The Interdisciplinary Collaborative Competency in Music Therapy: Terminology, Definitions, and Teaching Approaches

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of the requirements for the degree

Master of Music

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This thesis titled
The Interdisciplinary Collaborative Competency in Music Therapy: Terminology, Definitions, and Teaching Approaches

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Abstract

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The Interdisciplinary Collaborative Competency in Music Therapy: Terminology, Definitions, and Teaching Approaches (90 pp.)

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While a majority of music therapists report using collaboration in their music therapy practices, little information exists regarding how the AMTA competency on interdisciplinary collaboration is addressed within music therapy training programs. In order to investigate the teaching of this competency at the undergraduate level, a survey was sent to 65 music therapy program directors at AMTA approved institutions. The survey sought to identify and define the terms and teaching models used to address this competency, as well as its value and placement within the undergraduate curriculum.

Interdisciplinary was the most commonly selected term to address the competency over the terms collaboration, multidisciplinary, consultation, transdisciplinary, and interprofessional. Definitions selected by respondents indicated confusion continues to exist regarding the definitions and use of collaborative terminology. Additionally, results showed that program directors strongly value the competency and that the preparation for interdisciplinary collaboration may benefit from more information on this topic. Collaborative definitions and teaching approaches are recommended.

Approved: _____________________________________________________________

Anita Louise Steele

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Introduction

Music therapy is often noted for its versatility in addressing multiple domains of healthcare and educational needs in innovative and motivating ways. The music therapy training curriculum is designed to provide music therapists with the clinical, professional, and musical knowledge and skills necessary to address the physical, psychological, cognitive, and social needs of individuals. Students in music therapy undergraduate degree programs gain clinical experience with a wide range of client and patient populations through required practica and a clinical internship (American Music Therapy Association, 2008a). One of the required competencies for music therapists addresses the skills for interdisciplinary collaboration. The American Music Therapy Association (AMTA) and the National Association of Schools of Music (NASM) provide educational guidelines for schools of music offering music therapy degree programs. The AMTA Professional Competencies and NASM’s accreditation handbook require interdisciplinary collaborative skills be addressed in educational programs approved by these organizations (AMTA, 2008b; NASM, 2007). To meet this competency, AMTA requires that students obtain the following skills:

22.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client’s treatment program.

22.2 Define the role of music therapy in the client’s total treatment program.

22.3 Collaborate with team members in designating and implementing interdisciplinary treatment programs. (AMTA, 2008b, p. 31)
In addition the AMTA Code of Ethics and Standards of Practice (AMTA, 2009), as well as the Certification Board for Music Therapists’ Scope of Practice (CBMT, 2005), require music therapists to communicate and collaborate as appropriate with other professionals. Governing bodies for the profession of music therapy have clearly recognized that collaborative skills are considered important for professional practice in music therapy. However, despite this emphasis on collaboration from every governing body for music therapy, minimal research exists that specifically addresses the subject of collaboration within the music therapy literature.

Register’s (2002) study, “Music Therapy and Collaboration, Consultation,” was one of the first published articles to specifically address collaborative practices across the music therapy profession. Register surveyed board certified music therapists to establish a baseline for the collaborative and consultative practices of music therapists. Data indicated that a majority of music therapists, 87.5% (n=695) from the total music therapists surveyed (n=793), reported collaborating with other team members. Nearly half of all music therapists surveyed, 44% (n=350), also reportedly had experience as a music therapy consultant. Results of Register’s study also indicated some confusion may exist regarding terminology for collaboration. Additionally, Register expressed concern for the education and training music therapists receive on collaborative skills.

Register concluded her research by stating that collaboration and consultation with other professionals is a significant part of most professional music therapy practice, and therefore “further study is needed to develop a clear definition of collaborative relationships and consultation as it applies to music therapy and how these skills are best
taught” (p.319-320). The purpose of the current study was to explore of the current teaching practices for the AMTA undergraduate competency on interdisciplinary collaboration, and in doing so, to determine the accompanying terminology and definitions utilized in the teaching of this competency.
Literary Review

Music Therapy Research on Professional Collaboration

Music therapy and education.

Collaborative work has always been viewed as necessary to the practice of music therapy, though its level of importance has increased most significantly within recent years. Many of the first articles published on this topic focused on the work of music therapists in educational settings. Many articles were published that addressed the implementation of PL 94-142, The Education for All Handicapped Children Act and subsequent amendments to the bill (Alley, 1979; Jellison, 1979; Asmus & Gilbert, 1981). This legislation required some level of collaborative work between all disciplines servicing a child with special needs, particularly to construct an individualized education plan (IEP) (Texas Council for Developmental Disabilities, 2008). These articles were written to explain the implications of The Education for All Handicapped Children Act for music therapists, discussed the roles and blurred boundaries of music therapists and music educators, and ways of implementing music therapy into the IEP.

Gilles (1983) addressed the issue of collaboration for IEPs and recommended music therapists obtain an understanding of “basic terminology” to improve communication between professions (p.25). In addition, Gilles reported that improved communication would improve client treatment through enhancing the role of the music therapist in the IEP team. Steele (1977) published an article that reviewed the consultative work of a music therapist within a directive teaching program. The research found that music therapists’ collaborative efforts fostered positive professional
relationships, enhanced the knowledge and skills of the novice music teachers, and provided long lasting benefits for students who received instruction through the program.

Research regarding music therapy and the benefits for education with special populations has continued to appear as a topic of interest in the music therapy literature over the past few decades. Straum and Flowers (1984) reported the effective use of music to teach the daily living skill of shopping to an autistic child. Davis (1990) and Humpal (1990) reported benefits for preschool students when music therapists collaborated with interdisciplinary team members. Smith and Hairston (1999), Register (2002), and Stephenson (2006) studied the collaborative practices of music therapists working in school settings. Darrow (1999) provided suggestions for the role music therapists could play to support the inclusion of individuals with disabilities into the music education classroom. These reports of collaborative efforts between music therapists and educators demonstrated positive results for students and professionals alike.

