Obtaining Competencies with Self-Determination Theory: The Music Therapy Internship

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ABSTRACT: The purpose of this paper is to provide a conceptual framework that creates an environment of optimal learning for music therapy interns by supporting the psychological needs that facilitate intrinsic motivation, learning, and well-being. To accomplish this, supervisors will use self-determination theory (SDT) as a lens to view the training experience. The linear model presented matches (a) time, (b) emotional needs, (c) SDT psychological needs, (d) music therapy professional competencies, and (e) transitional roles. Employing the proposed model will permit supervisors to be proactive in addressing intern areas of need and growth. What follows is a review of literature on music therapy internship and SDT, rational for model development, and strategies for practice implementation.

Clinical internship is the final academic step and serves as a transition from student to professional music therapist (Knight, 2008). Internship consists of a minimum of 900 to a maximum of 1,200 hours, depending on the intern's previous clinical training experience (AMTA, 2014b). Interns must demonstrate entry-level competencies as evaluated by the internship director and the academic institution by the conclusion of internship. The American Music Therapy Association (AMTA) defines 20 professional competencies broken into three domains: (a) music foundations, (b) clinical foundations, and (c) music therapy (AMTA, 2013). Students are eligible to sit for the board certification examination following successful completion of clinical internship.

AMTA and the Certification Board for Music Therapists (CBMT) recognize internship sites in two ways. A clinical training site may apply for and obtain national roster status or be university affiliated. National roster internship directors (NRID) are required to take a five-hour continuing education course on internship training and supervision (AMTA, 2014b). No additional training is required for clinicians who supervise interns but do not serve as the internship director. Both NRIDs and supervisors must have two years of clinical experience and one year of experience working at the internship site (AMTA, 2014b). All internship supervisors must demonstrate professional competencies and an understanding of supervisory needs, and must pursue relevant continuing education (AMTA, 2014a).

Internship directors have several responsibilities, yet they can decide whether to serve as supervisor or delegate supervision to other qualified clinical staff (AMTA, 2014b). Consequently, it is feasible that an intern could receive most or all of their supervision from a clinician with no specific supervisory training. In fact, when surveyed, 56% of NRIDs reported the desire for more training in supervision (Tanguay, 2008). Additionally, internship directors feel strongly about elements that play into the role of supervisor beyond competency obtainment such as the mentor versus educator relationship, gatekeeping to the profession, and intern personality issues (Tanguay, 2008).

As interns advance through internship, they go through both professional and personal development characterized by a variety of emotions (Brand, 1978; Grant & McCarty, 1990). Grant and McCarty (1990) evaluated intern emotions during the music therapy internship using self-report Likert scales. Music therapy interns ($N = 59$) rated their professional and personal feelings monthly, over the course of the six-month internship experience. Results supported positive linear progress in both areas. Significant professional growth was reported in months one, two, five, and six. Personal positive emotions showed a slight drop between months three and four, followed by significant increases in months five and six. Brand (1978) described a similar emotional cycle for consideration by music education student teachers. Additional professional and personal concerns that have been reported include heightened awareness of self (Farnan, 2001), questioning one's competency (Brand, 1978; Grant & McCarty, 1990), and meeting one's own expectations as well as the expectations of one's supervisor (Feiner, 2001; Knight, 2008). In fact, understanding what is expected is a pre-internship student's primary concern (Knight, 2008). Thus, navigating professional and personal development is a shared experience between the intern and supervisor(s). Self-Determination Theory (SDT) offers a foundation to support the professional growth, personal growth, and well-being[1] necessary to the development of the music therapy intern.

Self-Determination Theory

"Self-determination" is a concept rooted in cognitive theory. Self-determination, broadly summarized, is the capacity for choice, free from external motivators. It is one's perceived internal locus of control to be the determinate or causal agent of outcomes specifically related to and affected by the social environment (Deci & Ryan, 1985). Self-determination is composed of one's internal perceptions of autonomy, competence, and relatedness (see Figure 1 for details). Self-Determination Theory (SDT) is a macro-theory composed of several smaller theories of human functioning, the details of which are outside the scope of this paper. For the purposes of this paper, we focus on those aspects of SDT that lead to an autonomy-supportive context. To these ends, SDT serves to contribute

