knew I was comfortable.

CN: So what was the most important thing you learned during each of your practica? How about your first in the public schools system?

Blair: When I did that one the program wasn’t installed yet. Um, I came in a year before to get some of my clinical foundations courses out of the way. But Dr. Gooding wanted me to do a practicum and with that one. The biggest part was just getting the educator out of my head.

CN: Okay how about your eldercare facility?

Blair: With that one, it was more of a musical aspect and just learning… I’m not a loud guy. Low voice, low dynamics. Learning how to project… And learning how to do a whole session. The first few times, I needed water. Now, I have two 45-minute sessions back to back. And Just learning how to do that and getting more comfortable with that. Just learning how to project and speak clearly. Mumbling doesn’t do well for older ears.

CN: Okay. How about PEDS?

Blair: That one was just seeing the power of it. With the other cases, it was more of an over time thing. The kiddos in the schools, it was seeing improvement over time. With the eldercare facility, it was seeing the participation of the group increase over time. With PEDS, only being there once a week, I only got to see these kids once a week. Next week most of them was probably gone. I only got to see this work once. Whether it was relieving pain or normalization, seeing these things change in only 45 minutes was just incredible for me.

CN: How about CDCB?

Blair: That one expanded my creativity due to the amount of times I had to come up with new sessions my supervisor required me to do. I just learned how to not recycle, but take an activity and adapt it sometimes.
CN: What was most important thing you learned from your psych rotation?

Blair: Confidence in my ability to do a session in a setting that I’m not comfortable in. Um, it’s just really easy for anyone. When they’re in a setting where they’re not comfortable, just to completely shut down. Especially where you have a supervisor that will take over if you completely just collapse on yourself and let the supervisor take over. And I gained confidence to keep control of a situation that I’m not quite comfortable in.

CN: So as you learned the music therapy treatment process, what aspect was easiest for you?

Blair: The actual application of the interventions. Sometimes that means changing it on the fly too. If I can go into the internship aspect of it, there were instances where I had an intervention that I knew was going to work 100% and it didn’t and I was able to adapt it right there. So being able to adapt, I was able to do it without stops or hesitations.

CN: So what did you think was most challenging during your practica experiences?

Blair: Sometimes, coming up with interventions, especially with the eldercare facility. I wasn’t too familiar with the older music. So like, once I came up with them I could apply them easily and change them if I needed to. It was such a short time, a crash course of music therapy. How did I know it was going to work?

CN: Are there any aspects of your practica experience that you would change?

Blair: I think I learned a great deal in a different manner for each one of them that helped me become the music therapist that I am now. I had plenty of opportunities, and it worked really well.

CN: Okay. Moving from your clinical work during your practica into the clinical work during your internship, how would you describe your internship? How long did it last? What type of facility and with which population?

Blair: I was there for 6 months. I did a lot of practicum but they had a strict 6-month time frame. So it was a strict 6-month time frame, and the facility was a vocational type of facility. Out in Western Tennessee, there isn’t a type of facility to help out people with special needs. People would come from all over to get services. Services would range from… we had speech pathologists, we had orientation and mobility specialists, we had OTs… we had work-study. More than likely, everyone that went there had a small job there as well. It was just a good place to help people become independent and give them resources to help them stay independent. Uh, so that was… the population. The population was all over the place. Just in my interview, I saw a young adult who was blind. I saw a toddler with autism. And then I saw an older adult who was low functioning in a wheelchair. So it was all over the spectrum, different needs, different ages. Um, and then when I was there I worked in the schools, I worked in the hospitals. They had a contract in an eldercare facility, they had a contract with an adult special
needs facility… So, to tell people where I was at, it was kind of like a melting pot. You get to touch on at least… close to every population possible. I was in the schools, a co-intern of mine was at the eldercare facility…. I just had a lot of opportunities to work with different populations.

CN: So how many co-interns did you have?

Blair: Total 3. Two were there when I got there. Then toward the end of mine, I got one more.

CN: And what was your experience with the co-interns like?

Blair: Very similar to what I had here with my peers. Sharing interventions, working on guitar skills. The best part was the area that we were at… Where we did music therapy, we also got to know each other clients very well. So when one of my co-interns would ask me what I thought if they did this with so-and-so, I wouldn’t have to ask what happened here and here and here. I already knew what they were talking about and what goals they were addressing. So a lot of the times, it was just a lot of sharing and helping. Just always constantly making ourselves better.

CN: Was that collaboration required or was that done by choice?

Blair: It was done by choice. The only collaboration that was required was that we have like guitar circle where my internship supervisors would bring us all out and we would work on guitar skills, or share a new song or sometimes interventions with songs.

CN: So tell me about your supervisor’s style of supervision.

Blair: I had one, but I had two supervisors. And they both came from very similar background. Very behavioral approach. And the way that the star center was set up, any room that we performed music therapy, there was a camera where they could watch and listen. After about two weeks or so, we were left alone in the session but they would still watch. And… I think I enjoyed the fact that even 6 months later they would still watch the sessions. After every session, they would always ask, “What did you do well, and what would you do better?” It would really make me think. That’s something I’ve used with my students. And I’ve heard from peers where they were let loose, and they were just let loose! They got to go on their own, and I would tell them about how they watched my sessions. A lot of the times, it was nice to know that I would do something in a session and wonder why it didn’t work, and I could run to my supervisor and I’d be able to ask them what they thought happened. Then I’d be able to discuss it with them. Some of my peers would say, “Man I wish I had that because I’m just on my own really. When I tried to explain that to them, they’re just going off my words. They weren’t there to witness it. My supervisors were there watching and I was able to… we could really discuss what happened and why an intervention didn’t work. Their styles were very… the joke that we have there is “Whatever you wanna do.” You learned to stop asking
questions because they’d just say “Whatever you wanna do”. It was a lot of self-reflection that they required.

