

Examining the Professional Skills of new MT-BC's: A Survey

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## **Abstract**

As a small business owner, I have experienced new professionals lacking professional skills outlined by the American Music Therapy Association's (AMTA) professional competencies (2023). Basic professional skills outlined include, but are not limited to conflict resolution, meeting deadlines, and demonstrating critical self-awareness (AMTA, 2023). A complete list of competencies is listed in table 1. Understanding why these competencies are not apparent is important for increasing quality of facilitation in the music therapy field in addition to increasing quality of therapists while decreasing burnout. This thesis explores the sixteen professional competencies outlined by AMTA and professional music therapists' opinions on where they learned the competency and how well they were prepared upon entering the field. An exploration of existing research and this study confirms discrepancies in new professionals' abilities as therapists and the survey supports the claim that professionals are practicing while expressing areas of unpreparedness. Discussion supports more research to further understand the breakdown in competency and the importance of increasing gatekeeping for the safety and quality of care of clients provided by music therapists. This study seeks to understand where young professionals need support to provide information to educators and supervisors to increase the quality of an employee ultimately increasing quality of care and growth of the field.

Keywords: music therapy, professionalism, gatekeeping, competency, quality of care

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## **Chapter 1: Introduction**

Professionalism is "a calling requiring specialized knowledge and often long and intensive academic preparation" as defined by Merriam-Webster (2022, para 1). Merriam-Webster also defines it as "the conduct, aims, or qualities that characterize or mark a profession or a professional person"; and it defines a profession as "a calling requiring specialized knowledge and often long and intensive academic preparation." The ideals of professionalism are often outlined in any given field's code of ethics or professional code.

In the field of music therapy, music therapists are bound by both a professional code from the Certification Board for Music Therapists (CBMT) as well as an ethical code of conduct from the American Music Therapy Association (AMTA). Additionally, AMTA requires music therapists to be proficient in a comprehensive list of professional competencies. While both entities are clear in outlining what ethical codes and competencies are required for practicing music therapists, research indicates that music therapists are entering both their clinical internships and the professional field with a lack of knowledge and/or understanding of music therapy professionalism, and in many cases, are being flagged as incompetent in areas of professionalism by employers.

As a business owner, I have hired and worked with many brand-new music therapists-working in their first three years of completing their board examination. It often surprises me how these new professionals, while bright and passionate about the field, struggle to perform basic professional skills such as meeting deadlines, managing time, or even advocating for individual wants and needs in the profession. What I have learned working with these new professionals is that time and effort in academic studies has been placed on clinical facilitation and musical skill more so than professionalism as an employee. Why has professionalism not

had a front row seat in academic programs as both the CBMT and the AMTA require Board Certified Music Therapists (MT-BC) to be proficient in professional skills? In my experience, a new hire with less than three years' experience takes at least six months on average to teach beginning professional skills. The skills I see lacking the most are conflict resolution, self-advocacy, and professional communication in inter-collaborative team settings. I chose to utilize an online survey method to better understand where MT-BCs with three years or less experience from passing their certification board examination learned the required AMTA professional competencies, which competencies they felt they were lacking, and to learn which professional competencies they felt proficient/prepared upon entering the field. The purpose of this study is to gather information regarding preparedness of AMTA's professional competencies by new professionals.

### **Definitions**

Professional competencies- stated and set forth to be proficient of all practicing MT-BCs by the AMTA.

Proficient - someone that is skillful--perhaps even expert in an area according to Merriam-Webster (2022)

Music therapy - the clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program (AMTA, 2022, para, 1).

Functional music skills – as defined by the AMTA professional competencies under section A – Clinical Foundations, number 4 (AMTA, 2022, para 5).

Functional clinical skills – as defined by the AMTA professional competencies under section B - Clinical Foundations (AMTA, 2022, para 6).



Professionalism - a calling requiring specialized knowledge and often long and intensive academic preparation (Merriam-Webster, 2022, para 1).

### **Research Questions**

Where are students learning the AMTA professional competencies 17.1-17.16?

Did new professionals feel prepared with the competencies in their first three years of working?

What were the most prepared and least prepared competencies out of the AMTA professional competencies 17.1-17.16?

## **Chapter 2: Literature Review**

### **Music Therapy**

The AMTA states that music therapy is “an evidence-based profession with a strong research foundation” (2022, para 1) and the degree of music therapy includes knowledge in psychology, medicine, and music. Music therapy is utilized by a wide variety of populations and the AMTA lists examples such as autistic individuals focusing on increased communication, individuals with Parkinson’s disease to improve motor function, hospitalized patients to reduce pain, and adults to lessen effects of dementia. Music therapy is a field of credentialed professionals with degrees from accredited universities. Universities are required to follow a base curriculum from competencies mandated by the AMTA outlining percentage areas of content outlined as 45% of musical foundations, 15% clinical foundations, 15% music therapy, 20-25% general education, and 5% of the program being electives (AMTA, 2022). Once a student has completed the program including an internship, the student is eligible to take the national examination from the Certification Board of Music Therapists. Upon passing this certification, the newly appointed music therapist has the credentials MT-BC (music therapist-board certified) and is required to uphold the ethical and professional codes set forth from the CBMT (CBMT, 2022). There are continuing education requirements for a music therapist. They must receive one hundred units over the course of a five-year cycle (CBMT, 2022).

### **Professionalism**

Porcupile (2015) immediately outlines the problem with utilizing the Merriam-Webster definition of professionalism as it does not list or define the attributes of professionalism. Sullivan and Thiessen (2015) agree with this idea as they define professionalism as a “dynamic, socially constructed idea, rendering it difficult to comprehend. Though characterized by the

demonstration of values and behaviors, its meaning has not been fully explored and remains tacit” (p. 1).

Many researchers agree that professionalism is a broad term used to describe attributes of a working field (Wilkinson, Wade, & Knock, 2009). Veloski et al. (2005) looked at multiple professional scales and/or created their own scales to increase viability of professional measurement. Through these assessments common areas of professionalism have included ethical practice principles, effective interactions with patients, care team, and family, effective interactions with team collaboration, and a commitment to autonomous professional and person growth and development (Wilkinson, Wade, & Knock, 2009). Veloski et al. (2005) reviewed 134 empirical studies over twenty years measuring professionalism. The findings showed that most of these studies did not address professionalism as a comprehensive construct or as a clear portion of clinical competence and that there were very few studies that showed tools to measure professionalism. The common question throughout studies was where should attributes such as specialized knowledge, competency, honesty and integrity, accountability, self-regulation, and image being taught and learned (Porcupile, 2015)? Schools, clinical work, and self-assessments are a few mentionable environments to learn such skills (Veloski et al., 2005); however, even with available environments for students and new professionals to learn, measuring ability continues to be lacking in each environment.