**Music therapy and speech-language pathology.**

The relationship between music therapy and speech-language pathology has also been a topic of interest appearing in early publications in the music therapy literature. In 1962 and 1968, the use of music to address and support speech-therapy goals was discussed in multiple sections of the text *Music In Therapy* (Gaston, 1986). These sections reported multiple music therapy techniques to address the speech and communication needs of children with various developmental impairments. Michel and May (1974) cited many unpublished articles from Florida State University in the 1960s
and early 1970s that addressed the development of music therapy procedures and speech-language pathology. These articles from early in the music therapy literature indicate that along with special education, speech-language pathology was one of the first areas of focus for collaborative work in music therapy.

In 1982 Bruscia reported one of the first simultaneous collaborative interventions between music therapy and another discipline in the same therapy session. Bruscia described the collaborative work between himself as a music therapist and two speech therapists to address the needs of an adolescent with echolalia behaviors. This successful collaboration between disciplines, which Brusia described as *interdisciplinary*, involved verbal collaboration outside the therapy sessions, as well as physical collaboration within therapy sessions. A decrease in echolalia was observed in familiar phrases from 95% to 10% in any setting.

Collaboration between music therapy and speech language pathology was a frequently appearing topic in music therapy literature throughout the 1990s and early 21st century (Cohen, 1994; Kennelly, Hamilton & Cross, 2001; Register, 2002; Smith & Hairston, 1999; Zoller, 1991). Hobson (2006) published a two-part article on the collaboration of music therapy and speech-language pathology. McCarthy, Geist, Zojwala, and Schock (2008), investigated the collaboration of music therapy and speech-language pathology with a survey of music therapists’ experiences working with speech language pathology and augmentative and alternative communication. Geist, McCarthy, Rodgers-Smith, and Porter (2008), explored a collaborative model involving music therapy and speech-language therapy services for a child with severe communication
impairments. Results of collaborative efforts between music therapists and speech-language pathologists have continually demonstrated a natural partnership with important benefits for the amplification of successful communication.

**Music therapy and physical therapy.**

From the beginning of the music therapy literature, music therapy has been used to address and support physical, motor, and occupational goals (Gaston, 1986). Research concerning the collaboration between music therapy and physical therapy has primarily focused on gait training and rhythmic auditory stimulation within recent years. The amount of collaboration between music therapists and physical therapists varies considerably, with some studies excluding any mention of a physical therapist, despite the existence of numerous studies on the topic. It is important to note that the combination of physical therapy and music therapy techniques has been proven highly effective by multiple research studies, despite the lack of a specific focus on the collaborative relationship and practices between physical therapists and music therapists in the literature (Clair & O’Konski, 2006; Hurt, Rice, McIntosh & Thaut, 1998; Kim & Koh, 2003; Kwak, 2007; Thaut, 2008).

**Music therapy and other collaborative research.**

Since the establishment of the music therapy discipline, articles have appeared in the literature addressing the subject of music therapy collaboration with a variety of disciplines. In addition to education, speech-language pathology, and physical therapy, collaborative work with music therapy has been reported with other disciplines such as nursing (Tunks, 1983), counseling (Bunt & Marston-Wyld, 1995), and social work/child
life in hospital settings (Rudenberg & Royka, 1989). One of the most recent publications on this subject is the book, Integrated Team Working: Music Therapy as Part of Transdisciplinary and Collaborative Approaches, by Twyford and Watson (2008). In the text, Twyford and Watson review music therapy research relating to collaborative work primarily within the United Kingdom. Twyford and Watson’s book identifies several levels of collaboration: unidisciplinary, multidisciplinary, interdisciplinary, transdisciplinary, and synerdisciplinary. Synerdisciplinary was defined from Krout (2004) as capturing “the creative ways in which music therapy and the different disciplines can come together, play off each other, and interact dynamically” (p.36). The various levels of collaboration, particularly the transdisciplinary level, are discussed for a variety of populations. Twyford and Watson conclude that collaboration is indeed a necessity for “best practice” in the field of music therapy.

Wheeler (2003) identified three aspects of music therapy that contribute to both positive and negative collaborative experiences. The author referred to the tendency of the profession to draw from other disciplines, to train around other disciplines, and to communicate with other disciplines. Relying on information from other disciplines was said to be positive in that music therapists can learn from those disciplines, but also negative when music therapists feel overwhelmed or frustrated that they have not adequately learned from the other disciplines. Training around other disciplines again allows music therapists to learn from other disciplines, but can also be negative when music therapists focus more on the discipline than music therapy. Wheeler warned this change in focus may reduce the music therapist’s passion, energy and growth in music
therapy skills. Communicating with other disciplines contributes to the collaborative experience by providing the positive outcome of enriching and beneficial interactions for therapists and clients. However, Wheeler also warned that communication with other disciplines can be negative when the communication does not occur with enough frequency, clarity or effectiveness. Wheeler concluded her article by suggesting that music therapy is interdisciplinary by nature and that because of that aspect, music therapist are constantly charged with the task to build successful collaborative relationships.

**Terminology and Instructional Models for Teaching Collaboration**

In reviewing the literature, the researcher found that multiple terms were used among different healthcare professionals when referring to collaboration. Register (2002) used the terms collaboration and consultation to refer to joint work between music therapists and others involved in patient/client treatment. The researcher defined collaboration as “the process of working jointly with others in an intellectual endeavor to bring about change, and it implies shared responsibility” (p. 305). Register did not provide a definition for consultation, but stated that the two terms were not interchangeable.

