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An Exploration of Perceived Stress Among Music Therapy Interns

Ayelet Walker

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An Exploration of Perceived Stress Among Music Therapy Interns

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
in Music Therapy

by

Ayelet Walker
Molloy College
Rockville Centre, NY
May 2012

MOLLOY COLLEGE

An Exploration of Perceived Stress Among Music Therapy Interns

by
Ayelet Walker

A Master's Thesis Submitted to the Faculty of
Molloy College
In Partial Fulfillment of the Requirements
For the Degree of
Master of Science
May 2012

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Abstract

The purpose of the study was to examine the prevalence, possible sources, and effects of perceived stress on music therapy interns. An online survey was conducted with a sample of music therapy interns from all seven regions of the U.S. Of the 71 participants who replied to the survey, 61 participants (2 males and 59 females) completed the entire survey and were included in the data analysis. Results showed this sample had moderately low prevalence of perceived stress ($M = 15.54$, $SD = 6.38$). The five sources of stress with the highest frequency were “Other sources of stress NOT related to internship or academics,” “Competency with extensive and varied repertoire,” “Competency on various musical instruments,” “Responding effectively to unexpected situations involving your clients,” and “Utilizing advanced verbal techniques with your clients.” When asked to rank their top three sources of stress, participants ranked “Other sources of stress NOT related to internship or academics” highest, followed by “Competency on various musical instruments,” “Utilizing advanced verbal techniques with your clients,” “Practicing strategies for self care,” “Competency with extensive and varied repertoire,” and “Supervision.” The highest scoring effects of stress were “Emotional effects” and “Personal life,” but stress was also reported in other domains, such as “Academic,” “Clinical,” “Physical,” and “Behavioral.” Implications for music therapy and future research are discussed.

Keywords: music therapy interns, perceived stress, music therapy education

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Perceived Stress Among Music Therapy Interns

The internship stage of music therapy education is the culmination of a music therapy student's training, providing an opportunity to put everything that was learned in the classroom and through field experiences into first-hand clinical practice. Although the intern still receives supervision both on and off site, he or she experiences many of the responsibilities and pressures of a professional music therapist. The intern takes on his or her own client caseload, becoming responsible for assessments, goal writing, treatment planning, creating and utilizing appropriate and effective music therapy interventions, and communicating with clients' families and treatment teams. The internship can be a most rewarding and unforgettable opportunity, but it is also demanding and oftentimes personally challenging. With proper supervision and support, the intern has the potential to grow tremendously both as a therapist and as a human being.

My interest in this topic stemmed from my recent experience as an intern at the North Shore University Hospital Center for Extended Care and Rehabilitation in Manhasset, New York. While I had a very positive experience overall and greatly expanded my knowledge of musical skills and clinical practice, there were many times that I felt stressed and "burnt out" to the point where I wanted to quit. Moreover, after hearing my fellow interns discuss their internship experiences, I realized that I was not alone in my feelings. Stress seems normal in a demanding academic setting with evaluations, paperwork, and deadlines. How does this stress, however, affect an intern's personal, academic, and clinical life? How many music therapy interns feel significant levels of stress? Does this stress come from the typical requirements of being a student, or are there causes unique to being in a music therapy internship?

A review of the literature on this topic revealed that most studies have focused on burnout in professional music therapists (Fowler, 2006; Oppenheim, 1987; Vega, 2010). Music therapy interns cannot technically experience burnout, but they may experience similar symptoms caused by high levels of stress. There is very limited research on the experiences of music therapy interns altogether; most studies focus on training programs and supervision. This led to my research questions:

- 1) What is the prevalence of stress among music therapy interns?
- 2) What are the common sources of perceived stress specific to music therapy interns?
- 3) What are the effects of perceived stress on music therapy interns?

This study of first-hand reports of stress in interns can be both interesting and beneficial to students, educators, and supervisors. It may help students recognize warning signs, help supervisors target certain issues in supervision, and lead to future research on music therapy interns. This study uses a cross-sectional survey design, and also pursues open-ended questions with survey participants.

Literature Review

To become a music therapist, one must undergo extensive training at an American Music Therapy Association (AMTA) approved university. This unique training includes an in-depth study of music paired with self-examination (AMTA, 2011). At the entry level, music therapy students learn “competencies in three main areas: Musical Foundations, Clinical Foundations, and Music Therapy Foundations and Principles as specified in the AMTA Professional Competencies. In addition, students must learn “to assess the needs of clients, develop and

implement treatment plans, and evaluate and document clinical changes” (AMTA, 2011, para. 2). At the graduate level, music therapy students are prepared clinically, professionally, and academically at an even deeper level, and must complete a research thesis. Both undergraduate and graduate music therapy students must satisfy “extended internship requirements in an approved mental health, special education, or health care facility” (AMTA, 2011, para. 1) in order to successfully acquire their degrees. Once the degree is obtained, the graduate becomes eligible to take the Certification Board for Music Therapists examination. If the examination is passed, the graduate becomes a Music Therapist-Board Certified (MT-BC).

According to the AMTA Standards of Education and Clinical Training (2011), “Every student must complete a minimum of 1200 hours of clinical training, with at least 15% (180 hours) in pre-internship experiences and at least 75% (900 hours) in internship experiences” (section 3.28). Additional hours may be added if competencies are not met, and adjustments to the internship agreement may be made if the intern’s performance is unsatisfactory (AMTA, 2009). The AMTA National Roster Internship Guidelines (2009) also dictate that interns must be observed, supervised, and evaluated by a qualified on-site supervisor. Formal evaluations often take place at the middle and end of the internship, and are based on the AMTA Professional Competencies. In addition to being expected to meet these competencies, the music therapy intern must “adhere to AMTA Standards of Clinical Practice and Code of Ethics” (section D: 3.1). While some music therapy training programs plan the internship after all other coursework is completed, others schedule the internship while the student is still taking courses, including writing a thesis. These rigorous internship demands paired with the normal pressures

of being a student and the everyday responsibilities of life may lead to high levels of stress, which may negatively affect the music therapy intern.

Yehuda (2011) explains that in psychology and biology the term *stress* describes a physiological response to a threatening event. This reaction includes:

an increase in heart rate and blood pressure, and endocrinological response that includes activation and release of ‘stress hormones’ (mainly ACTH and cortisol), which activate the sympathetic nervous system (‘fight or flight’) and an immunological system reaction to stress with a release of ‘stress markers’ (p. 87).

