Decision Factors Contributing to Music Therapy Students Selecting an Internship in the Hospice Setting

By

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DECISION FACTORS CONTRIBUTING TO MUSIC THERAPY STUDENTS SELECTING AN INTERNSHIP IN THE HOSPICE SETTING

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Abstract

The purpose of this study was to investigate the general factors that contribute to the decision-making process when choosing a music therapy internship and ascertain targeted factors that might impact an individual when considering a music therapy internship in a hospice setting. Participants who completed the survey (n=472) included student music therapists pre internship, student music therapists currently at internship or internship arranged, and professional music therapists and music therapy educators. Results indicated the general factors that participants considered when selecting an internship were: geographic location, setting, and population. Targeted factors that caused participants to make a selection for an internship in the hospice setting included: providing services to both the patient and their family, emotional context of working in a hospice setting, and working within a transdisciplinary team model. Through analysis of additional comments participants provided, some viewed hospice as a rewarding experience, while others commented on how they had experience working within the hospice setting and felt called to this setting. Targeted factors that caused participants to not want to consider an internship in the hospice included: working around individuals who are dying, emotional context of working in a hospice setting, and driving to multiple sites to provide therapy services. These participants were also provided an opportunity to make additional comments about their decision-making process and stated that they did not choose hospice because of the emotional strain, or perhaps had a desire to work in a specific setting other than hospice.

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Chapter 1: Introduction

According to The Centers for Disease Control and Prevention (CDC), citing data collected by the National Center for Health Statistics, there were over 2.6 million deaths in the United States in 2013. Although this number is inclusive of deaths by fetal disease, murder, accidental or injurious means, and suicide, a number of the people who died received services from hospice or palliative care (CDC, 2016). Of this more inclusive number, an estimated 1.2 million people died while receiving hospice services, with roughly 1.7 million of the original total receiving hospice services. This latter number accounts for patients who died while on hospice services, those who were "carryovers" (received services in 2013 and who remained on services into 2014), those who discontinued services to seek curative treatment, those who were given a prolonged prognosis, or those who passed for other various reasons (National Hospice and Palliative Care Organization [NHPCO], 2015).

In 2014, there were an estimated 6,100 hospice programs nationwide, including the 50 states, Puerto Rico, District of Columbia, U.S. Virgin Islands, and Guam (NHPCO, 2015). A survey disseminated in 2001 in the United States showed that there were 22 adult hospices that employed music therapists (O'Callaghan, 2004). Ten years later, a 2011 survey completed by the American Music Therapy Association (AMTA) found that of their 1,689 respondents only 92 identified themselves as music therapists who worked in the hospice/bereavement setting (AMTA, 2011). There is no research that directly ascertains exactly how many music therapists are working in the hospice setting today.

Music therapy in the medical setting is often categorized as a complementary and alternative medicine/therapy (known as CAM or CAT). The United States National Library of Medicine states that "alternative health approaches refer to the use of non-mainstream

approaches in place of conventional medicine" (National Center for Complementary and Integrative Health, 2016). Results from a 2007 survey examining how many adults and children have used CAM therapies suggested that four out of ten adults and an estimated one in nine children use some form of CAM therapy (Barnes, 2008). While these findings are not directly linked to hospice, they do support the prevalence of CAM therapies in the broader medical setting. In the hospice setting, research has found CAM therapies help patients increase feelings of relaxation and decrease stress and pain (Running, 2008). The National Home and Hospice Care Survey solicited in the United States in 2007, determined that 41.6% of hospices provide CAM therapies, either through hospice staff or contracted providers. More than half offered massage therapy, 69% supportive group therapy, and 62% music therapy (Bercovitz, 2011).

One of the most talked about diseases in the world today is cancer, but the belief that cancer is the leading cause of death for people on hospice is not wholly accurate. In 2014, nearly one-third of patients admitted to hospice had cancer; sixty-three percent of the primary admission diagnoses were non-cancer patients, including but not limited to those with dementia (14.8%), heart disease (14.7%), and lung disease (9.3%) (NHPCO, 2015). Given that many hospices employ CAM therapists, it seems logical that one should be able to impact patients of all age ranges and various diagnoses and illnesses. In the United States, an estimated 50,000 children die of terminal illnesses each year, while there are 500,000 dealing with illnesses on a daily basis, this number includes those who receive hospice services and those who do not (Himelstein, 2004). In the 2013 Annual Summary of Vital Statistics reported by the CDC, children aged 0-19 years of age make up 1.6% of deaths; which is 42,328 deaths from the total number of all deaths that is just over 2.6 million (NHPCo, 2017). CAM therapists primarily see

patients who are under the age of 24; while 84% of hospice patients are older than 65, and of that 84%, 41.1% are over 85 years of age (NHPCO, 2015).

Research over the past 15 years has shown varied results regarding employment of CAM therapists. In 2004, results of a survey submitted at random to 300 hospices with a total of 169 respondents indicated that 60% offered CAM therapies to their patients. CAM therapies most often identified were massage therapy and music therapy (Demmer, 2004). In a more recent national survey (2014), results indicated that 74% of hospices secured the services of a massage therapist, 53% a music therapist, and 22% an art therapist (Dain, 2014).

CAM therapies play a significant role in hospice, as they "focus on quality of life measures and are thus especially relevant in medical domains that focus on comfort care, such as palliative and hospice care. … music therapy has been shown to improve pain, agitation, depression, and other quality of life measures in nursing home patients and those receiving home hospice care" (Dain, 2015, p. 1035). Survey results therefore support the importance of having CAM therapists employed at hospices as an integral part of the patient interdisciplinary team (IDT).

Medicare only requires the following health care professionals to be on the interdisciplinary team (IDT) and to provide services to hospice patients: a physician (or a doctor of osteopathy), a registered nurse, a social worker, and a chaplain (Centers for Medicare & Medicaid Services [CMS], 2015). However, every hospice has the option of selecting what professionals attend and report at IDT meetings. Those who attend an IDT meeting are required to report on "transdisciplinary symptom control and pain management for the patient with a terminal disease and their family" (Baldwin, 2011, p. 172). In a transdisciplinary approach each discipline is required to become adequately acquainted with the ideas and approaches of his or

her fellow workers and ensures that the team targets the problem as a universal experience by working together to reach the best solution. This transdisciplinary focus helps the entire team stay aware of the needs of the patient.

An IDT meeting could be considered by some to be one of the most crucial parts of serving patients on hospice services, because it allows the team to be informed of the plan-of-care for each patient (Starr, 1999). Like other CAM therapists, music therapists report at IDT meetings, while performing their other duties for hospice. Music therapists also coordinate a plan-of-care that targets different domains for each patient that allows the patient, family, and music therapist to create goals. These goals are tailored to each patient's level of need and specified diagnosis (Hilliard, 2003).

Russell Hilliard, one of today's leading hospice music therapists, notes that music therapy can treat emotional, physical, and spiritual issues specifically targeting grief, pain management, verbal and emotional expression, activities for daily living, and anxiety reduction (Hilliard, 2001). This treatment encompasses some of hospice's primary goals, including pain relief, spiritual and social anguish, and psychological and physiological relief (Hilliard, 2004).

In order to target these goals, music therapists meet patients where they are, comparable to other professionals in the hospice setting. In hospice, this phrase does not just mean meeting the patient where they are emotionally, physically, cognitively, and socially; it also means meeting them logistically. Most hospice employees arrange visits where the patient is location-wise, perhaps in the home, hospice house, nursing home, or hospital (Liu, 2015). Once the music therapist arrives at the location of the patient, he or she may facilitate a session with the patient and family, co-treat while a nurse or social worker if present, or reschedule due to the patient's current physical condition or immediate concerns of the family. Sometimes, patients even die

while a music therapist is en route to see them. No matter the circumstance, a music therapist must adjust to meet the needs of the patient, or perhaps the needs of the grieving family (Hilliard, 2001).

Not every health care professional that works in hospice completed an internship or targeted clinical experience in hospice, but the majority must complete some type of clinical training in their professional field before graduating (Knouse, 1999). These professionals include those required by Medicare to sit on the IDT (physician or a doctor of osteopathy, registered nurse, social worker, and a chaplain). Although music therapists are not a part of the professionals required to be included on the IDT, they have the capacity to be an important part of the hospice team by providing services to hospice patients and their families (Hilliard, 2003) and do complete clinical training during their educational programs.

Typically, there is a requirement for students in health care professions to complete some type of clinical on-site training or an internship before obtaining a degree. This requirement is helpful for students when they are looking to secure a job after graduation. Students believe that an internship program during their matriculation at a college or university is important and essential to their learning experience (Jarvis, 2001). An internship at a prospective job site equips students with first-hand training, skills, and observations of work habits within their anticipated field. Once students have graduated, they start looking for employment and applying for positions. Hiring managers evaluate applicants' training and knowledge before an interview, via a resume or application. Hiring managers' evaluations continue during the interview process, as they ask questions related to the student's work experience and educational background (McKimmie, 2004). Monica Poindexter, the College Programs manager for Genentech states that, "Managers are looking for students who have prior industry or academic internship

experience. Internship experience is one of the most important characteristics managers look for when evaluating a new college graduate" (Poindexter, 2005, p. 45).

In order for one to be equipped to care for those on end-of-life care, prior training may be consequential. Completing "internships provides one of the best ways for students to attain that work experience and become a more marketable candidate" (Hurst, 2014, p. 58). Music therapy students are required to complete a six-month internship before obtaining their music therapy degree. Some choose internship settings based on their personal beliefs and experiences, whether or not there is a stipend offered, or perhaps geographic location. "Many students will pick a site because they have a family member nearby or they want, for example, to be in a certain climate or near mountains," (Wilhelm, 2011). Others choose their internships based on their prior exposure to a setting and training they have in that setting, (AMTA, 2015). Regardless of rationale, music therapy students must complete an internship, with some of those students choosing an internship in hospice.

There appears to be little research that reports on the contributing decision factors for music therapy students to complete an internship in hospice. Gathering information about these decision factors from those in the music therapy profession may do the following: (a) help music therapy students be aware of what to expect during a hospice internship through the perspective of those who have completed one; (b) communicate to hospice agencies why music therapy interns are or are not choosing hospice, possibly facilitating revision to recruitment materials and; (c) provide knowledge to faculty at AMTA-approved colleges/universities about the contributing factors for internship choice with the potential inclusion within their coursework that prepares students for such internships. The purpose of this study was to investigate the general factors that contribute to the decision-making process when choosing a music therapy

internship and ascertain targeted factors that might impact an individual when considering a music therapy internship in a hospice setting.

Chapter 2: Literature Review

In an effort to offer clarity regarding who a music therapist is and what a music therapist does in the hospice setting, the author begins with a brief introduction. The author then situates the information in relation to this study, providing an overview of hospice services, including how services are implemented, what are the requirements for an individual to be admitted to hospice services, and how services are financially covered. Due to the potential varied roles of a music therapist in hospice, it is essential to understand the difference between hospice and palliative care, and to examine the historical context of hospice services. Following this historical overview, a parallel examination of the historical context of music therapy is provided. The last section of this chapter articulates the focus for this research study, music therapy in hospice with specific interest in the decision factors of students when selecting their music therapy clinical internship. The chapter concludes with the purpose statement of this research study and the accompanying research questions.

Introduction and Context

Music therapy is a health profession that facilitates treatment for a variety of individuals and is used in many settings. The American Music Therapy Association (AMTA) notes that a trained music therapist manipulates music elements to address mental, physical, emotional, and social needs of individuals. Treatments may include one or all of the following: singing, playing, creating, moving to, discussing about, and/or listening to music. By engaging in these treatment strategies, individuals can express themselves therapeutically through music and adapt music to other areas in their lives (AMTA, 2015). To meet the goals of an individual, music therapists assess a client and cater each intervention to specified needs and subsequent treatment goals. Some examples of general intervention types and related goals are: song writing (for emotional

expression), lyric analysis (for verbal processing), breathing exercises (for increased relaxation), movement to music (for enhancement in physical strength and engagement), and song stories (for an increase in memory and organizational skills) (Davis, 2008).

In order to become a trained music therapist, one must enroll in a music therapy program at a college or university approved by the American Music Therapy Association (AMTA). Music therapy students take courses in music, biology and anatomy, clinical foundations, general studies, and social and behavioral sciences, including psychology (AMTA, 2015). During their matriculation in a music therapy program, students are introduced to an array of settings through courses, observations, and clinical practica (e.g. hospitals, mental health facilities, pre-schools and K-12, nursing homes, psychiatric or rehab facilities, correctional facilities, forensic facilities, drug and alcohol programs, and hospice services) (Davis, 2008).

Once necessary coursework and clinical practica are completed, students are required to complete a clinical internship approved by AMTA from their national internship roster or at a university-affiliated site before they can obtain their degrees and become eligible to sit for the board certification exam (Davis, 2008). With the help of an advisor, students can apply to an internship site similar to one where they are most interested in working. This paper focuses on music therapy in the hospice setting and clinical training of music therapists, with the intention of understanding why students may or may not select an internship in a hospice setting.