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[1] Well-being, as discussed by the authors of self-determination theory. It is a multifaceted concept involving happiness, meaning, and self-realization (Ryan & Deci, 2001).
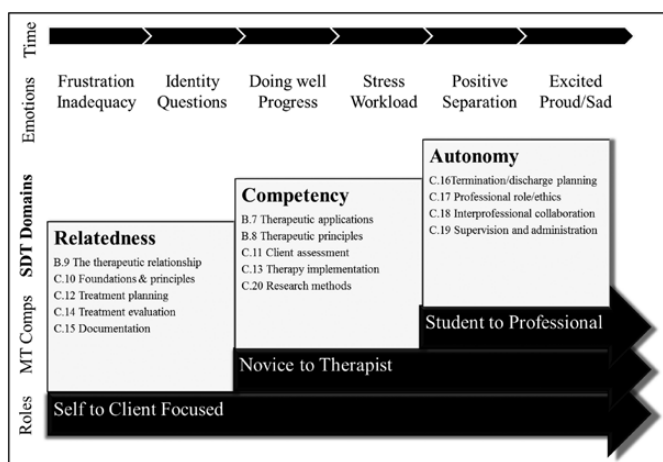
Figure 1. The conceptual model. Model constructs are meant as a linear guidelines. It is assumed that students might move in and out of phases over time, depending on individual needs.

to motivation, development, and well-being of learners (Deci & Ryan, 1985; Niemiec & Ryan, 2009). Motivation, or the energy required to act, is the foundation of SDT. Ryan and Deci (2000b) state: "No single phenomenon reflects the positive potential of human nature as much as intrinsic motivation, the inherent tendency to seek out novelty and challenges, to extend and exercise one's capacities, to explore, and to learn" (p. 70). The concept of motivation, as described in SDT, promotes optimal functioning and can be supported or thwarted based on one's contextual environment (i.e., the internship) (Gagne & Deci, 2005; Ryan & Deci, 2000a).

In developing SDT, Deci and Ryan (1985) were interested in the conditions that promote a positive process for self-motivation and personality integration. Integration is the process by which extrinsically motivated tasks become intrinsic and thus internalized (Ryan & Deci, 2000a). Wehmeyer (1999) described a similar process within developmental psychology known as "individualization." He described a self-determined person as one who acts as their own causal agent, thereby shaping their future and destiny. Integration is the final form of extrinsic motivation before evolving into intrinsic motivation (Ryan & Deci, 2000a).

Extrinsic motivation is action based on a separate outcome such as reward, pressure, or avoidance of an outcome (Ryan & Deci, 2000b). Extrinsic factors (grades, passing internship, and deterrence from negative evaluation) are effective in controlling behaviors; however, results are short term, therefore, not integrated as a personal value (Deci, Koestner, & Ryan, 1999; Deci & Ryan, 1985). Integration, and thus internalization, occurs when a behavior, attitude, or value shifts from being motivated extrinsically to being intrinsically motivating (Deci & Ryan, 1985). Furthermore, internalization occurs when behaviors, attitudes, and values contribute to one's own personal goals and values (Deci & Ryan, 1985).

Intrinsic motivation is any action based on the inherent satisfaction of the act itself (Ryan & Deci, 2000b). Intrinsic motivation occurs in the absence of external reward; instead, the reward is feelings of efficacy,[2] competency, and

self-determination (Deci & Ryan, 1985). Intrinsic motivation may be in the pursuit of fun, to meet a personal challenge, to attain a desired goal, advance knowledge and learning, or other indicators that move a person to act. A lack of intrinsic motivation, however, creates deficits in one's ability to take personal responsibility for motivation, to act as one's own causal agent, and to self-regulate (Deci, Koestner, & Ryan, 1999; Wehmeyer, 1999). Furthermore, Deci, Koestner, and Ryan (1999) found that tangible rewards (extrinsic motivators) have detrimental effects on intrinsic motivation. Satisfaction of one's psychological needs supports intrinsic motivation. SDT highlights three psychological needs: feelings of competency, autonomy, and relatedness (Deci & Ryan, 1985; Ryan & Deci, 2000a, 2000b).

