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Music Therapy Practicum Practices: A Survey of Music Therapy Educators

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Music therapy program directors were surveyed about various aspects of their music therapy practica. The survey addressed various aspects of the structure of the practicum, on-campus clinics, faculty supervision, videotaped supervision, and evaluation of practicum students. Responses were received from 38 educators from undergraduate programs. Results indicate that there is wide variety in the number of practica required and in the amount of time spent in practica. Several populations are included in the practicum experiences offered by every university, although the means of achieving this variety varies. Results also showed variations in the way that practicum experiences are set up so that in some cases students observe and assist, sometimes eventually assuming full responsibility for the session, while in others the students are responsible for the entire session from the beginning. The content of classes that accompany the practica, when such classes exist, is similar from program to program. There are also wide variations in practicum supervision and faculty compensation for this supervision.

Music therapy students gain clinical experience as part of their music therapy training in a variety of ways. Music therapy programs in the United States generally divide clinical experience into two parts; that acquired during the time that students are receiving their academic training, generally called the "practicum" experience, and that acquired near the end of their other academic training, generally called the "internship." This report is concerned with the earlier of these experiences, the practicum, the purpose of which may be said to be "to introduce and orient the student to a variety of client popu-

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lations, institutional settings, treatment approaches and music therapy methods" (American Music Therapy Association, 1998b, p. 10).

Prior to their unification into the American Music Therapy Association (AMTA), there were two associations and models of music therapy education, that of the American Association for Music Therapy (AAMT) and that of the National Association for Music Therapy (NAMT). Although the two associations approached practicum requirements in different ways, both required these experiences. In the first years of the unification of the two associations into AMTA, which occurred in 1998, both the AAMT and the NAMT models for education and training remain in effect, so music therapy practica as established prior to the unification have also continued.

The standards set by each association regarding practicum experiences affect the way that colleges and universities following the educational model of that association set up their practica. These standards include statements from the *NAMT Standards of Practice for Music Therapy Educators* that the educator

> oversee practica assignments to ensure that at least three populations are dealt with prior to internship; at least one clock hour per week that the student is enrolled in upper level music therapy coursework should be allotted for practicum; and at least twice per term, observe each student's practicum work and document in writing the student's strengths, areas where improvement is needed, and suggestions to facilitate improvement; observation may be done in person or by videotape. (NAMT, 1997b, p. 3)

The NAMT Standards and Procedures for Academic Program Approval (NAMT, 1997a) state that 16% of the curriculum is in the area of music therapy, including principles, psychology of music, and practicum. The *Manual for AMTA Approval of Educational Programs in Music Therapy Under the AAMT Model* (AMTA, 1998b) states:

> The purpose of the pre-internship field training is to introduce and orient the student to a variety of client populations, institutional settings, treatment approaches and music therapy methods. Field experiences prior to the internship are valuable for several reasons. First, they provide a necessary introduction to the profession. If observations are provided in the early stages of the student's program these experiences help to clarify whether the student is interested in and suitable for a career in music

> therapy. Second, these experiences provide a basic understanding of atypical individuals and their problems in daily living. Third, they help the student to identify the role of a music therapist in various institutional settings. Fourth, they provide the student with concrete examples upon which to interpret classroom instruction. Fifth, they help the student to choose a clinical area for his/her internship. Last, these field experiences prepare the student both personally and professionally for internship placement. Because these experiences are so valuable, the AAMT model requires that pre-internship training programs require the student to both observe and participate in music therapy programs in a wide variety of clinical situations prior to internship placement. (AMTA, 1998b, pp. 11–12)

Finally, the AMTA Code of Ethics (1998a) states, "The MT involved in the education of students and internship training will ensure that clinical work performed by students is rendered under adequate supervision by other music therapists, other professionals, and/or the MT educator" (p. 4).

Related Literature

Numerous articles have discussed the structure of music therapy practica and techniques for increasing the effectiveness of supervision. One consistent area of research in practicum and pre-internship training has looked at techniques for increasing the acquisition of music therapy competencies and improving the effectiveness of supervision. A number of studies found similar outcomes using traditional, on-site supervision and other more economical or less time-intensive means of supervision. Researchers (Alley, 1980; Andersen, 1982; Hanser & Furman, 1980) compared the results of various forms of feedback, including self-feedback and videotape-based feedback, and found them to be similar in helping students to acquire clinical skills. Others (Killian, 1981; Ten Eyck, 1985) investigated various feedback procedures for developing music skills outside of music therapy settings.

Other researchers have looked at the feasibility of building music therapy skills outside of clinical situations. Greenfield (1980) utilized videotape analysis and contingent light signals during simulated music therapy groups and found that, while the target behaviors increased, there was a lack of transfer to actual clinical situ-

ations. Alley (1982) found the skills that students exhibited in simulated groups to be similar to those displayed in clinical groups. More recent studies (Adamek, 1994; Furman, Adamek, & Furman, 1992) have made use of an auditory cueing device by which the instructor can give the student feedback while the student is in the session. In both studies, students using this device improved, but since their improved clinical skills remained when the device was not used, it cannot be assumed that the improvement was due to the device.