An Overview of Hospice

Hospice care supports individuals who are dying, regardless of age, background, or type of diagnosis or illness. Sender and O'Connor (1997) note that the primary focus of hospice care is the patient and family; hospice workers deliver service to the patient and family and meet their needs and to meet them where they are physically, emotionally, cognitively, and spiritually.

There is no designated required location or facility that hospice care is provided in; regardless of location in a home or a facility, hospice staff will come to the patient (p. 1-2).

Hospice provides medical services to maintain or improve the quality of life for an individual whose illness, disease or condition is improbable to be cured (Hospice Foundation of America (HFA), 2014). Medicare determines that most hospice services are covered through Medicare Part A benefits or Original Medicare benefits. Patients who have Medicare can receive hospice care for up to six months. The patient can be recertified to receive hospice services if the patient's needs warrant continuation. Medicare will continue to cover a patient if a primary doctor or hospice doctor considers the patient to be terminally ill.

Hospice services include an interdisciplinary group (IDG) that implements a plan of care (POC) for the patient. Medicare requires the IDG to include: a physician or a doctor of osteopathy, a registered nurse, a social worker, and a chaplain (Centers for Medicare & Medicaid Services (CMS), 2015). The POC includes goals and interventions that strive to make the patient comfortable and manage pain and symptoms. Hospice is not a means to cure a progressive disease. The IDG is responsible for the holistic care of the hospice patient; additional providers that may be contracted by the hospice and therefore contribute to the POC include bereavement counselors, physical and occupational therapists, and expressive therapists (National Hospice & Palliative Care Organization (NHPCO), 2014). Expressive therapies consist of dance/movement, drama, art, poetry/creative writing, and music. Expressive therapists use nonmedical procedures to treat their patients (Malchiodi, 2005).

Individuals who receive hospice care are terminally ill, with a life expectancy of six or fewer months to live (CMS, 2015). A primary doctor or a hospice doctor must declare patients terminally ill to receive hospice services. Once a referral has been made, hospice services start

within 48 hours; in cases of emergencies, hospice services may start earlier. The required IDT members must perform an initial comprehensive assessment immediately following the enrollment of a patient. If the assessment is unable to be finalized by the effective date of enrollment, the hospice must submit documentation for the cause of delay in the progress note and POC, and complete the comprehensive assessment in under a few days (CSM, 2011).

The NHPCO mentions the role of the primary care giver (PCG) and the hospice staff, acknowledging that the level of need varies from hospice patient to hospice patient, and from family to family. Usually, the PCG is a family member, who at times assists in handling sensitive and crucial decision-making for the hospice patient. Hospice staff adapts and treats according to the patient and family's needs, possibly offering relief for the PCG during stressful times. Understanding that death or the need for symptom management could occur at any moment, staff members from the hospice team are available 24 hours a day to support the patient and family (CSM, 2015).

Difference between Palliative and Hospice Care.

Many hospices offer palliative care and use similar procedures to hospice in delivering care to their patients. The U.S. National Library of Medicine defines palliative care as "treatment of the discomfort, symptoms, and stress of serious illness. It provides relief from distressing symptoms including pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, and problems with sleeping," (NLM, 2015). There are two main differences between palliative care and hospice care. First, palliative care can be provided to terminally ill patients regardless of their life expectancy. Secondly, palliative care can include treatment strategies that may lead to prolonging life or a cure of the illness (Gold Crest Care Center, 2014). Alternatively, hospice patients have a life expectancy of six months or less, and hospice is primarily working to manage

symptoms that may lead to the patient's end of life. Nevertheless, they both serve the patient and their family and strive to increase their quality of life.

Some consider palliative care to be the umbrella of a broader treatment plan, and hospice services fall underneath that umbrella by focusing on treatment goals that have changed due to the progression of the illness (Mulvihill, 2015). Often, the two services are acknowledged as end-of-life care, which in 2008 became recognized by the Department of Health as "care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die," (Rosser, 2014, p. 7-8).

Historical Context of Hospice

In a historical context, the word "hospice" comes from the Latin root word "hospe" meaning hospitality: which relates to hospital, hotel, hostess, hospitable, or hostel (Buckingham, 1996). The origins of hospice can be traced back to centuries ago; some may be familiar with the Hospitaller Knights and the Saint Magdalene Hospice, a group of men and women from the medieval times that established hospices and cared for pilgrims and the sick throughout various countries in Europe (Siebold, 1992). Cathy Siebold's (1992) book *The Hospice Movement: Easing Death's Pains*, dates the hospice movement back to B.C., and brings it up to date into the 20th century. Siebold (1992) notes, in those times the initial care for the sick, dying, or those with social problems was the duty of those who believed they had special talents as healers. The sick would be taken to a religious facility for care and find refuge until they recovered or died.

These facilities would continue to care for such persons until the Reformation movement of the 18th century that gave way to medical institutions outside of the church (Siebold, 1992). Following the change in medical treatment environment to hospitals, hospices became extinct until revived in the 1940s in London by Dr. Cicely Saunders. Dr. Saunders cared for a patient

with cancer, and together, they often imagined what it would be like to have a "haven where others like him could die in peace and dignity," (Buckingham, 1996, p. 44). Once he died, he left a donation to Dr. Saunders to open a facility like the one they had imagined before his death. After 10 years, the help of others, and additional charitable donations, Dr. Saunders opened St. Christopher's Hospice, which initially only worked with people with cancer, but would come to expand its services to other terminally ill patients. Dr. Saunders created the first modern hospice in the world.

Dr. Saunders efforts were extended to the United States in the 1960s when Florence Ward invited her to speak at Yale University, to a group of clergy and medical personnel, about those who are terminally ill (NHPCO, 2015). Advocacy regarding care for individuals with terminal illnesses started to gain more exposure in the United States when Dr. Elisabeth Kübler-Ross wrote the book *On Death and Dying* in 1969. Within it are over 500 case studies of people who are dying. From her interviews, she determined the five stages of grief that the dying transition through: denial, anger, bargaining, depression, and acceptance. She also advocated for terminally ill people to receive care at home, and argued that they should be involved in decision-making about their end-of-life care. The book became her best seller, gained her international recognition, and sparked conversations about hospice care in the United States (NHPCO, 2015).

Florence Ward, R.N., then Dean of the School of Nursing at Yale who invited Dr. Saunders to speak, decided to take a sabbatical to work at London's St. Christopher's Hospice to gain knowledge about hospice care (NHPCO, 2015). Once she completed her sabbatical, she and other attendees of Dr. Saunders' lecture - Reverend Edward Dobihal, and two pediatricians -

founded Connecticut Hospice in Branford, Connecticut (Buckingham, 1996). This action led to the development of hospices around the United States over the next ten years.

Historical Context of Music Therapy

Music has been used for healing rituals in many different cultures since the beginning of time. The Shaman used music to cleanse wicked spirits from an individual's body that had been ill; this is known as a magico-religious ritual (Carroll, 2011). The effects of music are referenced many times in the Bible, one example being from I Samuel 16:23 when David played the harp to soothe King Saul when he was tormented by the evil spirits sent by God. Ancient Greeks felt that music could influence physical health, emotion, and thought; in 600 B.C. Thales is recognized with healing a disease in Sparta using music (Davis, 2008). As early as the 17th century, in the northern part of the Congo it was believed that if someone had stomach pains and trouble breathing they could be healed by the rhythms of Lemba drums and other magical medicine. The Lemba drum has also been described as a way to settle conflicts, maintain social order, and preserve the Lemba people from becoming capitalists (Horden, 2000).

In 1789, an anonymous article from the *Columbia Magazine,* entitled *Music Physically Considered,* was the first known indication of music therapy philosophies that we use today in America. The anonymous author used concepts of French philosopher Descartes and indicated that music can affect and normalize one's mental health. The author stated that if one's mental health is stabilized, then their physical health may be improved. The author also advocated for music to be used in treatment by a skilled professional that can present music therapeutically (Davis, 2008).

In the early 1800s, there were two works from students at the University of Pennsylvania that mentioned music to be effective in helping the disease process: Edwin Atlee's *An Inaugural*

Essay on the Influence of Music in the Cure of Disease and Samuel Mathew's *On the Effects of Music in Curing and Palliating Diseases* (Horden, 2000). Atlee spoke to the use of music therapy for alleviating mental anguish, "The passions of the mind are peculiarly affected by music. … Having considered the passions as they affect the body… to shew the influence of music upon them, it rests with me to attempt the application of it in the practice of medicine," (Atlee, 1804, p. 10-12). Mathew advocates for the facilitation of music therapy in institutions, "Music at times of service by mechanical action… to prove that the operation of Music on the body is twofold, in cure of diseases" (Mathew, 1806, p. 11).

While there were some methods of music therapy practices used at the Pennsylvania Hospital during the 1800s, the first documented practice of music therapy is credited to the Perkins School, a school for the blind in south Boston in 1832 by Samuel Gridley Howe. The school's intent for music was not necessarily for music therapy, but "to offer the handicapped with 'intellectual gratification'…to communicate with the handicapped, to integrate them, to compensate for their physical deficiency with modest artistic success" (Horden, 2000, p. 324).

From there, the mid-1800s saw more facilities using a form of music therapy within treatment. There were more articles that advocated for the use of music in treatment and solidified music in the treatment process. One of the most considerable works that progressed music therapy was an article entitled *Music as a Medicine,* published by Dr. James Whittaker in 1874. Within Whittaker's article he references popular American and European sources, which allowed him to determine that music was connected to sociocultural, psychological, and physiological qualities, leading to his philosophy that music has a prevailing effect on influencing the brain and body. By the end of the 19th century, music therapy had been used in many facilities and referenced in many professional journals and newspapers due its potential

therapeutic benefits. The public was also becoming aware of music therapy, even though "music therapist" had not yet become a professional designation (Davis, 2008).

Music therapy became more prevalent and more defined after World War I and World War II, due to musicians playing for veterans in hospitals when they returned from the war. Veterans suffered from traumatic physical and emotional distress caused by the war. Their positive reactions to music were noticed by nurses and doctors, who then requested that musicians be employed by hospitals. After hiring musicians at hospitals, it became clear that musicians needed education before providing services at hospitals (AMTA, 2016). In 1919, Margaret Anderton, a pianist, who had been providing music therapy to Canadian veterans, began instructing classes (at Columbia University in New York City) that would make musicians ready to work in hospitals. Her classes provided practical training for working with patients and using music to target their psychophysiological needs. In 1926, Anderton's colleague Isa Maud Ilsen, who offered classes in musicotherapy, founded the National Association for Music in Hospitals (Davis, 2008).

In the 1930s, these two ladies collaborated with Harriet Ayer Seymour, who worked as a music therapist for veterans. Seymour worked with the Roosevelt Administration to create a program called Federal Music Project of the Works Progress Administration (Davis, 2008). After completing several experiments to test the effectiveness of music for mental and physical disorders, Seymour founded the National Foundation for Music Therapy. In the 1940s and '50s more colleges and universities provided music therapy programs on the undergraduate level. The first music therapy undergraduate program started at Michigan State College in 1944 (AMTA, 2016). One of the leading contributors in the advancement for educational practices in music therapy was E. Thayer Gaston, a professor at The University of Kansas. He started the first site

for training interns at the Menninger Clinic in Topeka, Kansas, a clinic to treat individuals with mental health disorders. Gaston also established the initial music therapy graduate program at the University of Kansas (Johnson, 1973).

The National Association for Music Therapy (NAMT) was founded in the 1950s and it expanded on music therapy training, the principles of music therapy, and certification for music therapists. In 1956, the NAMT launched the Registered Music Therapist (RMT) credential and the RMT gained accreditation by the National Association for Schools of Music (NASM). Music therapists with this credential assured organizations that they had met the principles of the NAMT and NASM, which included completing necessary coursework and clinical training.

In 1971, the American Association for Music Therapy (AAMT) was founded, which consisted of different principles, educational requirements, clinical training, and certification practices for music therapists than those outlined by NAMT. NAMT and AAMT both supported the use of the Board Certification exam, first used in 1985, which added more validity and credentials to music therapists in their work across settings and populations (still used today, music therapist board certified: MT-BC). The two organizations joined forces in 1998 and established the American Music Therapy Association (AMTA) (Davis, 2008). Today, AMTA provides approval to schools with music therapy programs and students cannot graduate unless they meet all the standards and criteria specified by AMTA. A consequential component of those educational standards is the need for clinical training.

Music Therapy in Hospice.

Consider the following scenario: A 75-year-old man dying of cancer is minimally responsive (i.e. nonverbal, not making eye contact, and no longer eating), and experiencing terminal restlessness. The patient has been at a hospice house receiving pain management for

four days, due to intensive symptoms related to his diagnosis. He has been given meds for pain and anxiety; the meds seem to have decreased his pain, but he continues to extend his arms and moan. A hospice nurse contacts a music therapist to help decrease the patient's anxiety. The nurse informs the music therapist of the social worker's report: that the patient seems to be hanging on for his family's sake. The nurse also notes that the family has expressed their farewells to the patient, but he continues to experience terminal restlessness. The music therapist speaks with the patient's family and the hospice staff to gain knowledge of the patient's preferred genre of music.