The Conceptual Model

SDT posits the existence of three psychological needs: relatedness, competence, and autonomy. Satisfying these needs fosters intrinsic motivation. These psychological needs are essential ingredients for the growth, development, and well-being of a learner (Deci & Ryan, 1985; Niemiec & Ryan, 2009). The model (Figure 1) aligns relatedness, competency, and autonomy with (a) stage of internship (time), (b) emotions experienced by interns across time (Grant & McCarty, 1990), (c) professional competencies (AMTA, 2013), and (d) role transitions interns experience during the training process (Field & Rushing, 2014). Though psychological needs are graphically linear, they should be conceptualized as working in conjunction with one another and supportive of each other, as shown in Figure 2.

The model presented in Figure 1 aids supervisors by monitoring intern progress over time, dividing a large task into areas of focus, and providing a means to identify challenges that may arise. Just as the psychological needs support each other, supervisors address music therapy competencies across the training experience, as illustrated in Figure 2. However, the model suggests attending to the music therapy competencies in the order presented in Figure 1, keeping in mind that they will overlap in various ways. Similarly, an intern may take an unpredictable amount of time to experience and move through the various portions. What follows is a detailed description of each psychological need, the music therapy competencies selected to align with each need, and suggested strategies to support needs and related competencies.

Relatedness

Ryan & Deci (2000a) define relatedness as having a sense of connectedness and belonging. Table 1 communicates a variety of ways in which relatedness is nurtured, including conveying warmth, care, respect, and providing open communication between the supervisor and supervisee (Feiner, 2001; Knight, 2008; Niemiec & Ryan, 2009; Vansteenkiste et al., 2012). Supervisors are encouraged to create a space to hear interns' feelings, fears, and excitements from the beginning of internship (Feiner, 2001). Feiner (2001) also suggests providing opportunities for self-reflection at the beginning of internship. Self-reflection is a helpful tool for recognizing and managing potential barriers to feelings of relatedness. Such barriers may include a resistance to or the absence of self-appraisal skills (Edwards & Daveson, 2004; Fox, 1998).

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[2] Efficacy is a feeling of motivation based on producing effective outcomes (White, 1959). Feeling efficacious is synonymous with feeling competent (White, 1959).

In the first two months of their internship, interns report feelings of frustration and inadequacy, and entertain questions of identity (Grant & McCarty, 1990). During this time, interns are often self-focused (Farnan, 2001; Field & Rushing, 2014), and
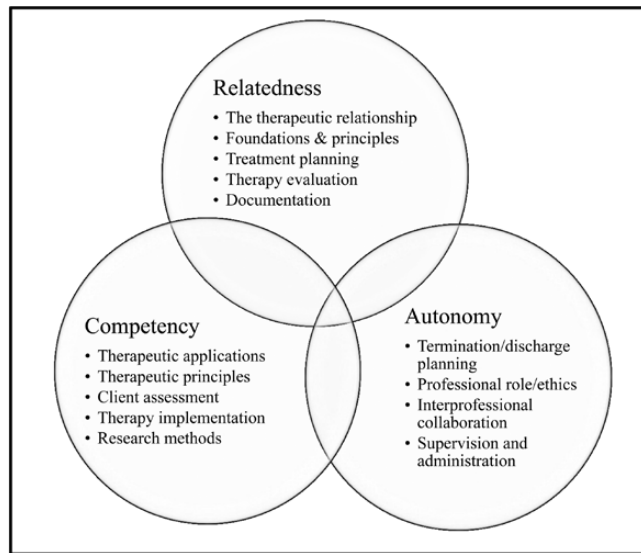

Figure 2. Psychological needs and corresponding music therapy competencies. This figure illustrates how the psychological needs of relatedness, competency, and autonomy integrate with required professional competencies for music therapists.

their first concern is what is expected of them (Knight, 2008). Creating a supportive environment at the start of internship can mediate the initial experiences that challenge an intern's feelings of relatedness. Clear expectations (Edwards & Daveson, 2004; Knight, 2008; Lofmark & Wikblad, 2001), choices, and/or a meaningful rationale (Vansteenkiste et al., 2012), and providing internship structure (Fox, 1998; Vansteenkiste et al., 2012), are characteristics of a supportive environment. Strategies such as these encourage success by eliminating ambiguity and promoting clear and honest communication. The result is a feeling of relatedness and a shift in focus from "self" to cultivating therapeutic relationships.