Kurpius and Fuqua (1993) researched definitions for consultation within the literature and reported the definition had changed from its initial use in the literature and was still undergoing alteration. The researchers observed that older definitions primarily referred to one content expert advising another on the topic at hand. Current definitions, as reported by Kurpius and Fuqua (1993), generally define consultation as helping
consultees “... think of their immediate problem as part of a larger system, and not only to understand how problems are solved but also to understand how they were developed, maintained, or avoided” (p. 598).

Hobson (2006) reviewed the terms *multidisciplinary*, *interdisciplinary*, and *transdisciplinary*, discussed the strengths and weaknesses of each, and provided examples for each collaboration model. In 2006, Choi and Pak researched in dictionaries and peer-reviewed literature the same terms used for professional teamwork. Their research concluded that the terms *multidisciplinary*, *interdisciplinary*, and *transdisciplinary* were often used interchangeably and defined unclearly. After compiling definitions for the three terms Choi and Pak determined that words commonly substituted for *multidisciplinary*, *interdisciplinary*, and *transdisciplinary* were “additive, interactive, and holistic, respectively” (p.351).

Choi and Pak recommended specific definitions for each of the three terms. *Multidisciplinary* was defined as “draws on the knowledge from different disciplines but stays within the boundaries of those fields” (as cited in Choi & Pak, 2006, p. 353). *Interdisciplinary* was defined as “analyzes, synthesizes and harmonizes links between disciplines into a coordinated and coherent whole” (as cited in Choi & Pak, 2006. p. 355). *Transdisciplinary* was defined as integrating “the natural, social and health sciences in a humanities context, and in so doing transcends each of their traditional boundaries” (as cited in Choi & Pak, 2006. p. 355).

Another term used for collaborative work is *interprofessional*, which refers to “a patient centered, team-based approach to health care delivery that synergistically
maximizes the strengths and skills of each contributing health professional to optimize the quality of patient care” (Hoffman, Rosenfield, Gilbert, & Oandasan, 2008, p. 655). An extensive search of the literature by this researcher to obtain a definition for the term co-treatment failed to produce a specific definition of the term, indicating that this term may be used more frequently in verbal communication than in professional publications. However, when the definitions for the prefix, root, and suffix are combined, the following definition is formed: the mutual (co-) action (-ment) of trying to heal or cure (treat) (New Oxford Dictionary, 2007).

Terms used to refer to the teaching of professional collaborative skills are also inconsistent among health professions. While most differ in definition, the terms interprofessional education, interprofessional learning, shared learning, mutual learning, and collaborative learning are all terms used in the literature for learning professional collaborative skills. The term interprofessional education does not incorporate a specific teaching model, but refers to a general provision of information to foster professionals working together. Interprofessional learning is a term that represents a teaching model that requires students from at least two professions to learn with, from, and about each other (Center for the Advancement of Interprofessional Education, 2009). Shared learning is defined as a planned strategy for teaching within educational curricula that encourages the sharing of knowledge, skills, attitudes, and understanding (Parsell & Bligh, 1998). It is important to note that interprofessional learning and shared learning are considered interchangeable terms for the same type of learning (Pearson & Pandaya, 2006).
Collaborative learning is another term which refers to the strategy for instruction often used in primary school. This strategy is one that requires students to work together and to teach each other in small groups with the assumption that the group’s success is dependent upon the efforts of each student (Goodsell, Maher, Tinto, Smith, & MacGregor, 1992). Mutual learning is another term identified in the literature. However, the researcher found the term to be more commonly used in business, industry, and policy research than in healthcare (Béguin, 2003; Da Costa, Warnke, Cagnin, & Scapolo, 2008; Goering, Boydell, & Pignatiello, 2008; Nedergaard, 2006; Oher, 2006). When mutual learning was used in reference to healthcare, the term was used to define a reciprocal learning process between the patient and health professionals (Mayor, 2006; Hovey & Paul, 2007), among professionals (Shershneva, Carnes, & Bakken, 2006), and between researchers and clinicians (Bate, 2000). Results of this literature review found collaborative learning or mutual learning to be commonly used in reference to collaborative practices in education rather than collaborative healthcare practices.

While interprofessional education, interprofessional learning, and shared learning have all been researched as effective approaches for teaching collaborative skills, Morison and Jenkins (2007) reported a highly effective model of interprofessional learning and shared learning for the teaching of professional collaboration skills. The researchers studied the teaching of professional collaboration skills in three different settings: (1) in the classroom, (2) in clinical placement, and (3) in a combined classroom and clinical placement setting. Students from multiple disciplines were joined and placed in the 3 settings to focus on collaborative skills. The results of the study indicated that
the use of the classroom combined with a clinical placement was the most effective setting for teaching professional collaboration skills with the longest skill retention.

**Benefits of Practicing and Teaching Professional Collaboration Skills**

Professional collaboration has been found to be beneficial for both patients and professionals in healthcare. Research indicates that educating professionals about collaboration provides their patients with improved safety, cost effectiveness, preventative treatment, and quality patient care (Callahan et al., 2006; Fleissig, Jenkins, Catt, & Fallowfield, 2006; Thornhill, Dault, & Clements, 2008). Allison (2007) reported that interprofessional education provided patients the benefits of improved communication, continuity of care between providers, a higher quality of care, and improved patient outcomes. Education on professional collaboration has been reported to provide benefits for professionals as well. These benefits include improved communication through the development of a shared language, increased personal and professional confidence, and improved job satisfaction. Benefits also included enhanced psychological wellbeing, as well as an increased motivation to collaborate with respect and understand other disciplines (Allison, 2007; Illingworth & Chelvanayagam, 2007; Lumague et al., 2006; Twyford & Watson, 2008).