While there are measurement tools such as the Mini Clinical Evaluation Exercise (miniCEX), Professionalism Mini-Evaluation Exercise, (P-MEX), patient satisfaction surveys, employer satisfaction surveys, etc., (Wilkinson, Wade, & Knock, 2009), the overall interpretation of such studies are subjective based on who is evaluating (Veloski et al. (2005). Gill, Griffin, and Launer’s (2014) study which utilized a mixed method over six months to draw

information regarding workplace discussions on professionalism, showed that individualistic approaches to increasing professionalism did not fit into the modern team approach of healthcare. This study explored professionalism as a group learning experience and concluded that exploring workplace challenges collaboratively fostered increased learning of professional tools. This particular study showed that professionalism is something that can be taught; however, it does not explain where it is being taught.

### **Music Therapy Internships**

The American Music Therapy Association (AMTA) requires students to participate in a minimum of 900 clinical hours under either a national roster or a university affiliated program. While there are guidelines and expectations, the AMTA states that “The content and format of each internship agreement may vary according to the situation and parties involved” allowing flexibility in internship sites (AMTA, 2022, para 9). The AMTA outlines the areas of clinical education that are to be taught in an undergraduate program with percentages of the degree focus – music foundations (45%), clinical foundations (15%), music therapy (15%), and general education (20-25%), and electives (5%) prior to qualifying for a clinical internship. During an internship, a student is responsible for complying with all university affiliated or national roster guidelines and the AMTA standards of clinical practice and code of ethics. The AMTA professional competencies includes sixteen sub competencies specifically targeting professional skills including areas such as meeting deadlines 17.6, expressing thoughts and feelings consistently in a constructive manner 17.7, and adhering to standards and laws for human rights 17.12 (AMTA, 2022); see Table 1.

**Table 1**

*The AMTA Professional Role/Ethics from professional competencies (AMTA, 2022)*

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- 17.1 Interpret and adhere to the AMTA Code of Ethics
  - 17.2 Adhere to the Standards of Clinical Practice
  - 17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training
  - 17.4 Accept criticism/feedback with willingness and follow through in a productive manner
  - 17.5 Resolve conflicts in a positive and constructive manner
  - 17.6 Meet deadlines without prompting
  - 17.7 Express thoughts and personal feelings in a consistently constructive manner
  - 17.8 Demonstrate critical self-awareness of strengths and weaknesses
  - 17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds
  - 17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age ability, socioeconomic status, or political affiliation
  - 17.11 Demonstrate skill in working with culturally diverse populations
  - 17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality
  - 17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice
  - 17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice
  - 17.15 Demonstrate basic knowledge of music therapy reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).
  - 17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity
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## **Music Therapy Internships and Professionalism**

Music therapy students in national roster or university affiliated internship programs are to be evaluated based on the twenty competencies and an additional one hundred and seventeen sub-competencies as outlined by AMTA's professional competencies document (2022). Even though many of these skills are expected to be addressed in undergraduate education courses as AMTA outlines, it is the requirement of the student to be proficient in these categories upon completion of the internship program, and while these competencies must be met, the AMTA allows flexibility in how internship sites teach these skills (2022). Currently, there is no standardization in internship supervision with either national roster or university affiliated supervisors that relate to teaching or supervision philosophy or styles (Roth et al., 2021). In their research study, Rushing, Gooding, and Westgate (2018) found that out of 75 respondents from National Roster internship sites, 72 reported a lack of competencies were met due to a lack of standardization amongst supervisors and concluded that most supervisors were not using any specific model of supervision amongst interns, but rather addressed issues individually as needed. Additionally, internship directors reported the form of education utilized for providing supervision is largely based on the supervision they received as interns (Tanguay, 2008). Tanguay's (2008) research showed that the average amount of weekly direct supervision with interns was 12.2 hours and the areas of weakness that graduate level supervisors self-identified were making sure competencies were met, giving criticism and/or negative feedback, and letting interns make mistakes without discussing growth or improvement from experiences.

A major concern identified in Tanguay's (2008) research is a large response of internship directors and supervisors reporting incoming students lack major professional skills, and while

only 1% respondents expressed a desire for a formal standardization in supervision skills, over 50% of respondents reported wanting more training in the professional and ethical aspects of supervision. Additional information from Roth's (2022) research survey showed 94 out of 96 responses from internship supervisors and directors stated they experience incoming students lacking musical skills, boundaries, and professionalism amongst other competencies. This same study showed that incoming students also felt their professional skills were lacking when entering the internship. Functional skills were grossly underprepared with incoming students when interviewing registered national roster internship directors. Internship supervisors expressed that teaching these skills were less rewarding than teaching other competencies, and Tanguay (2008) asked the question if standardization in supervision would help alleviate these feelings in supervision; however, the problem with assessing functional skills is defined as the subjectivity to each skill and its use in the internship (Jenkins, 2013).

Functional music and clinical skills, in addition to ethical violations, poor boundaries, and social inappropriateness were cited among the top areas of underdevelopment by academic program directors and internship directors (Hsiao, 2014). Hsiao discovered that 90.6% of academic programs supervisors and 71.4% of internship supervisor respondents reported a lack in student's musical skills. Respondents also highlighted major issues with emotional maturity, openness and ownership and responsibility in facilitation as areas of professional weakness. The majority of Hsiao's respondents agreed that professional guidelines in music therapy academia and the profession itself need to be more consistent and rigorous across programs. There is concern with appropriate gatekeeping from academic program directors due to barriers such as concerns of damaging a student's career, time constraints, fear of litigation, or lack of support from schools (Hsiao, 2014). When surveying pre-internship students, Wheeler (2002), found

that students often feel underprepared and experienced anxiety when beginning new clinical experiences. Students expressed that supervisors did not offer enough information or structure in areas of unpredictability upon placement in a pre-internship site. When questioned why they did not express these concerns to supervisors, the response was that it should be the supervisor's responsibility to understand that a student is unprepared and should be assumed they are "clueless" in their skills (Wheeler, 2002). Additionally, students expressed fear in reaching their desired grades should they question the supervisor extensively. Students desired more orientation and guidance throughout the clinical experiences from supervisors in this particular study by Wheeler (2002.)