After the music therapist knocks and facilitates introductions, the music therapist then enters the patient's room and sits at his bedside and begins to quietly sing and finger pick on the guitar. The music therapist notices that after a few songs, the patient's facial grimacing begins to decrease and becomes relaxed, but he is still reaching out and moaning. Then, the music therapist starts to sing lyrics about departing from the earth. Family members are invited to come closer to the patient's bedside. They begin to caress his forehead, hold his hand, become tearful, and express their love, engaging in family bonding with the patient. After about 15 minutes, the patient becomes completely relaxed (i.e. stops extending arms and moaning).

In the above scenario, the patient's nurse, social worker, and family give information to the music therapist. Music therapists collaborate with a patient's hospice team to better serve the patient and stay aware of changes that may occur. Russell Hilliard states "because music therapy can treat one's mind, body, and spirit, it has been used as an important component within the interdisciplinary team" (2003, p. 114). The interdisciplinary team (IDT) has weekly meetings, where they share updates on the patient's status. Here, the music therapists have the opportunity to share their plan of care (POC) with the patient's team (Liu, 2015). The music therapist also

contacts the family or primary care giver (PCG) occasionally to update them on the patient's status.

Most hospices follow the same procedure regarding implementing music therapy services to hospice patients. Music therapists in hospice will obtain referrals from a nurse or social worker, who is required to complete an initial assessment within the first few days of the patient being admitted to hospice. Before nurses and social workers make a music therapy referral, they learn about the patient's desires or interests. Before a music therapy visit is scheduled, the music therapist will contact the patient or the PCG to learn about the patient's music preferences and other information that will be helpful in serving the patient (Starr, 1999). During the initial visit, the music therapist will assess the patient's mental and physical condition, which is useful in creating individualized goals. The music therapist then determines frequency (one to three times a month), and length of visit, contingent upon the needs of the patient during each session (Munro, 1984).

Goals for patients and their families may be to reduce pain and anxiety/restlessness, reminisce or engage in life review, identify and express emotions, maintain/improve physical comfort, develop effective coping skills and family bonding, support independent thinking/decision making, regain self-control, and increase socialization (Gutgsell, 2013; Krout, 2003). Music therapists may use the following strategies in their music interventions to meet the goals above: music relaxation, breathing exercises, improvisation, song writing and lyric analysis, music listening (live and recorded), singing, and instrument play (Liu, 2015). Patients can engage however they choose, and music therapists prepare and adapt interventions to meet all levels of needs.

Music therapists in hospice serve patients with a range of abilities, including those who are nonresponsive, nonverbal, physically impaired, or intellectually disabled. Music therapists facilitate sessions wherever the patient is: at home, at a nursing or assisted living facility, or at a hospice house. Interventions can be created for patients as well as their families. For example, sometimes the family has a hard time letting go and experiences anticipatory grief, but the patient has communicated she is ready to die yet is staying around for the family's sake. A music therapist may create a songwriting intervention so that the family can communicate their last words to the patient. Once the song has been written, they may record it as a memorial. Having the family involved in a songwriting intervention may allow the family to work through any unresolved issues that may come up and be supportive to each other while grieving. The intent of music therapy in hospice is to increase both the patient's and family's quality of life.

Problem Statement, Purpose of Research Study and Research Questions

Professionals working in the hospice setting have different perspectives on how varying factors impact them. Results of a focus group, as part of a study that investigated the perceived stressors of staff working in the hospice setting, noted that there are "demanding practical and emotional aspects of working within the palliative care service" (Hackett, 2010, p. 291). Some of those demands and emotional aspects include: long dying process, interacting with the dying patient and their family, working with pediatric patients or patients who were raising young children, and staff feeling required to maintain exceptionally high standards within the hospice setting (Hackett, 2010).

A survey conducted in 2015 at an academic institution desired to examine medical residents' and fellows' own comfort with delivering end-of-life care. Eighty-eight percent of the participants noted minimal to no classroom training on end-of-life care; however, conversations

on end-of-life care were frequent and most commonly not facilitated by an instructor. Participants who were exposed to end-of-life care during their classroom training reported being more comfortable having a conversation with a patient about end-of-life care. "Training programs should provide palliative care education to all physicians during residency and fellowship, especially for those specialties that are most likely to encounter patients with advanced terminal disease" (Schmitt, 2016, p. 1).

While there are factors that may cause one to have the sense of being unprepared or uncomfortable, there are most certainly hospice professionals who have a positive outlook on hospice care. In a survey completed in 2002, Ogle examined physicians' attitudes, knowledge, and referral processes for hospice care; 80% demonstrated having pleasant attitudes regarding hospice care (Ogle, 2002). One aspect of care that hospice professionals provide is bereavement. Chan (2008) examined what factors were associated with nurses' attitudes towards bereavement and established that most participants had favorable attitudes towards bereavement care. However, 89.8% of the nurses felt that they needed to be trained with current knowledge, abilities, and awareness in the care and comfort of bereaved patients or family of the patient.

During my own six-month music therapy internship in hospice, when I told others that I worked in hospice, their responses were shock or sympathy. I often heard such statements as, "I don't know how you do it," "That takes a lot of courage," or "Wow, you're around dying people all the time; what a big job." Due to the potential stigma that comes with the word "hospice," I wanted to explore what compels or deters music therapy students to complete an internship in hospice. I believe what impacts one to decide to choose or not choose an internship in the hospice setting is impacted by their knowledge, personal experience, and exposure to hospice care as supported by the reviewed literature. Although there is not extensive literature about

perspectives and attitudes towards hospice, one of the most common factors mentioned was indeed knowledge and training of hospice care.

To this end, this research study was designed to survey former and current music therapy students who had or will have the opportunity to do an internship in hospice to determine what factors contributed to them selecting or not selecting an internship in hospice. Therefore, the purpose of this study was to investigate the general factors that contribute to the decision-making process when choosing a music therapy internship and ascertain targeted factors that might impact an individual when considering a music therapy internship in a hospice setting.

Research Question 1: ***Demographics:*** What are the demographics of the participants who volunteered to take part in answering the survey questions?

(religion, AMTA region, classification: professional clinical music therapists or music therapy educators and student music therapists [pre internship still in the internship decision phase and those currently at an internship or an internship has been arranged])

Research Question 2: ***Internship Setting:*** *In what setting did participants complete or are they considering completing their internships?*

Research Question 3: ***General Decision Factors:*** *What are the general factors that contribute to participants selecting an internship?*

Research Question 4: ***Decision Factors Pertaining to the Hospice Setting:*** *What are the factors that cause participants to choose or not choose an internship in hospice?*

Chapter 3: Method

Recruitment and Informed Consent

Following approval of the Human Research Protection Program at the researcher's university affiliation, a request was sent to the American Music Therapy Association asking to purchase emails of current members of AMTA, this included student music therapists and professional clinical music therapists, and music therapy educators. With the permission of the American Music Therapy Association, 3669 emails were sent out.

Participants involved in this study received an email describing the purpose of this research project with the link for the survey. After they clicked on the link to the survey, they read an information statement as the first page of this online survey (See Appendix A), stating that participants' involvement in this study would be voluntary with no remuneration for their responses and with no known risks as a consequence of participating in this survey. The statement notified participants that identifiable information would remain confidential. If a participant started the online survey, but chose to exit the survey before completion, that participant's information would not be included. If a participant chose to complete the survey, informed consent was assumed.

Participants

Inclusion criterion for participants was: 1) music therapy students in varying stages of preparation toward completion of a clinical internship in music therapy, 2) those currently in a music therapy internship and 3) professionals who have successfully completed a music therapy internship. Participants of all gender identifications, ages, and ethnicities were included. Exclusion criterion were professional members of the American Music Therapy Association who did not complete a music therapy internship but perhaps were affiliate or institutional members.

Procedure

Once this researcher was granted approval from the Human Research Protection Program (HRPP) of the researcher's university affiliation and from the American Music Therapy Association an email was disseminated to all potential participants containing a link to the information statement and survey. The number of potential participants were 3669, while the actual number of respondents who started the survey was 569 with 472 actually completing the survey. Participants verified their consent to be involved in this research by connecting to the link and completing the survey. The online survey was conducted through SurveyMonkey® (surverymonkey.com). All identifiable information that may have been inadvertently disclosed by the participants' responses was omitted from the data analyses and dissemination of the data obtained from this research study.

Survey

The researcher constructed a survey that was disseminated through an online website, SurveyMonkey® (surveymonkey.com) (See Appendix B for a complete copy of the survey). Data from the survey assimilated current music therapy students and practicing music therapists' perspectives about music therapy internships, in particular, internships in hospice settings. The survey is organized into four primary sections: (1) demographics (all participants), (2) internships settings of those participants who have already completed their internship (practicing music therapists) or for whom an internship is in progress or has been arranged (internship-phase student music therapists), or internship settings participants are contemplating for completion (student music therapists pre internship, still in the decision phase), (3) information about the general factors that participants consider when selecting an internship (all participants), and (4)

the factors that impact participants to choose or not choose an internship in hospice settings (all participants).

The first section of the questionnaire requests general demographic information that reveals participants' AMTA current region of residence (question 1), religion (question 2), and professional classification (question 3), and is titled *Participant Demographics*. This section provides answers to *Research Question 1* ***Demographics-***What are the demographics of the participants who volunteered to take part in answering the survey questions? The question about religion has an option to choose not to self-identify. Religion and AMTA region of residence are included to determine their potential impact on students' selection of internship. Obtaining demographic information allowed the researcher to make comparisons across groupings. Classification includes student music therapists who have not yet decided on an internship, student music therapists currently at an internship site or with a confirmed internship, and professional clinical music therapists or music therapy educators who have completed their internships.

Depending on participants' classification selection, they were filtered to different pages of this survey using imbedded skip logic. For example, if a participant identified they are a professional clinical music therapist or music therapy educator they were directed to a page titled "Professional Clinical Music Therapists or Music Therapy Educators" of this survey. Once that participant was routed to this page, they were filtered to the following page if they completed an internship in the hospice setting, if they did not they remained on the original page. This process was the same for student music therapists who are currently at an internship or an internship has been arranged (page title "Student Music Therapist [currently at internship or internship arranged]). As for student music therapists who are still in the decision-making process, those

participants were filtered to a page titled “Student Music Therapist Pre-Internship”. If they were considering hospice as a potential internship site and selected either yes or maybe, they were routed to an appropriate page, if they selected no, they remained on the original page (See Appendix B).

Throughout the survey, items were intended to answer the four research questions:

- *Research Question 1:* **Demographics:** What are the demographics of the participants who volunteered to take part in answering the survey questions?
- *Research Question 2:* **Internship Setting:** In what setting did participants complete or are they considering completing their internships?
- *Research Question 3:* ***General Decision Factors****-What are the general factors that contribute to participants selecting an internship?*
- *Research Question 4:* ***Decision Factors Pertaining to the Hospice Setting****: What are the factors that cause participants to choose or not choose an internship in hospice?*

Data Analysis

Content analysis gives structure to written text, spoken or visual communication by using a procedure of coding/recoding, Written text is coded to connect what a participant has written to what the reader is seeing/reading. Coding turns unedited text from a participant to a scrutinized report. It allows the reader to understand the written text better and links it’s contribution to the research study. This information is then represented in categories through data sheets, such as, graphs and tables, articulating how the researcher has interpreted the participants’ responses (Krippendorff, 2013).

Content analysis is used within the field of music therapy to make connections, either based on the participants’ responses or research information discovered through investigation. In

an article entitled “A Content Analysis of Music Therapy Theses and Dissertations from 2000 to 2012 from AMTA Approved Graduate Programs,” by Lisa Flores, she used code to depict trends associated with graduate music therapy theses/dissertations finished from 2000 to 2012. The researcher broke information down into categories to compare and analyze her findings. These findings were then illustrated in graphs, tables, and were used in the results of this research project to determine the trends of these programs (Flores, 2013).

The information gathered from participants’ responses was used in reporting descriptive statistics of survey responses. The investigator examined data to identify the decision factors contributing of music therapy students and professionals when selecting internships and internships in hospice settings in particular. The researcher compared the factors across AMTA geographic regions, as well as across religious affinities and affiliations. The researcher extracted narrative information from the questions that provided an opportunity for a written response and completed a content analysis of these written comments allowing for coding categories directly derived from the text data.

Chapter 4: Results

The purpose of this study was to investigate the general factors that contribute to the decision-making process when choosing a music therapy internship and ascertain targeted factors that might impact an individual when considering a music therapy internship in a hospice setting. Participants of this survey were accumulated from 3669 possible individual email addresses obtained from the American Music Therapy Association. Of the 3669 emails that were sent out, 569 participants (15.5% of the total possible) volunteered to respond to the survey questions. However, only 472 (82.95% of those who volunteered and 12.9% of all possible participants) ofactually completed the survey and it took those participants approximately four minutes to complete this survey. All participants responded to the same demographic section prior to being filtered to one of three possible pages based on their classifications: 1) pre internship, 2) currently at an internship or internship arranged, or 3) professional clinical music therapist or music therapy educator. The current study addressed four primary research questions targeting *Demographics, Internship Setting, General Decision Factors, and Decision Factors Pertaining to the Hospice Setting.*

Research Question One: Demographics: What are the demographics of the participants who volunteered to take part in answering the survey questions?