Yehuda (2011) believes that “an individual’s success or failure in controlling stressful situations (real or perceived) can have a profound effect on the ability to function” (p. 87) and that organisms respond to stressors with behavioral and physiological defenses (Yehuda, 2011).

This concept of stress reflects Hans Selye’s (1973) famous theory of General Adaptation Syndrome (GAS), which refers to the body’s process of having an “alarm reaction” (p. 694) due to a non-specific positive or negative stressor, then a “stage of adaptation or resistance” (p. 695), followed by a “stage of exhaustion” (p. 695). He believed that the body can “sooner or later become the victim of constant wear and tear” (Selye, 1973, p. 695). However, some experts such as Lazarus & Folkman (1984) consider theories like this, which define stress “in response terms” (p. 14), to be “limited to the physiological level of analysis” (p. 15).

Lazarus & Folkman (1984) believe that vulnerability needs to be taken into account because the stress response depends on “the person-environment relationship” (p. 17). From this the authors developed their definition of psychological stress to be “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding

his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 19). They theorize that “cognitive appraisal” and “coping” are the two main processes that balance the person-environment relationship:

Cognitive appraisal is an evaluative process that determines why and to what extent a particular transaction or series of transactions between the person and the environment is stressful. Coping is the process through which the individual manages the demands of the person-environment relationship that are appraised as stressful and the emotions they generate (Lazarus & Folkman, 1984, p. 19).

When appraisal and coping do not match, as is the case when vulnerability is present, one may perceive a situation as stressful. This perceived stress can be measured using the standardized Perceived Stress Scale-10 (PSS-10) (Cohen, 1994).

The PSS-10 measures the extent to which one appraises life situations as stressful (Cohen, 1994). It was designed to examine how “unpredictable, uncontrollable, and overloaded respondents find their lives” as well as to look at “current levels of experienced stress” (Cohen, 1994, p. 1). The PSS uses a 0-4 Likert scale to measure how often respondents have felt during the last month. Roberti, Harrington, and Storch (2006) tested the PSS-10 with 281 undergraduate students from three public universities for internal validity using Cronbach’s alpha reliability coefficients. They found the “Total Score (10 items; .89), Perceived Helplessness Factor (6 items; .85), and Perceived Self-Efficacy (4 items; .82)” (Roberti et al., 2006, p. 141). Because of its general nature, the PSS-10 has been used in various studies (Hewitt et al., 1992; Murphy, Denis, Ward, & Tartar, 2010; Roberti et al., 2006; Sims et al., 2008).

Sims et al. (2008) used the PSS-10 in a study examining perceived stress and eating behaviors in a community-based sample of 159 African Americans. They found that perceived stress significantly predicted responses for the emotional eating and haphazard planning domains of the Eating Behaviors Pattern Questionnaire (Sims et al., 2008). The PSS-10 was also used in a study examining whether or not academic stress in undergraduate students influences perceived stress, salivary cortisol, and immunoglobulin-A (Murphy et al., 2010). The measures were taken during an examination period and during a non-examination period. PSS-10 scores did not show an increase in perceived stress during the examination period, though results do support the use of the PSS-10 to measure global or chronic stress not related to specific examination pressures.

While studies have been done on students and stress, there is very little research on the manifestation of stress in music therapy interns. Madsen and Kaiser (1999) and Knight (2008) studied pre-internship music therapy students. Madsen and Kaiser (1999) conducted a quantitative study examining and comparing the fears of 32 pre-internship music therapy majors and 61 music education majors. They asked the students to list their three greatest fears about their upcoming internships. They found that the highest fear in the music therapy majors was “General preparation/being prepared,” followed by “Failure/not cut out for therapy,” then “Internship placement,” and apprehensions about the “Physical environment” (Madsen & Kaiser, 1999, p. 17). Although the sample size included 32 music therapy majors, all of the participants in the study were undergraduates from the same university.

Knight's (2008) quantitative study compared the concerns of pre-internship music therapy students with the concerns of the internship supervisors in order to pinpoint the discrepancies in "perceptions of professional competency" (p. 75). He hoped that this would enable educators to better prepare their students for a successful internship as well as help internship supervisors understand their interns' perceptions about their own skills. The results showed that the students were mostly concerned about what their supervisors would expect of them during internship. Other concerns included "outside concerns...supervisor expectations, facility information...client population knowledge, and musical skills" (Knight, 2008, p. 84). While this study had a sample size of 85 students at 16 AMTA approved universities, the instruments used to measure participants' concerns were created only for this study and "contain no inherent checks on reliability of items" (Knight, 2008, p. 85). Furthermore, while both of these studies inform readers about fears and concerns before internship, they do not examine how students feel once they actually begin internship.

One study involving music therapy students during internship was led by Grant and McCarty (1990). They believed that music therapy interns pass through different emotional stages as they advance through internship. The researchers created an instrument which included ten pairs of feelings regarding personal matters and ten pairs of feelings regarding professional matters. The 59 participating interns scored the instrument from 1-5 at the end of every month during a 6-month internship, which enabled the researchers to determine progress. The results showed that "significant gains were made in personal and professional categories, with the greatest gains in Months 5 and 6" (Grant & McCarty, 1990, p. 102). Further, the only variable that significantly impacted personal and professional ratings was whether or not interns were

placed in their first choice internship sites. The variables that had some significant impact on professional ratings were stipend, marital status, and population. While this study explored feelings during internship, it did not specifically discuss stress or its impact on these feelings.

Another study on students doing their music therapy practica was conducted by Wheeler (2002). In this phenomenological study, Wheeler interviewed her undergraduate students about their experiences during their clinical practica. She was interested in finding out what makes students anxious and what strategies they use to relieve anxiety, what they think is useful in supervision and in the practicum class, what makes them comfortable, and the challenges during internship. The interviews were open-ended and took place at the beginning and at the end of the first semester, and at the end of the second semester. The interviews were recorded and transcribed, and then divided into common subjects. Before the data was analyzed, the participants received copies of the transcriptions and summary statements to make sure they accurately described their experiences. Six areas of interest emerged after analyzing the data. The area of interest most relevant to this study was “Challenges encountered by student,” which included the subcategories of “Fear of new experiences,” “Session planning,” “Needs of clients,” “Music skills,” and “Concerns about grades.” It is possible that challenges such as these may cause stress, but that was not the purpose of Wheeler’s study. Furthermore, the findings from this study may be limited due to the small sample size of only eight participants, and the dual relationship of the researcher as both researcher and teacher of the participants. Although Wheeler discusses precautions that she took to prevent this issue, it is still possible that participants withheld some of their feelings during the interviews.