### **Professionalism in music therapy careers - Post internship**

Music therapists are required to follow the ethical guidelines and professional competencies of music therapy set forth by the AMTA. These ethical guidelines include a competency for professional role and ethics with 16 sub-competencies – the largest area of competencies out of the twenty-overarching listed within the document (AMTA, 2022; see table 1). Professional competencies include areas such as: 17.4 accept criticism/feedback with willingness and follow through in a professional manner, 17.7 express thoughts and personal feelings in a consistently constructive manner, and 17.8 demonstrate critical self-awareness of strengths and weaknesses, among the sixteen in total (AMTA 2022). Pizzi (2020) discusses the importance of AMTA's ethical codes in guiding professional business owners and managers to make best practice decisions to grow the field. Pizzi explains that many private practices utilize these codes as a sole source for best practices as well as hiring considerations for music therapists for positions of employment. It is important to note that these ethical codes and



competencies are utilized not only as part of academia, but also in the working field as benchmarks for providing services and hiring individuals.

Professionalism techniques may be learned in higher education during the first few years of field work as Prefontaine (2006) points out the gross amount of experiential learning that happens through personal-synthesis and experience in the first few years upon entering the work field. Prefontaine states that “In many instances training programs for music therapists simply follow traditional patterns of education and leave the development of the therapist to chance, supposedly a natural outcome of accumulated facts” (Prefontaine, 2006, para 16) stating the inability to understand functions of professionalism due to time spent learning therapeutic technique and skill. While many of these studies are looking at predictors of professionalism through academic work, Thompson (2020) provided a grounded theory of music therapist’s approach to goal writing in the workforce and how professionalism plays a role into this task. Through Thompson’s research, it was concluded that many professional music therapists have a difficult time navigating the professional world of goal writing due to an inability to understand the importance of the employer’s role in how goals should be written per company standards. Addressing the personal balance of employer’s expectations verses the therapist’s own personal thoughts was an issue reported in Thompson’s research. Thompson found that therapists are not able to articulate or collaborate as effectively with a team, employers, or supervisors due to a lack of professional communication education. Thompson’s study concluded that educational supervisors recognize a need to increase these types of educational experience.

### **Professionalism, young professionals, and problems**

Lack of professional skills and preparedness is not singularly defined by the music therapy field and is common in service industries. In the counseling field, Brear, Dorrian, and

Luscri (2008), discuss similar issues in social service fields because of a perceived lack of information and terminology of professionalism. Their research challenges undergraduate directors on gatekeeping practices. They define gatekeeping as “the evaluation of student suitability for professional practice. It is a mechanism that aims to ensure the health of the profession by controlling access to it” (p. 93). The responsibility of directors is to guard the integrity of the training programs, ensure the quality of graduates, enhance the status of the profession, maintain social sanction, protect the interests of the community - particularly the clients (p. 94). While these are definitions by Brear, Dorrian, and Luscri (2008) their research shows that areas of incompetence were rarely labeled or discussed with students leading to professional issues in the field. This study reviewed 28 studies which looked at similar problems of professionalism with students to understand how undergraduate program directors were handling incompetent students. Their findings show across all of these studies that only 11 of the 28 studies listed termination of their internship or program of study as a possible solution for students lacking competence in the areas of professionalism. They also concluded, similarly to music therapy programs, that educators reported being reluctant to address incompetent students- moving them through their programs regardless of their abilities. Most of these studies concluded justification for this course of action based on a lack of consistent terminology and standardizations amongst students and program requirements.

Most studies reviewed stated an alarming experience of up to 10% of students in any given program (based on the study being reviewed) could be considered incompetent and agreed this is a widespread issue leading into professional fields (Brear, Dorrian, & Luscri, 2008). With lack of clear terminology of what professionalism means, the term itself becomes ambiguous - causing issues of misunderstandings or conflict in the professional field (Sullivan, 2015). When

given a survey, occupational therapy students found that it was easier to identify unprofessional behavior than to define professional behaviors and concluded that “educational programs should explicitly incorporate professionalism into the curriculum to facilitate learning and exploration of this complex construct and the development of dynamic reflexive abilities.” (Sullivan, 2015, p 13). Sawdon and MacLachlan (2020) took this idea of students being underprepared and built a Conscientiousness Index where they awarded medical students points each year to increase professionalism in hopes to decrease professional issues in their potential workplaces. Points were awarded based on areas such as follow through on assignments, meeting attendance, etc. They found that this index identified professionalism in congruent years dependent upon scores from previous years expressing the importance of early intervention when teaching these skills. They concluded that their index was able to recognize behavioral patterns that directly correlated to professional expectations in the workforce.

Lack of professional skills can lead to burnout due to lack of support or understanding from employers. Dale and Olds (2012) discovered that burnout was higher in group practices as many professionals experienced a lack of support in policies outlining how to seek supervision. The inability to seek support for unlearned skills led to employee emotional exhaustion and a decrease in patient care. Billinger (2018) echoes this sentiment as he expresses a complete lack of patient regard in the medical world due to a lack of education on empathy in school. In his experience and research, Billinger notes that treating patients as if they were organs or tests removes the empathetic piece of care resulting in burnout and the inability to work professionally amongst other medical healthcare workers. He argues that the medical field does not provide the education or support for professionals to behave as ethics, or in his case, the Hippocratic oath,

expects professionals to behave, and when emotional disconnect occurs, burnout and a lack of quality care is quick to follow (Billinger, 2018).

Rus et al., (2022) published a comparative study of professional educators in Romania vs Germany to assess how professionalism was being trained in school systems. This study showed that while the countries they studied all categorized educators as professionals, each country has different expectations on professionalism for the same position. For example, teachers in Germany are considered to be probationary for up to three years after a completed program. Moreover, their research showed that ~50% of German teachers were over the age of 50. The research suggests that the amplified training and probationary periods increase understanding of professionalism in their positions to educate students more effectively. Their study then compared the German standard of educators to Romanian educators where the education timeline is much shorter and has many young educators entering the profession with an increased need for mentorship, increased policy, and procedural examples, as well as professional safety being categorized as an educator in a professional setting.