Students in the United Kingdom healthcare training programs reported that education on professional teamwork provided them with the benefits of strengthened personal identities, an appreciation and an understanding of other professions, and countered stereotypes. The students also reported an increased awareness of overlapping professional functions, the acquisition of a holistic approach, and skills and behaviors to
use when approaching problems as team (Illingworth & Chelvanayagam, 2007). Faculty in colleges and universities reported that training in teamwork resulted in cost effectiveness, increased interprofessional cooperation, reduced professional tribalism, exposure to new ideas, enhanced creativity, increased resources and professional contacts, enhanced understanding, and flexibility in working with other professionals and students (Illingworth & Chelvanayagam, 2007).
Problem and Purpose of Study

The acquisition of effective collaborative skills is important for the profession of music therapy as it not only fulfills a competency requirement in the undergraduate music therapy curricula, but also because collaboration is an effective, research supported approach to patient care (Allison, 2007; Callahan et al., 2006; Fleissig et al., 2006; Thornhill et al., 2008). While the subject of professional collaboration appears with varying degrees of emphasis in many music therapy research articles, a review of the literature did not produce research that specifically addresses the teaching of professional collaboration in the music therapy curriculum. Twyford and Watson (2008) express concern regarding collaborative education in music therapy and state that, “although the notion of collaborating with other professions is considered part of music therapy training, it is questionable how confident newly qualified therapists are in working with colleagues and in utilizing the knowledge and expertise of other professionals” (p. 11). Additionally, few articles in the music therapy literature address terms and definitions for collaboration (Register, 2002; Hobson, 2006). In order to address this deficit in the literature, the following three research questions were addressed:

(1) What are the terms, definitions, and teaching models used in addressing the AMTA professional competency on interdisciplinary collaboration?

(2) Where is the AMTA professional competency on interdisciplinary collaboration addressed within undergraduate music therapy program curricula?

(3) What is the value placed on the AMTA professional competency on interdisciplinary collaboration by the music therapy program directors?
Method

The research proposal was approved by the Ohio University Internal Review Board (IRB) and AMTA executive office (see Appendix A and Appendix B). Additionally, the survey instrument was reviewed and approved by an Ohio University statistician. The music therapy program director of Ohio University completed a preliminary survey to test the survey instrument and to determine an estimated time for completion of the survey. A letter of invitation was sent electronically by the music therapy program director at Ohio University prior to the formal letter requesting voluntary participation in the study (see Appendix C). A second email was sent two weeks later by the researcher formally asking recipients for their voluntary participation in the research (see Appendix D). The e-mail included a link to a website where recipients could take the survey.

Participants

Survey recipients were 65 music therapy educators who currently serve as program directors at AMTA approved colleges and universities. At the time of this research, AMTA approved 71 colleges/universities throughout the United States and Canada. Of these 71 colleges/universities, 67 offer undergraduate degrees in music therapy. Included in the 67, is one consortium program, made up of three colleges/universities under the direction of one program director. Thus the total number of undergraduate music therapy programs directors was 65. Graduate programs were excluded from the study.
Survey Design

The experimenter-designed survey instrument consisted of 22 questions: 18 questions were multiple-choice, three questions were open answer, and one question asked the participant to respond by using a rating scale. Terms and models relating to collaboration in music therapy education were identified and defined from existing literature (Choi & Pak, 2006; Hobson, 2006; Hoffman et al., 2008; Jensen & McKinney; 1990, Kurpius and Fuqua, 1993; Morrison, 2007; Register, 2002). The first two questions on the survey requested information about whether the university was on quarters or semesters and the total number of music therapy courses offered. Respondents were also asked to indicate the total number of courses in which the competency on interdisciplinary collaboration was addressed. Program directors were asked to identify the academic year (freshman, sophomore, junior, senior, internship), course content areas, and courses outside the music therapy core curriculum that address the competency. Although programs vary regarding course titles, one question asked participants to name the course that best addressed the AMTA competency on interdisciplinary collaboration. A follow up question requested participants to identify the frequency with which the competency was taught within the previously identified courses. For the purposes of this research paper, the term “competency” is defined as the set of skills of which mastery is considered necessary to perform the professional task of collaboration.

To address collaborative terminology, participants were provided with a list of six collaborative terms and asked to match the words to other terms the participant thought
were most similar in meaning. Two of the questions asked participants to select definitions for the terms interdisciplinary and collaboration as used in the AMTA competency from a provided list of definitions. The survey also requested that participants respond with information regarding teaching models and approaches for collaboration. Six models were presented which addressed collaborative skills with and without the presence of other disciplines in different education settings (Morison and Jenkins, 2007). Participants were asked to respond by selecting the models used in the respondent’s music therapy program. Participants were then asked to identify their familiarity with the term interprofessional learning and to provide information regarding whether the competency was thoroughly addressed within their program, and if not, why not. The last question asked participants to respond using a rating scale in order to ascertain information about the value placed on the competency by program directors.

Since many of the survey questions specifically pertained to the AMTA competency on interdisciplinary collaboration, a copy of that competency was provided at the top of each survey page. Based on the previous survey test run by the Ohio University music therapy program director, the survey was estimated to take approximately six to ten minutes to complete (see Appendix E).