In the field of psychology, Clark, Murdock, and Koetting (2009) studied the academic burnout and career choice satisfaction of doctorate psychology students. The authors hypothesized that “social support would buffer the effects of stress on burnout and career choice satisfaction” (Clark et al., 2009, p. 580). Their findings however, indicated that “For burnout, neither social support nor SOC [psychological sense of community in the doctoral program] significantly moderated the effects of stress on burnout: however, global stress, advisor support, and SOC were significant predictors.” (Clark et al., 2009, p. 580). In this study, the researchers used the “Meier Burnout Assessment” (MBA) (as cited in Meier & Schmeck, 1985) to assess burnout among the participants. This scale is made up of 27 statements that measure college student burnout, and are scored on a 5-point Likert scale. They also reported that “although graduate students are thought to be susceptible to burnout, this study found a relatively low rate of burnout among counseling psychology students” (Clark et al., 2009, p. 596). These findings are consistent with the music therapy research on this subject, and may be why research focuses only on professional music therapists. In order to better understand the concept of burnout, the literature specific to music therapy professionals must be further examined.

A correlational study examined the relationships between the professional well-being of music therapists and factors such as demographics, work environment, attitudes toward work, and stress (Fowler, 2006). Fowler, citing Maslach and Jackson (1986) explained that “burnout is frequently described as having three distinct categories of symptoms; depersonalization, emotional exhaustion, and a lack of personal accomplishment”:

Depersonalization is described as a detachment or an aloofness from other individuals, particularly the ones who should be receiving care or services.

Emotional exhaustion is the feeling of being overextended and depleted of emotional resources. Lack of personal accomplishment refers to the decline in one's own feelings of competence as well as reduced productivity (Fowler, 2006, p. 175).

The results of Fowler's study (2006) showed a correlation between positive coping strategies and positive attitudes on how long music therapists remained in the profession. Fowler concluded that burnout occurs from stressful situations as well as from one's personality characteristics, which influence how a stressor is perceived.

Vega (2010) conducted a similar study exploring the relationship between personality, burnout, and longevity in professional music therapists. The researcher found that most music therapists who participated in her study scored in the average range of burnout. She investigated personality predictors for the same three categories of burnout that Fowler (2006) described. In terms of "Emotional exhaustion," Vega found that anxiety was significantly predictive, with sensitivity and tension also being contributors. For "Depersonalization," Vega found that social boldness and vigilance contributed to the prediction. With "Personal accomplishment," Vega found that dominance was significantly predictive, with liveliness being a contributor. Also among her conclusions was that the more years music therapists had worked, the less they experienced emotional exhaustion. Lastly, she found that only vigilance was significantly predictive of longevity in the field. These categories of burnout discussed by Fowler (2006) and Vega (2010) can also be symptoms of stress in music therapy interns.

Other sources of stress that can be paralleled between music therapy professionals and music therapy interns were reported in a study by Oppenheim (1987). She researched the correlations between demographic data collected from 239 music therapists with degrees of burnout. Of the 68 professionals who worked 5 or more years, 52 scored a moderate level of burnout on at least one of the six subscales of the Maslach Burnout Inventory (MBI) and 29 scored a high level of burnout on at least one of the subscales of the MBI. The most reported sources of stress included insufficient pay, lack of support and respect from administrators, and having to perform activities outside of the field. Each of these factors may affect music therapy interns as well.

While the research supports the idea that the term *burnout* refers only to professionals, it also confirms that music therapy students have fears, concerns, anxieties, and stressors before and during their internship. I believe that it is not uncommon for music therapy interns to identify with Maslach & Jackson's (1986) categorization of burnout symptoms. The dearth of research on the subject of music therapy interns supports the need to explore how they experience stress and how it affects them academically, clinically, and personally.

The purpose of this study is to examine the prevalence of perceived stress among music therapy interns, possible factors that contribute to perceived stress during music therapy internship, and the effects of perceived stress on music therapy interns. The following research questions will guide this study:

- 1) What is the prevalence of stress among music therapy interns?
- 2) What are the common sources of perceived stress specific to music therapy interns?

- 3) What are the effects of perceived stress on music therapy interns?

Method

Design

A cross-sectional on-line survey and open-ended questions were employed in this study.

Participants

Participants were undergraduate and graduate music therapy students in their clinical internships during the academic year 2011-2012. All study participants were enrolled in American Music Therapy Association (AMTA) approved music therapy programs; participants represented the seven regions in the United States.

In order to recruit participants, the researcher contacted the AMTA to obtain a list of National Roster Internship Clinical Supervisors and a list of Academic Chairs of AMTA approved Universities. Upon receiving Molloy College IRB approval (Appendix A), the researcher contacted the names on the lists, informing them about the study and requesting that they forward an invitational e-mail and consent form (Appendix B) to students who met the criteria for the study. This approach ensured that the identities of the participants remained anonymous to the researcher.

Measures

Various data collection instruments were used for this study. First, a demographic information questionnaire (Appendix C) was used to collect information about the participants, including age, gender, student status, geographic region, internship population, and scheduling. Second, the standardized Perceived Stress Scale-10 (Cohen, 1994) (Appendix D) was used to

measure the prevalence of stress among the study population. Cohen, Kamarck, & Mermelstein, (1983) “reported [Cronbach’s] alphas ranging between .84 and .86” (as cited in Hewitt, Flett, & Mosher, 1992, p. 251). Lastly, open-ended questions about sources of stress adapted from the AMTA Advanced Competencies (AMTA, 2009), and open-ended questions about the effects of stress provided the participants with the opportunity to describe sources of stress and how stress manifests itself in their lives (Appendix E).

Procedure

Potential participants were referred to the study by the clinical supervisors and academic chairs of AMTA-approved internships and universities. Eligible participants were provided with an electronic link to the research survey on SurveyMonkey.com. Included in the link was an invitation to the research study, along with a consent form.