### **Summary and purpose statement**

The AMTA's identified areas of focus in undergraduate programming lists required areas of study; however, no area specifically outlines or requires any type of focus or course in professionalism. Additionally, the AMTA requires professionals to be competent in over 120 areas - the majority of those being in areas of professionalism (2022). While thematic areas are set by the AMTA for undergraduate course work, and national roster requirements are listed for internship sites, no standardization of courses or internship clinical work is currently required beyond basic course areas. Furthermore, in internship sites whether it be national roster or university affiliated clinical work can be negotiated and applied based on agreements between

sites and universities showing no standardization in the supervision process aside from a few requirements set forth by the AMTA for a supervisor - 2 years' experience, 1 year at the site, completion of the AMTA internship supervision course, and consistent communication with university supervisors (AMTA 2021). Research is proving both in music therapy and outside of music therapy that lack of standardization in supervision or programming is leading to students reaching internship grossly underprepared (Brear, Dorrian, and Luscri, 2010; Hsiao, 2014; Jenkins, 2013; Roth et al., 2021; Wheeler, 2002). Both supervisors and students are expressing concern with lack of functional skills in music therapy, the inability to have difficult conversations, and major apprehension in addressing these issues for fear of grades, career for students, and fear of litigation/lack of support from supervisors (Hsiao, 2014; Wheeler, 2002). It can be concluded through this research that students are often entering internship sites with a lack of professional skills. Supporting research shows that internship supervisors are not using standardization in their supervision (Rushing, 2018), and are struggling with conflict, difficult conversations, and addressing professionalism (Brear, Dorrian, and Luscri, 2008; Hsiao, 2014; Tanguay, 2008; Thompson, 2020; Wheeler, 2002). Because of this, understanding how the lack of professional education paired with supervisors admittedly passing students they believe are incompetent in their skills due to fear of conflict, begs to question the professional ability of new students entering the workforce.

The purpose of this study is to understand:

1. a new music therapy professional's experience with professional competencies.
2. where new music therapists learned their professional skills.
3. what professional skills (competencies) were lacking upon entering the field of music therapy.

Understanding where young professionals need support could aid educators and supervisors in areas of education to increase the quality of an employee, decrease employee termination, job changes, decrease burn out, and ultimately increase patient care.

### **Chapter 3: Methodology**

#### **Research Design**

The design for this study was descriptive research. An online survey was utilized through Survey Monkey.

#### **Participants**

The survey invitation was emailed to current registered CBMT certificate holders in the United States (number) and in music therapy specific social media groups such as Music Therapist's Unite and Music Therapy Intern and New Professional Network.

#### **Procedure**

The researcher created the survey using AMTA's 16 professional competencies. The survey asked individuals where they primarily learned the skill - undergraduate program/equivalency program, internship, or neither. The survey also utilized a scale of yes, slightly, or no to ask individuals if they felt prepared with each competency.

Qualified participants included individuals with less than three years' experience in a professional setting currently working as a board-certified music therapist. These participants hold the credential of MT-BC and have an undergraduate or equivalency degree in music therapy from an accredited university and were actively working within the first their first three years at the time of the study. Consent was received prior to taking the survey. A total of x participants completed the survey.

Two multiple choice questions were listed for each AMTA professional competency asking the following:

1. Where did you learn this competency? Multiple choice answers included:
  - a. Undergraduate,
  - b. equivalency program and clinical internship
  - c. neither
  
2. Were you prepared in this competency based on your experience in your first three years of your professional work? Multiple Choice answers included:
  - A. yes
  - B. slightly
  - C. no

Lastly, participants were given a list of the AMTA professional competencies and asked to identify the top three areas they felt were underprepared entering the work field as well as the top three areas they were most prepared when entering the workforce.

### **Data Analysis**

The researcher utilized the platform Survey Monkey for data analysis. The data were collected anonymously and controlled in the password protected platform as well as the password protected technology devices (computer, iPad). Researcher coded the data with the program looking at percentages of respondents for each question and utilizing the tables and charts provided from the data collection program.

### **Ethical Considerations**

Ethical considerations were identified throughout this research process beginning with informed consent. All participants were required to agree and consent to the study before

beginning to ensure they met the qualifications and understood the purpose of the survey. See Appendix B for informed consent. Potential for harm was considered as feelings of distress could arise from self-reflection of professional experiences. Researcher stated that they were available for follow up conversation or guidance should distress arise. Anonymity and confidentiality were considered. The survey was taken anonymously and the data was kept secured through the program software and password protected technology; data will be kept for two years then deleted.

## **Chapter 4: Results**

### **Demographics**

The survey was distributed to all registered MT-BCs in their first certification cycle (5 years or less experience; 3736 individuals). 197 people responded to the survey but only 185 were eligible to participate in the survey based upon the qualifying metrics of being over 21 years of age, holding the MT-BC credential in the United States, and working for no more than three years as a music therapist in their first professional job. Of the 185 eligible respondents, 184 people consented to and completed the survey.

### **Survey Results**

Questions 4 thru 19 asked respondents to read each professional competency outlined by the AMTA and respond where they learned the competency given three options: Undergraduate or equivalency program, internship, or neither. Table 2 outlines each competency and response. The majority of respondents expressed learning each competency either in an undergraduate or equivalency program or at their internship sites.

More than 80% of respondents noted learning only the following competencies:

- 17.1 Interpret and adhere to the AMTA Code of Ethics



- 17.2 Adhere to the Standards of Clinical Practice
- 17.10- Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation
- 17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.
- 17.16 adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity in a formal undergraduate or equivalency program.

The percentage of respondents drops between 60 and 70% of learning occurring in a formal undergraduate or equivalency program for competencies:

- 17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training,
- 17.4 Accept criticism/feedback with willingness and follow through in a productive manner,
- 17.6 Meet deadlines without prompting,
- 17.7 Express thoughts and personal feelings in a consistently constructive manner,
- 17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds,
- 17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.