McClain (1993) was interested in students' perceptions of the content, structure, and supervision of practicum training, and their self-perceptions in the process. To gather this information, she surveyed 138 music therapy majors from 12 colleges and universities and also interviewed 20 of those surveyed. She found that they wanted "more on-site music therapy supervisors who can observe students and be observed by them; greater input into their practicum placements; more diversity of practicum settings; more orientation before beginning a new practicum; more of a gradual sequence from less difficult to more difficult clients, and from individuals or small groups to larger ones; an earlier start in practicum training; and opportunities to assist or co-lead before conducting sessions independently" (1993, p. iv). In terms of their self-perceptions, she found that students felt most competent "first, as a person, second, as a musician, and third, as a therapist" (1993, p. iv), and that they were most concerned as therapists about their clinical skills, particularly those that involved understanding and meeting the needs of clients and establishing rapport with them.

Several studies have looked at the evaluation of practicum experiences and skills. Decuir and Jacobs (1990) compared evaluations by clinical supervisors and student clinicians of 48 skills that were to have been demonstrated in music therapy practica over a period of 7 years. They found similar evaluations of nearly all of the skills. This contrasts with a finding by Greenfield (1978) that students tended to evaluate clinical skills higher than did their instructor. The difference in results could be due to the very different nature of the two studies.

A number of innovative ways of handling practicum experiences have been developed. In utilizing advanced undergraduate students as supervisors or proctors for less experienced students, Hanser (1978, 1980, 1987b) formulated a series of tasks to be com-

pleted by each student. These tasks were included in a manual intended to help structure the student activities as they designed, implemented, and evaluated music therapy programs. Wright (1992) organized a clinic levels system designed to provide prepracticum experience in an on-campus clinic as preparation for practicum courses. The system was instituted in the on-campus clinic to be taken concurrently with courses, beginning with the first introductory course, prior to beginning practicum courses in the junior and senior years. Wright includes four required and one optional levels, with increasing amounts of responsibility and difficulty of requirements at each level. Krout (1982) presented a system to enable an instructor to supervise practicum students when it was not possible to directly observe the student. He included essential clinical skills and means for achieving and evaluating them. Standley (1991) utilized a data-based approach to establishing music therapy competencies in preparing a textbook for the development of music therapy competencies at gradually increasing levels of difficulty. The procedures that she presents are intended to be used to develop, outside of the practicum setting, the competencies needed for practicum work.

Two books are available to assist students with the practicum process. Hanser's *Music Therapist's Handbook* (1987a) guides students through the phases of a data-based model for music therapy. For each phase, she describes procedures, gives clinical examples, and includes definitions. Boyle and Krout's *Music Therapy Clinical Training Manual* (1988) describes various aspects of the music therapy practicum process, provides definitions and examples, and includes forms to help in the process.

Guidelines for successful practicum experiences have been presented by several writers. Hadsell and Jones (1988) relay suggestions for the music therapy clinician and for the educator for successful practicum experiences. Darrow and Gibbons (1987) describe procedures for organizing and administering music therapy practica, based on their work at The University of Kansas. These procedures have been updated in materials used at their university (Burns, Ju Chong, de l'Etoile, Clair, & Darrow, 1999). Oldfield (1992) makes observations about some of the difficulties that students encounter during clinical placements, based on her work in Great Britain, with suggestions for supervisors that focus

on helping students with improvisation, forming a relationship with a client, and learning to fit into a team.

Stephens (1984) presents a model of music therapy supervision through participation in a music therapy group. She suggests that such a group can provide an opportunity for dealing with specific content of material, working with the therapist's personal connection to the material and musical expression, and observing issues of group process through the process of the group itself. Theoretical models for supervision are presented by Memory, Unkefer, and Smeltekop (1987), with the suggestion that they are applicable to music therapy supervision.

In a study done as part of an extensive survey of educational and practicum practices, Maranto and Bruscia (1988) gathered information on practica. From the survey returned by 37 educators (50.6% of those who received the survey), they report on many aspects of practica (pp. 31–32). They found the average number of credit hours required for practicum during undergraduate training to be 5, with a range of from 2 to 11 credits. (The authors suggest that these data should be interpreted and generalized with caution, as respondents might have misinterpreted the question and answered for semester rather than the total undergraduate program.) The average number of contact hours prior to internship was 154, with a range of from 40 to 200. They found approximately an equal number of placement decisions to be the faculty member's choice as the student's choice, with a number stating that placement decisions were made to include experience with specific populations. They found that students spent approximately 46% of their time conducting group sessions independently, 34% conducting individual sessions, 26% observing, and 20% assisting the therapist. Practicum requirements also included treatment planning, seminar attendance, clinical logs, readings, case studies, and other written assignments. Music therapists were responsible for the majority (51%) of supervision, with allied health professionals, other music therapy students, and music therapy faculty also serving as supervisors. Data were also presented concerning the evaluation of students' observation skills, performance as a therapist's assistant, individual therapy skills, and group therapy skills. They found that 95% of the educators observed students at their practicum sites and met with their supervisors, on average five

times per term. Educators also consulted with supervisors by telephone or letter, worked with clients at clinical sites as a means of supervision, and met with students individually. Practicum evaluations were used as a primary means of assessing students' skills prior to the internship.