Approximately 20-30 minutes were needed to complete all three parts of the research survey. Survey Monkey was configured so that the data would be anonymous. The data were securely stored on the Survey Monkey website. Access was only granted with a password, which the researcher created and protected. The survey on Survey Monkey was open beginning in February 2012 for 18 days; after August 2012, the data was destroyed and the researcher no longer had access to the protected site.

Data Analysis

Statistical Package for Social Science (SPSS) version 17.0 was used to analyze the data. Descriptive statistics were performed for the demographic questionnaire, standardized stress measure, and Sources of Stress for Music Therapy Interns Questionnaire. Additional data analysis such as correlations between variables were examined, while qualitative analysis of

coding, categorizing, and theme creation was used to analyze the data from the open-ended questions. After organizing the qualitative data, the researcher submitted the findings to a faculty member, who reviewed the categories. Changes were made as needed, in order to ensure trustworthiness (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991).

Results

Findings from the data analysis are presented in three sections, corresponding to the three research questions: Prevalence of perceived stress; Sources of stress; and Effects of stress. Graphic tables and figures were created to illustrate the quantitative data. Categories and themes which emerged from the qualitative data are organized and discussed. Quotes or vignettes are also included in the presentation of these findings (Appendix F and Appendix G). Comparisons or correlations between the data were performed and are discussed.

Seventy-one participants replied to the survey invitation. Of these responses, only the 61 completed surveys (85.9%; 2 males and 59 females) were included in the data analysis. The data were analyzed using both quantitative and qualitative methods.

Demographic Information

Participants' academic enrollment status consisted of 47 seniors (77%) and 14 Equivalency Masters (23%). Participants ranged from 21 to 39 years ($M = 24.1$, $SD = 3.21$). Only four (6.6%) participants were international students. Table 1 shows the ethnicity/race of the participants as well as the geographic region of their schools.

Table 1.

Demographic Information

Variable	<i>N</i>	<i>F</i>	%
Ethnicity/Race	61		
Caucasian		50	82
Asian/Asian American		4	6.6
Multiracial		3	4.9
Hispanic/Latino		2	3.3
African American/Black		1	1.6
American Indian/Alaskan Native		1	1.6
Geographic Region	61		
Mid-Atlantic		20	32.8
Great Lakes		15	24.6
Midwestern		10	16.4
Southeastern		8	13.1
Western		4	6.6
New England		2	3.3
Southwestern		2	3.3

Note. *F*=Frequency

Table 2 shows the number of credits taken in addition to internship. Five (8.2%) participants reported that they were writing a thesis during internship.

Table 2.

Credits in Addition to Internship

Variable	<i>N</i>	<i>F</i>	%
Credits in Addition to Internship	61		
0		37	60.7
1-3		16	26.2
3-6		4	6.6
6-9		2	3.3
9-12		2	3.3

Note. *F*=Frequency

Regarding internship, 49 (80.3%) participants were placed at their first choice internship site. Table 3 outlines information about participants' internship sites such as the various internship populations with which participants reported working (all that apply), the sites' philosophical orientation, and the hours per week spent on-site. Seven (11.5%) participants listed "other" philosophical orientations: Feminist; Dialectical Behavior Therapy for adults and Behavior Modification for children; Integrative; Sensory Integration; Recovery-Model/Client-Strength Focused; Cognitive-Behavioral; and Music Psychotherapy in Medicine.

The types of supervision received by the participants (all that apply), ranked from most common to least common, were Verbal (98.4%), Concrete (meeting requirements oriented) (69.8%), Musical (61.9%), Peer (46%), and Psychodynamic (personal process oriented) (46%). Table 4 outlines the number of on-site and off-site supervision hours per week

Table 3.

Demographics-Internship Site Information

Variable	<i>N</i>	<i>F</i>	%
Internship Population	61		
Adolescents		12	19.7
Adult-Inpatient Psychiatric		14	23.0
Adult-Medical		13	21.3
Adult-Outpatient Psychiatric		8	13.1
Children-Medical		9	14.8
Children-School		13	21.3
Developmentally Disabled		12	19.7
Drug and Alcohol Program		2	3.3
Hospice		10	16.4
Nursing Home		8	13.1
Private Practice		1	1.6
Rehabilitation Facility		4	6.6
Veteran's Hospital		3	4.9
Other		9	14.8
Philosophical Orientation	61		
Behavioral		15	24.6
Bio-Medical		7	11.5
Eclectic		17	27.9
Humanistic		11	18.0
Music-Centered		3	4.9
Nordoff-Robbins		3	4.9
Psychodynamic		5	8.2
Other		7	11.5
On-site Hours Per Week	61		
5-10		1	1.6
10-15		0	0.0
15-20		1	1.6
20-25		6	9.8
25-30		2	3.3
30-35		51	83.6

Note. *F*=Frequency. The sums of some variables exceed 100% because the participants selected all that apply.

Table 4.

On-Site and Off-Site Supervision Hours Per Week

Variable	<i>N</i>	<i>F</i>	%
On-Site Supervision Hours Per Week	61		
N/A		1	1.6
0-1		4	6.6
1-2		18	29.5
2-3		8	13.1
3-4		4	6.6
4-5		3	4.9
5+		23	37.7
Off-Site Supervision Hours Per Week	61		
N/A		29	47.5.
0-1		22	36.1
1-2		6	9.8
2-3		2	3.3
3-4		3	3.3

Note. *F*=Frequency

Thirty two of the respondents (52.5%) do not hold another job outside of internship, 17 (27.9%) work 1-10 hours per week, and 12 (19.7%) hold a job for 10-20 hours per week.

Twenty participants (32.8%) spent 4-6 hours per week practicing or learning new music, 16 (26.2%) spent 2-4 hours per week on this task, 8 (13.1%) spent 6-8 hours, 7 (11.5%) used 10+ hours, 6 (9.8%) spent 0-2 hours per week, and 4 (6.6%) dedicated 8-10 hours per week. Table 5 outlines the number of on-site and off-site paperwork hours per week.

Table 5.