50-60% of respondents reported learning competencies:

- 17.5 Resolve conflicts in a positive and constructive manner,
- 17.8 Demonstrate critical self-awareness of strengths and weaknesses,

- 17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice at an undergraduate or equivalency program. Only 49.68% of respondents reported learning competency,
- 17.11 Demonstrate skill in working with culturally diverse populations, and a staggering 33.12% of respondents expressed learning,
- 17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants) in an undergraduate or equivalency program.

**Table 2**

*Where respondents reported learning AMTA professional competencies (by percent of respondents)*

Competency	Undergraduate/Equivalency	Internship	Neither
17.1 Interpret and adhere to the AMTA Code of Ethics	88.54	9.55	1.91
17.2 Adhere to the Standards of Clinical Practice	85.35	13.38	1.27
17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training	75.8	18.47	5.73
17.4 Accept criticism/feedback with willingness and follow through in a productive manner	71.34	25.48	3.18
17.5 Resolve conflicts in a positive and constructive manner	59.87	28.66	11.46

Competency	Undergraduate/Equivalency	Internship	Neither
17.6 Meet deadlines without prompting	77.71	28.66	11.46
17.7 Express thoughts and personal feelings in a consistently constructive manner	61.78	27.39	10.83
17.8 Demonstrate critical self-awareness of strengths and weaknesses	54.78	37.58	7.64
17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds	74.52	15.92	9.55
17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age ability, socioeconomic status, or political affiliation	83.44	8.28	8.28
17.11 Demonstrate skill in working with culturally diverse populations	49.68	35.67	14.65
17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality	85.99	10.83	3.18
17.13 Demonstrate the ability to locate information on regulatory	56.69	16.56	26.75

Competency	Undergraduate/Equivalency	Internship	Neither
issues and to respond to calls for action affecting music therapy practice			
17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice	77.07	10.19	12.74
17.15 Demonstrate basic knowledge of music therapy reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).	33.12	20.38	46.5
17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity	85.31	13.29	1.4

Questions 20-25 on the survey asked respondents if they felt prepared with the professional competencies. They could respond with yes, slightly, or no. Table 3 outlines the results.

More than 90% of respondents expressed feeling prepared in the following competencies:

- 17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training,

- 17.4 Accept criticism/feedback with willingness and follow through in a productive manner,
- 17.6 Meet deadlines without prompting,
- 17.10- Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation,
- 17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.

More than 80% of respondents expressed feeling prepared in competencies:

- 17.1 Interpret and adhere to the AMTA Code of Ethics,
- 17.2 Adhere to the Standards of Clinical Practice,
- 17.7 Express thoughts and personal feelings in a consistently constructive manner,
- 17.8 Demonstrate critical self-awareness of strengths and weaknesses.

65-76% of respondents felt prepared with competencies:

- 17.5 Resolve conflicts in a positive and constructive manner,
- 17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds,
- 17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice,
- 17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.

More than 50% of respondents reported slightly prepared or not prepared with competencies:

- 17.11 Demonstrate skill in working with culturally diverse populations and

- 17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.

And lastly when looking at competency:

- 17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants), 15% of respondents reported entering the workforce prepared, 34% reported slightly prepared, with a total of 51% reporting not prepared.

**Table 3**

*Did respondents enter the workforce feeling prepared? (by percentage of respondents)*

Competency	Yes	Slightly	No
17.1 Interpret and adhere to the AMTA Code of Ethics	85.31	13.29	1.4
17.2 Adhere to the Standards of Clinical Practice	88.81	11.19	0.00
17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training	91.61	6.29	2.1
17.4 Accept criticism/feedback with willingness and follow through in a productive manner	94.41	4.9	0.70
17.5 Resolve conflicts in a positive and constructive manner	74.13	23.08	2.80

Competency	Yes	Slightly	No
17.6 Meet deadlines without prompting	91.61	6.29	2.10
17.7 Express thoughts and personal feelings in a consistently constructive manner	82.52	14.69	2.80
17.8 Demonstrate critical self-awareness of strengths and weaknesses	88.81	9.79	1.40
17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds	74.83	18.88	6.29
17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age ability, socioeconomic status, or political affiliation	93.01	4.90	2.1
17.11 Demonstrate skill in working with culturally diverse populations	48.25	43.36	8.36
17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality	90.91	9.09	0.00
17.13 Demonstrate the ability to locate information on regulatory issues and to	41.26	34.27	24.48

Competency	Yes	Slightly	No
respond to calls for action affecting music therapy practice			
17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice	65.03	29.37	5.59
17.15 Demonstrate basic knowledge of music therapy reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).	15.38	34.27	50.35
17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity	76.92	20.98	2.1

Questions 36 and 37 asked respondents to categorize exactly three competencies they felt the most prepared and the least prepared with upon entering the work field. Tables 4 and 5 outline the self-reported strengths and weaknesses of respondents' competence based on AMTA's professional competencies. The most prepared competency at 42.14% of respondents was professional competency 17.3(Demonstrate dependability, follow through with all tasks regarding education and professional training) followed by 17.10 (Treat all persons with dignity



and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation) at 41.43% of respondents.

Alternatively, when respondents were asked to choose the top three competencies, they felt the least prepared, an overwhelming 90% of respondents expressed feeling unprepared with competency 17.15 (Demonstrate basic knowledge of music therapy service reimbursement and financing sources, e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants). Participants also reported feeling unprepared in competency 17.13 (Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice) at 55.71% of respondents. Lastly, 46.43% of respondents expressed unpreparedness in professional competency 17.11 (Demonstrate skill in working with culturally diverse populations). Table 5 lists all percentages of competencies and respondents for least prepared competencies upon entering the work field.