Imitation is a key supervisory strategy that addresses the professional competencies and fosters feelings of relatedness during the initial stage of internship. When using imitation, interns have the freedom to incorporate their supervisor's practice into their own, therefore allowing immediate feelings of success (Feiner, 2001). Additionally, imitation is a form of structure with clear expectations and aids in building the foundation for competency and autonomy (Knight, 2008), while creating a safe space in the initial stage of internship (Feiner, 2001). Table 1 illustrates additional strategies.

Professional competencies selected to align with this stage of internship include structured treatment planning, learning of documentation practices, developing an understanding of the therapeutic relationship through observation and imitation, and identifying foundational principles of music therapy (Figure 1). Each of these competency areas provides opportunities for addressing feelings of success and connectedness to the

Table 1

Strategies for Implementation of Self-Determination Theory in Music Therapy Internship Settings

SDT Domain	Strategies	Applications	References
Relatedness	• Convey warmth, care, and respect • Communicate clear expectations • Allow choice making and meaningful rationales • Provide a high level of structure and guidance • Allow for imitation of the supervisor • Create opportunites for self-reflection • Foster positive and open communication	• Provide policies, procedures, outline of tasks, due dates, and competencies • Communicate before, during, and after clinical experiences • Weekly meetings, logs, follow up and feedback • Hear the interns fears, feelings, and excitement	(Edwards & Daveson, 2004; Feiner, 2001; Fox, 1998; Knight, 2008; Niemiec & Ryan, 2009; Vansteenkiste et al., 2012)
Competency	• Provide optimal challenges • Acknowledge progress • Adopt the intern's perception • Solicit intern opinions • Provide effectance-related feedback	• Have intern prepare and give a presentation • Increase opportunities to work with other professions • Elicit interns thoughts to support mastery of skills	(Deci & Ryan, 1985; Feiner, 2001; Niemiec & Ryan, 2009; Ryan & Deci 2000a; Vansteenkiste et al., 2012)
Autonomy	• Set clear expectations,ability to choose, rationales, structure, and open communication • Promote self-direction • Offer help and guidance as needed • Honor intern wishes • Minimize evaluation pressure	• Encourage independence when possible • Provide choices in schedule and areas of focus • Direct independent project/case study • Increase responsibility in clinical area/other • Encourage interests	(Deci & Ryan, 1985; Feiner, 2001; Niemiec & Ryan, 2009; Ryan & Deci 2000a; Vansteenkiste et al., 2012)

clinical setting as well as the supervisor's style. Furthermore, successful imitation and execution of structured tasks take the focus from the intern to the client, argued here as the first role transformation that occurs during the internship process (Field & Rushing, 2014). Feelings of relatedness are thus present through the interns' successful connections with clients and sense of belonging within the supervisor relationship. As interns move from questioning identity in the second month (Grant & McCarty, 1990) and adapting to clinical demands (Edwards & Daveson, 2004), supervisors can next consider an increased focus on the psychological need of competency.

Competency

Ryan and Deci (2000a) define competency as feeling efficacious and influential, and having mastery of skills. The authors of the model presented (Figure 1) propose competency as the second need area to address the promoting of optimal learning and well-being. It is important to note the distinction between the aforementioned definition of "feeling competent" and the "professional competencies" that an intern is asked to demonstrate. The former refers to an internally perceived feeling and the latter to an observable skill. Grant and McCarty (1990) report that during the third month of internship, interns report feelings of doing well and making progress. These positive feelings coincide with the addition of more responsibility. Increased stress stemming from greater responsibility and a larger workload presents in the fourth month (Grant & McCarty, 1990). According to the sequence of SDT in Figure 1, supervisors and interns focus on competency second during the internship. The reason for this placement is the transition from novice to therapist that interns go through at this point in time (Field & Rushing, 2014). To be successful, they must begin to feel effective in the absence of their supervisor and without imitation strategies to follow. This would include feeling free to test and develop their own clinical skills.