Demographics- Paperwork Hours Per Week

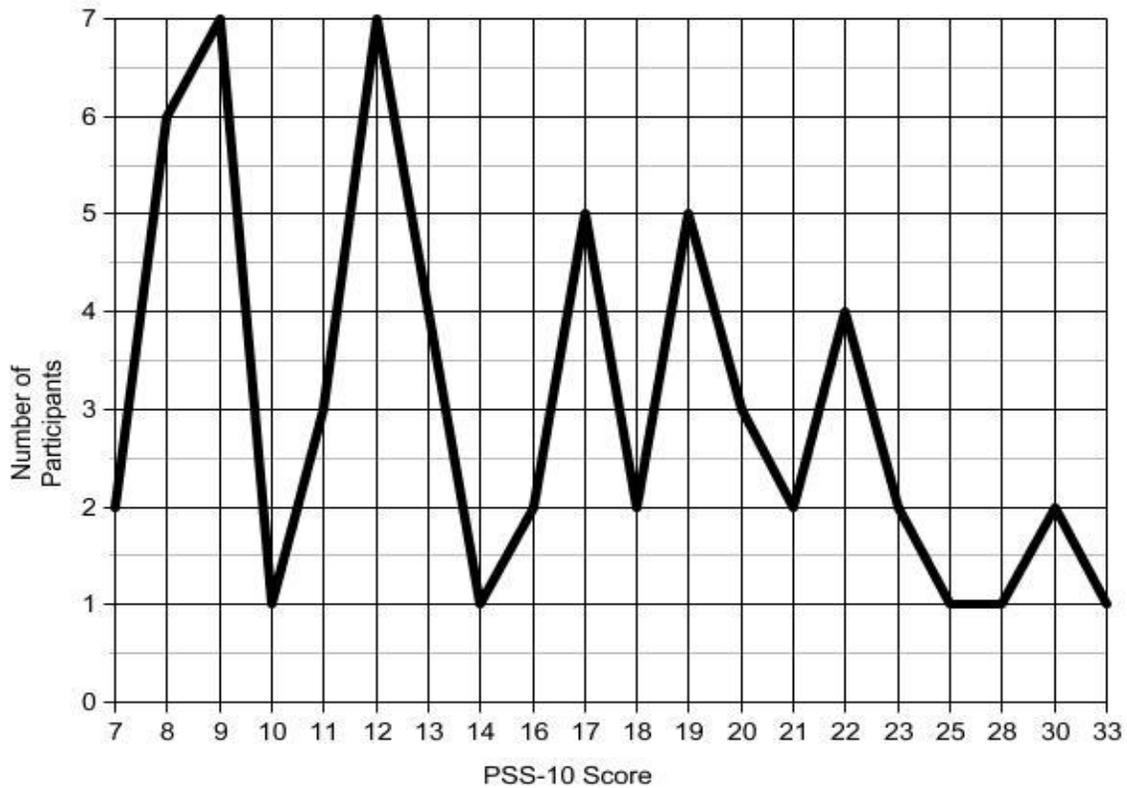
Variable	N	F	%
On-Site Paperwork Hours	61		
0-2		6	9.8
2-4		16	26.2
4-6		20	32.8
6-8		8	13.1
8-10		4	6.6
10+		7	11.5
Off-Site Paperwork Hours	61		
N/A		7	11.5
0-2		22	36.1
2-4		9	14.8
4-6		12	19.7
6-8		8	13.1
8-10		1	1.6
10+		2	3.3

Note. F=Frequency

Prevalence of Perceived Stress

The standardized Perceived Stress Scale-10 (Cohen, 1994) was used to measure the prevalence of perceived stress among the study population. Items on the PSS-10 refer to feelings *in the past month*, and are measured on a 5 point Likert-scale. PSS scores were calculated by “reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1, & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items” (Cohen, 1994, p. 1). Scores may range from 0 (lowest perceived stress) to 40 (highest perceived stress).

The mean score for study participants was 15.54, with a standard deviation of 6.38, and a range of 7 to 33 (see Figure 1). Reliability was tested and proven for the PSS-10 in this study, yielding a Cronbach’s alpha coefficient of .89.



Mean=15.54
SD=6.38

Figure 1. The distribution of PSS-10 scores among survey participants

Sources of Stress

Open-ended questions were adapted from the AMTA Advanced Competencies in order to determine the sources of stress specific to music therapy interns. Participants chose whether these items were or were not stressful to them. The five highest scoring sources of stress were “Other sources of stress NOT related to internship or academics” ($F = 49, 80.3\%$), “Competency with extensive and varied repertoire” ($F = 34, 55.7\%$), “Competency on various musical instruments” ($F = 33, 54.1\%$), “Responding effectively to unexpected situations involving your

clients” ($F = 33, 54.1\%$), and “Utilizing advanced verbal techniques with your clients” ($F = 32, 52.5\%$).

Participants were then asked to rank and describe the three most stressful items on the list. The researcher read through the responses, tallied the responses, and then coded the open-ended responses for common themes. The top four items on this open-ended ranking question were “Other sources of stress NOT related to internship or academics” ($F = 24, 39.3\%$), “Competency on various musical instruments” ($F = 19, 31.1\%$), “Utilizing advanced verbal techniques with your clients” ($F = 16, 26.2\%$), and “Practicing strategies for self care” ($F = 14, 22.9\%$). “Competency with extensive and varied repertoire”, and “Supervision” were equally listed ($F = 13, 21.3\%$) for the fifth rank.

The category “Other sources of stress NOT related to internship or academics” was broken down into subcategories of common stressors. Of these categories, respondents cited “Financial stress,” “Concerns about finding a job after internship,” and “Personal life” most frequently (See Appendix F).

Effects of Stress

Participants were asked whether or not they experienced effects of stress in various domains of life. The most commonly scored areas were “Emotional effects” ($F = 42, 68.9\%$) and “Personal life” ($F = 40, 65.6\%$).

Open-ended questions regarding the effects of stress were also included in the survey. The researcher read through the responses, highlighting key words and ideas. Then the researcher rewrote the keywords under the headings, which were already provided in the open-

ended question. Finally, all of the similar keywords under each category were grouped together to make sub-categories (see Table 6).

Table 6

Effects of Stress Categories

<i>Category</i>	<i>Sub-category</i>
Academic	Procrastination Feelings of inadequacy Worry Feeling overwhelmed
Clinical	Feelings of inadequacy Decreased concentration Anxiety Frustration
Personal	Isolation Stressed relationships Financial
Physical	Sleep changes Body aches Illness Eating changes Exhaustion/Fatigue Lack of concentration
Emotional	Loneliness Anxiety Sadness Emotional instability Nervousness Low self-esteem Emotional exhaustion
Behavioral	Withdrawal Anger Impatience Irritability Biting nails Drinking Lack of motivation

There were some participants ($F = 4, 6.6\%$) who reported that they did not feel more stress than normal. Additionally, there were a very small number of participants ($F = 1, 1.7\%$) who reported positive outcomes such as insight and learning as a result of the stress.