CN: So you said you were responsible for planning your sessions. Could you tell me a little more about the assignments that you had?

Blair: We couldn’t use our own laptops. So I printed all of these assignments out. They required a weekly journal. Once a week, we would reflect on that. We also had to read an article once a week and reflect on the article. And that was the weekly assignments. We had a check-down sheet to see if we got everything done that we needed to.

CN: Were there any assignments that were individualized for you?

Blair: Yeah, we had a lot of bigger assignments and a monthly assignment. That involved coming up with interventions with original lyrics. Guitar proficiency. Implementing piano. So those in a way were individual, but the real individualized one was where they looked at the code of ethics and competencies and they would have to do a big project on them. And documentation wasn’t my strong suit. I created my own documentation for my own group. I made my group documentation forms and I actually used the ones that I created for my groups at the eldercare place that I work for. And I know one of the other interns… their final assignment was a project proposal, which I had to do during my equivalency work. So we all had to do that which was individualized for us.

CN: So, what was the process like when you began implementing music therapy?

Blair: It was a gradual process. They have a strict timeline where you have to observe for two weeks, co-treat for 3 weeks, and then it’s on you.

CN: And that was the same across all interns?

Blair: Pretty much. As far as I knew.

CN: So what were your supervisor’s expectations for you during your internship?

Blair: One supervisor told me on my last week that what they wanted is to come out of internship as good as them or better. Which… you know, my main supervisor had been in the field since 2008. So, seven years of practice. And my other was fresh out, but they were just ahead of us. But saying they want you to be as good as or better as someone whose already been in the field… That puts a lot of… not pressure, but expectations for ourselves, but that was something that was told to us in the end. That’s how they kinda graded us. Could we hang with our other supervisors? So being at a level close to them would be a good thing to aim for going into our career.

CN: So what were your expectations for yourself?
Blair: As I mentioned earlier, I wasn’t a good student. My undergraduate career was what I myself would call a failure. Some people wouldn’t call it that, but I considered it that. And my expectations for myself would not have that instance again. To not fail in my own opinion at this career.

CN: So was there ever a time when your expectations and your supervisor’s expectations didn’t match?

Blair: No, cause they both expected the best out of me and that’s what they got day in and day out.

CN: Did you and your supervisors discuss your expectations?

Blair: They were aware of my previous career and how I felt about it and how I feel about the whole as public education. It was discussed multiple times. And I had mentioned how I don’t wanna fail at a second career. It was known but not through inquiry.

CN: So what, if anything, did you learn from your supervisors through discussing expectations with your supervisor?

Blair: I just… I learned that I have become… what’s the word…. I had a stronger drive than ever had before. Undergrad was easy and I coasted through it and it was obvious through my grades and body language that I was just going through the motions. And observing me now that’s not the case. There’s a whole other aspect about me, in terms of my drive. I would say things about wanting to work and wanting to read articles… And like I said, I’m older and I have already failed once and I didn’t want to again.

CN: Are there any aspects of the internship that you would change?

Blair: No, and I’ve told them this. I’ve always told them, compared to my student teaching experience, this was just light-years better. Better environment, better supervisors… The 6 months could have gone on for a year and I would have enjoyed it.

CN: When did you finish?


CN: Okay. And after that, when did you become board-certified?

Blair: The first week of August.

CN: Alright. So I wanna know about your experiences since becoming board-certified. I wanna know about your work. So, in your work as a music therapist, how many hours per week are spent interacting with clients?
Blair: Uh, currently an hour a week right now at the elder care facility. During the fall semester, I was doing about 8 hours a week because I was doing a gig replacing a music therapist who was on maternity leave.

CN: Okay. How many hours do you spend on session planning?

Blair: Again, currently probably 2 hours. A lot of it is song learning.

CN: How about time spent on documentation?

Blair: Since I do it immediately after sessions, about 30 minutes that way its just fresh. The sooner you can do it, the better. Its fresh on your mind. That was a bad habit of mine during internship. Waiting until Friday to document, because that was our documentation day during our facility. I would sometimes wait until Friday to document Monday’s sessions and I would forget everything.

CN: Are you currently supervising students?

Blair: None right now. Last semester, I had three.

CN: Okay. How many hours were you spending supervising students every week?

Blair: Probably 3 or 4, depending on their availability.

CN: Tell me a little bit more about the graduate coursework that you’re taking. How many hours do you spend in class? I know you said currently you’re just writing your thesis?

Blair: Currently I’m just writing my thesis. My first semester being board-certified, we had the NMT course and we had those in small sums. That was an only class so we had to do our own reading. Since I’m a slow reading, I’d probably spend 2 hours a week, whatever it would take to get the reading and the assignment done. Then in the fall, I took the supervisory course, Graduate Clinical Placement. The outside work with this was spent with students, which I’ve already told you about my time with the students.

CN: Okay. How many hours are spent on graduate coursework outside of the classroom?

Blair: Aw man… It varies because my other jobs, my part time jobs vary. So next week I rarely work so I’m probably gonna put in a ton of hours. I couldn’t give you an average, it varies. Since it’s just my thesis work. At the least, I’d like to get at least one article done a night. If I have a whole week, I could read 7 or 8 articles and add that up. You’re looking at 14 or 15 hours. Once I get into the actual writing, it’ll probably be even more hours too.