Providing effectance-related feedback, as opposed to emphasis on evaluation, is one of several strategies geared toward nurturing feelings of competency and increasing intrinsic motivation (Niemiec & Ryan, 2009; Ryan & Deci, 2000a). Effectance-related feedback refers to "providing relevant information on how to master the task at hand" (Niemiec & Ryan, 2009, p. 139). Interns hope their clinical efforts produce the intended result (Niemiec & Ryan, 2009). Effectance-related feedback is a challenging task, as it is difficult for supervisors to avoid an overemphasis on skills interns are working on or continuing to refine (Feiner, 2001).

One way to increase opportunities to acknowledge progress (Feiner, 2001) is to provide optimal challenges (Deci & Ryan, 1985; Niemiec & Ryan, 2009; Ryan & Deci, 2000a). Deci and Ryan (1985) suggest that

> A challenge is something that requires stretching one's abilities, trying something new. One way to conceptualize challenge is in terms of an incongruity between one's internal structures and aspects of the external world. Thus, to seek an optimal challenge is to seek an incongruity. (p. 33)

When a task is not challenging enough, there is diminished motivation. At the same time, if a task is too challenging and one's ability to feel competent is challenged, motivation will

also be diminished. Optimally challenging tasks are effective, as they foster intrinsic motivation while promoting feelings of competence (Deci & Ryan, 1985). Optimal challenges required a degree of insight on the supervisor's part, as the supervisor must be mindful of the fine line between challenging an intern to try something new and going too far beyond the intern's capabilities.

Supervisors can guide interns in developing emergent clinical skills and feelings of competency by facilitating optimal challenges in the music therapy professional competency areas of increasing understanding of therapeutic principles, therapeutic applications, client assessment, therapy implementation, and research methods. In addition to effectance-related feedback, acknowledging progress, and providing optimal challenges, Vansteenkiste et al. (2012) suggest soliciting the intern's options and adopting the intern's perspective as strategies to implement when creating a competency-supportive environment. Such an approach will facilitate the intern in evolving from novice student to competent entry-level therapist (Field & Rushing, 2014).

Autonomy

Autonomy is the third essential ingredient for the growth and development of a learner. Autonomy is a function of volition, meaning that one's behaviors are self-determined, a choice, and reflectively self-endorsed (Niemiec & Ryan, 2009; Ryan & Deci, 2000b). Within the context of learning and instruction, autonomy is supported by clear structure (Vansteenkiste et al., 2012). Vansteenkiste et al. (2012) found that a lack of structure was perceived as chaos and a freedom devoid of guidance resulting in a culture of "do whatever you want." Such a culture decreases the likelihood of achieving positive learning outcomes. The strategies discussed previously for fostering relatedness and competency also facilitate the creation of an autonomy-supportive environment. Additonal strategies for the final stage of internship include allowing for choice making and self-direction (Deci & Ryan, 1985; Niemiec & Ryan, 2009; Vansteenkiste et al., 2012), minimizing the pressure of evaluation (Niemiec & Ryan, 2009; Ryan & Deci, 2000a), offering help and guidance only as needed (Vansteenkiste et al., 2012), and acknowledging an intern's feelings (Niemiec & Ryan, 2009; Ryan & Deci, 2000a).

Grant and McCarty (1990) reported that interns experience internal struggles through and beyond mid-internship. They describe a "critical turning point" as interns enter month five, and suggest that this turning point is related to a personal identification shift from student to professional therapist (Field & Rushing, 2014). During the final stage of internship, interns report feelings of pride and excitement as well as sadness and mixed emotions of separation from their supervisor (Grant & McCarty, 1990).

Professional competencies addressed during the final stage of internship include termination and discharge planning, interprofessional collaboration, supervision and administration, and professional role/ethics. Creating an autonomy-supportive environment addresses these competencies. In doing so, supervisory focus in the final internship stage shifts to internalization of skills as the intern prepares to enter the professional world. Allocation of these competencies into the final internship stage is congruent with Farnan's (2001) stage

model. However, in Farnan's model, "autonomy" is used to describe an earlier period of internship and the final period is described as the "independence stage." In contrast, autonomy here refers to an intern's sense of internalization of aquired skills and intrinsically motivated free choice to continue learning and functioning well as they move into the professional world. Interns may not be completely independent in all skills at this stage and may still require guidance.