**Survey Implementation**

Based upon the reported success of previous electronically delivered surveys (Jackson, 2008; McCarthy, et al., 2008; Silverman, 2007), most of the surveys in this study were delivered electronically through the survey administration website www.surveymonkey.com. No tracking devices or contact information were used in the
message formatting. Within the body of the invitation to participate, a message stated the purpose of the research, explained the process for giving consent, as well as the process for withdrawing from the study, and provided a link to the first item on the survey. Five participants previously had sent a request to Survey Monkey to be excluded from its online surveys; therefore these participants were sent surveys via postal mail. All participants were informed that completion and return of the surveys would serve as indication of their consent to participate in the research. Participant confidentiality and anonymity was maintained through the security of the survey administration website and surveys returned by mail contained no identifying information. The survey questionnaire remained open online for four weeks with one reminder message sent one week after the initial invitation. The survey administration company automatically compiled electronic participant responses for analysis. The researcher manually imported data from returned postal mail surveys into the survey administration website for an analysis of all surveys. Responses to open ended questions were categorized by the researcher (via subject/content) and tallied. Remaining results were analyzed using data summaries and frequency tables.
Results

Response Rate

Of the 65 survey invitations sent to undergraduate music therapy program directors, 33 completed the survey, 25 did not respond, and seven responded but did not complete the survey. The response rate including complete and incomplete surveys, was 61.5% (N=65), while the response rate for completed surveys was 50.8% (N=65). These response rates are comparable to other music therapy related online surveys (Jackson, 2008; McCarthy et al., 2008; Silverman, 2007) with reported rates of return between 41% and 50.6%. The response rates of the current study are also proportionate to previous surveys addressing music therapy collaboration topics such as surveys by Register (2002) with a response rate of 42.8% and McCarthy et al. (2008) with the response rate of 50.6%. Additionally, response rates from this study were also similar to a previous survey of program directors by Wheeler (2000) with a 58% response rate from the surveyed pool of program directors.

Response Data

Responses were analyzed for each of the survey questions. Results are given to each question in the order in which the question appeared on the survey.

Question 1: Is your program on quarters or semesters?

Thirty-eight participants (N=65, 58.5%) responded to this question; two participants did not respond to the question. The demographic information provided showed more music therapy undergraduate programs were on semester systems than on quarter systems. Thirty-five (n=38, 92.1%) indicated their program is conducted in a
semester system, three (7.9%) indicated their program is conducted in a quarter system, and two participants did not respond to the question. See Figure 1.

Figure 1. Music therapy undergraduate semesters versus quarters.

**Question 2:** How many MUSIC THERAPY courses does your program require music therapy students to take?

Thirty-six participants (N=65, 55%) responded to this question; three participants did not respond to the question. The mean number of music therapy courses reported by those participants with programs on semesters (n=34) was 12.65 courses. These directors also reported 6-12 courses taught, with a median of 12, and a mode of 11. The undergraduate music therapy program directors on the quarter system (n=2) reported 16 and 19 music therapy courses taught with a mean of 17.5. Four respondents did not
report how many music therapy courses their program requires undergraduates to take. These results are shown in Appendix F.

**Question 3:** How many music therapy courses address the AMTA competency on interdisciplinary collaboration?

Thirty-seven (N=65, 57%) participants responded to this question; three participants did not respond to the question. The number of courses addressing the AMTA competency on interdisciplinary collaboration ranged from 2-16. The mean number of courses was 6.7 with a mode and median of 6.0. A comparison of the mean number of music therapy courses addressing the interdisciplinary collaboration competency with the total number of courses within each undergraduate program revealed that the competency is taught in 54% of the core courses. These results are shown in Appendix G.

**Question 4:** What year(s) in your degree program curriculum address the AMTA competency on interdisciplinary collaboration? Check all that apply.

Thirty-seven participants (N=65, 57%) responded to this question; three participants did not respond to the question. Participants were given the following multiple-choice selections: freshman, sophomore, junior, senior, and internship. Responses show that the AMTA competency on interdisciplinary collaboration is addressed most frequently during the junior year by 91.9% (n=34) of responding undergraduate music therapy program directors. The senior year is the second most frequent year in which the competency is taught (n=33, 89.2%). The internship year was reported to address the competency by 80.1% (n=30) of program directors, the
sophomore year was reported to address the competency by 67.6% (n=25) of program directors, and the freshman year was reported to address the competency by 48.6% (n=18) of program directors. See Figure 2.

**Figure 2.** Academic years addressing the AMTA Competency on interdisciplinary collaboration.

**Question 5:** What course content areas in your degree program address the AMTA competency on interdisciplinary collaboration? Check all that apply.

Thirty-seven (N=65, 57%) participants responded to this question; three participants did not respond to the question. Participants were given the following multiple-choice selections: principles & practices in music therapy, psychology of music, music therapy practicum, internship, and other. The course content area reported most
frequently (n=32, 86.5%) was principles and practices in music therapy. Both music
therapy practica and internship were reported to address the competency equally by 31
(83.8%) of the responding program directors. Courses related to the teaching of
psychology of music were reported to address this competency by eight (21.6%) program
directors. Nine directors (24.3%) reported the competency was addressed elsewhere in
the undergraduate curriculum. See Figure 3.

![Figure 3: Course Content Areas Addressing the AMTA Competency on Interdisciplinary Collaboration.](image)

**Question 6:** What is the name of the course that best addresses the AMTA competency on interdisciplinary collaboration within your music therapy program?
Thirty-nine (N=65, 60%) participants responded to this question; one participant did not respond to the question; one participant stated there was no name given to the course. Several respondents implied their undergraduate program included multiple courses that best addressed the AMTA competency on interdisciplinary collaboration by the fact that they listed multiple course titles on the survey. These responses were included in analysis. It also should be noted that course requirements vary from program to program as demonstrated by the variety of course titles listed in Table 1.