Discussion

Results of this study find a moderately low level ($M = 15.54, SD = 6.38$) of perceived stress among the participants. This low stress level is similar to the low rate of burnout found among counseling psychology students in the study by Clark et al. (2009). However, there were 16 interns with scores between 20 and 33. There are some possible explanations for these results. One reason might be that interns are already well adjusted by the middle of second semester, which is when this study took place. Further research is needed to examine whether or not there are points during internship that are more or less stressful than others. Also, the PSS-10 only measured participants' feelings during the past month (Cohen, 1994) instead of providing an overview of the entire internship. It is also possible that interns with higher stress levels were too overwhelmed and stressed to take the time to respond to the survey.

“Other sources of stress NOT related to internship or academics” was the highest-ranking source of stress. The top stressor within this category was “Financial stress”, which can be related to Oppenheim's (1987) finding that insufficient pay is one of the most-reported stressors for professional burnout. Other reported sources of stress included “Concerns about finding a job after internship” and “Personal life”. Within these categories, interns reported

being nervous about the transition from student to professional, and concern over whether or not they will find jobs in the field. Personal stressors such as being far away from families and support systems, and major life changes (marriage, birth of a child) were also reported.

However, there were other sources of stress which were specific to music therapy interns. The most common among the participants were “Competency with extensive and varied repertoire,” “Competency on various musical instruments,” “Responding effectively to unexpected situations involving your clients,” and “Utilizing advanced verbal techniques with your clients.” It is interesting to note however, that when respondents were asked to choose the three items most stressful to them, the top five rankings (in order from highest to lowest) changed to “Competency on various musical instruments,” “Utilizing advance verbal techniques with your clients,” “Practicing strategies for self care,” “Competency with extensive and varied repertoire,” and “Supervision.”

It is understandable that mastering various musical instruments and a culturally diverse repertoire, and practicing advanced verbal techniques would be ranked as highly stressful, since these are major parts of being a music therapist. Interestingly, self-care and supervision are also ranked as top stressors. This could be because interns are more personally affected by these items. They might feel that they do not have time or energy to allocate to themselves, and financial stressors such as tuition and lack of income limit the ways in which one can practice self-care. Supervision can also cause stress if an intern feels embarrassed or judged by his or her supervisor. Interns might feel pressured to appear perfect to their supervisors, or may not feel comfortable being open with them, thus adding stress by ignoring or keeping serious issues to themselves.

While the term *burnout* has been reserved for professional music therapists, the three categories of symptoms defined by Fowler (2006) – depersonalization, emotional exhaustion, and lack of personal accomplishment – mapped closely to the subcategories that came from personal accounts of the participants of this study. For example, depersonalization was defined as “a detachment or aloofness from other individuals” (Fowler, 2006, p. 175). The subcategories in this study, “Isolation” and “Stressed relationships” can be paralleled to Depersonalization. The subcategories “Emotional exhaustion” and “Emotional instability” can be paralleled to Fowler’s (2006) definition of emotional exhaustion. Finally, this study’s subcategories “Lack of motivation, “Procrastination”, and “Decreased concentration ” can be paralleled to Fowler’s (2006) “Lack of personal accomplishment”. While this still may not be called “burnout”, a new term referring to music therapy students and interns could be established.

Additional Findings

Additional data analysis performed beyond the scope of this study resulted in some interesting findings. A positive correlation was found between hours of offsite paperwork and PSS-10 score ($r(52) = .43, p = .001$). In addition, t-tests were performed for some of the survey items. Participants who were writing a thesis during internship had significantly higher PSS-10 scores ($M = 22.4, SD = 1.67$) than those who were not writing a thesis ($M = 14.93, SD = 6.29$) ($t(18.34) = 6.64, p < .001$). Interestingly, participants who were placed at their first choice internship site had significantly higher PSS-10 scores ($M = 16.37, SD = 6.51$) than those who were not placed at their first choice internship site ($M = 12.17, SD = 4.65$) ($t(59) = 2.10, p = .04$). This could be due to feeling increased personal pressure to succeed or not let oneself down. Another explanation could be that when interns are placed where they choose, they more fully

invest themselves in the experience because they have chosen more prestigious internship sites in order to gain the opportunity to work with more experienced music therapists and receive thorough training.

Participants who indicated that “Competency with extensive and varied repertoire” was a source of stress had significantly higher PSS-10 scores ($M = 17.74, SD = 6.97$) than those for whom this was not a source of stress ($M = 12.78, SD = 4.26$) ($t(55.68) = 3.42, p = .001$). Participants for whom “Practicing strategies for self care” was a source of stress had significantly higher PSS-10 scores ($M = 17.50, SD = 5.74$) than those for whom this was not stressful ($M = 14.09, SD = 6.52$) ($t(59) = 2.13, p = .038$). The importance and benefit of self care is discussed by Dileo (2000) and Loewy and Hara (2007). Participants who indicated that “Assuming the responsibilities of a primary therapist” was a source of stress had significantly higher PSS-10 scores ($M = 18.68, SD = 5.83$) than those who did not find this stressful ($M = 13.77, SD = 6.05$) ($t(59) = 3.09, p = .003$). Finally, participants who reported that “Identifying and addressing your personal issues” was a source of stress also had significantly higher PSS-10 scores ($M = 17.68, SD = 6.26$) than those who did not find this stressful ($M = 14.06, SD = 6.11$) ($t(59) = 2.26, p = .028$). Self awareness is crucial to ethical practice. In his chapters, Bruscia (1998) discusses how to understand and recognize transference and countertransference, which are essential to understanding personal issues that surface during clinical work. Forinash (2001) outlines the importance and benefit of supervision in uncovering and working through personal issues as well.

Limitations of Study

From the 71 responses, only 61 were used for data analysis. Of the 61 participants, only two were male. A larger sample size would have better represented the music therapy intern population, as well as provided stronger data. Another limitation is that this study was completed as a thesis requirement, which followed specific deadlines. Only 18 days passed between sending the survey invitations and closing out the survey. It is possible that more interns would have replied had the survey been open for a longer time.