An important element to address is the absence of a focus on functional musicianship skills in the current model. Musicianship skills, however, may be an area that requires supervisory guidance. Examples of musical foundations covered by professional competencies include but are not limited to piano/keyboard skills, percussion, guitar, voice, and improvisation skills (AMTA, 2013). In a previously proposed stage-based approach to internship training, Farnan (2001), placed musicianship skills in the "first segment of internship." In the current model, it is suggested that musicianship skills be thoroughly evaluated during the interview process and so are not assigned to a specific internship stage. Instead, the model anticipates that interns will have opportunities to become comfortable using musicianship skills during the relatedness stage, as they must create music effectively to develop competencies such as building therapeutic relationships.

Music therapy students are largely trained musicians.[3] Musical foundations account for the largest portion (i.e., 45%) of an undergraduate music therapy student's studies (AMTA, 2014a). Literature suggests addressing these skills in the academic setting (Jenkins, 2013) rather than the internship. However, internship directors reportedly perceive beginning interns to have below-expected competency level for a majority of these skills, with the exception of vocal skills (Jenkins, 2013). Edwards and Daveson (2004) share that a music therapy intern must learn to adapt music in real time to effect change toward therapeutic ends. The authors go on to discuss the potential need to unlearn previous ways of approaching music that may challenge one's self-image as a musician. It may be that non-music-based competencies cannot be fully accomplished with the absence of functional musicianship skills. For example, therapy implementation may prove ineffective in the absence of quality music delivery by the intern. Therefore, it is assumed that a supervisor would spend time aiding the intern in musical development to effectively implement therapeutic interventions. Developing professional competencies that require music skills but are not music based naturally creates opportunities for the supervisor to address deficiencies in musicianship.

Approaching Challenges with SDT

Navigating challenges is a normal concern for supervisors, interns, and academic institutions. The present model is one possible approach to preventing some of the more common challenges before they arise. The model serves as an aid in detecting the root cause(s) of challenges. Differentiating competency-based barriers and those that reflect an unmet psychological need are key to addressing and circumventing

challenges. For example, in the absence of feeling cared for and nurtured (relatedness), resistance may manifest, as opposed to intrinsic motivation and self-regulation. In this case, making progress toward professional growth can be more difficult. A study of high school student and teacher approaches found that structure and involvement are associated with feelings of relatedness and competency (Vansteenkiste et al., 2012). Furthermore, researchers found that when students perceived an autonomy-supportive environment with clear expectations, the outcomes were positive. In contrast, if students perceived an overly controlling environment or one of complete freedom, outcomes were poorer (Vansteenkiste et al., 2012). Clear feedback is ideal when approaching challenges (Edwards & Daveson, 2004). See Table 1 for a list of strategies for creating an autonomy-supportive environment.

At times, supervisors may find that interns have feelings of resistance, a lack of motivation, difficulty progressing, or other challenges (Edwards & Daveson, 2004; Field & Rushing, 2014). To address such barriers, SDT theory directs one to examine the contextual environment (Ryan & Deci, 2000a). A supervisor may consider the following question: to what capacity are the psychological needs of relatedness, competency, and autonomy being satisfied? "Failing to provide support for competence, autonomy, and relatedness, not only of children but also of students, employees, patients and athletes...contribute to alienation and ill-being" (Ryan & Deci, 2000a, p. 74). The contextual environment created by the supervisor is largely responsible for either nurturing or impeding optimal learning and development (Gagne & Deci, 2005; Ryan & Deci, 2000a). Table 1 provides summaries of strategies previously discussed for fostering the psychological needs of relatedness, competency, and autonomy.

Discussion

The model proposed here guides the supervisor's efforts to integrate professional behaviors, attitudes, and values across the internship process. For example, one skill that requires integration is one's attitude and behavior in communicating with facility staff. Internship directors ranked communicating with facility staff as significantly more important early on in internship as compared to pre-internship student ratings (Knight, 2008). A music therapy intern may initially communicate with facility staff because it is required (external motivation). One strategy to support internalization of this skill is promoting self-direction though execution of a clinical project requiring communication with facility staff.

Assigning different foci to stages of training experience takes the complex task of supervising internship to one that is more manageable (Farnan, 2001). For example, we propose emphasizing treatment planning and documentation during the first stage of internship. We suggest reliance on imitation as a teaching strategy permitting a high level of structure and guidance to interns. Focus on feelings of relatedness is promoted by providing clear ways for the intern to write treatment plans and document their work during the first stage. In doing so, interns will be well positioned to relate effectively with clients while meeting the expectations of the supervisor.