CN: Have you learned anything from your graduate coursework that you’ve been able to apply?
Blair: The graduate clinical placement class, I actually enjoyed that one. And… I enjoyed it because it was a confirmation that I knew what I was talking about. That I am a person of resource in music therapy. That it someone was gonna ask me for help, I could give them an educated response. I was able to answer questions. It was a great confirmation of my skills and abilities as a music therapist.

CN: Okay. You said you’re currently working other jobs as well. How many hours a week?

Blair: Well, one of them just ended. I’m right now looking for another one… but sometimes it’s 20-hour weeks, sometimes its 10-hour weeks. When I had the other job as well, it was 35 to 40 hour weeks.

CN: Do you feel like your work in other jobs affects your work as a music therapist?

Blair: If effects my work on my thesis, it doesn’t affect me AS a music therapist. But what it has done is taking up enough time to where I can’t devote as much time to my thesis as I’d like. And taken away time looking for clients. In terms of graduating? Yes. In terms of my actual abilities as a music therapist? No.

CN: Okay. So thinking about all the aspects of music therapy treatment process, what experiences have helped prepare you to carry out these tasks? Is there anything that you feel was most helpful in helping you with this entire process?

Blair: I’ve always had an ability to talk with people and interact with people. I’ve relayed this to my growing up in a military household and we moved around a lot. The one thing you had to learn is that you have to meet people all the time. Me and my three siblings are all in jobs where we have a lot of personal interaction. That’s something we grew up in. Even when I was a music educator, I had a leg up when it came to personal interactions with people. That’s an underrated quality during your education as an educator. The coursework that I had during my equivalency I feel as though… its interpersonal skills… go overlooked. And I feel like they shouldn’t. You see people who don’t know how to handle a lot of situations with people, and it affects a lot of things professionally. So that’s one thing that I think from my past has helped me as a therapist. Um, music’s always been in my house. So from the minute I can remember, music’s always been around and I’ve always been involved in it. With my music ed background, even though I’m not teaching, leading groups is a comfortable situation for me. For some people that I’ve seen, this aspect of music therapy is very difficult for some people. I’ve conducted 120 piece bands before. So that’s something that’s really helped me.

CN: So what’s been most rewarding since becoming board certified?

Blair: Um, honestly, getting clients. A lot of this.. don’t get me wrong, I enjoy music therapy and I love it. It’s the happiest I’ve ever been. And from what I understand from other people, if you don’t love your profession, its gonna be a long road. And that was an
issue I had during music ed. The reason I said getting clients, it was because of my previous experience failing at another profession. And, I don’t feel as though I’m failing now. And what I’ve heard now is that I’m viewed as successful. All this confirmation that I’m actually good at it, its good for me.

CN: What’s been most challenging since becoming board certified?

Blair: The most challenging for me is getting new clients. Everyone wants music therapy, and not everyone can afford music therapy. It is growing, and it seems like its only getting better. So just stick with it and when it gets better, it gets better.

CN: Okay. Since you’ve become board-certified, are there any resources that you’ve found to expand your professional development?

Blair: I haven’t been involved in that aspect so much, I’m really just trying to finish my degree. Because, the thesis part of it is gonna be the hardest for me. It’s gonna involve writing and research. I know its gonna be a task to get it done in general. Then, I’ll go on from there. The resources I have found is going to conference. When I leave there, there’s a whole new bucket of knowledge that makes me better.

CN: Since you became board-certified, how do you define success?

Blair: There are lots of different definitions here. But I think its gotta be the growth of my clients. I’m thinking about my eldercare facility. The biggest thing is showing them the improvement in my documentation in group participation. And just getting to show them this. At an elder care facility, just being able to do things, and just getting them to do things… a lot of them stay cooped up the whole time. Just getting them engaged. The fact that they want me to come in… they’re doing things. It can put a physical strain on them, they’re dancing and moving. So its not like I’m doing something easy for them, they’re doing things that can tire them. They still want me to come back. It’s helping them and they’re enjoying it. So that’s exactly what we want to do.

CN: Okay. Is there anything else that you believe has been beneficial for you since becoming board-certified?

Blair: Uh, just being on my own. Knowing that I can do it on my own. It’s just a big confidence booster. When I got back, I got certified. I did things. I worked and it was successful. Just doing it and being good at it makes my confidence stronger throughout.

CN: Alright. Wonderful. Thanks for agreeing to do this. Like I said, I’ll get the transcript to you and any edits that you want to make, just let me know!

Blair: Okay, awesome.
Appendix E: Cody Interview Transcript

CN: Thank you for being here with me. I’m speaking with you and two other board-certified music therapists from the university of Kentucky. You had to have obtained your music therapy equivalency at UK and become board-certified in the 2014 year. I’m hoping to better understanding the experiences you had during your academic and your internship work. I’m also interested in seeing how your academics influences the work that you have as a professional as a board-certified music therapist. Specifically I’d like to talk with you about the components that you think best prepared you for board certification and your role as a music therapist. As a reminder, to protect your privacy an identification number will be applied to your interview data and will be used for data storage and organization to maintain your confidentiality. Even though I will not use your name when referring to you in my study, details that you provide in this interview may make it possible for other people to know who you are. If there are any details that you decide later you do not want me to include in the final document, you can let me know this when I send you the transcript or any time prior. Do you have any questions?

Cody: Mhm. Nope.