Additionally, the standardized measuring tool (PSS-10) used may not have been the best choice for this study, since the PSS-10 asks participants to answer the scale items based on their thoughts and feelings “during the last month” (Cohen, 1994, p. 2). The test could have been administered more often over the course of participants’ internships. Also, the PSS-10 only measures perceived stress. A different scale such as the most commonly used State-Trait Anxiety Inventory (Spielberger, 1983) could have measured longer lasting stress (trait anxiety).

Implications for Music Therapy

The findings of this study are useful to music therapy interns, internship and academic supervisors, and educators. Based on the results, students may find it helpful to plan their course loads to avoid taking any other credits or writing their theses during internship. They might be urged to become familiar with some of the sources and effects of stress found in this study, so they can recognize these easily and seek out supervision or assistance as needed. Prior to beginning their internship, students can also increase their focus on the competencies that were reported as most stressful, allowing them to be better prepared when the internship begins.

Since interns ranked Supervision as a common source of stress, supervisors may wish to openly discuss this issue or routinely check-in with their interns regarding supervisors' expectations and intern' feelings. Supervisors may also need to expand their own training in different methods of supervision, in order to be able to be effective leaders to diverse types of students. Supervisors and teachers may wish to be alert to the symptoms of stress which emerged as subcategories in this study, including procrastination, anxiety, decreased concentration, illness and low self-esteem, in order to provide interns with appropriate support.

Educators may need to adjust training programs or courses to include or increase focus on the areas that participants reported as most stressful: increased training in verbal techniques, competency with musical instruments and mastering culturally diverse repertoire. Role-play and case examples can also be used to help prepare students to respond to unexpected client reactions.

Future Research

A review of the available literature reveals that this study is one of very few that focused on music therapy interns. More research is needed in this area. This study attempted to answer three broad research questions. Any one of these areas can be researched on its own or expanded upon. For example, a phenomenological study could be done to further understand the experience of interns' stress. In addition, research should be done in related areas which were not covered in the scope of this study. One example is the relationship between stress and performance as measured by GPA and supervisor evaluations of music therapy interns. This could be examined in a longitudinal study measuring the difference in stress levels during an intern's first and second semesters. Another example is the relationship between stress

experienced during internships to burnout experiences among professionals. Further research is needed in order to examine whether or not interns who experience higher levels of stress during internship also experience higher levels of burnout as professionals.

Conclusion

Although participants had moderately low perceived stress scores, the results of this study support the hypothesis that there are sources of stress specific to music therapy internship, and that music therapy interns experience reactions to stress in many domains. Results of this study show some similarities to the symptoms and predictors found in the literature of burnout in professionals. Future research may establish a name for this phenomenon in students or link stress during internship to burnout after years as a professional. Personal accounts of the participants illustrate the various ways in which stress can manifest. Students, supervisors, and educators can all benefit from these results either by noticing the symptoms of stress, providing appropriate supervision, or adjusting training programs to better prepare students for internship. With this increased awareness and preparedness, music therapy interns can reduce stress and use the internship opportunity to reach their highest growth potential.

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Appendix A

IRB Approval Letter



Office of Academic Affairs
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1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Date: February 1, 2012
To: Ayelet Walker
From: Lillian Bozak-DeLeo, Ph.D.
Chair, Molloy College Institutional Review Board

I am pleased to inform you that your proposal, "An Exploration of Perceived Stress Among Music Therapy Interns" has been approved by the Molloy IRB. You may proceed with your project.

Good luck with your research.

Lillian Bozak - De Leo, Ph.D.

Appendix B

Invitational Email and Consent Form

Dear Music Therapy Intern,

My name is Ayelet Walker. As part of the requirement for my music therapy graduate course at Molloy College, I am conducting a research study called *An Exploration Of Perceived Stress Among Music Therapy Interns*.

The purpose of my study is to examine the prevalence of perceived stress among music therapy interns, possible factors that contribute to perceived stress during music therapy internship, and the effects of perceived stress on music therapy interns.

If you are receiving this email, you have been referred to this study by an academic chair or internship supervisor. The participant requirements are that you are:

- An undergraduate OR graduate music therapy intern
- In your clinical internship during the academic year 2011-2012
- Enrolled in an American Music Therapy Association (AMTA) approved music therapy program

If you meet these criteria, I invite you to participate in this survey study. In this survey, I have combined a standardized perceived stress scale with open-ended questions about sources of stress and effects of stress. This survey should take about 20-30 minutes to complete. The data will be securely stored on Survey Monkey's website, with access only granted to the researcher. Survey Monkey will be configured to keep all of your responses anonymous. After the study is finished, the data will be erased from Survey Monkey's server, and the researcher will no longer have access to the protected site.

If you wish to receive the results of the study, please contact me below.

Please note that participation in this study is completely voluntary. Clicking on the link below indicates your understanding of this consent form, as well as your consent to participate in this survey study.

www.SurveyMonkey.com

Thank you for your time and consideration,

Ayelet Walker
Molloy College
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Faculty Advisor
Seung-A Kim, PhD, AMT, LCAT, MT-BC
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Appendix C

Demographic Questionnaire

1. Your Gender: M/F
2. Your Age: _____
3. Your Current Music Therapy Program Enrollment Status:
 - Freshman
 - Sophomore
 - Junior
 - Senior
 - Equivalency Masters
4. Geographic Region of your school
 - Great Lakes (IL, IN, MI, MN, OH, WI)
 - Mid-Atlantic (DE, DC, MD, NJ, NY, PA, VA, WV)
 - Midwestern (CO, IA, KS, MS, MT, NE, ND, SD, WY)
 - New-England (CT, ME, MA, NH, RI, VT)
 - Southeastern (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN)
 - Southwestern (NM, OK, TX)
 - Western (AK, AZ, CA, HI, ID, NV, OR, UT, WA)
5. Main Instrument(s) _____
6. Internship Population
 - Adult-Inpatient Psychiatric
 - Adult- Outpatient Psychiatric
 - Adult-Medical
 - Veterans Hospital
 - Adolescents
 - Rehabilitation Facility
 - Nursing Home
 - Hospice
 - Developmentally Disabled
 - Drug and Alcohol Program
 - Children- School