Wehmeyer (1999) held similar beliefs developing a model intended to increase one's capacity for self-determination by linking development and learning to environment and experience. Wehmeyer (1999) put forth elements of self-determined

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[3] At the bachelor's level, 45% of the music therapy curriculum is devoted to musical foundation skills. This is three times the amount of time devoted to clinical foundations and music therapy curriculum areas (AMTA, 2015).

behaviors that, if cultivated, would increase one's capacity for self-determination. Some of these elements include problem-solving skills, self-instruction skills, self-advocacy, leadership skills, and self-awareness, to name a few. Music therapy internship supervisors are well positioned to improve such skills.

One strategy might include having an intern participate with the supervisor in a complex situation where many different dynamics are at play. This could include navigating evolving patient, family, environmental, and staff needs all at once. For example, a young hospice patient in acute medical care has been reporting high anxiety and nausea. The patient is known to have many family members at the bedside who present as jovial, overly engaged at times, and generally loud, as reported by staff. Additionally, the patient is on a transitional unit with very small rooms and staff has to regularly come in to address respiratory needs. Prior to entering the situation, and following it, the supervisor may guide the intern to help them problem-solve, identify how to take leadership in the situation, and consider elements of self-awareness necessary to successfully assist with the needs presented. By eliciting and valuing the intern's thoughts, the opportunity for self-instruction is present as they verbally (or literally) work through the situation's dynamics.

As internship foci change to address other competencies (e.g., therapeutic applications), interns would be expected to demonstrate these skills in the absence of such structure. They would need to demonstrate problem-solving, self-awareness, and leadership. Providing the intern with optimal challenges is one strategy for accomplishing this. Consider a case in which an intern is to demonstrate the ability to increase family bonding and elevate mood through active music-making. To create an optimal challenge, the supervisor might ask an intern to demonstrate this skill with a family known to enjoy music-making. In this scenario, the intern can successfully implement a new skill in a setting that is highly likely to be receptive to the intern's initiatives.

Limitations and Future Directions

The current model contains a robust number of elements related to the music therapy internship; however, as an untested theory, limitations are present. One limitation includes the lack of direct emphasis on musical foundations. The model assumes that interns will have the opportunity to develop musical foundations as they address other professional competencies across the model. A second limitation is that for ease of conceptualization, the model is presented linearly. As such, the reader might interpret the model as fixed when in reality it is intended as a guide of the elements that play into optimal learning. A final limitation is the presented order of elements. With the exception of the intern's emotions experienced across time, the basis for all of the model elements is theoretical.

Further research will assist in exploring the concepts presented within this model. Three areas of immediate need include (a) assessing internship supervisor perceptions of the competency acquisition timeline; (b) assessing intern perceptions of the three psychological needs across time; and, (c) evaluating the length of time needed to progress through the competencies and/or stages.

Conclusion

We have presented a framework for the music therapy internship that fosters positive professional growth by supporting the psychological needs required to facilitate intrinsic motivation, development, and well-being. The model is rooted in music therapy literature and self-determination theory (SDT) aligning professional competencies with time across the internship, emotions, psychological needs, and role transitions that music therapy interns experience. The proposed model addresses the intern's personal and professional needs with the intent to integrate learned behaviors, attitudes, and values necessary to demonstrate professional competencies. Finally, the model provides a common language intended for use by the academic institutions, supervisors, and interns alike to provide clear communication of expectations, challenges, and needs.

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References

American Music Therapy Association (2013). *Professional competencies.* Retrieved from http://www.musictherapy.org/about/competencies/

American Music Therapy Association (2014a). *AMTA standards for education and clinical training.* Retrieved from http://www.musictherapy.org/members/edctstan/

American Music Therapy Association (2014b). *National roster internship guidelines: Revised.* Retrieved from http://www.musictherapy.org/careers/national_roster_internship_guidlines/

American Music Therapy Association (2015). *A career in music therapy: Standards for bachelor's degrees.* Retrieved from http://www.musictherapy.org/careers/employment/

Brand, M. (1978). Student teaching: The emotional cycle. *Music Educators Journal*, *65*(2), 54–55. doi:dx.doi.org/10.2307/3395510

Deci, E. L., Koestner, R., & Ryan, R. M. (1999). A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, *125*(6), 627–668. doi:dx.doi.org/10.1037/0033-2909.125.6.627

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* New York: Plenum Press.