Internship was reported as of one of the primary courses addressing the AMTA competency on interdisciplinary collaboration (n=10, 25%). The second most frequently reported course addressing the AMTA competency was clinical training in music therapy practicum (n=7, 17.5%). Twenty participants (55%) reported a specific course, aside from internship and practica, as addressing the AMTA competency on interdisciplinary collaboration. For list of course titles provided by program directors see Table 1.
Table 1

*Program Director Reported Course Titles Addressing AMTA Competency 22.1-3*

<table>
<thead>
<tr>
<th>Course Titles Best Addressing AMTA Competency 22.1-3</th>
<th>Number of Program Director Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Practicum in Music Therapy</td>
<td>7</td>
</tr>
<tr>
<td>Music Therapy</td>
<td>5</td>
</tr>
<tr>
<td>Music in Therapy</td>
<td>2</td>
</tr>
<tr>
<td>Creative and Expressive Arts in Healing- MT Senior Seminar</td>
<td>1</td>
</tr>
<tr>
<td>Principles &amp; Practices I &amp; II</td>
<td>1</td>
</tr>
<tr>
<td>Music Therapy Methods &amp; Procedures</td>
<td>1</td>
</tr>
<tr>
<td>Approaches and Materials in Music Therapy Practice</td>
<td>1</td>
</tr>
<tr>
<td>Music Therapy Orientation</td>
<td>1</td>
</tr>
<tr>
<td>Music Therapy as a Behavioral Science</td>
<td>1</td>
</tr>
<tr>
<td>Music Therapy in Education and Development</td>
<td>1</td>
</tr>
</tbody>
</table>

*Question 7:* Using the course you listed in question 6, check the response below that best describes the amount of time devoted within this course to the AMTA competency on interdisciplinary collaboration.

Thirty-six (N=65, 55%) participants responded to this question; four participants did not respond to the question. Participants were provided the following multiple choice selections: (1) is incorporated within other course topics with no particular time designation assigned to the teaching of this topic, (2) is the topic for a portion of one class, (3) is the topic for one whole class, (4) is the topic for one or more classes, and (5) the entire course is devoted to the AMTA competency on interdisciplinary collaboration. 

Data indicate that 24 (66.7%) of responding program directors address the AMTA competency on interdisciplinary collaboration within other course topics with no particular time designation assigned to the teaching of this topic. One respondent reported addressing the competency for a portion of one class. No respondents reported
addressing the competency as the topic for one whole class, however seven respondents (19.4%) reported the AMTA competency on interdisciplinary collaboration was the topic in one or more classes. Four respondents (11.1%) reported an entire course was devoted to addressing the AMTA competency on interdisciplinary collaboration. See Figure 4.

Figure 4: Distribution of Teaching for the AMTA Competency on Interdisciplinary Collaboration in Designated Course.

Question 8: Which of the following delivery models does your degree program use to teach the skills for the AMTA competency on interdisciplinary collaboration? Check all that apply.

Thirty-six (N=65, 55%) participants responded to this question; four participants did not respond to the question. Participants were given the following multiple choice
selections: (1) classroom with music therapy students only, (2) joint classroom experience with music therapy and other healthcare/education students, (3) field experience with music therapy students only, (4) joint field experience with music therapy and other healthcare/education students, (5) combination of classroom and field experience music therapy students only, and (6) combination of classroom and field experience with music therapy and other healthcare/education students. A “combination of classroom and field experience with music therapy students only” was the most frequently reported (n=21, 58.3%) delivery model used to address the AMTA competency on interdisciplinary collaboration. The “classroom with music therapy students only” was the next most frequently selected teaching model (n=18, 50%). The third most frequently reported delivery model (n=17, 47.2%) was “field experience with music therapy students only.” Less than 15% of participants chose the remaining selections as shown in Figure 5.
Figure 5: Teaching Model for Addressing the AMTA Competency on Interdisciplinary Collaboration.

**Question 9:** Are your students required to take any courses outside the music therapy department that address the AMTA competency on interdisciplinary collaboration?

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. Nine participants (25.7%) indicated that their students were required to take courses outside the music therapy department that address the AMTA competency on interdisciplinary collaboration; 23 participants (65.7%) indicated that they did not use courses outside the area to address this competency; three participants (8.6%) responded with “I don’t know.”
Question 10: Which of the following terms does your degree program use when teaching the skills for the AMTA competency on interdisciplinary collaboration? Check all that apply.

Thirty-six (N =65, 55%) participants responded to this question; four participants did not respond to the question. Participants were given the following multiple-choice selections: collaboration, interdisciplinary, multidisciplinary, transdisciplinary, consultation, and interprofessional. The term interdisciplinary was the term most used (n=32, 88.9%) to address the AMTA competency on interdisciplinary collaboration. Collaboration was the second most frequently selected term used to address the AMTA competency (n=29, 80.6%). Other terms used to address the competency were consultation and multidisciplinary, each chosen by 20 participants (55.6%), and transdisciplinary, selected by 16 participants (44.4%). The least selected term was interprofessional, chosen by one participant (2.8%). See Figure 6.
**Figure 6**: Terms Used to Address AMTA Competency on Interdisciplinary Collaboration.

*Question 11*: Which of the following definitions best fit your degree program’s definition for the term “collaboration” as it is used in the AMTA competency on interdisciplinary collaboration?

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. Participants were given the following multiple choice selections: (1) the process of working jointly with others in an intellectual endeavor to bring about change, implying a shared response, (2) a meeting for deliberation, discussion, or decision or to evaluate a patient's case and treatment, (3) draws on knowledge from different disciplines but stays within the boundaries of those fields, (4)
analyzes, synthesizes and harmonizes links between disciplines into a coordinated and coherent whole, (5) integrates the natural, social and health sciences in a humanities context, and in so doing transcends each of their traditional boundaries, (6) the reciprocal interaction of two or more professional individuals, and (7) none of the above. Multiple-choice selection 1, the prominent definition from literature, was the definition selected most frequently by 15 participants (42.9%), to best fit the participant’s definition of collaboration. The second most frequently selected definition for the term collaboration was multiple-choice selection 6 (n=8, 22.9%). Definition 4 was the third most frequently selected definition for the term collaboration (n=6, 17.1%). Remaining definitions were selected by less than 15% of participants. See Table 2.