- Children-Medical
 - Correctional Facility
 - Private Practice
 - GIM
7. What is the philosophical orientation of your internship site?
- Nordoff-Robbins
 - Behavioral
 - Psychodynamic
 - Humanistic
 - Bio-Medical
 - Music-Centered
 - GIM
8. Were you placed at your first choice internship site?
9. How many hours are you on-site at your internship per week?
- 5-10 hours per week
 - 10-15 hours per week
 - 15-20 hours per week
 - 20-25 hours per week
 - 25-30 hours per week
 - 30-35 hours per week
10. What is your school enrollment during internship?
- None
 - Part-Time
 - Full-Time
11. Are you working on your thesis while doing your internship?
- Yes
 - No
12. Do you hold another job outside of your internship?
- No
 - 1-10 hours per week
 - 10-20 hours per week
 - 20-30 hours per week

- 30-40 hours per week
13. How many hours of on-site supervision do you receive per week?
- N/A
 - 0-1
 - 1-2
 - 2-3
 - 3-4
 - 4-5
 - 5+
14. How many hours of academic off-site supervision do you receive per week?
- N/A
 - 0-1
 - 1-2
 - 2-3
 - 3-4
 - 4-5
 - 5+
15. What type of supervision do you receive? (check all that apply)
- Verbal
 - Musical
 - Peer
 - Psychodynamic (personal process oriented)
 - Concrete (meeting requirements oriented)
16. How many hours per week do you spend doing paperwork on-site?
- N/A
 - 0-2
 - 2-4
 - 4-6
 - 6-8
 - 8-10
 - 10

17. How many hours per week do you spend doing paperwork off-site?

- N/A
- 0-2
- 2-4
- 4-6
- 6-8
- 8-10
- 10+

18. How many hours per week do you spend practicing or learning new music?

- N/A
- 0-2
- 2-4
- 4-6
- 6-8
- 8-10
- 10+

Appendix D

Perceived Stress Scale (PSS-10)

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (Circle): M F Other _____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

- | | | | | | |
|---|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly?..... | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life?..... | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"? | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems?..... | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way?..... | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do? | 0 | 1 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life?..... | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things?..... | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control? | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?..... | 0 | 1 | 2 | 3 | 4 |

Please feel free to use the *Perceived Stress Scale* for your research. The PSS Manual is in the process of development, please let us know if you are interested in contributing.

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References

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Appendix E

Sources and Effects of Stress Questionnaire

For each item, please state if it is or is not stressful to you. Then please explain your answer with as many details as possible:

1. Supervision
2. Utilizing various theoretical models with your clients
3. Assessing and evaluating clients
4. Designing and employing treatment plans for your clients
5. Utilizing advanced verbal techniques with you clients
6. Assuming the responsibilities of a primary therapist
7. Responding effectively to unexpected situations involving your clients
8. Communicating with professionals from other disciplines
9. Competency on various musical instruments
10. Competency reproducing and notating clients' musical responses
11. Competency improvising or providing musical support for client improvisation in various musical styles
12. Competency with extensive and varied repertoire
13. Identifying and addressing your personal issues
14. Practicing strategies for self care
15. Ability to work with culturally diverse populations
16. Outside sources of stress

For each category, please describe whether or not you experience reactions to stress. Then please explain you answer with as many details as possible.

1. Academic life
2. Clinical life
3. Personal life
4. Physical effects
5. Emotional effects
6. Behavioral effects
7. Other

Appendix F

Top Sources of Stress

<i>Source of Stress</i>	<i>Quote</i>
Other source of stress NOT related to internship or academics	“Internships do not pay very much (if anything), and it is very stressful trying to figure out paying rent, school, loans. To make up for the lack of income, I got a second job, but the problem then becomes time management and being over tired a lot of the time.”
Competency on various musical instruments	“Since voice is my primary instrument, I feel very insecure about my ability to play piano and guitar. I feel limited in the amount and quality of prepared musical experiences I can bring. I get worried that people won't think I do a good job, or that I am not a competent therapist because of my limitations on these instruments.”
Utilizing advanced verbal techniques with your clients	“During group discussions, I get stressed sometimes trying to find a balance leading the conversation to a deeper, more meaningful level without the client shutting down out of fear or discomfort.
Practicing strategies for self care	<p>“I felt that in my academic course work, self-care was not addressed. As a student you work all night on homework and don't learn boundaries of cutting things off.”</p> <p>“I seem to be incapable of stopping! I want to do well and I often overwork myself.”</p>
Competency with extensive and varied repertoire	“I constantly feel that I don't know the right music, and that there is never enough time to practice and learn new music”
Supervision	<p>“I feel like I'm being attacked by my supervisors with negative feedback. I feel as though nothing I do is right. It's hard to lift up my confidence level after having supervision meetings.”</p> <p>“I feel embarrassed when showing video of my work for fear that I am not living up to expectations.”</p>

Appendix G

Top Effects of Stress

<i>Effect of Stress</i>	<i>Quote</i>
Academic	<p>“Sometimes my feeling overwhelmed in school causes me to procrastinate doing work - not the most ideal reaction as it puts me more behind!”</p> <p>“in order to get rest from the intense work in the internship site, I have to skip classes.”</p>
Clinical	<p>“I have less energy and patience with clients”</p> <p>“I worry that I am going to be a bad music therapist or that I could make the student/client worse instead of better by working with them.”</p>
Personal	<p>“I had never projected my anger/stress on to my clients, but I think I might have done it on my boyfriend and other friends”</p> <p>“It can cause a disconnect from family and friends”</p> <p>“ I sometimes experience guilt after spending time with people or after experiences seemingly unrelated to Music Therapy”</p>
Physical	<p>“My body has been responding negatively to the overwhelming traumas many of the veterans share that they have been through”</p> <p>“Stress has interrupted sleep and eating patterns”</p> <p>“My stomach reacts regularly to stress. I get this churning discomfort for weeks at a time”</p> <p>“I get migraines and have stomach problems when I am stressed.”</p>
Emotional	<p>“There are definitely days when I feel like I can not control myself emotionally and no matter how prepared I am or how on top of things I am, I am still emotionally unstable”</p>
Behavioral	<p>“I tend to withdraw when I'm stressed out”</p> <p>“If I am stressed beyond what I can handle, I sometimes cry in the privacy of close friends or loved ones, or when I am alone.”</p>