The current study was conducted to update and expand the data reported in the previous survey, and to provide basic information on how colleges and universities structure their music therapy practica.

Method

Subjects

A survey and cover letter were sent to the Director of Music Therapy at all 69 colleges and universities approved by AMTA in the spring of 1998. This included four colleges that had only graduate programs. Under the assumption that the practica at these schools dealt largely with students who were gaining their initial training as music therapists while also pursuing graduate education, these educators were asked to complete the survey based on their practicum requirements.

A follow-up letter was sent several months later to those who had not returned their survey. Additional follow-up was done several times with a number of individuals in order to clarify points. Although in some cases the follow-up revealed that changes had been made in the structure of the practica, the results reported are of practices in effect in the spring of 1998 when the initial surveys were returned.

Surveys were returned by 40 educators for a 58% response rate. Two of these were from colleges with only graduate programs. While these graduate practica shared many commonalties with the undergraduate practica, there were some differences. In addition, practica in the two graduate programs were very different from one another so that information from them could not have been combined to provide a meaningful summary of graduate practica. So that the summary will accurately reflect practicum practices as part of the undergraduate training, data from these two colleges is not included in this analysis. Responses from 38 colleges and universities are thus included in this summary.

Responses were from all parts of the United States. The distribution of responses by region is reflected in Table 1.

TABLE 1
Number of Respondents by Region

Region	Responses
Great Lakes	9
Mid-Atlantic	9
Midwestern	3
New England	2
South Central	1
Southeastern	6
Southwestern	2
Western	6

[1] Only the responses included in the analysis are listed.

Survey

The survey consisted of a number of questions about the practicum experiences provided at the university. Although quantitative information was requested, all questions were purposely left open-ended in an effort to allow educators to describe their practica as they saw them. This was done in recognition of the fact that there are many ways of viewing music therapy practica, and with the hope that it would allow some of the individual perspectives in viewing practica to be conveyed in the responses. Educators were also encouraged to provide copies of course outlines, forms, and other materials that would aid in understanding their practica.

The survey addressed the structure of the practicum curriculum (semesters of practicum, credits, designated populations), structure of the course (class meetings, assignments, materials), structure of the practicum experience (time spent at the clinical site and what is done during that time, whether students assist or provide sessions, whether they work alone or together, aspects of supervision), on-campus clinics, faculty supervision (how it is structured, compensation), videotaped supervision, and evaluation of practicum students.

Results

Because the questions were asked in a manner designed to elicit more than just quantitative answers, the information gained does not always fit into clear numerical categories. This seems to reflect the variety of assumptions that are made about practica and the many ways that institutions and educators perceive practicum expe-

TABLE 2
Number of Practica Required

Practica required	Colleges
3	6
4	13
5	5
6	7
7	4
8	2

riences. The organization of data attempts to categorize and quantify the information conveyed by respondents regarding practica.

Curriculum and Practicum Structure

As shown in Table 2, there is wide variety in the number of practica required. Some respondents indicated that there was some flexibility in the number of practica required. Several said that students typically took more than the required number, while others said that the program director had the flexibility of assigning additional practicum experiences to students who needed them. While only a few colleges specifically addressed practicum requirements for transfer or equivalency students, adjustments for these students clearly must be made, particularly in programs requiring six or more semesters of practica. From the few responses that addressed this, it appears that practicum requirements may be lessened for students in these categories who do not spend 4 years at the university, or that students may take two practica at one time.

The amount of time spent in practica also varies widely, as seen in Table 3. The total hours required range from 33 to 300, with a

TABLE 3
Total Amount of Time Spent in On-Site Practicum Work

Hours	Colleges
1–49[1]	6
50–99	16
100–149	11
150–199	2
200–249	1
250–300	2

[1] Actual hours included in this category were 33–49.