CN: To start, I wanna talk a little bit about your coursework. So within the curriculum at UK we have the music foundations, music therapy foundations, and clinical foundations. Can you tell me about the music foundations that you’ve taken?

Cody: Music foundations I did not take any… No, I took one. I took orchestration with a few other music therapy people. And that course uh had no effect toward music therapy and what I’m doing now. I think the teacher was trying really hard to make it, cause he had 4 or 5 music therapy students, so he was trying to make it applicable to us. But, I don’t think they completely understood how it could be utilized either. But he was willing to work with us, which I thought was really beneficial in that course. I haven’t used any of what I learned in that course in my practice.

CN: Okay. Can you describe the music therapy foundations courses that you took?

Cody: I took lots of those. I took music therapy foundations 1, 2, and 3 and I’m… So we’re just doing equivalency coursework correct?

CN: Mhm!

Cody: Okay. Those ones I feel like prepared me a lot. The first course was primarily on populations, which I knew quite a bit about but it went more extensively into them, and I thought that was really helpful. Um, and the second two were more application based and intervention focus. More lab based, where we’re actually practicing. I think those were definitely the most helpful in my practice now. And actually the books that we used I still utilize, look back to, looking for intervention ideas or using it for resources for other things. The one thing that was hard in that course, I think sometimes lab-based, you get this with any class, in preparation is trying to transfer what you’re doing in class to the
actual setting, because the people in class are your friends and they’re your colleagues. So actually trying to implement the intervention is difficult.

CN: How about the clinical foundations? How would you describe those courses?

Cody: The clinical foundations ones… The majority of those I actually got in my undergrad because I was a psychology major so I didn’t really have to take any of those… I’m trying to think what I took clinically…. Did I take any? I don’t think I did. I think all of that was covered during undergrad. I only took music therapy courses and the one other course in orchestration.

CN: So which courses during your equivalency coursework have you found to be most beneficial?

Cody: Definitely the music therapy foundations coursework. I think just because it applied most directly to what I was going to be doing, like the practicums I was in and the internship. I think the music foundations I was already pretty set in with my undergrad degree, so it didn’t really help me clinically the same way I saw myself applying more of what I was learning in my undergrad from my psychology courses into what I was doing in music therapy. So I think that was really helpful to integrate the two. The music therapy courses would hit on an aspect that I was familiar with my other coursework and it would expand on it or I could apply what I learned and ask more questions from that point. So, definitely the music therapy coursework.

CN: Which courses do you think were the easiest for you?

Cody: Easiest? Hmm. Probably… that’s a hard question. Probably the music therapy ones actually. I think assignment wise, I would say the orchestration class I took. But applying myself and having to get more comfortable would probably be the music therapy courses just in what I had to do. Not the content necessarily, but as a person how it required you to get in there hands-on was new to me and probably the hardest and most challenging.

CN: So tell me a little bit about your interactions with your peers. What was the average class size?

Cody: Average class size was probably 7.

CN: Did you learn anything from your interactions?

Cody: Oh yes, absolutely. I’d say in those lab settings, you would learn so much not only in watching, especially when you all had to do the same thing, watching how different people approached it and then talking about it. So I’d definitely say I learned a whole lot in what worked and what didn’t work in watching different people doing different things. So, I still think back to that stuff and still contact my peers in those classes to get advice and guidance and help.
CN: Okay. Could you discuss the highlight of your educational experience in the music therapy equivalency coursework?

Cody: Probably my practicum experiences. Um, I think that within those classes, there was such a diverse... like I could really work with any population, so by the time I got to my internship I felt like I could really work with any population. And then especially after internship, when I was in medical, I felt extremely prepared. But I had practica in special needs, and I had practica in other places so I felt like I could go out there and do that.

CN: Are there any aspects of the music therapy coursework that you would change? If so, what was it and why would you change it?

Cody: Um, I would probably say some of the requirements. Like, coming in with... This isn’t necessarily the music therapy equivalency program’s structure but maybe the university’s structure and the way credits work, coming in with two undergraduate degrees and understanding information but not having credits transfer can be frustrating, relearning information that I feel I already knew, where I feel like that time could be applied somewhere else. Like if an independent study was offered more in an equivalency, where I could still get those orchestration credits, but they would really help me toward a degree. But I’m not sure if that’s something you could change within the equivalency program, I think that may be a higher-level thing. You know, I think the program is structured really well. I took the music therapy courses in order but I know there was an option for some people to take multiple classes at the same time. I think taking them in order may be beneficial and may actually help moving from one to the next, that you may be missing out or you could do something better given the previous information, where the courses are in consecutive order where it comes to music therapy stuff.

CN: Okay. So you said a little bit about your practicum. How many practica did you complete during your equivalency?

Cody: Three.

CN: Okay. What was your first?

Cody: I did two in my first semester. I worked in the Fayette County Public School system working with special needs in middle school, and I also did adolescent psychiatric at Good Samaritan.

CN: What was your third?

Cody: My third was hospice, with Hospice of the Bluegrass.

CN: Okay. Tell me a little about your first.
Cody: My first was like, it was my favorite. I got along with supervisor really well, and I felt like I learned about music therapy from my supervisor compared to my other practicum experiences. Um, it was the first to get me out of my comfort zone and I really jumped in fairly early, starting co-leading. I think what I was learning in class I was able to apply in my practica. My supervisors were asking what I was learning in class and what I wanted to learn on. It was very individually focused for me so I was learning the material I wanted to learn but they were also focused on what I wanted to gain out of it and what my strengths and weaknesses were.