**Table 4**

*Most prepared competencies upon entering the field – most to least prepared.*

Competency	% of respondents
17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training	42.14
17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age ability, socioeconomic status, or political affiliation	41.43
17.6 Meet deadlines without prompting	36.43

Competency	% of respondents
17.2 Adhere to the Standards of Clinical Practice	33.57
17.4 Accept criticism/feedback with willingness and follow through in a productive manner	32.14
17.1 Interpret and adhere to the AMTA Code of Ethics	28.57
17.8 Demonstrate critical self-awareness of strengths and weaknesses	27.86
17.7 Express thoughts and personal feelings in a consistently constructive manner	13.57
17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality	13.57
17.5 Resolve conflicts in a positive and constructive manner	9.29
17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds	6.43
17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice	6.43
17.11 Demonstrate skill in working with culturally diverse populations	5.00
17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity	2.14
17.15 Demonstrate basic knowledge of music therapy reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).	0.71
17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice	0.71

**Table 5**

*Least prepared competencies upon entering the field – least to most prepared.*

Competency	% of respondents
17.15 Demonstrate basic knowledge of music therapy reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).	90.00
17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice	55.71
17.11 Demonstrate skill in working with culturally diverse populations	46.43
17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice	30.71
17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity	20.71
17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds	14.29
17.5 Resolve conflicts in a positive and constructive manner	8.57
17.7 Express thoughts and personal feelings in a consistently constructive manner	5.71
17.2 Adhere to the Standards of Clinical Practice	5.00
17.6 Meet deadlines without prompting	5.00
17.1 Interpret and adhere to the AMTA Code of Ethics	4.29
17.8 Demonstrate critical self-awareness of strengths and weaknesses	4.29
17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training	2.86

Competency	% of respondents
17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality	2.86
17.4 Accept criticism/feedback with willingness and follow through in a productive manner	2.14
17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age ability, socioeconomic status, or political affiliation	1.43

## Chapter 5: Discussion

The purpose of this study was to gather information regarding preparedness of AMTA's professional competencies by new professionals. The researcher wanted to know 1. Where are students learning the AMTA professional competencies 17.1-17.16? 2. Did new professionals feel prepared with the competencies in their first three years of working? 3. What were the most prepared and least prepared competencies out of the AMTA professional competencies 17.1-17.16?

It is difficult to standardize professionalism. The American Music Therapy Association, in an attempt to standardize competencies in the profession, has outlined the largest number of professional competencies under the professional role/ethics category. Understanding where new professionals learned these competencies, how prepared they felt, and ranking the competencies of most prepared to least helps the music therapy field to better understand the competencies that are lacking for new professionals. The AMTA states that undergraduate programs must follow the outlined areas of study, and while professional role/ethics could fall under a myriad of course areas or course titles, the AMTA (2022) does not list a specific area for professionalism or ethics by name in any of the areas of study. This could lead individuals to believe that these professional competencies might be taught at the internship level; however, internships are not standardized and stating that all professional competencies must be addressed in a typical six-month internship can be daunting to achieve. Reaching professional competency during a music therapy internship is additionally complicated due to the lack of standardization in curriculum. It would be near impossible to reach a standardized internship across all music therapy sites as the field is extraordinarily broad with a variety of skill sets needed dependent upon population, geographic location, and specialties.

A self-reporting survey such as this can skew data because individuals can report overly confident where their employers may make different observations of professional skills; however, as a practice owner that employs therapists in their first three years of work, I was pleasantly surprised to see similarities in the survey results to my anecdotal experience in the workforce. It was not surprising to see that over a quarter of respondents expressed feeling slightly prepared or not at all prepared in competency 17.5 (Resolve conflicts in a positive and constructive manner). In my experience, it is very common to see areas of weakness in conflict resolution. It has taken much experience for me to learn to teach this skill to new employees, and the data from this survey supports the need to incorporate skills for conflict resolution in employee training.

When looking at the top three competencies that respondents experienced feeling unprepared, I was surprised to see that the highest area of unpreparedness to be 17.15 (Demonstrate basic knowledge of music therapy service reimbursement and financing sources e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants) at 84.6% of respondents feeling slightly prepared or not prepared paired with 90% of respondents listing this skill in the top three least prepared competencies. This information could lead to further research looking at job placement/burnout in the music therapy field as it should be questioned how people are finding reimbursement if 90% of incoming music therapists are not prepared in understanding reimbursement and financing sources.

58.75% of respondents reported that on competency 17.13 (Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice) they felt slightly or not prepared. This begs the questions: What supports are new music therapists receiving from national, regional, and state professional organizations? Where

are new music therapists learning about regulatory issues? 26.75% of respondents stated they did not learn this information in their undergraduate or internship programs. Lack of understanding of professional organizations such as the AMTA, the Great Lakes Regional, or even state level organizations like the Association of Indiana Music Therapists (AIMT) should be considered a call to action which is supported by the 30.71% of respondents that stated competency 17.14 (Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice) was in their top three most unprepared competencies upon entering the music therapy field. Further research to learn what professional organizations are doing to support new professionals with this competency could help the field progress.

The third highest area reported as unprepared was competency 17.11 (Demonstrate skill in working with culturally diverse populations.) With 51.72% of respondents stating slightly or not prepared and 46.43% of respondents listing this competency in their top three weakest competencies, questions begin to arise about the breadth of the field and the ability to teach enough information to work with diverse populations. The professional competencies do not define what diverse populations mean, and this can also make it difficult to define with whom music therapists work with leading to difficulty in standardizing education. This is supported by the research from Roth et al., (2021) and Rushing, Gooding, and Westgate (2018). Whitehead-Pleaux, et al. (2013) echo this sentiment as the research this group conducted sought to better understand practicing and aspiring music therapist's understanding of working with diverse populations – specifically LGBTQ communities. This study was a survey in which over 50% of the respondents expressed that they did not feel comfortable working with this population, and moreover, very few respondents said they received training in this area. Additionally, this study

found that while people were stating that they did not understand or feel comfortable working with the population, they were also not seeking supervision to become more educated. How do we ensure competency when research is showing a lack-there-of?

Tanguay's (2008) research discussing internship supervisors' weaknesses with making sure competencies were met, giving criticism and/or negative feedback, and letting interns make mistakes without discussing growth or improvement from experiences may be a clue to issues with the large percentages of respondents feeling unprepared in many areas of professional competencies. If internship supervisors feel weak in teaching competencies and university educators are not gatekeeping effectively as outlined by Hsiao (2014), it makes sense that there are an abundance of new professionals lacking professional skills. Further research could be done to assess how new professionals feel in all competencies and how effective treatment is being provided. If a lack of appropriate gatekeeping in professional skills is any indication of other clinical skills, more data should be collected to understand how effective the music therapy field is for client care as well as therapist burnout due to lack of skills.