TABLE 4
Classes Accompanying Practicum

Class meeting structure	Colleges[1]
No class	5
1 hr. class, 2–8 times/semester	4
1 hr. class, each week	20
1 hr. 20 min. class, each week	2
2 hr. class, each week	2
1 hr. class, once prior to practicum	1
Regular individual meetings with instructor	2
Practicum work included in other course, discussed there	2
2 cr. class prior to practica	1

[1] One college structures practicum classes differently at different points in the curriculum, so numbers do not total 38.

mean of 104.19 hours (*SD* = 10.21). Exactly what is included in the time counted as practicum time was not always clear from the responses. In making these calculations, an attempt was made by the writer to include the time at the facility, including client contact time, time for setting up the session, and supervision time, but not time spent in preparing and documenting sessions. It is possible that variations in the way that program directors calculate and speak of practicum time are reflected in the data, and likely that many of the lower numbers reflect primarily direct client contact time while the higher numbers reflect a broader experience at the practicum site.

Whether or not a separate practicum class is offered varies among universities, as seen in Table 4. Five include the practicum class/discussion within other classes. When offered as a separate class, credit for practicum varies from zero to three credits, with by far the most (25) offering at least some practica for one credit. In six instances, practicum credits varied at different levels. (All except one university used the semester system; the university that did not was in the process of changing to semesters and provided information in semesters as well as quarters. All results are reported here in semesters.) The average number of total practicum credits is 5.87 (*SD* = 2.42).

Practica begin at varying points in the curriculum, as shown in Table 5.

Several populations are included in the practicum experiences offered by every university, although the means of achieving this va-

TABLE 5
Year in Which Practicum Begins

Year	Colleges
Freshman	10
Sophomore	20
Junior	8

riety varies. In some cases, particular populations are required at each level (e.g., elderly people during the sophomore year, children during the junior year, adults with psychiatric problems during the senior year). In other cases, students make their own selections from available populations, while in others, the population is chosen in consultation with the faculty member. Another consideration is the facilities and supervisors that are available. In many instances, several of these considerations apply to the selection of populations.

There are variations in the way that practicum experiences are set up so that in some cases students observe and assist, sometimes eventually becoming responsible for the entire session, while in others the students are responsible for the entire session from the beginning. These are shown in Table 6. There are also differences in whether students work alone or in groups of two or more, as shown in Table 7.

Class Content

Since the goal of all music therapy practica is to provide students with experiences and skills needed to become competent music therapists, it is not surprising that the content of classes, when offered, is similar from program to program. Most classes include work on assessment, setting goals and objectives, outlining appro-

TABLE 6
Student's Role in Session

Student role	Colleges
Assist	1
Assist, then co-lead with music therapist	1
Progress to lead	12
Both assist and lead	10
Lead only	14

TABLE 7
Students Working Alone or Together

Working alone or together[1]	Colleges
Always alone	14
Both alone and together[2]	9
Progress over time to alone	7
In groups of two or more	8

[1] When a category was listed as the ideal or usual, but acknowledged not always to occur, results are tabulated under that category.
[2] For programs which specified that their students worked both alone and together, or reported no progression from one to the other or other rationale.

priate treatment procedures, evaluation, and session planning. Some include information on the population with which students are working. Some educators use role playing and other means of developing clinical skills, sometimes in a laboratory setting. Ethical behavior and issues are also covered.

Most assignments provide means of learning about the above areas. The most usual assignments are assessments, session plans, and documentation of progress. Documentation of progress is often on a weekly basis and may include charts and/or graphs, and also at the end of the experience in the form of progress notes. In many instances, forms are provided to help with these assignments. Some programs require that students do a formal review of client records as part of the assessment, or collect baseline data on one or more behaviors. Logs documenting various aspects of the experience, including the student's own experience and feelings, are a common assignment. Summaries of articles relevant to the population, or a disability paper or formal paper summarizing the treatment may be required. Some require a case presentation describing the music therapy treatment of one or more clients. Faculty may require that students learn songs with accompaniment appropriate to the population with which they are working, or provide a tape of some of the music that has been used during the semester. Many programs require written evaluations by students of their own skills, of the facility and their experience there, and of faculty and/or on-site supervisors; these may be done at several points in the semester.

Respondents were not specifically asked about texts or other materials used, but were invited to share any information that they

TABLE 8
Sources of Supervison

Supervisor	Colleges[1]
On-site music therapist	30
On-site professional, not music therapist	18[2]
Faculty	28

[1] The totals are greater than the number of respondents because most colleges utilize more than one type of supervison.
[2] Responses are included here only if actual supervision (not only administrative contact) is provided, and if it was indicated as a regular practice; responses that stated "occasionally" are not included.

could to make what they do in their practica more clear. Among the books listed frequently were *The Music Therapist's Handbook* by Hanser (1987*a*), *Music Therapy Training Manual* by Boyle and Krout (1988), and several books by Corey and his associates (including *Becoming a Helper* by Corey & Corey [1998], and *Theory and Practice of Counseling and Psychotherapy* by Corey [1996]).

Supervision

Supervision can come from several sources. In most cases, students work with music therapists when possible, although they also work in settings without music therapists but where other professionals serve as supervisors. Faculty supervision is often provided. Specifics of these three types of supervision are shown in Table 8. A few schools also utilize feedback from advanced undergraduate students, sometimes in a mentoring program.