CN: How about your second, in adolescent psych?

Cody: Second one was definitely the hardest for me. It was groups and at that time, it was something I struggled with. Adding psychiatric care to it was very challenging to me. There was another student that was paired with me, and that made it easier for me to work off each other. I never got to lead an entire session on my own in that practicum, and that’s something I wish I had been able to do. In that one, I was excited about that one because I had a degree in psychology, and psychiatric is where I actually thought I wanted to be because of my background. I really liked how music therapy was used there. I thought you could be really creative there and come up with new ideas. That’s something I was really given opportunities to do was come up with new ideas and activities. They weren’t always implemented, but we were doing that every week.

CN: Awesome. How about hospice?

Cody: This practicum is what makes me want to work in hospice. Hospice is where I’d ideally like to have a job. This one, I was working with a therapist with a different approach than my own. I found that really insightful when going through the program and being so cognitive-behavioral focused. It was neat to see someone coming from a different perspective, but also being open to what questions I had and how things I would do would be different. It really challenged me to think about how I would do it in this situation. Would it be similar or different? I once again never got to lead much in this. I think most of that came from the sensitive environment and having only been a second semester equivalency student. But I learned a lot about counseling and how to be empathetic and from there… When that practicum was over, I felt very prepared going forward and working with people and how to approach sensitive situations.

CN: Okay. Tell me about your practicum supervisors. What was their style of supervision?

Cody: Um, my first two supervisors were very similar. They were both very structured and had from the beginning a very clear, almost like a … they gave me a syllabus saying “This is what is expected from you and this is what I’d like for you to do by the end” but they were willing to modify that based on how I was progressing, if something were to come up with the groups or the students. Um, they were focused on both clinical aspects, so I was required to learn a certain number of songs while also coming up with activities.
They both, by the end, the goal was to have me lead a whole session. That didn’t happen in the second one because of people not showing up for the group. But the other one, I did lead an entire session by the end of it. That one was cool, because the supervisor continued to utilize what I had done and kept in touch with me afterward. And they were always willing to answer questions. The supervisor I had for hospice wasn’t quite as structured and I never really knew what was going to be expected, I just knew to come at that time. We would discuss things that I should try to work on and I would work on that. I think I preferred the structure more. All three were very open to wanting to get to know me as a person as well and were concerned about my wellbeing and were there to answer questions and I thought that was wonderful about all three of them.

CN: Did you become more comfortable in your interactions with your clients during the span of your practica?

Cody: Yes, definitely. For the psych and the hospice, it was harder because you didn’t see the same people every week. But being comfortable in the setting, that definitely improved. Definitely by the end of my schools, working with the same two kiddos, I became more comfortable and I started noticing and thinking about things that I would do with them.

CN: How did that change occur for you?

Cody: Kind of sudden actually. It wasn’t gradual. Confidence was something that I built throughout my entire equivalency. I came into the equivalency kind of not confident in my abilities musically. I didn’t want to do anything wrong, and I wanted to make sure I did it all right the first time. I think that limited me feeling comfortable in the settings and with the clients because I wanted to make sure it was right. And then I realized that I am doing things right, and I am a good musician. I can do these things. It really just kinda hit me I’d say after my Fall semester going into the spring. And even after I’d say right before internship it hit me that I can do this. So that definitely helped me feel more comfortable.

CN: What in particular contributed to the change? You said it was just growth over time. Was there anything in particular that really contributed to you feeling more comfortable?

Cody: I think hearing feedback from my supervisors, both positive and stuff to improve on. And having me say it first. You know, people asking me “What do you think you’re good at and what do you need to work on?” Hearing it from myself and going from there. And I think also the opportunities I was provided with. I was provided with so many opportunities to gain confidence. If I hadn’t had those opportunities, it wouldn’t have happened as quickly. Being thrown into situations. Not being told “Okay next week you’re gonna do this…” Just being thrown in right when I was there and not being able to prepare. That made me think on the spot and challenged me. Both in classes and in practica were definitely the most influential in that change.

CN: So what were the most important things you learned during each of your practicum?
Cody: Um, I would say in schools I learned how to be patient and how to structure a session and how to be flexible with the structure. I think in psych, it was definitely group management skills and counseling skills. In hospice, actually I focused a lot on guitar. I was new to guitar coming into the equivalency program, and he focused a lot on that. A lot of my supervisor’s style was improvisation based and being able to improve on guitar was required in that practicum. My guitar skills expanded a lot and I became a lot more comfortable with singing as well. Being able to harmonize and that kind of thing in that practicum. So yeah, those were definitely the biggest things.

CN: As you learned about the treatment process across your practica, what aspect of the treatment process was easiest for you?

Cody: I would say session planning was probably the easiest and documentation came fairly easy to me as well.

CN: Okay. What did you find most challenging?

Cody: The implementation, especially in practicum. I was learning what worked and what didn’t work. I could have a great idea in my head but you never know what the client is going to do or say. Dealing with my confidence and nervousness in being in a session and being watched not only by the client but by my supervisor. Implementing was extremely difficult.

CN: Are there any aspects of your practicum experience that you would change? If so, what and why would you change it?

Cody: Hmm… Uh, in hospice I wish I could have been part of it a little more. I would really just “do music” in those sessions. We would talk a lot after these sessions. My supervisor did all of the talking. Even the hello, how are you, that type of thing. I wish I had gotten a little more experience, even if it wasn’t counseling techniques, but maybe even going in and starting or ending the session. Um, I’m a very hands on. I learn by doing. I think that would have helped me in that practicum more. I think that all my supervisors had a big reason for everything they did. Being a student in that time, maybe they didn’t feel I was ready to do that. So I would understand that. If it was something that I could change, it would definitely be that hands-on in hospice. My first two practica were awesome. Like I don’t think there was anything I’d change about how they were structured or anything really.