The survey results show a clear lack of preparedness in professional competencies as described by the American Music Therapy Association in new professionals as more than 20% of respondents expressed learning 43% of the professional competencies in internship and not undergraduate or equivalency programs, and with a lack of standardization in internship sites, the survey data is congruent with a lack of preparedness in major areas of professionalism. Thus, new professionals may not be prepared to work effectively as the jobs they find could be very different from their undergraduate and internship experiences. Working in populations or professional settings vastly different from those experienced in educational placements could lead to issues outlined by Billinger (2018). Issues often arise in the areas of patient care and



burnout due to lack of educational support and expectations of the work field verses the reality of job placement. Continual research regarding educational supports, standardization of educational approaches, and follow through on appropriate gatekeeping should be ongoing to aid in field improvements. If therapists feel supported and proficient in professional skills, it could be argued that job satisfaction and client care could increase.

This survey and research outline the importance of teaching professional competencies without fear of conflict or litigation. Without checks and balances or having difficult conversations with students' regarding their abilities, the music therapy field continually runs the risk of professionals feeling and being unprepared. Additionally new professionals lacking skills and entering the workforce underprepared leads to a decrease in the quality of music therapists which ultimately decreases the quality of care for client's being served. As the field of music therapy grows, specializations or concentrated studies could be considered as part of the educational and internship experiences so as to increase standardization in skills. While it can be stated that many of the professional skills are being learned in undergraduate and equivalency programs, this survey also showed that multiple competencies are not covered extensively. This could be due to a lack of standardization in programs as well as the lack of teaching professional skills. Research shows the professionalism is difficult to define and difficult to standardize; however, with the professional competencies listed by the AMTA, many professional skills can be taught, and it is the responsibility of the field to uphold the standards of professionalism through increased research, education, and implementation to teach and model professional skills to students and new professionals alike.

### **Limitations**

Self-reporting is a large limitation of this study. Data could be skewed because of self-bias and a lack of self-reflection. Respondents may not be fully aware or feel comfortable presenting themselves as not proficient with competencies. Sending this survey to business employers could aid in a more comprehensive view of the areas that new professionals are struggling to reach competency.

## **Recommendations**

The results of this study indicate from a survey of new professionals that the majority of the respondents were entering the field of music therapy unprepared in competencies that are required in order to be a practicing music therapist. If individuals are self-reporting this information, it would be very interesting research to survey employers of their experience supervising new music therapists to better understand what deficiencies are experienced by supervisors. As an employer, it surprises me that many applicants are not equipped with the attributes and skills that the AMTA outlines as necessary and proficient. It would be difficult without further research to better understand where the breakdown occurs, but it does appear that a lack of standardization and an extremely broad range of demographics can be considerable issues in new professional success.

Standardizations in music therapy curricula is a solution for new professionals. Making professionalism a direct area of education as it relates to working in a collaborative environment, advocacy, and interpersonal skills could help to decrease the amount of frustration, burnout, and poor client care as new professionals would likely be able to resolve problems more effectively; thus, ultimately increasing job satisfaction and client care. Standardization in the music therapy field comes with some limitations.

How do we standardize education when we know the field of music therapy is so diverse? There has been some consideration to change the requirements of a music therapist's education from four-year degree program to a graduate level entry field to encompass all of the information needed to be proficient in order to practice. Alternatively, in places like Indiana where there is a high demand for music therapists, implementing a master's level entry could be detrimental to the growing field as the supply would decrease while the demand for services continues to grow. Is it more of a detriment to the field to allow self-reporting new professionals provide treatment and work in professional settings when they express not being prepared adequately for the jobs?

In my practice of double-digit employees, I have experienced the detriment of unprepared professional skills many times over. I often hire new therapists as the supply of experienced therapists is small due to the newness of this field. I have learned that I must plan to spend at least six to twelve months with new employees to focus on professional development skills. Teaching conflict resolution and time management are two of the main areas of weakness I see in new therapists. The inability to be transparent with coworkers and interdisciplinary teams, understanding emotional responsibility and group dynamics as well as combating imposter syndrome and burnout related to professional communication are areas that are teachable. I've seen therapists succeed when given tools and education for these skills, but the question still remains: Why are we not prioritizing these skills as part of our higher education experiences? Data shows that new professionals feel unprepared. Educators are lamenting that students are unprepared. Employers are expressing that new hires are unprepared. I wonder if our burnout and therapist turnover would decrease if new therapists entered the field with proficient professional skills. The AMTA requires professionals have three continuing education units in

ethics each cycle (AMTA, 2022). Could there be a requirement on a therapist's first certification cycle to have a continuing education in professional skills?

And while education and standardization conversations are important to explore, an immediate recommendation to increase professionalism in new music therapists is to increase the visibility and support of the state, regional, and national organizations. This survey pointed out that almost a third of respondents did not know how professional organizations can impact their work. These organizations are tasked with creating and maintaining standards, information, resources, and supports for professionals. It would be beneficial research to understand what would happen if organizations increased visibility and access to all music therapy professionals. Would the quality of work of the professionals in the field also increase? A limitation of this study is looking at where students learned their professional skills. If a respondent answered "neither" on the location of education of a competency, a follow-up question could have included "where did you learn this skill" as there are still questions of where these skills are being learned.

## **Conclusion**

Music Therapy is still a growing field of working professionals that is continuing to learn and grow- ultimately working towards a field that provides the highest quality care to patients by being able to support and train truly proficient music therapists. This survey showed a need for clearer standardization in educational and internship placements. While the AMTA sets standards and educational guidelines, this research shows that many professionals are entering the field not feeling prepared in all competencies. The information from this research can be used to increase educational experiences amongst universities as well as internship programs with the potential to increase professionalism in the field of music therapy with the outcomes of increased

job satisfaction, decreased burnout, and ultimately increased quality of care in facilitation of services.

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## APPENDICES

### APPENDIX A - COPY OF INVITATION

Hello Music Therapists! I'm Kirby Gilliam, MT-BC, and I'm a graduate student at St. Mary-of-the-Woods College, and I want to learn where YOU learned our professional competencies.

If you are a music therapist (MT-BC) with 3 years or less experience in your first professional job, please consider assisting by clicking the link below to an anonymous survey and help me learn how our field can support new music therapists in being strong and proficient professionals!