Table 2

Program Director Selected Definitions for the Term “Collaboration”

<table>
<thead>
<tr>
<th>Definition</th>
<th>Number of Participants Selecting Definition</th>
<th>Percentage of Participants Selecting Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The process of working jointly with others in an intellectual endeavor to bring about change, implying a shared response.</td>
<td>15</td>
<td>42.9%</td>
</tr>
<tr>
<td>2. A meeting for deliberation, discussion, or decision or to evaluate a patient's case and treatment.</td>
<td>5</td>
<td>14.3%</td>
</tr>
<tr>
<td>3. Draws on knowledge from different disciplines but stays within the boundaries of those fields.</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>4. Analyzes, synthesizes and harmonizes links between disciplines into a coordinated and coherent whole.</td>
<td>6</td>
<td>17.1%</td>
</tr>
<tr>
<td>5. Integrates the natural, social and health sciences in a humanities context, and in so doing transcends each of their traditional boundaries.</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>6. The reciprocal interaction of two or more professional individuals.</td>
<td>8</td>
<td>22.9%</td>
</tr>
<tr>
<td>7. None of the above.</td>
<td>1</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
Question 12: Which of the following definitions best fit your degree program’s definition for the term “interdisciplinary” as it is used in the AMTA competency on interdisciplinary collaboration?

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. Participants were given the same multiple-choice selections for question 12 as were provided for question 11. The definition chosen most frequently for “interdisciplinary” (n=11, 31.4%) was definition 1, “the process of working jointly with others in an intellectual endeavor to bring about change, implying a shared response.” Definition 4, “analyzes, synthesizes and harmonizes links between disciplines into a coordinated and coherent whole,” the prominent definition from literature, was the second most frequently chosen term to match the participant’s definition of interdisciplinary (n=-9, 25.7%). The third most frequently selected definition (n=8, 22.9%) for interdisciplinary was definition 3, “draws on knowledge from different disciplines but stays within the boundaries of those fields.” Remaining definitions were selected by less than 15% of participants. See Table 3.
Table 3

*Program Director Selected Definitions for the Term “Interdisciplinary”*

<table>
<thead>
<tr>
<th>Definition</th>
<th>Number of Participants Selecting Definition</th>
<th>Percentage of Participants Selecting Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The process of working jointly with others in an intellectual endeavor to bring about change, implying a shared response.</td>
<td>11</td>
<td>31.4%</td>
</tr>
<tr>
<td>2. A meeting for deliberation, discussion, or decision or to evaluate a patient's case and treatment.</td>
<td>1</td>
<td>2.9%</td>
</tr>
<tr>
<td>3. Draws on knowledge from different disciplines but stays within the boundaries of those fields.</td>
<td>8</td>
<td>22.9%</td>
</tr>
<tr>
<td>4. Analyzes, synthesizes and harmonizes links between disciplines into a coordinated and coherent whole.</td>
<td>9</td>
<td>25.7%</td>
</tr>
<tr>
<td>5. Integrates the natural, social and health sciences in a humanities context, and in so doing transcends each of their traditional boundaries.</td>
<td>2</td>
<td>5.7%</td>
</tr>
<tr>
<td>6. The reciprocal interaction of two or more professional individuals.</td>
<td>4</td>
<td>11.4%</td>
</tr>
<tr>
<td>7. None of the above.</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

*Question 13:* Select the terms that best match your definition of the term “Multidisciplinary.” Check all that apply.

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. Participants were given the following multiple-choice selections: collaboration, consultation, multidisciplinary, interdisciplinary, transdisciplinary, interprofessional, and none of the above. *Interdisciplinary* was the most frequently selected term (n=16, 45.7%) to best match in definition to the term *multidisciplinary.* *Collaboration* was the second most selected term to match *multidisciplinary* (n=13 participants (37.1%). Ten participants (28.6%) selected that “none of the above” selections matched the term *multidisciplinary.* The terms *consultation* and *transdisciplinary* were each selected by seven participants (20.0%) to
match in definition to the term *multidisciplinary*. The term *interprofessional* was the least selected term (n=6, 17.1%) to best match in definition to the term *multidisciplinary*. See Figure 7.

*Figure 7:* Frequency of Terms Selected by Program Directors to Best Match in Definition to Multidisciplinary.

**Question 14:** Select the terms that best match your definition of the term “Interprofessional.” Check all that apply.

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. Participants were given the following multiple-choice selections: collaboration, consultation, multidisciplinary, interdisciplinary, transdisciplinary, interprofessional, and none of the above. “None of the above” was the
most selected response (n=15, 42.9%) when participants were asked to best match the
definition of the term *interprofessional* with those on the multiple-choice list. The terms *consultation* and *interdisciplinary* were each selected by eight participants (22.9%) to
best match *interprofessional*. Other terms selected to best match in definition to
*interprofessional* were *multidisciplinary* (n=7, 20.0%), *collaboration* (n=6, 17.1%), and
*transdisciplinary* (n=4, 11.4%). See Figure 8.

![Bar Chart](Figure 8: Frequency of Terms Selected by Program Directors to Best Match in Definition to *Interprofessional*.)

*Question 15:* Select the terms that best match your definition of the term
“Transdisciplinary.” Check all that apply.

Thirty-three (N=65, 51%) participants responded to this question; seven
participants did not respond to the question. Participants were given the following
multiple-choice selections: collaboration, consultation, multidisciplinary, interdisciplinary, transdisciplinary, interprofessional, and none of the above.