CN: So we talked about your clinical work in your practicum. Now I want to know more about your clinical work during your internship. How would you describe your internship site?

Cody: It was at (internship facility name). I was in NICU, PICU, Peds, nearly every area of the hospital. Palliative, Hospice, Neuro… It was 40 hours a week, sometimes more.
There was one other intern with me for the first 4 months, then there were three of us the last 2 months. One supervisor, except my last week there were two. We did psych as well. It was very eye opening. I had never done medical before my internship, and I was very nervous because I had only really done those practica that I had said and had never really even observed medical at this point. I knew that I was interested in hospice, which is why I ultimately decided to go to UK because a lot of the patients they were seeing at this time were hospice patients. Um, it was very hands-on immediately. I started seeing patients by myself week 2. It was a lot of work. A lot of presentations, projects…

CN: So what was your experience with your co-interns like?

Cody: That was probably my favorite part about the internship besides seeing patients. My other intern who was with me, I had coursework with them prior, so I knew them before hand but not well. We grew very close and it was really nice to have somebody to share things with that you might not have necessarily felt comfortable sharing with your supervisor or if you had a very frustrating day, to be able to talk to your co-intern about that. And build off each other. We had a lot of opportunity to lead sessions together. So being able to build off of both our experiences. It was nice to have the other person there. When the other intern showed up, it was nice to know that I had been there a few months and be able to have that kind of supervision of a less experienced peer and get that experience. So I really enjoyed having not just me.

CN: So was your collaboration by choice or was it required in the structure of the internship?

Cody: Some of it was required. Sometimes session planning for a psych group, or going into a session at the hospital. It was all session planning that was required. The collaboration that happened, like talking about our days and giving advice, that was all done by choice.

CN: So tell me about your supervisor. What was their style of supervision?

Cody: Um, more hands-off supervision is how I would describe it. Always willing to answer questions, but wanting us to experience everything for ourselves first. I spent very minimal time observing my supervisor in the beginning. Very quickly went into leading sessions by myself. I wasn’t provided much guidance before leading those sessions, but coming out, a very brief discussion. Especially in the beginning, I felt like I wasn’t receiving adequate feedback initially, and that was frustrating to me. I felt like I wasn’t doing as well as I could be doing, and I’m very big on feedback. I like to be told in detail. As soon as I told my supervisor that, that changed. It became, if I wanted that feedback, or if I didn’t feel like I was doing something well, or if I wanted to watch a session because I didn’t feel comfortable yet, they were willing to allow that. I learned a lot from them, and I think a lot of what I do, I reflect back on thing that they had done. But also, I think by letting me do things myself allowed me to develop my own therapeutic style which I really appreciated. While I see aspects of their therapy that I love and want to have in my therapy style, it gave me a chance to be myself as well so I appreciated that.
CN: So can you tell me about the assignments you had during internship? Were there assignments that were consistent across all interns? Were they more individualized?

Cody: There were ones that were consistent. Every week, or every DAY we had an update. We had 4 categories. “This was challenging today, I felt good about this today, This is what I wanna work on for next time”… I can’t remember the last one, but there were four boxes that we filled out at the end of each day. We’d set goals for ourselves at the beginning of each week, and self-care goals for each week. At the end of each month, we would have a favorite patient or best experience that we had. And we’d send that to our supervisor every month. We had an internship project that we had to complete by the end of our internship. We also had a certain number of observations that we had to complete for outside music therapists. And then, certain session planning documents. There weren’t, to my knowledge, any assignments that were intern-focused. But my supervisor would tell us to focus on certain things. So like, if you were planning a session, “Kelsey, you focus on the flow” or “Really focus on what goals you’re gonna work on.” So in the assignment itself, there may be focuses but it wasn’t really specific assignments for interns.

CN: So you told me a little bit about your progression of implementation. Can you just reiterate that for me please? Time spent observing, time spent co-leading, and then time spent in individual sessions

Cody: Observing – 2 weeks. And even in that two weeks there were time when I might play a song. Actually, I would always try to harmonize if I could with my supervisor. Week 2, the other intern and I started leading a few sessions together. We were each given our own patient that we had already been seeing that we ourselves would keep seeing. Slowly on top of that, our supervisor came with us to a few of those, but not all by any means. Even week 3… By week 3, I was seeing patients completely by myself with no supervision. Um, and then throughout the remainder before the new intern came, it was a lot of individuals. The other intern didn’t see as many patients together. We didn’t really see too many co-leading. I didn’t co-lead with my supervisor. It soon became every other week, the supervisor would come with us for a few hours and watch us with the patients then. Then when the new intern came, they came with me and observed me. So, that was generally how the implementation process worked. There was always supervision on occasion and not very observation. Although if I requested to do so, I was allowed to do so. I led the first psych group by myself the first week. So that was… part of that came from my practicum in it. So I was familiar with it all. That was just jumping right into it.

CN: Alright. So what were your supervisor’s expectations for you?