For colleges at which on-site supervision by a faculty member (full- or part-time) or graduate assistant is provided, the number of observations varies greatly, with an estimated average number of 5.12 ($SD = 2.26$; an exact average cannot be calculated with the data available). Numbers of faculty observations are shown in Table 9.

Several means of providing supervision were described. The most frequent is one where the supervisor observes the student's work in person, then gives feedback directly to that student. This feedback may be written as well as verbal, with written feedback either in a narrative or using a form. In other cases, the session is videotaped and feedback is given by the faculty member after viewing the tape with or without the student. Student self-analysis of the tape, in either a structured or unstructured manner, is also done.

TABLE 9
Number of Faculty Observations

Observations	Colleges
1	3
2	4
3 or 3–4	3
4	2
3–8	1
1/2-all of sessions	6[1]
Not enough information given to know number	11

[1] For two of the respondents in this category, the faculty member is in all of sessions for only part of practica; the amount of supervision in other practica is also included in another category.

Group supervision, implying that student music therapists receive feedback from others in the group as well as the instructor/supervisor, may also be provided. This feedback, with accompanying group support, is an important component of the supervisory experience. A description of this is: "The group meets to discuss feelings, and the intent of the supervision is to foster self-awareness and personal insight, especially with those feelings/reactions that influence the way they relate to their clients. Sometimes we use music therapy experiences to help the students, although this is not every week. It is primarily verbal." (C. Dileo, personal communication, April 21, 1999)

Faculty Compensation for Supervision

Information was sought on compensation of faculty members for supervision. Responses to this question varied greatly and are summarized in Table 10.

The category in the table, "regular faculty, compensated," includes a number of approaches to compensation. In understanding and comparing faculty compensation, it is important to keep in mind that there are many variables. These include the number of direct observations given and the number of students observed, whether these observations and/or students are working in the same or different settings, distances to the clinical sites, whether students are working individually or with other students, whether they are working at an on-campus clinic, whether observation may be by videotape, what the total faculty load is, and whether the practicum responsibility of the faculty member includes coordinat-

TABLE 10
Compensation for Supervision

Type of compensation	Colleges[1]
Hourly employees	5
Graduate assistants	3
Regular faculty, compensated[2]	19
Faculty supervise without compensation[3]	7
No supervision, no compensation	6
Faculty receives credit for coordination but not supervision	5

[1] Colleges total more than number of respondents because some utilize more than one method of compensation.
[2] Includes faculty member on half-time line.
[3] Faculty may receive credit for class that accompanies practicum.

ing the sites in addition to supervision. While what is reported here is as accurate as possible and provides substantial information, many of these factors vary from institution to institution, making direct comparisons impossible.

Several of the schools assign the faculty member credit per student; this may be for a varying number of observations/supervisions. These credits appear to be separate from any credits given for a class that meets in conjunction with the field experience. Schools operating under this format give credits including: 0.25 credit per student (three to eight observations); 0.33 credit per student (number of observations not stated); 0.5 credit per student, given by two schools (in one, students are observed every other week; in the other, for the first two practica the supervisor initially models and later supervises students working in a group, while in the last practica two observations per semester are given); and 0.75 credit per student (where students are observed three to four times per semester if off campus and during every session if at an on-campus clinic). Other schools give a certain number hours of credit per site, including three credits on load for each site, and three credits for two sessions/week (includes 1-hour class).

In two colleges, supervision appears to be the major part of the duties of faculty hired for practicum supervision. In one case, that supervision is 20 hours per week of the load of one full-time faculty member. Another says that 80–90% of the students are observed each week, with a sliding scale based on the number of students doing clinical work revealing a faculty load for supervision of 6 cred-

its for up to 25 students, 7 for 26–29 students, 8 for 30–32 students, 9 for 33–36 students, and 10 credits for more than 37 students; it should be noted that students may work at the same site or share a supervision time.

Some schools give credit based on a formula. In several cases, formulas were derived from credits given for supervision in another discipline (music education or occupational therapy). One school gives 0.14 credit per observation (students are generally observed two times per semester). In somewhat more complicated formulas, one school gives the equivalent of 0.75 credit per student, up to a maximum of one fourth of load (the number of observations given is not specified, although videotape is often used for supervision; these numbers have been translated from the formula used by the school to more generic but equivalent numbers). Another school takes the number of affiliations divided by 2.5 and multiplies that by 1.67 to arrive at the amount of faculty credit.

For some, the supervision is a portion of the faculty member's load, often regardless of the number of students who must be supervised. At times, a formula is used for determining credits, but the supervision can only go up to a certain percentage of the load. Of universities assigning supervision as a portion of the faculty member's load, in one school, practicum supervision and a 1-hour weekly class meeting constitute one fourth or less of the faculty member's load. In another, the faculty supervisor receives credit for one and one half classes as a result of the supervision (approximately one third of the faculty supervisor's load; all sessions are supervised). In another, faculty credit is one and one third credits on the load, with an additional credit received for the class meeting; for larger classes, the credit increases. At one school, the faculty member receives two credits for supervision in the fall and one in the spring. Most of the faculty loads appear to be 12 credits, although some are less than that and some may be more.