Participants responded to three questions within the demographics portion of the survey: geographic region, religious affiliation, and professional designation. Participants indicated their AMTA regional (or International) representation with 20.74% from the Great Lakes region, 18.80% from the Southeastern region, 17.75% from the Mid-Atlantic region (see Figure 1 for all participants).

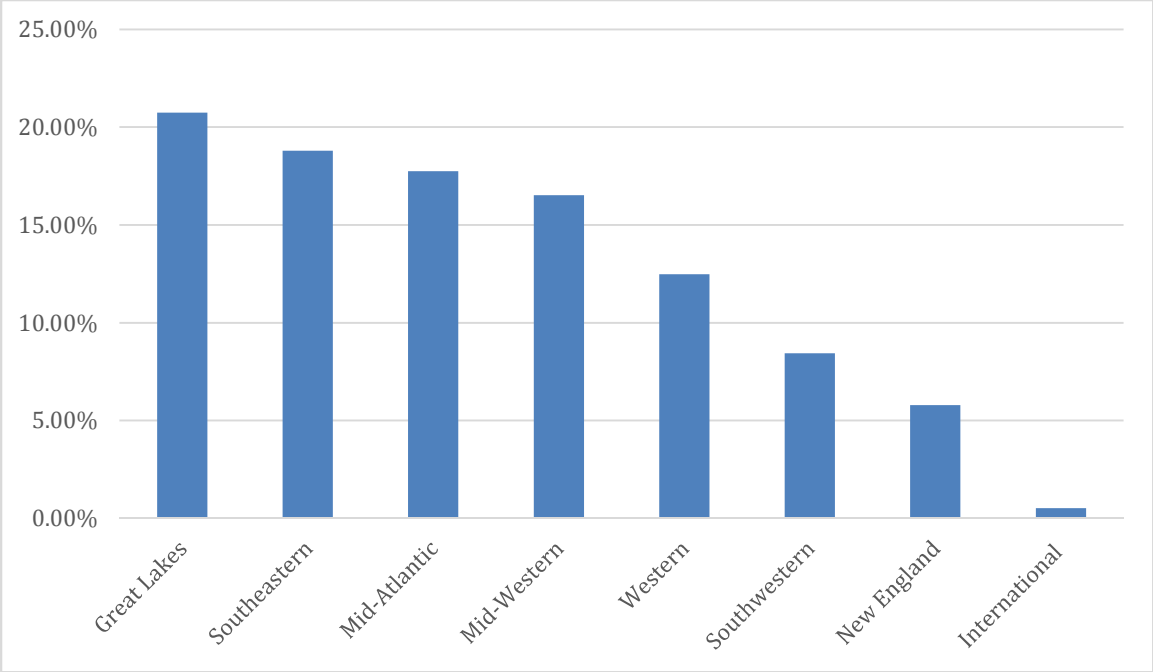

Figure 1. Participant AMTA regional (including International) representation

Participants were also asked if they identify with an organized religion with 61.32% responding yes, 28.65% responding no, while 10.02% chose not to answer the question. Of the 333 individuals who indicated that they did identify with an organized religion, 286 individuals offered to specify a particular religious affiliation.

Of the 569 participants who started the survey and provided initial demographic information, 361 (63.44%) were classified as a professional clinical music therapist or music therapy educator (internship completed), 123 (21.62%) identified as a student music therapist (pre internship still in internship decision phases), while 85 (14.94%) identified as student music therapist (currently at internship or internship arranged). Data analysis is based on these professional classifications.

Research Question Two: Internship Setting: In what setting did participants complete or are they considering completing their internships?

It is important to note that skip logic was used to get specific answers from certain sub-set groups or classifications. Skip logic was used to funnel respondents based on classification ***and*** whether a participant had completed or was considering completing an internship in the hospice setting. Skip logic is a survey design tool that allows the researcher to design a survey that directs participants to "skip" to a question or page that is most relevant to their experiences and/or responses. Table 1 illustrates information noted in the following paragraph in more extensive detail and includes all 32 settings that were given as a response option for this question. All participants were asked in which of these settings they considered completing an internship.

Of the initial 123 who identified as a student music therapist pre internship, only 106 responded to the questions related to research question two, with 17 participants dropping out of the survey at this point. Participants who identified as a student music therapist pre internship were asked in what setting(s) they were considering completing their internship and could check all that applied. With 32 possible options, the top five settings they selected were children's hospital or unit (62.26%), general hospital (45.28%), hospice setting and K -12 school settings (43.40% each) and child/adolescent treatment (42.45%). When asked specifically if they were considering hospice as a potential internship site, an additional participant dropped out with 41 (39.05%) answering yes, 31 (29.52%) no, and 33 (31.43%) indicating maybe or I don't know.

Of the initial 85 who identified as a student music therapist at internship or with an internship arranged, only 54 responded to the initial question related to research question two. The researcher notes that while the survey was set up accurately, with an answer to this question

required in order for a participant to move forward, something happened with this question and 16 SMTs at internship or with internship prearranged were able to skip this question yet still move forward in the survey. Five additional participants left the survey at this juncture. Participants who were currently at an internship or had an internship arranged were asked: As you were making your internship decision, in what setting(s) did you consider completing your internship? (Check all that apply). The same settings were depicted in this question and the top five selected were as follows: children's hospital or unit (62.96%), general hospital (51.85%,) child/adolescent treatment center (44.44%), private music therapy agency (42.59%), and schools (K-12) (40.74%.) When participants were asked specifically if they chose an internship in the hospice setting, 80 responded with 66 (82.50%) indicating no and 14 (17.50%) yes. The researcher notes the number of respondents within this classification goes back up to 80 do to the acknowledged error within the survey process as noted above.

Of the initial 361 who identified as a professional clinical music therapist or music therapy educator, only 237 responded to the questions related to research question two. The researcher notes that while the survey was set up accurately with an answer to this question required in order for a participant to move forward, something happened with this question and 100 professional music therapists/educators were able to skip this question yet still move forward in the survey. Those classified as either a professional clinical music therapist or music therapy educator were asked: As you were making your internship decision, in what setting(s) did you consider completing your internship? (Check all that apply). The same settings were presented and the top five were as follows: general hospital (36.29%), children's hospital or unit (35.44%), inpatient psychiatric unit (29.96%), school (K-12) (25.32%), and hospitalization (24.89%). When asked if they chose a music therapy internship in the hospice setting, 24 participants exited the

survey and 337 responded with 267 (79.23%) responded no to choosing an internship in the hospice setting, while 70 (20.77%) responded yes.

Overall, across all three professional classification designations, two settings that were most often considered when selecting an internship were “children’s hospitals or units” and “general hospitals.” It is important to note that hospice was not incorporated in the setting options for student music therapist at internship or internship prearranged and professional clinical music therapist or music therapy educator. This was an error in survey design likely occurring during multiple survey revisions and considerations of skip logic order. In both cases, participants were given an ‘other’ option and many indicated ‘hospice’ to accommodate for this researcher error which is discussed below.

In the table below the option ‘other’ was provided for those who classified as a student music therapist (SMT) currently at an internship or internship arranged and those who identified as a professional clinical MT or MT educator. There were seven participants who identified as a SMT currently at an internship or internship arranged who provided a written response to the option “other.” Four out of seven wrote hospice without providing any further explanation, one wrote hospice & palliative (inpatient & home care), one wrote adult mental health/psychiatric populations in general, and one responded with: an internship that rotated between many/all of the above options. Amongst professional clinical MTs or MT educators, 52 participants contributed a response for the option “other (please specify) .” Twenty-five responded with hospice, one responded with hospice (was an adjunct to the oncology setting), two responded with hospice/palliative care, one responded with hospice & bereavement, one responded with hospice agency, one with hospice, adults with disabilities, one skilled nursing facility and hospice, one adults with developmental disabilities, one terminally ill, one private pediatric

neurology clinic, one rehabilitation, one special education, rehabilitation center, and hospice, one neuro rehab, one pediatric skilled nursing facility, one autism center non-profit, one multiple populations offered, and one skilled nursing facility. The following seven responses represent those who answered with a lengthier narrative and include "I would have considered hospice", "In the 70s, I completed an internship in a State facility that serviced all levels etc. not as specialized as today. Great experience.", "Any that involved mental health services.", "Did not matter.", "I was primarily interested in community music therapy, and any location where this philosophy would be incorporated, rather than the specific population.", "My internship site was 'assigned' by my academic program director, I did not have a choice.", and lastly "working with intellectual and developmental disabilities."

Table 1.

Music Therapy Settings Individuals Considered for Internship Placement

Music Therapy Settings	**SMT Pre Internship (n=106)**	**SMT Currently at Internship or Internship Arranged (n=54*)**	**Professional Clinical MT or MT Educator (n=237*)**
Adult Day Care	14.15%	27.78%	12.24%
Adult Education	3.77%	7.41%	1.69%
Child/Adolescent Treatment	**42.45**%	**44.44**%	18.99%
Children's Day Care/Preschool	31.13%	38.89%	16.46%
Children's Hospital or Unit	**62.26**%	**62.96**%	**35.44**%
Community Based Service	22.64%	29.63%	11.39%
Community Mental Health Center	29.25%	35.19%	13.08%
Correctional Facility	21.70%	12.96%	5.06%
Day Care/Treatment Center	24.53%	25.93%	7.59%
Drug/Alcohol Program	21.70%	22.22%	7.59%
Early Intervention Program	22.64%	33.33%	14.77%
Forensic Facility	12.26%	16.67%	8.02%
General Hospital	**45.28**%	**51.85**%	**36.29**%
Geriatric Facility-not nursing	18.87%	27.78%	14.77%
Geriatric Psychiatric Unit	10.38%	14.81%	9.28%
Group Home	13.21%	16.67%	8.86%
Home Health Agency	3.77%	3.70%	5.49%
Hospice	**43.40**%	omitted +	omitted +

Table 1 (continued).

Hospitalization	32.08%	29.63%	**24.89**%
ICF/MR	2.83%	1.85%	8.02%
Inpatient Psychiatric Unit	26.42%	35.19%	**29.96**%
Music Retailer	1.89%	3.70%	.84%
Nursing Home/Assisted Living	25.47%	33.33%	23.21%
Oncology	20.75%	24.07%	16.46%
Outpatient Clinic	19.81%	18.52%	8.02%
Private Music Therapy Agency	32.08%	**42.59**%	21.94%
School (K-12)	**43.40**%	**40.74**%	**25.32**%
State Institution (not ICF/MR)	7.55%	9.26%	11.81%
Support Group	14.15%	5.56%	2.11%
University/College	9.43%	1.85%	1.69%
Veteran's Affairs	16.98%	11.11%	10.55%
Wellness Program/Center	18.87%	7.41%	4.22%
Other		1.85%	3.80%
Other (please specify)		12.96%	21.94%

Note: Respondents could check all that apply hence percentages do not add up to 100%
**An error in the survey processing allowed participants to skip this question although set up as a required question.*
+An error in survey construction omitted the choice 'hospice' for these two professional classifications yet many respondents provided this option when given the opportunity under 'other'.

Research Question Three: General Decision Factors: What are the general factors that contribute to participants selecting an internship?

Table 2 presents the general factors that contributed to each classifications' decision-making process when selecting an internship. Within this question, participants had the opportunity to choose all factors that may have impacted their decision when choosing an internship. The top three factors chosen for all three classifications (pre internship, at internship or internship arranged, and professional clinical music therapist or music therapy educator) were geographic location, setting, and population. The following are the specific results across all three classifications: geographic location (90.57%), setting (75.47%) and population (71.70%) for student music therapists pre internship; population (85.00%), setting (82.50%), and geographic location (81.25%) for student music therapists currently at an internship or internship

arranged; and population (76.85%), geographic location (75.67%) and setting (69.44%) for professional clinical music therapists or music therapy educators.

In response to this survey item, participants were also given an opportunity to write a comment regarding any additional general decision factors. There were six responses notated for participants classified as SMT pre internship: (1) local-living home, (2) style/orientation, (3) workplace community (morale and camaraderie noted between staff members), (4) framework and onsite vs. offsite services/need to drive, (5) philosophy of music therapy, (6) and the number of creative therapists at facility, supervisor, number of interns who will be at the facility with the intern, population variety, application intensity. There were also six written responses for SMTs currently at an internship or had an internship arranged: (1) weather, (2) individual looked at any internship that included older adults in the population served, (3) cost of living, (4) number of music therapists at site, (5) potential for co-treating with other disciplines, (6) and number of music therapists on staff.

Lastly, professional clinical MTs or MT educators had 23 additional responses for this question. Due to the number of responses and the similarities found among the responses, the comments have been grouped and labeled for more consistency. Two referenced affordability, two paid internship/stipend, three academic director assigned internship, one stated that they "can't remember-too long ago!", two number of supervisors, two affiliated internship, one having a co-intern, one indicated at the time there were few choices, two philosophy, two working with a specific director, one part time, two reputation, one independence in choosing sites, one allowed intern to take a year, to allow for working during internship. The researcher notes that some were comparable to those already provided within the presented list.

Table 2.