Edwards, J., & Daveson, B. (2004). Music therapy student supervision: Considering aspects of resistance and parallel processes in the supervisory relationship with students in final clinical placement. *The Arts in Psychotherapy*, *31*(2), 67–76. doi:dx.doi.org/10.1016/j.aip.2004.01.004

Farnan, L. A. (2001). Competency-based approach to internship supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 117–134). Gilsum, NH: Barcelona Publishers.

Feiner, S. (2001). A journey through internship supervision: Roles, dynamics, and phases of the supervisory relationship. In M. Forinash (Ed.), *Music therapy supervision* (pp. 99–115). Gilsum, NH: Barcelona Publishers.

Field, A., & Rushing, J. (2014). Medical music therapy internship: Facilitating effectiveness. In L. Gooding (Ed.), *Medical music therapy: Building a comprehensive program* (pp. 239–251). Silver Spring, MD: American Music Therapy Association.

Fox, R. (1998). An essay on the mutuality and parallel process in field instruction. *The Clinical Supervisor*, *17*(2), 59–73. doi:dx.doi.org/10.1300/J001v17n02_03

Gagne, M., & Deci, E. L. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior*, *26*, 331–362. doi:dx.doi.org/10.1002/job.322

Grant, R. E., & McCarty, B. (1990). Emotional stages in the music therapy internship. *Journal of Music Therapy*, *27*(3), 102–118. doi:dx.doi.org/10.1093/jmt/27.3.102

Jenkins, C. (2013). Functional musicianship of music therapy students: Entering internships as perceived by internship directors. *Music Therapy Perspectives*, *31*(2), 175–180. doi:10.1093/mtp/31.2.175

Knight, A. (2008). Music therapy internship supervisors and preinternship students: A comparative analysis of questionnaires. *Journal of Music Therapy*, *45*(1), 75–92. doi:dx.doi.org/10.1093/jmt/45.1.75

Lofmark, A., & Wikblad, K. (2001). Facilitating and obstructing factors for development of learning in clinical practice: A student perspective. *Journal of Advanced Nursing*, *34*(1), 43–59. doi:dx.doi.org/10.1046/j.1365-2648.2001.3411739.x

Niemiec, C. P., & Ryan, R. M. (2009). Autonomy, competence, and relatedness in the classroom: Applying self-determination theory to educational practice. *Theory and Research in Education*, *7*, 133–144. doi:10.1177?1477878509104318

Ryan, R. M., & Deci, E. L. (2000a). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology*, *25*(1), 54–67. doi: dx.doi.org/10.1006/ceps.1999.1020

Ryan, R. M., & Deci, E. L. (2000b). Self-determination theory and the facilitation of intrinisc motivation, social development, and well-being. *American Psychologist*, *55*(1), 68–78.

Ryan, R. M., & Deci, E. L. (2001). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology*, *25*(1), 54–67. doi:

Tanguay, C. L. (2008). Supervising music therapy interns: A survey of AMTA national roster internship directors. *Journal of Music Therapy*, *45*(1), 52–74. doi:dx.doi.org/10.1093/jmt/45.1.52

Vansteenkiste, M., Sierens, E., Goossens, L., Soenens, B., Dochy, F., Mouratidis, A., … Beyers, W. (2012). Identifying configurations of perceived teacher autonomy support and structure: Associations with self-regulated learning, motivation and problem behavior. *Learning and Instruction*, *22*(6), 431–439. doi:dx.doi.org/10.1016/j.learninstruc.2012.04.002

Wehmeyer, M. L. (1999). A functional model of self-determination: Describing development and implementing instruction. *Focus on Autism and Other Developmental Disabilities*, *14*(1), 53–61. doi:dx.doi.org/10.1177/108835769901400107

White, R. W. (1959). Motivation reconsidered: The concept of competence. *Psychological Review*, *66*(5), 297–333. doi:dx.doi.org/10.1037/h0040934