In some schools, the faculty member receives credit for the practicum class meeting and supervision combined. In one college, the faculty member receives one credit per class, for the class and supervision. In another, the faculty member receives two credits for a 1 hour 20 min class meeting per week plus one on-site supervision. In one school, each faculty member receives 0.67 for each one-credit practicum, totaling three sections per year; all supervision is included in that credit and is divided equally between

two faculty members (includes four visits to each student or pair of students per semester plus additional supervision meetings; class meetings are not held every week).

Another type of faculty compensation applies to universities in which direct faculty supervision is not provided. In two schools, the faculty member responsible for the class accompanying the practicum receives credits beyond those normally given for teaching a class (i.e., beyond one credit that would normally be given for a class meeting 1 hour a week), in recognition of the time outside of class required for supervision (outside of on-site supervision). In both cases, the faculty member receives two credits for a practicum in which the class meets 1 hour a week.

Finally, as indicated in Table 10, faculty may be compensated for aspects of practica other than supervision. As noted in the table, in five schools the faculty member receives credit for coordinating the practica but not for supervision. These include one school assigning one third of the faculty coordinator's load for coordination, one in which the faculty member receives three credits for "supervision and coordination," another where the faculty member receives one credit for coordination, one where one credit hour is received for every six students enrolled in practicum, and one where the amount of credit received is not specified. It should be noted that "coordination" may be used to mean different things, in some cases very likely including supervision that does not include on-site visits.

Additional Practicum Issues

A number of colleges provide a manual that outlines student, faculty, and clinical site responsibilities, such as that mentioned earlier from The University of Kansas (Burns et al., 1999). These often include assignments, forms, and other information that is needed by practicum students. Sometimes a contract is developed that outlines student, supervisor, and faculty responsibilities, and is signed by all.

Practicum grades are generally determined by a combination of the written and practical aspects of the practicum. Most educators give letter grades, although a few give pass/fail or credit/no credit. Some outline the percentage of the grade that will be accounted for by each of the practicum requirements. No mention was made of the role of practicum performance in determining students' suitability for the field of music therapy, although this is clearly one

TABLE 11
Uses of Videotaping

Uses	Colleges
Shown in class	2
Reviewed with instructor	4
Reviewed with student mentor	2
Self-feedback	2
Alternative to faculty supervision at site	3
Regularly (uses not given)	3
Sometimes (uses not given)	4
On-campus only	1
No or rarely	15

of the functions of the practicum experience and, in other formats, appears to be a topic of great concern to faculty (Wheeler & Polen, March 1998; Polen, Ritholz, Wheeler, & Selesky, March 1999). It is possible that comments on this concern were not elicited by the questions that were asked.

Videotaping was used by a number of colleges, as shown in Table 11. Two of the respondents referred to uses of videotaping from the literature as they described their use of it. In one case, students analyzed videotapes using the methods developed by Standley (1991), while another utilized videotape analyses developed by Hanser and Furman (1980).

Six schools reported having music therapy clinics. One of these provides a clinic only at certain times, depending on student needs. Of the six, five provide services for children only, while one treats clients of all ages. One additional educator said that her school was in the process of revamping its clinic. Five of the clinics are administered by music therapy faculty; one is administered by the person responsible for campus experiences designed to provide clinical experiences for students. Most of the clinics provide only part of the students' clinical experiences (three of the program directors stated that two experiences are provided). Clinics have been in operation for from 2–3 months to 18 years. Most have their own space, including facilities for observation. They offer a variety of practicum experiences, servicing as many as 36 clients and providing practicum experiences for up to 12 students. Clinics generally have either a sliding scale or charge a nominal fee with the possibility of scholarships for clients who need assistance.

Discussion

The most striking finding about the practicum practices reported in this study was the degree to which they are similar in many ways but very different in others. While the survey did not ask respondents to state their practicum goals, there is every indication that all faculty embrace similar goals for practica, of introducing and orienting students to "a variety of client populations, institutional settings, treatment approaches and music therapy methods" (AMTA, 1998,*b*, p. 10). It also appears that educators are fairly unified in the general means by which they help students to achieve these goals as they provide students with a variety of client populations for whom to provide music therapy services; guidance in how to assess, treat, and evaluate clients in order to accomplish this; and feedback on what they do. Guidance and standards from AMTA assist in this unanimity.