General Factors Contributing to a Decision-making Process for an Internship

General Factors	SMT Pre Internship (n=106)	SMT Currently at Internship or Internship Arranged (n=80)	Professional Clinical MT or MT Educator (n=337)
Geographic Location	**90.57%**	**81.25%**	**75.67%**
Setting	**75.47%**	**82.50%**	**69.44%**
Smaller Facility	7.55%	2.50%	2.67%
Larger Facility	0.94%	5.00%	4.15%
Population	**71.70%**	**85.00%**	**76.85%**
Family Near By	40.57%	30.00%	26.11%
On-site Meals Offered	11.32%	8.75%	10.09%
Stipend Offered	56.60%	40.00%	35.61%
On-site Room	19.81%	6.25%	9.20%
On-site Room/Board	30.19%	15.00%	16.32%
Mileage Reimbursement	26.42%	15.00%	10.68%
Internship Director	41.51%	46.25%	40.06%
Networking Opportunities	40.57%	27.50%	14.84%
Training Opportunities	52.83%	48.75%	30.56%
Suggested by Advisor	27.36%	18.75%	18.10%
Competitive/Well-known	21.70%	30.00%	29.38%
Starting Date	47.17%	50.00%	38.58%
Schedule Flexibility	29.25%	16.25%	7.12%
Potential Hire Post Internship	50.94%	17.50%	10.68%
Newer Established Site	1.89%	0.00%	1.19%
Older Established Site	4.72%	7.50%	4.15%
Other	5.66%	7.50%	6.82%

Research Question Four: Decision Factors Pertaining to the Hospice Setting: What are the factors that cause participants to choose or not choose an internship in hospice?

As a reminder to the reader, depending on participants' classification selection, survey respondents were filtered to different pages of this survey using imbedded skip logic. For example, if a participant identified as a professional clinical music therapist or music therapy educator they were directed to a page titled "Professional Clinical Music Therapists or Music Therapy Educators" of this survey. Once that participant was routed to this page, they were

filtered to a specific follow-up page if they completed an internship in the hospice setting; if they had not, they remained on the original page. This filtering process was the same for student music therapists currently at an internship or who had an internship arranged (page title "Student Music Therapist [currently at internship or internship arranged]). As for student music therapists who were still in the decision-making process, those participants were filtered to a page titled "Student Music Therapist Pre-Internship". If they were considering hospice as a potential internship site and selected either yes or maybe, they were routed to an appropriate page, if they selected no, they remained on the original page (See Appendix B).

Within this survey, participants in all three professional classifications who reported that they chose or were considering choosing an internship in the hospice were asked what factors impacted this decision. Those participants who had not completed or were not considering completing an internship in the hospice setting reported what factors caused them to NOT consider an internship in the hospice setting. Participants were able to choose all that applied and lists were the same regardless of status of hospice consideration.

As when reporting the general factors *(Research Question #3)* for choosing an internship, participants within all three classifications had the same top three responses when asked what decision factors caused them NOT to want to consider an internship in the hospice setting: working around individuals who are dying, emotional context of working in the hospice setting, and driving to multiple sites to provide music therapy services. The following are the specific results across all three classifications: emotional context of working in the hospice setting (41.51%), driving to multiple sites to provide music therapy services (35.85%) and working around individuals who are dying (30.19%) for student music therapists pre internship; emotional context of working in the hospice setting (45.16%), driving to multiple sites to provide

music therapy services (38.71%) and working around individuals who are dying (27.42%) for student music therapists currently at an internship or internship arranged; and emotional context of working in the hospice setting (36.32%), working around individuals who are dying (31.20%), and driving to multiple sites to provide music therapy services (25.64%) for professional clinical music therapists or music therapy educators. Table 3 illustrates all factors specific to the hospice setting that caused participants within each classification to **NOT** chose nor want to consider an internship in the hospice setting.

Table 3.

Decision Factors Pertaining to the Hospice Setting that Caused Individuals to NOT to Want to Consider an Internship in the Hospice Setting

Factors Pertaining to the Hospice Setting	**SMT Pre Internship (n=106)**	**SMT Currently at Internship or Internship Arranged (n=62)**	**Professional Clinical MT or MT Educator (n=234)**
Working around individuals who are dying.	**30.19**%	**27.42**%	**31.20**%
Providing services to both the patient and their family.	4.72%	1.61%	3.85%
Emotional context of working in a hospice setting.	**41.51**%	**45.16**%	**36.32**%
Driving to multiple sites to provide therapy services.	**35.85**%	**38.71**%	**25.64**%
Potentially providing services in the patient's home.	12.26%	4.84%	4.70%
Working within a transdisciplinary team model.	3.77%	0.00%	2.99%
Having a family member or close friend receive hospice care.	13.21%	12.90%	6.84%
Taking a class or unit embedded in another class focused on hospice care.	2.83%	1.61%	10.26%
Potential intensity of the religious/spiritual aspect.	19.81%	17.74%	8.55%
Being the only music therapist in the agency (besides internship Director).	21.70%	11.29%	5.13%
Completed a practicum in the hospice setting.	2.83%	12.90%	15.38%

The factors that were given as options that would cause one NOT to want to choose an internship in the hospice were the same options for the remaining participants that were filtered to the question asking what factors impacted their decision TO consider choosing an internship in a hospice setting. There was more variation noted when participants responded regarding factors toward considering and/or choosing a hospice internship. The top three responses for student music therapists pre internship included: working within a transdisciplinary team model (69.52%), providing services to both the patient and their family (68.57%), and emotional context of working in a hospice setting (42.86%). Student music therapists currently at internship or internship arranged responded with providing services to the patient and their family (85.71%), working around individuals who are dying (78.57%), while emotional context of working in a hospice setting and working within a transdisciplinary team model had the same percentage (64.29%). The factors that impacted professional clinical music therapists or music therapy educators to intern in the hospice setting were providing services to both the patient and their family (74.29%) and emotional context of working in a hospice setting (74.29%), working within a transdisciplinary team model (71.21%), and working around individuals who are dying (65.15%). Table 4 presents the responses of those who were considering or who had chosen an internship in hospice and displays the factors that impacted this decision.

Table 4.
Decision Factors Pertaining to the Hospice Setting that Caused Individuals to Consider or Choose an Internship in the Hospice Setting

Decision Factors Pertaining to the Hospice Setting	**SMT Pre Internship (n=105)**	**SMT Currently at Internship or Internship Arranged (n=14)**	**Professional Clinical MT or MT Educator (n=66)**
Working around individuals who are dying.	20.95%	**78.57**%	**65.15**%
Providing services to both the patient and their family.	**68.57**%	**85.71**%	**74.24**%

Table 4 (continued).

Emotional context of working in a hospice setting.	**42.86**%	**64.29**%	**74.24**%
Driving to multiple sites to provide therapy services.	8.57%	28.57%	24.24%
Potentially providing services in the patient's home.	20.95%	21.43%	28.79%
Working within a transdisciplinary team model.	**69.52**%	**64.29**%	**71.21**%
Having a family member or close friend receive hospice care.	20.95%	50.00%	24.24%
Taking a class or unit embedded in another class focused on hospice care.	23.81%	21.43%	33.33%
Potential intensity of the religious/spiritual aspect.	36.19%	35.71%	43.94%
Being the only music therapist in the agency (besides internship Director).	10.48%	7.14%	3.03%
Completed a practicum in the hospice setting.	13.33%	28.57%	34.85%

During this survey, participants were provided an opportunity to make additional comments about their internship selection process and to further articulate why they would or would not choose hospice as an internship site. Comments depicted in Tables 5 and 6 are grouped by similar comments and then labeled based on themes. These labels were constructed by actual wording that some of the participants used.

For participants that identified as student music therapists pre internship and those that indicated they were student music therapists currently at an internship or internship arranged; more participants commented about the emotional strain that comes with working in the hospice setting, and a desire to work within a specific population other than hospice as a reason not to choose hospice as an internship. Participants that identified as professional music therapists or music therapy educators more commonly commented about the desire to work with a specific population other than hospice and the need for flexibility (location, stipend offered, room & board, and, start date) as the main factors for not completing an internship in the hospice setting.

For this classification, it is important to note that there were over ten participants that mentioned that an internship in the hospice setting did not exist or that they did not have knowledge of its existence during their schooling (years noted: 1960s-1990s). This factor was not considered during survey construction. Table 5 discloses the comments results in more detail.

Table 5.

Respondents' comments as to why hospice was not an option or not selected during their internship selection process.

Comments	**SMT Pre Internship (n=34)**	**SMT Currently at Internship or Arranged (n=39)**	**Professional Clinical MT or MT Educator (n=141)**
Emotional Strain.	6	7	10
Uncomfortable working in others' home.	1	1	0
Desire to work with a diverse population	4	3	10
Lack of experience in hospice setting.	1	1	6
Burnout.	2		0
Not knowing what hospice is.	1	1	3
Flexibility-location, stipend, room & board, and start date.	5	9	32
Desire to work in a specific setting other than hospice.	9	13	57
Intense religious component.	2	0	0
Driving to different locations.	2		0
Personal loss of a loved one or grief of having someone on hospice.	0	2	2
Hospice didn't exist.	0	1	7
Internship assigned, suggested, or arranged by professor.	0	0	3
Not selected by hospice internship director.	0	0	2
The smell.	1	0	0
See above.	0	0	6
N/A*	0	1	3

*Not applicable was the written in response given by the participant.

Table 6 reveals comments of those who were considering, had selected or had already completed an internship in the hospice setting. Fourteen student music therapists pre internship provided 13 additional comments collapsed into four factors that impacted their consideration of a hospice setting; one of those 14 wrote in "not applicable" as a response. One additional comment was also made by a participant, with a response of "not applicable." Six participants commented that perceived flexibility (location, stipend, room & board, and start date) was a factor that impacted their consideration of an internship in the hospice setting. Ten student music therapists who already had an internship arranged or were currently at an internship had provided a total of 10 comments. Four comments were grouped under the factor of hospice being a more rewarding setting to work in. Professional clinical music therapists or music therapy educators had the most additional comments (16) focused on having had experience in a hospice setting or feeling as if they were called to work in the hospice setting as an additional factor for their selection.

Table 6.

Respondents comments to why hospice was an option or selected during their internship selection process.

Comments	**SMT Pre Internship (n=14)**	**SMT Currently at Internship or Arranged (n=10)**	**Professional Clinical MT or MT Educator (n=40)**
Rewarding experience	3	4	5
Had experience working within the hospice setting and felt called to this setting.	2	3	16
Flexibility-location, stipend, room & board, and start date.	6	3	8
Welcomes the challenges that comes with working in the hospice setting.	2	0	3
Personal experience with death.	0	0	2
Internship director	0	0	5

Table 6 (continued).

Lack of training led to seek out training in the hospice setting.	0	0	1
N/A	1	0	0

Chapter 5: Discussion

Summary of Findings

For those who considered or chose an internship in the hospice setting, the top three decision factors across all three classifications included: providing services to both the patient and their family, emotional context of working in a hospice setting, and working within a transdisciplinary team model. For two of the three classifications (students currently at internship or internship arranged and professional clinical music therapist or music therapy educator), an additional element also in their top three was working around individuals who were dying. For those who did not or were not considering an internship in the hospice setting, the top three decision factors across all three classifications included: working around individuals who are dying, emotional context of working in a hospice setting, and driving to multiple sites to provide therapy services.

Those who were interested in an internship in the hospice setting AND for those not interested in this setting, working around individuals who are dying was one of the prevalent factors in support of each decision-making process. These findings are important to note, as some of the same factors that cause one *not* to want to consider an internship in the hospice setting, or potentially any internship setting, may also be the same factors that may cause one to in fact to *consider* an internship a particular setting.

The top three general factors contributing to the decision-making process when considering or selecting an internship across all three classifications were: geographic location, setting, and population. There was not a huge differentiation among these three factors when examining the responses chosen by each classification. Student music therapist pre-internship selected geographic location most frequently, student music therapists currently at internship or

internship arranged chose setting most often while professional clinical music therapist or music therapy educator chose population.

When participants had the opportunity to make comments about why hospice was *not* an option for them during their internship selection process, the most common comments referenced the desire to work in a specific setting other than hospice: student music therapist pre internship (n=9 comments provided), student music therapist currently at internship or arranged (n=13), and professional clinical music therapist or music therapy educator (n=57). Respondents' comments that were related to why hospice *was* considered an option or selected during their internship selection process was a bit more diverse, student music therapists pre internship indicated flexibility (location, stipend, room & board, start date) (n=6), student music therapists currently at internship or internship prearranged indicated that they felt a hospice internship would be a rewarding experience (n=4) while professional clinical music therapists or music therapy educators mentioned they had experience working within the hospice setting and felt called to this setting (n=16). Most of these comments support the general factors' findings that working in a desired setting strongly impacts an individual's decision when choosing an internship. The setting typically dictates the population one will work with, further supporting the general factors' findings.

An interesting finding: some participants that identified as a professional clinical music therapist or music therapy educator commented on how the hospice setting did not exist, or that they did not have knowledge of its existence during their matriculation. As this researcher described in the review of literature, hospice was established in the United States around the 1800's (Horden, 2000), but did not become widespread until after World War I and World War II (AMTA, 2016). These participants mentioned that they were completing their training within

the following timeframes, 1960s-1990s; although this factor was not considered within this survey, these results reveal that other respondents may also have been unaware of the hospice setting even though more prevalent today than in the 1960s.