LINK TO SURVEY:

<https://www.surveymonkey.com/r/professionalcompetenciesMAMT>

*Your email address was acquired from the Certification Board for Music Therapists. You may opt-out of future research, educational and professional emails by confirming your preference in your online CBMT account.*

#### **Purpose of the Research**

The purpose of the research study is to learn when professional competencies are taught to MT-BCs as well as to learn more about self-identification of competency in regard to AMTA's professional competencies 17.1-17.16.

You are being asked to participate to help increase awareness of the importance of professional skills and competencies in the work field. With your participation, information can be provided to appropriate educators to increase the professional quality of the field.

LINK TO SURVEY:

<https://www.surveymonkey.com/r/professionalcompetenciesMAMT>

## **APPENDIX B - COPY OF SURVEY**

### **Are Students Proficient?**

A study understanding where students learn professional competencies.

### **Information and Consent**

#### **Thank you for participating in this survey!**

You are being asked to participate in a research study about the professional abilities and struggles related to the AMTA's professional competencies 17.1-17.6 of music therapists working three years or less in the professional field of music therapy.

### **Purpose of the Research**

The purpose of the research study is to learn when professional competencies are taught to MT-BCs as well as to learn more about self-identification of competency in regard to AMTA's professional competencies 17.1-17.16.

You are being asked to participate to help increase awareness of the importance of professional skills and competencies in the work field. With your participation, information can be provided to appropriate educators to increase the professional quality of the field.

### **Procedures**

You will be asked to answer multiple choice questions as well as identify top three areas of strength and areas of weakness surrounding AMTA's professional competencies 17.1-17.16. This will take approximately 15 - 20 minutes.

### **Risks or Discomforts**

Risks or discomforts from this research study include feelings of vulnerability or feelings of frustration reflecting on oneself. Researcher will be available for conversation and will refer them to their supervisors or mentors.

### **Potential Benefits**

Benefits that may be expected from this research study include understanding when and where competencies are or are not being taught. While this information can aid educational facilities and clinical supervisors to better prepare future professionals, there are no direct benefit to the participants of the study.

**Confidentiality**

Any of your information that can directly identify you will be stored separately from the data that will be maintained for a period of three years in a password-protected electronic storage.

**Voluntary Participation**

It is entirely voluntary to participate in this research study. You can decline participation in the study by not signing the consent form. You can withdraw from the study at any time without penalty by contacting the co-investigator, Kirby Gilliam, MT-BC at Kirby.gilliam@smwc.edu even if you decide to be part of the study now.

**Use of Data for Future Study**

Data that does not contain information directly identifying you could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

If you have questions about this research study, please contact the principal investigator or co-investigator.

**Principal Investigator**

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This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on 3/13/23.

If you have questions or concerns about your rights as a research participant, you may contact the chair of the Human Subjects Institutional Review Board.

Chair, IRB

Dr. Lamprini Pantazi, Chair, Human Subjects Institutional Review Board  
Saint Mary-of-the-Woods College  
Saint Mary of the Woods, IN 47876  
(812) 535-5232

[lpantazi@smwc.edu](mailto:lpantazi@smwc.edu)

**Part 1 Instructions:**

**Read each competency listed and answer preceding questions for each.**

**17.1 Interpret and adhere to the AMTA Code of Ethics**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.2 Adhere to the Standards of Clinical Practice.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.4 Accept criticism/feedback with willingness and follow through in a productive manner.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.5 Resolve conflicts in a positive and constructive manner.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.6 Meet deadlines without prompting.**

1. Where did you primarily learn this competency?  
a. Undergraduate or Equivalency Program      b. Internship  
c. neither

2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?

- a. Yes      b. Slightly      c. Not at all

**17.7 Express thoughts and personal feelings in a consistently constructive manner.**

1. Where did you primarily learn this competency?  
a. Undergraduate or Equivalency Program      b. Internship  
c. neither

2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?

- a. Yes      b. Slightly      c. Not at all

**17.8 Demonstrate critical self-awareness of strengths and weaknesses.**

1. Where did you primarily learn this competency?  
a. Undergraduate or Equivalency Program      b. Internship  
c. neither

2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?

- a. Yes      b. Slightly      c. Not at all

**17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.11 Demonstrate skill in working with culturally diverse populations.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all



**17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.**

1. Where did you primarily learn this competency?
  - b. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.**

1. Where did you primarily learn this competency?
  - a. Undergraduate or Equivalency Program
  - b. Internship
  - c. neither
  
2. Do you feel you were you prepared in this competency based on your experience in your first three years of your professional work?
  - a. Yes
  - b. Slightly
  - c. Not at all

**Part two instructions-**

**Below you will see a list of professional competencies 17.1-17.6 listed by AMTA's professional standards.**

**1. Choose the top three competencies by placing an X in the box that you felt most prepared when starting your first job as a music therapist.**

- 17.1 Interpret and adhere to the AMTA Code of Ethics.
- 17.2 Adhere to the Standards of Clinical Practice.
- 17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.
- 17.4 Accept criticism/feedback with willingness and follow through in a productive manner.
- 17.5 Resolve conflicts in a positive and constructive manner.
- 17.6 Meet deadlines without prompting.
- 17.7 Express thoughts and personal feelings in a consistently constructive manner.
- 17.8 Demonstrate critical self-awareness of strengths and weaknesses.
- 17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.
- 17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation.
- 17.11 Demonstrate skill in working with culturally diverse populations.
- 17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.
- 17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.
- 17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
- 17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).

17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.

**2. Choose the top three competencies by placing an X in the box in which you felt the least prepared when starting your first job as a music therapist.**

17.1 Interpret and adhere to the AMTA Code of Ethics.

17.2 Adhere to the Standards of Clinical Practice.

17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.

17.4 Accept criticism/feedback with willingness and follow through in a productive manner.

17.5 Resolve conflicts in a positive and constructive manner.

17.6 Meet deadlines without prompting.

17.7 Express thoughts and personal feelings in a consistently constructive manner.

17.8 Demonstrate critical self-awareness of strengths and weaknesses.

17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.

17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation.

17.11 Demonstrate skill in working with culturally diverse populations.

17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.

17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.

17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.

17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).

17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.