However, within these generally accepted goals and means of achieving them, there is tremendous variety in what actually occurs from program to program. Much of this variety is embedded in people's thinking and the assumptions that they make about practicum experiences, and only becomes apparent upon careful examination. The areas in which these assumptions seem to have the most effect (and consequently were hardest for the writer to uncover in order to report them clearly) are: (a) exactly what is done by the students for their practicum experience and whether this is done alone or working with someone else, (b) how much time is involved in the practicum (in class and at the clinic), (c) what is involved in the supervision process, and (d) how faculty are compensated for their involvement in the practica.

The first of these areas, what students do in the practicum and whether this is done alone or with another student or professional, includes several issues. First, a number of considerations apart from training needs help to determine practicum placements. These include student schedules, facility schedules, number of placements available, and the availability of student transportation to the facility. All of these may affect how students are placed, making any statements of what is "normally" done difficult to make. Second, educators appear to hold varying views about what constitutes a practicum. It is common for students to observe sessions as part of their training. In some colleges, this is considered part of a

practicum while in others, it is not. Many practicum placements include at least some observation, typically in the beginning. In understanding the answers presented, it was considered a practicum experience when observation was done on an ongoing basis and involved some other aspects of practicum training, such as documentation, while observations that were less consistent or systematic were not considered as a practicum. However, it is likely that there were some instances missed in which such observation was either not included as a practicum by the respondent, or in which less consistent observations were included. Third, different assumptions appear to be held about what students do in the session, with confusion arising as to whether the student is responsible for the session, for assisting, or for some combination of the two. As indicated in Table 6, students' roles in sessions included assisting followed by co-leading with the music therapist, assisting, progressing from assisting to leading, both assisting and leading (assisting with part of the session and leading part of it), and leading only. These categories are not clear cut. For instance, students who were reported to assist followed by co-leading with the music therapist may have progressed similarly to those reported to progress to leading, since the music therapist was often in the session in the latter case and, being there, bore ultimate responsibility for the group. These varying assumptions as to what is done in practica make clear communication about practicum content difficult.

Problems also occur in understanding the second area, the time involved in the practicum class and at the clinic. Models for practicum classes include: no class accompanying the practicum, weekly classes varying from 1 to 2 hours held throughout the semester, classes that meet occasionally or weekly prior to beginning the semester's practicum work, classes that meet a few times in the semester, and individual meetings with the instructor; in some instances, the class accompanying the practicum is integrated with other classes so that no separate practicum class is offered. Variations in the time required at the clinic were alluded to when the results were presented earlier. It appears that some institutions consider practicum time spent at the clinic to be only that spent in direct client contact while others include others aspects of the experience such as reading client records, attending staff meetings, supervision, and perhaps preparation. While these variations in what is counted as on-site experience undoubtedly contributed to the dif-

ferences reported, there does appear to be enormous variation in clinical requirements by various schools, which range from 33 to 300 hours over the total undergraduate curriculum.

Challenges are also presented in understanding the third area, what is involved in the supervision process. One variation is evident in Table 8 where it can be seen that some sites are supervised by an on-site music therapist, others by an on-site professional who is not a music therapist, and others by a faculty member. This table provides the outline of several models of supervision, which can be summarized as: (a) the faculty member serves as the clinician and supervisor; (b) on-site supervision as well as faculty supervision at the clinical facility is provided; (c) on-site supervision but not faculty supervision is provided; (d) faculty supervision occurs but does not involve on-site visits; and (e) practicum experiences are done at a clinic where clients attend and faculty supervision is provided. Each of these models is followed by at least a few schools, apparently with success. An interesting finding was that most respondents seem to accept the way that their practica were set up as the normal model. While the survey did not specifically address the process that institutions have followed in establishing the practicum model, it is this writer's impression (partly from personal experience) that many people view their model as the "normal" one without realizing the extent to which it is shaped by individual preferences and external circumstances, or varies from other models. Other variations in supervision, suggested in Table 9, are in the faculty supervision when it is provided, and the number of faculty observations. Numbers of observations vary from one observation per semester to observation of all of the sessions. There were several instances, also, in which the faculty supervisor supervised from half to all of the sessions even when on-site supervision was also provided. It appears that differing views of the necessity of on-site supervision have an important influence on how supervision is arranged. Faculty at some institutions appear to feel that on-site visits by a faculty representative are essential for helping students develop clinical skills, presumably in helping students integrate coursework with clinical work, while others seem to find on-site supervision (generally provided by a music therapist) to be adequate without additional faculty supervision. Another consideration is the availability of time in faculty schedules for supervision. Here, also, it appears that assumptions about supervision play a role in how

things are handled. In some institutions, faculty observe students' clinical work in spite of it clearly requiring time in excess of what they would normally be expected to teach; a typical response in these situations was that there was "no choice," as the students needed to be supervised and only a certain number of faculty were available to do the supervision. In other apparently similar situations, a faculty member's response was that students could not be supervised on site by the faculty member because there was no faculty time. Other faculty who did not do on-site observations for supervision responded that they supervised the students through individual meetings or as part of class. Whether those in this latter category were doing more supervision than those in the previous category, who said that they were not able to supervise because of lack of faculty, or simply viewing the nature of supervision differently, is not clear; once again, the responses seem to be based on beliefs and assumptions about supervision.