Assumptions, Limitations, and Delimitations

Assumptions are those elements that, while somewhat out of the control of the researcher, are necessary to support the research process leading to the research question. This study operated under multiple assumptions. One assumption is that survey respondents answered questions honestly due to the prior assurance that responses would be collected and disseminated with full anonymity of the participants, and that they could stop the survey and choose not to participate. A second assumption targets the relevance of the research question regarding selecting internships. It is possible that students, clinicians, and/or educators may not have any interest in knowing the decision factors that one considers when selecting an internship. In addition, this study only remains relevant if an internship remains a component of the academic and clinical training for music therapists.

Limitations are potential weaknesses within the research study that are typically out of the control of the researcher. For the current study, the researcher focused primarily on dissemination of the survey and challenges with the survey instrument itself. After the initial dissemination of this survey, the researcher was informed via email by various potential respondents that there were technical difficulties that caused some questions to not be seen and/or the respondent was unable to select a response option. The researcher had to disable the survey for less than 24 hours to reformat the survey to ensure that this would not hinder other potential respondents. In doing so, some of the responses that had already been given were unfortunately lost. Following this correction, no other problems were disclosed to the researcher.

When student music therapists currently at an internship or internship arranged and professional clinical music therapists or music therapy educators were asked the following question: As you were making your internship decision, in what setting(s) did you consider completing your internship? (Check all that apply) there were several options given that participants could have selected within this question, however hospice was inadvertently omitted as an option presumably due to multiple survey revisions and decision-making choices about skip logic. Participants that identified as the above two classifications were unable to choose hospice as a response to this question. In addition, this question was also designed to be a required question that was not supposed to allow participants to move forward in the survey without responding. After carefully reviewing the data, it showed that this did indeed occur with a portion of participants able to bypass this question but then resume participation in the survey for the next question. As transparently reported in the results chapter, this technical error within the online survey tool affected the data for this answer. Although this error could not be replicated by the researcher or the researcher's mentor, a small group of participants were able to bypass this question.

During data analysis, the researcher discovered that there was one AMTA approved setting omitted from the list of settings that an individual considered for internship placement. The setting that was omitted was the physical rehabilitation setting, meaning that there was a group of people who were potentially not accounted for in this survey. Also, the list of settings included one with the heading hospitalization, that should have read partial hospitalization according to the AMTA 2013 workforce analysis (AMTA, 2013).These oversights could not be corrected as they were found after the survey had been completed and shut down and data analysis had been initiated.

Delimitations are those elements that may limit the scope of your research or define the parameters of your study and are typically somewhat in the control of the researcher and often framed within choices. The researcher recognizes that participant selection, survey dissemination timeframe, and potential setting bias of the researcher may impact the findings of this study. As described in the method chapter, potential participant respondents were chosen from those individuals who are members of the American Music Therapy Association (AMTA) whose emails were supplied and therefore disseminated for research purposes. This participant pool did not allow for contact with individuals who were not members of AMTA. Due to timing sequence of the researcher's committee approval, subsequent human subjects committee approval, and approval from AMTA to obtain the email addresses for research purposes, the initial opening of the survey happened over the Thanksgiving holiday during a time of year when participants may have been travelling, interacting with family members, and perhaps preparing for the end of the semester/year personal and professional obligations. The overlap of these events may have impacted how many respondents chose to complete the survey or how thoroughly they approached the process. Of the 3669 emails that were sent out, 569 participants volunteered to respond to the survey questions. However, only 82.95% of that number (N=472) who volunteered actually completed the survey with only 12.9% of the original number actually completing the survey. There were a few sections of the survey where participants dropped off and either did not return to the survey, as found when analyzing the data.

While the survey did focus on general factors of internship selection, the primary focus was to examine consideration factors toward or away from selecting an internship in a hospice setting. This targeted focus and subsequent research questions were due to a bias on behalf of the researcher who was passionate about music therapy in the hospice setting and completed her own

internship in a hospice setting. This bias may have come across to participant respondents and perhaps impacted their responses. In addition, this focus on hospice, may have caused some respondents to not start or complete the survey once they determined the focus due to a lack of interest or perceived knowledge deficits associated with this clinical setting.

Clinical Implications

As a profession, ensuring that there are opportunities to intern in the hospice setting in each region is important for potential selection of and subsequent training in that setting. To this end, there is a continued need for music therapy programs in hospice settings and therapists at those sites must be interested in establishing a national roster or university-affiliated internship. Faculty educators and clinical music therapists may need to build relationships with hospice directors and provide in-services on music therapy in the hospice setting and how it can positively impact that facilities' clients in an effort to establish programmatic growth. Once established and with requisite training and time at the setting, it will be imperative to encourage music therapists working in the hospice setting to develop either national roster or university-affiliated internships. This may be achieved by encouraging and assisting area hospice music therapists with the strategies and support necessary to develop internships. Knowledge, exposure and support are key to making this happen.

Clinically, it is important that an individual be exposed to all settings during their academic and clinical training to promote well informed internship decisions. Results of this study indicate that preferred settings play a key role in the decision-making process and if one is not taught about or given an opportunity to observe or complete a practicum in a desired setting during their clinical training it may cause them to be limited. Furthermore, and if certain opportunities are not available in specific geographic areas for observation or practicum,

introduction to and preparation for a myriad of settings could be discussed and modeled during coursework. Forming a rotation of courses targeting information about multiple settings as semesters progress may further produce student music therapists who are able to adapt and respond professionally in multiple, diverse settings and are best prepared to evaluate their 'fit' when making internship selections.

For this growth and potential in setting awareness and clinical 'fit' to take place, time constraints and practicum experience processes might need to be addressed. Universities typically provide their students with semester-long practica across three to six semesters. While this process does have some differentiation across academic music therapy programs, a core requirement from the *AMTA Standards for Education and Clinical Training* is to have at least three different populations with supervision being supplied by a qualified, credentialed music therapist for a minimum of 40% of pre-internship clinical sessions. If a student music therapist consistently had an opportunity to work with more than three populations while in school and was able to choose or have input on their desired settings, it might impact the internship selection process and perhaps the music therapy profession in a positive way by training more equipped and diversely prepared music therapists. Student music therapists might not consider or attempt to change their internship placement mid-way through because it was not a good match or switch settings throughout their career, which may have an impact on burn-out and longevity in the profession all which has the potential to impact the clients we serve.

Future Research Recommendations

This study could be expanded by completing a study that follows a group of student music therapists, with some who desire to complete an internship in the hospice setting and some who do not. Interviews could be conducted to delve deeper into academic and clinical training

influences and examine more specifically their connection to the general and specific factors that they are considering when selecting an internship. A study could also examine the factors targeting the emotional context of working in a hospice setting to uncover what emotional experiences occur during practicum or internship experiences. Minimal research has been completed that follows a student during their practicum experience which focuses on the emotional context of facilitating music therapy for hospice patients. Pitts and Cevasco (2013) conducted a survey on students during their practicum experience in the hospice and palliative care setting that concentrated on their cultural beliefs on death and dying. Furthermore, there is literature about the emotional context when family care for a hospice patient during a music therapy session, presented by authors including Gallagher (2017) and Savage (2013). Gaining insight into the student music therapist's emotional experiences within the hospice setting might help faculty and clinical instructors alleviate concerns and best support those potential interns.

Additional inquiry could be initiated on how universities prepare music therapy students to choose an internship setting. An investigation could be undertaken examining whether students are gaining knowledge/experience via practicum or in class of various music therapy settings and to what extent. Many participant respondents mentioned settings as a priority for their decision-making process. If students receive exposure to more settings during their training, they may be able to make a more informed decision about settings within which they would like to complete an internship. Results of this study suggested that "working in a children's hospital or unit" and the "general hospital setting" were the most desirable settings across all three classifications. Perhaps these results are influenced by the following factors: a wealth of academic textbooks specifically targeting these settings, a preponderance of conference presentations in medical music therapy, and clinical specializations of faculty and clinical

instructors. Future research may examine what knowledge potential interns have about various settings and how that knowledge was obtained.

Conclusion

This study investigated what decision factors lead music therapy students to consider when selecting internships. The research questions looked at demographics, internship settings, general decision factors, and decision factors pertaining to the hospice setting. Results suggested that the factors that guide one to select an internship in the hospice setting may include: providing services to both the patient and their family, emotional context of working in a hospice setting, and working within a transdisciplinary team model. Why these factors were selected can be assumed from some of the additional comments that were provided; some viewed it as a rewarding experience, or had experience working within the hospice setting and felt called to this setting. On the other side, the factors that caused one *not* to choose an internship in hospice included: working around individuals who are dying, emotional context of working in a hospice setting, and driving to multiple sites to provide therapy services. Additional reasoning for not choosing hospice were provided through disclosed narrative comments: not choose hospice because of the emotional strain, and had a desire to work in a specific setting other than hospice. These factors appear to have some similarity on both sides of the decision process, either toward or away from a hospice internship. Educators may consider it imperative to have an open dialogue with student music therapists as they are considering options, to be sure that they are aware of all possible internship setting possibilities and have an accurate depiction of these settings all while examining their personal value systems and requisite skill sets in comparison to those needed for different settings.

References

American Music Therapy Association. (2015, May). *A Career in music therapy*. Retrieved from http://www.musictherapy.org/careers/employment/

American Music Therapy Association. (2016, February). *Education and clinical training Information.* Retrieved from http://www.musictherapy.org/careers/ctindex/#Applying%20to%20offer%20an%20AMTA-Approved%20Degree%20Program%20at%20Your%20University

American Music Therapy Association. (2016, January). *History of music therapy*. Retrieved from http://www.musictherapy.org/about/history/

American Music Therapy Association. (2016, January). *Music therapy historical Review: celebrating 60 years of music therapy history*. Retrieved from http://www.musictherapy.org/about/music_therapy_historical_review/

American Music Therapy Association. (2011, March). *A snapshot of music therapy profession: AMTA 2011 member survey & workforce analysis.* Retrieved from http://www.musictherapy.org/assets/1/7/statprofile11.pdf

American Music Therapy Association. (2016, March). *Standards for education and clinical training.* Retrieved from http://www.musictherapy.org/assets/1/7/POLICIES_AND_PROCEDURES_FOR_ACADEMIC_PROGRAM_APPROVAL.pdf

Atlee, E. (1804). *An inaugural essay on the influence of music in the cure of diseases*. Philadelphia, PA: Graves Bartholomew. Retrieved from http://infoweb.newsbank.com.www2.lib.ku.edu/iw-search/we/Evans/?p_product=EAIX&p_theme=eai&p_nbid=S5ER46UDMTQ1NjQ5NTkyMS4zMDQ0NDU6MToxNDoxMjkuMjM3LjM1LjIzNw&p_action=doc&p_queryname=1&p_docref=v2:0F2B1FCB879B099B@EAIX-10440447361611C0@5740-10630C3CB3EEA998@1

Baldwin, P., Wittenberg-Lyles, E., Oliver, D., & Demiris, G. (2011). An evaluation of interdisciplinary team training in hospice care. *Journal of Hospice & Palliative Nursing, 13*(3), 172-182.

Barnes, P.M., Powell-Griner, E., McFann, K., & Nahin, R.L. (2004). Complementary and alternative medicine use among adults: United States, 2002. *Seminars in Integrative Medicine, 2*(2), 54-71.

Barnes, P., Bloom, B., & Nahin, R. (2008). Complementary and alternative medicine use among adults and children united states, 2007. *US National Library of Medicine and Nation Institutes of Health, 10*(12), 1-23. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19361005

Baumrucker, S., & Woods, S. (2000). The personal side of hospice and palliative care education. *The American Journal of Hospice & Palliative Care, 17*(2), 80-82.

Bercovitz, A., Sengupta, M., Jones, A., & Harris-Kojetin, L. (2011). Complementary and alternative therapies in hospice: The national home and hospice care survey: United States, 2007. *US National Library of Medicine and Nation Institutes of Health, 19*(33), 1-20. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25585442

Bunt, L., & Hoskyns, S. (2002). *The handbook of music therapy.* New York: Brunner-Routledge.

Buckingham, R. W. (1996). *The handbook of hospice care.* Amherst; New York: Prometheus Books.