Cody: Um, They gave us a binder that laid out what was expected and all of the information. It was very helpful because I could always look back and look at that. In general, I think expectations were for us to gain experience through that hands-on learning and for us to feel confident in that therapy by the end of internship. I think what
we all talked about was my supervisor wanted us to leave internship and feel like we could do anything. That we could work with any population and feel confident in doing so. Have a bag of tricks that we’ve done or session plans that we’ve developed for the future. They expected us to be on time and really be there when we were there. We were expected to stay on top of things. There were very few reminders for assignments and things. It was just, it was expected that we knew that ourselves. We were treated like adults and expected to be on top of these things. And the typical job expectations. All the medical precautions.

CN: What were your expectations for yourself?

Cody: Very similar actually. I wanted to… I expected myself to make sure that in each session I was giving it all that I had even if I wasn’t 100% confident. That was something I struggled with early on in my internship. Not having my supervisor in the room with me. I wondered if there was something I could have done differently that could have made it better or should I really have said that? I was always confident in what I was doing but it would have helped to have that feedback. So, my expectation for myself was if I felt that way, I just needed to talk to my supervisor. I needed to say “This is what I did. Could it have been different?” I expected to leave internship feeling like I could go and get a job. And I expected to work hard, really. That was the biggest thing.

CN: Were there ever times where your expectations didn’t match the expectations of your supervisor? If so, could you tell me about them?

Cody: That’s a hard question. I think honestly I saw it more working with the other intern. I feel like I expect that everyone’s learning styles are different. Everyone is going to learn a different way. Everyone will approach a situation very differently. I think that’s the cool thing about therapy. There isn’t always one absolute right way to go about approaching a goal. Sometimes, I felt like it was hard to see the other side. So if I felt like I did something or needed guidance to be the best that I could be and learn from that experience, that I wasn’t always getting… it wasn’t always understood from my supervisor. Talking it out, it would always be okay. But sometimes, the expectation that you learn and understand everything, and feeling like you gained the most out of every situation was sometimes hindered just in the way people approached things. I think that happens in any situation. People think about things differently and I think it’s hard to see that sometimes. That was the only time that I can really think of expectations being different. It was really just based on how you approach a problem, instead of an expectation difference.

CN: Did you and your supervisor discuss your expectations?

Cody: My supervisor gave us the binder, but that was like in general the expectations of the internship. They were never reiterated. They were always known.

CN: Were there any aspects of your internship that you would change? If so what was it and why would you change it?
Cody: I would like more observation time. And, as much as I hated being supervised because it made me extremely nervous, I feel like having more supervision and feedback would have helped me. It would have helped especially early on. Maybe even a month. Or ever simple co-leading. When the second supervisor came the last week of internship, working over at Eastern State, I was told to plan all 4 groups. The feedback that I received from that supervisor and the help that I had session planning was amazing. Feedback was hard to hear sometimes, but that is how I learn best. One supervisor was huge on feedback and the other was not. I would have liked to have more of a balance. There were times I felt I was being evaluated on aspects of my therapy that my supervisors were not truly seeing to the full extent to effectively be able to evaluate me. In my eyes, my supervisor was there, but there could have been more supervision. That was the only thing that was frustrating. Now I feel like I learned a lot by being able to go in hands-on all the time. But I would have liked to have known more about what my main supervisor thought I was doing. The internship itself, I wouldn’t change a think. It was more with the supervisor and the style of supervision.

CN: Okay. When did you finish your internship?

Cody: June.

CN: And when did you become board-certified?

Cody: July, so pretty much right after.

CN: So I want to know more about your experiences since becoming board certified. I wanna know a little bit about your work.

Cody: Okay. Right now, I work for a private practice. Primarily in early childhood. I see three individual clients in their homes. I also do early childhood groups, 3 a week. I’m starting BrightStart groups in another pediatric facility in March. And then I have worked with the owner of the private to expand and get out into the community more. I’ve done a lot of private presentations and program proposals as well. One proposal just went through at a large medical facility in Danville Kentucky. I will be in assisted-living (memory unit) and early childhood. I really hope to expand my work there and get into all of their medical facilities - hospital, rehab, mental health, etc.

CN: So in your work, how many hours a week are spent interacting with clients?

Cody: On average, 3 hour a week. Some sessions are bi-weekly, so it varies.

CN: How about with session planning?

Cody: Hmm… 2 hours.

CN: How about documentation?
Cody: An hour probably.

CN: How many hours are spent supervising students?

Cody: Right now, none. But that will probably change in a few months.

CN: So, tell me a little bit about your graduate study in music therapy. How many hours a week are you spending in class?

Cody: Well, both my classes are online. So… I would say like 3 hours a week.

CN: How many hours do you spend working on the coursework?

Cody: You see, this is hard. They’re kind of combined in these classes. Okay take it back. I spend about an hour to two hours in class and probably 2 hours on coursework.

CN: Have you learned anything in your post-graduate coursework that you’ve been able to apply to your work as a board certified music therapist?

Cody: Right now, no. Just because its in the early stages of the class. I’m in a class for special learners, so eventually I hope to be able to apply stuff that I’m learning with my clients right now. The other class is very … its Social and Cultural Entrepreneurialism, so I’m taking it more for the business aspect of it. I think I’ll definitely be able to apply a lot of these aspects. It’s very individualized so I think a lot of it will change me and the way that I view the way that I practice.

CN: Are you currently working another job outside music therapy?

Cody: Yes I am.

CN: How many hours a week are you devoting to this job?

Cody: Thirty.

CN: Do you feel like this work affects your work as a music therapist?

Cody: It doesn’t affect my work, it effects me being burnt out I think. I’m actually changing jobs in the next 2 weeks. I’ll be starting to work a different job and it will be 20 hours a week. It will open doors to allow me to take more clients.