The fourth area, concerning compensation of faculty for supervision, relates to the previous discussion of the nature of supervision. As indicated in Table 10, there were numerous types of compensation for supervision. The most basic difference in this area is that some faculty seem to assume that they will be compensated for supervising students while others assume that supervision is part of their job but does not require compensation. Of those who assume that they will be compensated, some faculty are compensated per student, regardless of the number or type of observations (some might be by videotape), while others are paid by the observation. Others receive some credit on their loads, but make it clear that they must supervise all of the students even when the supervisory responsibilities go beyond the compensation available. Of the supervisors in the latter category, those that do not expect compensation for supervision, some state this without any apparent wish or expectation that they should be compensated, while others present this as a reality of their employment with which they are not pleased. It seems that some of the assumptions underlying faculty compensation are dictated by practices at the university in which the music therapy program is contained. Faculty at an institution at which faculty loads follow a strict formula are likely to expect that their supervision responsibilities also follow a formula, while those where faculty are expected to do their job without great reliance on exactly how many credits or hours are involved, are more likely to

view their music therapy supervision responsibilities similarly. It is also possible that faculty members' general attitudes toward their employment and thus how much time they are willing to devote to it is a factor in this area. Another consideration is that faculty at different institutions are expected to teach differing numbers of courses and have other duties which vary; while calculations were based on a 12-credit teaching load (which seems to be the most normal), it was not always clear that this was the case or what responsibilities were involved in that load.

It should be clear that this discussion of the assumptions that faculty make about practica and supervision is influenced by the assumptions of the writer. In the process of reviewing and deciphering survey responses, it was striking to see the different perspectives regarding practica. The responses that seemed the most unusual were those that were based on different assumptions than those held by the writer. This led to an effort to get beyond personal assumptions and understand the assumptions that others brought to their practica. Hopefully, this effort has been successful.

This attempt to understand the assumptions that are made when it comes to music therapy practica has implications for assumptions made in other aspects of music therapy training, as well as music therapy in general. It seems likely that there are many areas in which music therapists think that they understand what other music therapists mean, but are actually filtering what they hear, see, and read through personal assumptions, thus failing to achieve the desired understanding.

Both the current survey and that by Maranto and Bruscia (1988) addressed music therapy practica and were of music therapy program directors, but were different in focus and content. It is instructive to compare the results in areas in which similar information was sought. The current survey was returned by 40 educators for a return rate of 58%, while the earlier study was returned by 37 of those surveyed for a 50.6% response rate. This study found the average number of credit hours required for practicum during the undergraduate training to be 5.87, with a range of from 0.5 to 14 credits; the earlier study found the average to be 5, with a range of from 2 to 11 credits. The average number of practicum contact hours in the current study was 104.19, with a range of 33 to 300; in the earlier study, the average was 154, with a range of from 40 to 200. Finally, the current study found that faculty provided supervi-

sion in 28 (73.7%) programs while no (or rare) faculty supervision was provided in 10 (26.3%) programs. This is markedly different from the previous study where 95% of the educators observed students at their practicum sites and met with their supervisors. Average numbers of observations per semester, however, are similar: 5.12 in the current and 5 in the earlier study. It appears that many aspects of practica have remained similar during the last decade. Keeping in mind that what appear to be differing results may be influenced by different ways of asking the questions, two areas appear to be quite different. The first is the practicum contact hours, where the current average is 50 hours fewer than in the earlier study, although the top of the range in the current study is 100 hours more than previously. This suggests a trend toward less clinical work as part of the music therapy training, but greater variation among schools in the number of practicum hours. The second area in which differences are evident is in the percentage of programs in which faculty provide supervision at the practicum site, in which the percentage has decreased markedly, from 95% to 73.7%. This may be for two reasons (other than differences in the way that the question was asked): Faculty supervision may have been cut back due to budget restrictions, or it may be less necessary as more music therapists are employed and thus available for on-site supervision.

There were weaknesses in this survey that affected the results. While the decision to leave questions open ended so that respondents could provide information describing the unique features of their programs was intentional, this feature led to less precision in terms of the numbers and the categories into which they fit. It is possible that, had respondents been asked to select from categories prepared by the researcher, their responses might have been more accurate. It is not clear, however, that this would have made the findings more accurate. In the study by Maranto and Bruscia (1988), which had categories for respondents to check, there were also instances in which it appeared that respondents might have misinterpreted the questions, or responded based on their own assumptions rather than those of the researchers.

In conclusion, there are many similarities as well as differences in how colleges and universities structure music therapy practica. Some of the differences are obvious but others are subtle, and understanding them depends upon the unique circumstances dictated by each college. This study has been an effort to describe this

variety of practicum practices in a manner that will allow readers to benefit from broadened understanding of this area.

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