Carroll, D. (2011, February). *Historical roots of music therapy: A brief overview.* Retrieved from http://www.fap.pr.gov.br/arquivos/File/extensao/Arquivos2011/NEPIM/NEPIM_Volume_02/Tra01_NEPIM_Vol02_HistoricalRoots.pdf

Center for Disease Control and Prevention (2016, January). Mortality in the United States, 2014. Retrieved from http://www.cdc.gov/nchs/products/databriefs/db229.htm

Centers for Medicare and Medicaid Services (2015, November). *CMS: Medical Benefit Policy Manuel.* Retrieved from https://www.cms.gov/Regulations-and Guidance/Guidance/Manuals/downloads/bp102c09.pdf

Centers for Medicare and Medicaid Services (2015, January). *Medicare Hospice Benefits.* Retrieved from https://www.medicare.gov/Pubs/pdf/02154.pdf

Centers for Medicine and Medical Services (2011). *Programs of all-inclusive care for the elderly (PACE).* Retrieved from https://www.cms.gov/Regulations-and Guidance/Guidance/Manuals/downloads/pace111c08.pdf

Chan, M. F., Luo, F., Arthur, D. G., Cao, F., Wu, L. H., Li, P., Sagara-Rosemeyer, M., Chung, L. Y., Lui, L. (2008). Investigating factors associate to nurses' attitudes towards perinatal bereavement care. was knowledge and training in hospice care. *Journal of Clinical Nursing, 17*(4), 509-518. Retrieved from http://onlinelibrary.wiley.com.www2.lib.ku.edu/doi/10.1111/j.1365-2702.2007.02007.x/abstract;jsessionid=E110C9816976554A8B1A167B2F6A61DD.f04t03

Dain, A. S., Bradley, E. H., Hurzeler, R., & Aldridge, M. D. (2014). Massage, music, and art therapy in hospice: Results of a national survey. *Journal of Pain and Symptom Management, 46*(6), 1035-1041. Retrieved from doi:10.1016/j.jpainsymman.2014.11.295

Davis, W. B., Gfeller, K. E., & Thaut, M. (2008). *An introduction to music therapy: Theory and practice* (3rd ed.). Silver Spring, MD: American Music Therapy Association.

Demmer, C. (2004). A survey of complementary therapy services provided by hospices. *Journal of Palliative Medicine, 7*(4), 510-516. Retrieved from doi:10.1089/1096621041838335

Malchiodi, S. (2005). Expressive Therapies. *The British Journal of Social Work, 35*(8), 1428-1430. Retrieved from https://www.psychologytoday.com/files/attachments/231/malchiodi3.pdf

Flores, L. (2013). A content analysis of music therapy theses and dissertation from 2000 to 2012 from AMTA approved graduate programs. Master's thesis, Western Michigan University, Kalamazoo, Michigan. Retrieved from http://scholarworks.wmich.edu/masters_theses

Gallagher, L., Lagman, M., Bates, R., Edsall, D., Eden, M., Janaitis, P., & Rybicki, J. (2017). Perceptions of family members of palliative medicine and hospice patients who experienced music therapy. *Supportive Care in Cancer*, *25*(6), 1769-1778.

Gold Crest Care Center. (2014). NYC nursing home, Gold Crest Care Center, spotlights the differences between hospice and palliative care services for chronic or terminal illnesses. *PRNewswire*. Retrieved from http://www.prnewswire.com/news-releases/nyc-nursing-home-gold-crest-care-center-spotlights-the-differences-between-hospice-and-palliative-care-services-for-chronic-or-terminal-illnesses-654889455.html

Gutgsell, K., Schluchter, M., Margevicius, S., DeGolla, P., McLaughlin, B., Harris, M., Mecklenburg, J., & Wiencek, C. (2013). Music therapy reduces pain in palliative care patients: A randomized controlled trial. *Journal of Pain and Symptom Management*, *45*(5), 822-831.

Hackett, A., & Palmer, S. (2010). An investigation into the perceived stressors for staff working in the hospice service. *International Journal of Palliative Nursing, 16*(6), 289-295.

Hilliard, R. E. (2001). The use of music therapy in meeting the multidimensional needs of hospice patients and families. *Journal of Palliative Care, 17*(3), 161-166. Retrieved from http://search.proquest.com/docview/214201548?accountid=14556

Hilliard, R. E. (2003). The effects of music therapy on the quality of life of people diagnosed with terminal cancer. *Journal of Music Therapy, 40*(2), 113-137.

Hilliard, R. E. (2003). Music therapy in pediatric palliative care: Complementing the interdisciplinary approach. *Journal of Palliative Care, 19*(2), 127-32.

Hilliard, R. E. (2004). Hospice administrators' knowledge of music therapy: A comparative analysis of surveys. *Music Therapy Perspectives, 22*(2), 104-108.

Himelstein, B., Hilden, J., Boldt, A., & Weissman, D. (2004). Medical progress – pediatric palliative care. *New England Journal Of Medicine, 350*(17), 1752-1762.

Horden, P. (2000). *Music as medicine: The history of music therapy since antiquity.* Brookfield, VT: Ashgate.

Hospice Foundation of America (2014). HFA end of life care: what is hospice? *Hospice Foundation of America.* Retrieved from http://hospicefoundation.org/End-of-Life-Support-and-Resources/Coping-with-Terminal-Illness/Hospice-Services

Hurst, J., Thye, A., & Wise, C. (2014). Internships: The key to career preparation, professional development, and career advancement. *Journal of Family and Consumer Sciences, 106*(2), 58-62.

Krippendorff, K. (2013) *Content analysis: an introduction to its methodology.* Los Angeles, CA: Sage Publications, Inc.

Lawton, J. (2000). *Dying Process: Patients' Experiences of Palliative Care.* Florence, KY: Routledge.

Liu, X., Burns, D.S., Hilliard, R. E., Stump, T. E., & Unroe, K. T. (2015). Music therapy clinical practice in hospice: Differences between home and nursing home delivery. *Journal of Music Therapy, 52*(3), 376-393.

Luke, H. (2003). *Medical education and sociology of medical habitus: It's not about the stethoscope!* Secaucus, NJ: Kluwer Academic Publishers. Retrieved from http://www.ebrary.com

Jarvis, S. (2000). Schools need to fortify intern programs. *Marketing News, 34*(21), 6. Retrieved from http://search.proquest.com/docview/216421022?accountid=1455

Johnson, R. E. (1973). *E. Thayer Gaston: Contributions to music therapy and music education* (Doctoral dissertation). Available from WorldCat. Retrieved from http://search.proquest.com/docview/302704877?accountid=14556

Knouse, S.B., Tanner, J.R., & Harris, E.W. (1999). The relation of college internships, college performance, and subsequent job opportunity. *Journal of Employment Counseling, 36*(1), 35-43.

Krout, R.E. (2003). Music therapy with imminently dying hospice patients and their families: Facilitating release near the time of death. *American Journal of Hospice & Palliative Care, 20*(2), 129-134.

Mathews, S. (1806). *On the effects of music in curing and palliating diseases* (Doctoral dissertation). Retrieved from U.S National Library of Medicine https://collections.nlm.nih.gov/ext/mhl/2562064R/PDF/2562064R.pdf

Matzo, M., & Sherman, D. W. (2014). *Palliative care nursing: quality care to the end of life.* New York, NY: Springer Publishing Company. Retrieved from http://www.ebrary.com

McKimmie, K. (2004). Internship connections. *Indiana Business Magazine*, *48*(2), 24.

Mulvihill, K. (2015). Palliative care? But I'm not dying! *The Journal for Nurse Practitioners, 11*(5), 563-564. Retrieved from doi:http://dx.doi.org/10.1016/j.nurpra.2015.02.012

Munro, S. (1984). *Music therapy in palliative/hospice care.* St. Louis, MO: Magnamusic-Baton.

National Cancer Institute (2006). *Hospice. National Cancer Institute* (pp. 1-3). Bethesda, Md: Ebook. Retrieved from http://permanent.access.gpo.gov/LPS101202/www.cancer.gov/images/Documents/399288b6-c847-4c13-866a-f4bef5b020d2/fs8_6.pdf

National Hospice and Palliative Care Organization (2014, April). NHPCO Moments of life: What is hospice? Retrieved from National Hospice and Palliative Care Organization website http://moments.nhpco.org/what-hospice

National Hospice and Palliative Care Organization (2015, December). History of hospice care. *National Hospice and Palliative Care Organization.* Retrieved from http://www.nhpco.org/history-hospice-care

National Hospice and Palliative Care Organization (2015, December). *NHPCO facts and figures on hospice care in America.* Retrieved from http://www.nhpco.org/sites/default/files/public/Statistics_Research/2015_Facts_Figures.pdf

National Hospice and Palliative Care Organization (2016, January). *The Medicare Hospice Benefit*. Retrieved from http://www.nhpco.org/sites/default/files/public/communications/Outreach/The_Medicare_Hospice_Benefit.pdf

National Hospice and Palliative Care Organization (2017, July). *NHPCO facts and figures on pediatric palliative & hospice care in America.* Retrieved from https://www.nhpco.org/sites/default/files/public/quality/Pediatric_Facts-Figures.pdf

National Library of Medicine (2015). *Palliative care.* U. S. National Library of Medicine. Retrieved from https://www.nlm.nih.gov/medlineplus/palliativecare.html

O'Callaghan, C. (2004). The contribution of music therapy to palliative medicine. *Oxford Textbook of Palliative Medicine, 4*(6), 214-221. Retrieved from https://books.google.com/books?hl=en&lr=&id=Y1BuBAAAQBAJ&oi=fnd&pg=PA214&dq=the+contribution+of+music+therapy+to+palliative+medicine&ots=uNY7OFabUO&sig=Vv8VkqrWriRYpmPi_VX7LPRmKIk#v=onepage&q=the%20contribution%20of%20music%20therapy%20to%20palliative%20medicine&f=false

Ogle, K. S., Mavis, B., & Wyatt, G. K. (2002). Physicians and Hospice Care: Attitudes, Knowledge, and Referrals. *Journal Of Palliative Medicine*, *5*(1), 85-92. doi:10.1089/10966210252785042

Pitts, S., & Cevasco, A. (2013). A survey of music therapy students' practica experiences in hospice and palliative care settings. *Music Therapy Perspectives, 31*(2), 144-156.

Poindexter, M. (2005). Got an Internship? *Black Collegian, 35*(2), 45.

Roberts, L. (2006). *After you graduate: Finding and getting work you will enjoy*. Berkshire, GBR: McGraw-Hill Education. Retrieved from http://www.ebrary.com

Ross, E. B., & Byock, I. (1969) *On Death & Dying*. New York, NY: Macmillan.

Rosser, M., & Walsh, H. (2014). *Fundamentals of palliative care for student nurses.* Somerset, NJ: Wiley. Retrieved from http://www.ebrary.com

Running, A., Shreffler-Grant, J., & Andrews, W. (2008). A Survey of Hospices Use of Complementary Therapy. *Journal of Hospice and Palliative Nursing: JHPN: The Official Journal of the Hospice and Palliative Nurses Association*, *10*(5), 304–312. Retrieved from http://doi.org/10.1097/01.NJH.0000319177.25294.e5

Savage, R., & Taylor, E. (2013). Hospice family caring behaviours during music therapy. *The New Zealand Journal of Music Therapy, 11*, 81-103.

Schmitt, J. M., Meyer, L. E., Duff, J. M., Dai, Y., Zou, F., & Close, J. L. (2016). Perspectives on death and dying: a study of resident comfort with end-of-life care. *BMC Medical Education, 16*(297), 1-6. Retrieved from https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-016-0819-6

Sendor, V. F., & O'Connor, P. M. (1997). *Hospice and palliative care: Questions and answers*. Lanham, MD: Scarecrow Press.

Siebold, C. (1992). *The hospice movement: Easing death's pains (Social movements past and present).* New York: Toronto: Maxwell Macmillan International.

Starr, R. J. (1999). Music therapy in hospice. *American Journal of Hospice & Palliative Medicine, 16*(6), 739-742.

Wilhelm, K. (2011, Mar 2). Considerations when choosing a music therapy internship. Retrieved from http://www.westmusic.com/author/kyle-ma-mt-bc.aspx

Appendix A

The Division of Music Education and Music Therapy at the University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, and then choose not to for any reason, your information will not be included in this research. Authorization for your email and name was obtained through the American Music Therapy Association after its evaluation of this research study.

We are conducting this study to better understand (1) the general factors that contribute to the decision-making process when choosing a music therapy internship and (2) ascertain targeted factors that might impact an individual when considering a music therapy internship in a hospice setting. Data will be gathered from former and current student music therapists who are required to complete an internship. Your participation is expected to take approximately 10-15 minutes to complete. The content of the survey should cause no more discomfort than you would experience in your everyday life.

Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of what factors impact those who complete or not complete an internship in hospice, which in turn may help those interested in advocating for music therapy in the hospice setting to know what to address when interacting with music therapy students. Your participation is solicited, although strictly voluntary. Your name will not be associated in any way with the research findings. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail. Completion of the survey indicates your willingness to take part in this study and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Research Projection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email irb@ku.edu.

Sincerely,

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Appendix B

Contributing factors to selecting an internship.

Welcome!

The Division of Music Education and Music Therapy at the University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, and then choose not to for any reason, your information will not be included in this research. Authorization for your email and name was obtained through the American Music Therapy Association after its evaluation of this research study.

We are conducting this study to better understand (1) the general factors that contribute to the decision-making process when choosing a music therapy internship and (2) ascertain targeted factors that might impact an individual when considering a music therapy internship in a hospice setting. Data will be gathered from former and current student music therapists who are required to complete an internship. Your participation is expected to take approximately 10-15 minutes to complete. The content of the survey should cause no more discomfort than you would experience in your everyday life.

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1

Contributing factors to selecting an internship.

Participant Demographics

* 1. Select the AMTA region you are from:

- [ ] Great Lakes
- [ ] New England
- [ ] Western
- [ ] Mid-Atlantic
- [ ] Southeastern
- [ ] International
- [ ] Mid-Western
- [ ] Southwestern

* 2. Religion: Do you identify with an organized religion?