CN: So thinking about the areas that we’ve talked about in terms of the treatment process, what experiences helped you to carry out these tasks? Is there an experience that you feel has best prepared you to carry out these tasks?
Cody: Like from my education? Or anything in general? Hmm…. I would say now, working and doing music therapy, my internship helped me more than anything. I felt very confident going into work. Going into planning a session and doing an assessment and documenting goals and leading sessions, all of it. Without my internship, I definitely don’t think I’d be able to do this with as much confidence. And being prepared and having as much repertoire and therapy skills… I’d also say the support from peers and my teachers. I feel like I can always go to them for resources or information or help. I took a supervision course last semester, and that experience was eye opening.

CN: So what’s been most rewarding for you since becoming board certified?

Cody: Just working with my clients. They’re wonderful. I think what’s most rewarding is when I first started, I never saw myself in early childhood. I love kids. But I always thought hospice is where I wanted to be. But I found that I really love early childhood. But I think that’s most rewarding, just seeing the impact that I’m already having on these guys. Its fun. I love knowing that this is my job. All of the work that I’ve put into it now has been worth it. The equivalency was stressful and hard. And being able to come out of it and feel as prepared as I do has been great. And that all goes back to the people that I’ve had supporting me through practicum and internship and peers.

CN: So what’s been most challenging for you since becoming board-certified?

Cody: Finding work and balancing work. Just because I needed to stay in Lexington. Looking for work here… There’s been a lot of program development here, so it’s a lot of legwork going out and networking. But it’s hard when I want to be doing music therapy more, but I have to accept another job because I need to be able to pay my bills. That’s been the most challenging.

CN: So since becoming board-certified, are there any resources that you’ve found to expand your professional development?

Cody: Umm, using social media. I went and talked to my professor and they gave me research articles to read. And Facebook has groups for this. Blogs that music therapist do. I feel like that’s helped me grow. Being able to see what other people are doing. I feel like I can contribute to that as well. That’s primarily it.

CN: Since you became board-certified, how do you define success?

Cody: Hmm. I don’t know if being board-certified changed my definition of success. Um, to me success has just been being happy with what you’re doing and making a difference. To me, knowing what I want out of life is to impact other people. So to me, being successful I’m gonna do that. I don’t think becoming board certified really changed that definition in my eyes as long as I’m working toward what I wanna do. That’s success in my eyes.
CN: Is there anything else that you think has benefited you during your time being board-certified?

Cody: Having done the equivalency and knowing that even afterward, it’s been reassuring. It’s also provided me a lot of opportunities. I think that’s really it.

CN: Well, thank you. I appreciate you being here with me. Once I get this interview transcribed, I’ll send it to you and see if there are any edits you would like to make.

Cody: Mmhmm. Great!
References


Fredenburg, Hilary A.. (2013). Effects of cognitive-behavioral music therapy on fatigue with patients on a blood and marrow transplantation unit: a convergent parallel


**CURRICULUM VITA**

Christopher M. Nix, MT-BC

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th><strong>B.M., Music Therapy</strong></th>
<th><strong>The University of Alabama</strong></th>
<th>Tuscaloosa, AL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CERTIFICATIONS</th>
<th><strong>MT-BC</strong></th>
<th><strong>January 2014-June 2019</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Music Therapist - Board Certified</td>
<td>Certification Number – 11137</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICU-MT</td>
<td><strong>January 2014-present</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neonatal ICU – Music Therapist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL EXPERIENCE</th>
<th><strong>Music Therapist</strong></th>
<th><strong>May 2014-present</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Tristar Skyline Madison Campus</em>, Nashville, TN</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Child Development Center of the Bluegrass</strong>, Lexington, KY</td>
<td></td>
</tr>
<tr>
<td><strong>Music Therapist</strong></td>
<td><strong>January 2014 - May 2014</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Music Therapy Intern</strong></td>
<td><strong>May 2013-December 2013</strong></td>
<td></td>
</tr>
<tr>
<td><strong>University of Kentucky Healthcare</strong>, Lexington, KY – Dr. Lori Gooding</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Music Therapy Research Assistant</strong></td>
<td><strong>April 2011-May 2013</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The University of Alabama</strong>, Tuscaloosa, AL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL EXPERIENCE</th>
<th><strong>Hospice of West Alabama</strong></th>
<th><strong>January 2013-May 2013</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DCH Regional Medical Center, Oncology Unit</strong></td>
<td><strong>Fall 2012</strong></td>
<td></td>
</tr>
<tr>
<td>Supervisor: Andrea M. Cevasco, PhD, MT-BC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sprayberry Regional Education Center</strong></td>
<td><strong>Spring 2012</strong></td>
<td></td>
</tr>
<tr>
<td>Supervisor: Andrea M. Cevasco, PhD, MT-BC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DCH North Harbor Pavilion</strong></td>
<td><strong>Fall 2011</strong></td>
<td></td>
</tr>
<tr>
<td>Supervisor: Andrea M. Cevasco, PhD, MT-BC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSITIONS</td>
<td>Committee Chair</td>
<td>November 2013-November 2014</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>HELD</td>
<td>American Music Therapy Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Louisville, Kentucky, 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretary</td>
<td>Spring 2012-Spring 2013</td>
</tr>
<tr>
<td></td>
<td>South Eastern Regional American Music Therapy Association for Students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>President</td>
<td>Spring 2011-Spring 2013</td>
</tr>
<tr>
<td></td>
<td>Capstone Music Therapy Association</td>
<td></td>
</tr>
</tbody>
</table>