- [ ] Yes
- [ ] I choose not to answer this question.
- [ ] No
- [ ] If yes, please specify what religious affiliation

* 3. Classification

- ( ) Student Music Therapist (pre internship still in internship decision phase)
- ( ) Student Music Therapist (currently at internship or internship arranged)
- ( ) Professional Clinical Music Therapist or Music Therapy Educator (internship completed)

2

Contributing factors to selecting an internship.

Student Music Therapist Pre-Internship

* 4. In what setting are you considering completing your internship? (Check all that apply)

- [ ] Adult Day Care
- [ ] Adult Education
- [ ] Child/Adolescent Treatment Ctr.
- [ ] Children's Day Care/Preschool
- [ ] Children's Hospital or Unit
- [ ] Community Based Service
- [ ] Community Mental Health Center
- [ ] Correctional Facility
- [ ] Day Care/Treatment Center
- [ ] Drug/Alcohol Program
- [ ] Early Intervention Program
- [ ] Forensic Facility
- [ ] General Hospital
- [ ] Geriatric Facility-not nursing
- [ ] Geriatric Psychiatric Unit
- [ ] Group Home
- [ ] Home Health Agency
- [ ] Hospice
- [ ] ICF/MR
- [ ] Inpatient Psychiatric Unit
- [ ] Music Retailer
- [ ] Nursing Home/Assisted Living
- [ ] Oncology
- [ ] Outpatient Clinic
- [ ] Hospitalization
- [ ] Private Music Therapy Agency
- [ ] School (K-12)
- [ ] State Institution (not ICF/MR)
- [ ] Support Group
- [ ] University/College
- [ ] Veteran's Affairs
- [ ] Wellness Program/Center

* 5. What general factors are contributing to your decision-making process for an internship placement? (Check all that apply)

- [ ] Geographic Location
- [ ] Setting
- [ ] Smaller Facility
- [ ] Larger Facility
- [ ] Population
- [ ] Family Near By
- [ ] On-site Meals Offered
- [ ] Other (please specify)
- [ ] Stipend Offered
- [ ] On-site Room
- [ ] On-site Room & Board Offered
- [ ] Mileage Reimbursement Offered
- [ ] Internship Director
- [ ] Networking Opportunities
- [ ] Training Opportunities
- [ ] Suggested by Advisor
- [ ] Competitive/Well-known Internship
- [ ] Starting Date
- [ ] Schedule Flexibility
- [ ] Potential for Hire Post Internship
- [ ] Newer Established AMTA Site
- [ ] Older Established AMTA Site

3

* 6. As you are making your internship decision, do any of the following factors cause you to NOT want to consider an internship in the hospice setting? (Check all that apply)

- [ ] Working around individuals who are dying.
- [ ] Providing services to **both** the patient and their family.
- [ ] Emotional context of working in a hospice setting.
- [ ] Driving to multiple sites to provide therapy services.
- [ ] Potentially providing services in the patient's home.
- [ ] Working within a transdisciplinary team model.
- [ ] Having a family member or close friend receive hospice care.
- [ ] Taking a class or unit embedded in another class focused on hospice care.
- [ ] Potential intensity of the religious/spiritual aspect.
- [ ] Being the only music therapist in the agency (besides Internship Director).
- [ ] Completed a practicum in hospice setting.

Please add any other reasons why you personally may not consider hospice as a potential internship placement.

7. Please feel free to comment on your internship selection process, specifically the most important factor(s) that may influence you to NOT consider an internship in the hospice setting.

4

Contributing factors to selecting an internship.

Student Music Therapist Pre-Internship

* 8. As you are making your internship decision, do any of the following factors cause you to WANT to consider an internship in the hospice setting? (Check all that apply)

- [ ] Working around individuals who are dying.
- [ ] Providing services to BOTH the patient and their family.
- [ ] Emotional context of working in a hospice setting.
- [ ] Driving to multiple sites to provide therapy services.
- [ ] Potentially providing services in the patient's home.
- [ ] Working within a transdisciplinary team model.
- [ ] Having a family member or a close friend receive hospice care.
- [ ] Taking a class or unit embedded in another class focused on hospice care.
- [ ] Potential intensity of the religious/spiritual aspect.
- [ ] Being the only music therapist in the agency (besides Internship Director).
- [ ] Completed a practicum in the hospice setting.

Please add any other reasons why you personally are considering hospice as a potential internship placement.

9. Please feel free to comment on your pre-internship selection process, specifically the most important factor(s) that may influence your decision to choose an internship in the hospice setting.

* 10. Are you considering hospice as a potential internship site?

- ( ) Yes
- ( ) No
- ( ) Maybe or I don't know

5

Contributing factors to selecting an internship.

Student Music Therapist (currently at internship or internship arranged)

* 11. As you were making your internship decision, in what setting(s) did you consider completing your internship? (Check all that apply)

- ◯ Adult Day Care
- ◯ Adult Education
- ◯ Child/Adolescent Treatment Ctr.
- ◯ Children's Day Care/Preschool
- ◯ Children's Hospital or Unit
- ◯ Community Based Service
- ◯ Community Mental Health Center
- ◯ Correctional Facility
- ◯ Day Care/Treatment Center
- ◯ Drug/Alcohol Program
- ◯ Early Intervention Program
- ◯ Forensic Facility
- ◯ General Hospital
- ◯ Geriatric Facility-not nursing
- ◯ Geriatric Psychiatric Unit
- ◯ Group Home
- ◯ Home Health Agency
- ◯ ICF/MR
- ◯ Inpatient Psychiatric Unit
- ◯ Music Retailer
- ◯ Nursing Home/Assisted Living
- ◯ Oncology
- ◯ Outpatient Clinic
- ◯ Hospitalization
- ◯ Private Music Therapy Agency
- ◯ School (K-12)
- ◯ State Institution (not ICF/MR)
- ◯ Support Group
- ◯ University/College
- ◯ Veteran's Affairs
- ◯ Wellness Program/Center
- ◯ Other

Other (please specify)

* 12. What general factors did you consider when choosing an internship? (Check all that apply)

- ☐ Geographic Location
- ☐ Setting
- ☐ Smaller Facility
- ☐ Larger Facility
- ☐ Population
- ☐ Family Near By
- ☐ On-site Meals Offered
- ☐ Other (please specify)
- ☐ Stipend Offered
- ☐ On-site Room
- ☐ On-site Room & Board Offered
- ☐ Mileage Reimbursement Offered
- ☐ Internship Director
- ☐ Networking Opportunities
- ☐ Training Opportunities
- ☐ Suggested by Advisor
- ☐ Competitive/Well-known Internship
- ☐ Starting Date
- ☐ Schedule Flexibility
- ☐ Potential for Hire Post Internship
- ☐ Newer Established AMTA Site
- ☐ Older Established AMTA Site

6

* 13. Did you choose a music therapy internship in the hospice setting?

- ◯ Yes
- ◯ No

7

Contributing factors to selecting an internship.

Student Music Therapist (currently at internship or internship arranged)

* 14. What factors caused you NOT to choose an internship in the hospice setting? (Check all that apply)

- [ ] Working around individuals who are dying.
- [ ] Providing services to both the patient and their family.
- [ ] Emotional context of working in a hospice setting.
- [ ] Driving to multiple sites to provide therapy services.
- [ ] Potentially providing services in the patient's home.
- [ ] Working within a transdisciplinary team model.
- [ ] Having a family member or a close friend receive hospice care.
- [ ] Taking a class or unit embedded in another class focused on hospice care.
- [ ] Potential intensity of the religious/spiritual aspect.
- [ ] Being the only music therapist in the agency (besides Internship Director).
- [ ] Completed a practicum in the hospice setting.

Please add any other reasons why you personally did not consider hospice as a potential internship placement.

15. Please feel free to comment on your internship selection process, specifically the most important factor(s) that influenced you to NOT consider an internship in the hospice setting.

8

Contributing factors to selecting an internship.

Student Music Therapist (currently at internship or internship arranged)

* 16. Did any of the following factors impact your decision to choose an internship in the hospice setting? (Check all that apply)

- [ ] Working around individuals who are dying.
- [ ] Providing services to the patient and their family.
- [ ] Emotional context of working in a hospice setting.
- [ ] Driving to multiple sites to provide therapy services.
- [ ] Potentially providing services in the patient's home.
- [ ] Working within a transdisciplinary team model.
- [ ] Having a family member or a close friend receive hospice care.
- [ ] Taking a class or unit embedded in another class focused on hospice care.
- [ ] Potential intensity of the religious/spiritual aspect.
- [ ] Being the only music therapist in the agency (besides Internship Director).
- [ ] Completed a practicum in the hospice setting.

Please add any other reasons why you have selected an internship in the hospice setting.

17. Please feel free to comment on your internship selection process, specifically the most important factor(s) that influenced you to choose an internship in the hospice setting.

9

Contributing factors to selecting an internship.

Professional Clinical Music Therapist or Music Therapy Educator

* 18. As you were making your internship decision, in what setting did you consider completing your internship? (Check all that apply)

- ◯ Adult Day Care
- ◯ Adult Education
- ◯ Child/Adolescent Treatment Ctr.
- ◯ Children's Day Care/Preschool
- ◯ Children's Hospital or Unit
- ◯ Community Based Service
- ◯ Community Mental Health Center
- ◯ Correctional Facility
- ◯ Day Care/Treatment Center
- ◯ Drug/Alcohol Program
- ◯ Early Intervention Program
- ◯ Forensic Facility
- ◯ General Hospital
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- ◯ ICF/MR
- ◯ Inpatient Psychiatric Unit
- ◯ Music Retailer
- ◯ Nursing Home/Assisted Living
- ◯ Oncology
- ◯ Outpatient Clinic
- ◯ Hospitalization
- ◯ Private Music Therapy Agency
- ◯ School (K-12)
- ◯ State Institution (not ICF/MR)
- ◯ Support Group
- ◯ University/College
- ◯ Veteran's Affairs
- ◯ Wellness Program/Center
- ◯ Other

Other (please specify)

* 19. What general factors did you consider in choosing an internship? (Check all that apply)

- ☐ Geographic Location
- ☐ Setting
- ☐ Smaller Facility
- ☐ Larger Facility
- ☐ Population
- ☐ Family Near By
- ☐ On-site Meals Offered
- ☐ Other (please specify)
- ☐ Stipend Offered
- ☐ On-site Room
- ☐ On-site Room & Board Offered
- ☐ Mileage Reimbursement Offered
- ☐ Internship Director
- ☐ Networking Opportunities
- ☐ Training Opportunities
- ☐ Suggested by Advisor
- ☐ Competitive/Well-known Internship
- ☐ Starting Date
- ☐ Schedule Flexibility
- ☐ Potential for Hire Post Internship
- ☐ Newer Established AMTA Site
- ☐ Older Established AMTA Site

10

* 20. Did you choose a music therapy internship in the hospice setting?

- ◯ Yes
- ◯ No

11

Contributing factors to selecting an internship.

Professional Clinical Music Therapist or Music Therapy Educator

* 21. What factors caused you NOT to choose an internship in the hospice setting? (Check all that apply)

- [ ] Working around individuals who are dying.
- [ ] Providing services to **both** the primary patient and their family.
- [ ] Emotional context of working in a hospice setting.
- [ ] Driving to multiple sites to provide music therapy services.
- [ ] Potentially providing services in the patient's home.
- [ ] Working within a transdisciplinary team model.
- [ ] Having a family member or close friend receive hospice care.
- [ ] Potential intensity with the religious/spiritual aspect.
- [ ] Taking a class or unit embedded focused on hospice care.
- [ ] Being the only music therapist in the agency (besides Internship Director).
- [ ] Completed a practicum in the hospice setting.

Please add any other personal reasons why you did not consider hospice a an internship site.

22. Please feel free to comment on your internship selection process, specifically the most important factor(s) that influenced you to NOT consider an internship in the hospice setting.

12

Contributing factors to selecting an internship.

Professional Clinical Music Therapist or Music Therapy Educator

* 23. Did any of the following factors impact your decision to choose an internship in the hospice setting? (Check all that apply)

- [ ] Working around individuals who are dying.
- [ ] Providing services to both the patient and their family.
- [ ] Emotional context of working in a hospice setting.
- [ ] Driving to multiple sites to provide therapy services.
- [ ] Potentially providing services in the patient's home.
- [ ] Working within a transdisciplinary team model.
- [ ] Having a family member or a close friend receive hospice care.
- [ ] Taking a class or unit embedded in another class focused on hospice care.
- [ ] Potential intensity of the religious/spiritual aspect.
- [ ] Being the only music therapist in the agency (besides Internship Director).
- [ ] Completed a practicum in the hospice setting.

Please add any other reasons that led you to choose hospice as an internship placement.

24. Please feel free to comment on your internship selection process, specifically the most important factor(s) that influenced you to choose an internship in the hospice setting.

13

Contributing factors to selecting an internship.

Thank you!

Thank you for taking the time to complete this survey. The results of this survey will be analyzed and added to a research paper. Without your response this would not be made possible. Once you click submit you are agreeing to participate in this survey and to have the information you have provided to be used in this study.