Participants’ most selected response to question 15 was “none of the above” (n=13, 39.4%) when asked to choose the term best matching in definition from the multiple-choice list provided. The terms collaboration and multidisciplinary were each selected by nine participants (27.3%) to best match in definition to the term transdisciplinary. Other terms selected were interprofessional (n=7, 21.2%) and the terms consultation and interdisciplinary (n=4, 12.1%). See Figure 9.

![Figure 9: Frequency of Terms Selected by Program Directors to Best Match in Definition to Transdisciplinary.](image)

**Question 16:** Select the terms that best match your definition of the term “Consultation.” Check all that apply.
Thirty-four (N=65, 52%) participants responded to this question; six participants did not respond to the question. Participants were given the following multiple-choice selections: collaboration, consultation, multidisciplinary, interdisciplinary, transdisciplinary, interprofessional, and none of the above. When asked to select a term from the provided multiple-choice list that best matched in definition to the term consultation, the most selected response was “none of the above” (n=12, 35.3%). Eight participants (23.5%) selected the term collaboration, seven participants (20.6%) selected the term interprofessional, and the terms interdisciplinary and transdisciplinary were each selected by six participants (17.6%). The least selected term matching in definition to the term consultation was multidisciplinary, selected by five participants (14.7%). See Figure 10.
Figure 10: Frequency of Terms Selected By Program Directors to Best Match in Definition to Consultation.

Question 17: Have you heard of the term “Interprofessional Learning”?

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to this question. Participants were given the following multiple-choice selections: yes, no, and unsure. “No” was the most selected response for question 17 (n=25, 71.4%). The second most selected response was “yes” (n=6, 17.1%) and “unsure” was the least selected (n=4, 11.4%) response to question 17.

Question 18: Do you know the definition of “Interprofessional Learning”?

Thirty-four participants responded to this question; six participants did not respond to the question. Participants were given the following multiple-choice selections: yes, no, and unsure. The most selected response to question 17 was “no” (22,
The responses “yes” and “unsure” were each selected by six participants (17.6%).

**Question 19:** Have you taught your students using “Interprofessional Learning”?

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. Participants were given the following multiple-choice selections: yes, no, and unsure. The most frequently selected response to question 19 was “no” (n=24, 68.6%). “Unsure” was the second most frequently selected response (n=7, 20.0%) and “yes” was the least selected response (n=4, 11.4%).

**Question 20:** Do you believe your undergraduate music therapy program thoroughly addresses the AMTA competency 22.1-3 on Interdisciplinary Collaboration?

Thirty-four (N=65, 52%) participants responded to this question; six participants did not respond to the question. Participants were given the following multiple-choice selections: yes and no. The majority of participants (n=26, 76.5%) felt that their undergraduate music therapy program thoroughly addressed the AMTA competency on interdisciplinary collaboration. Eight respondents (23.5%) reported they did not feel their program thoroughly addresses the AMTA competency on interdisciplinary collaboration.

**Question 21:** If you marked “No” as your response to question 21, what issues do you feel prevent your undergraduate music therapy program from best addressing the AMTA competency 22.1-3 on Interdisciplinary Collaboration? Check all that apply.

Ten participants (N=65, 15%) responded to this question; 32 were not asked to respond due to their affirmative response to question 20. Participants were given the following multiple-choice selections: (1) limited time within courses to address
competencies, (2) lack of faculty knowledge regarding this competency, (3) limited opportunity for students to learn about and observe other disciplines, (4) limited opportunity for students to learn in classroom with students from other healthcare and education majors, (5) limited opportunity for students to practice this competency in their undergraduate practica, and (6) other. Selection 3 was the most selected response to question 21 (n=7, 70.0%). Selections 4 and 5 were each selected by five participants (50.0%). Selection 1 was selected by four participants (40.0%). One participant (10.0%) selected the response “other.” No participants selected the response “Lack of faculty knowledge regarding this competency.” See Table 4.

Table 4

Program Director Identified Impediments to Addressing AMTA Competency 22.1-3

<table>
<thead>
<tr>
<th>Question 22 Response List:</th>
<th>Number of Participants Selecting Response:</th>
<th>Percentage of Participants Selecting Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Limited time within courses to address competencies.</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>2. Lack of faculty knowledge regarding this competency</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>3. Limited opportunity for students to learn about and observe other disciplines.</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>4. Limited opportunity for students to learn in classroom with students from other healthcare and education majors.</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>5. Limited opportunity for students to practice this competency in their undergraduate practica.</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>6. Other.</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>
**Question 22**: Using the scale below, how important do you consider the AMTA competency 22. 1-3 on Interdisciplinary Collaboration in the undergraduate music therapy curriculum?

Thirty-five (N=65, 54%) participants responded to this question; five participants did not respond to the question. On a 10-point scale, with 0 being “Not Important” and 9 being “Extremely Important,” nine participants (25.7%) rated the competency with a 6. Seven participants (20.0%) rated the importance of the competency with a 7; six participants rated the importance as a 9; four participants (11.4%) rated the importance as an 8; four participants rated the importance as a 4; one participant (2.9%) rated the importance as a 1; and one participant (2.9%) rated the importance as a 2. Overall, 82.6% (n=29) of the ratings were between 5 and 9 on the upper 50% of the scale.
Discussion

The purpose of the current study was to obtain information pertaining to collaborative education from which future research on collaborative music therapy practices can be derived. The research questions that guided this study have produced one of the first reports of how the AMTA competency on interdisciplinary collaboration is addressed within undergraduate music therapy programs. Results derived from this study support the strong interest in professional collaboration indicated in the music therapy literature (Register, 2002; Twyford & Watson, 2007; McCarty et al., 2008). Register (2002) found collaboration to be a commonly practiced skill for music therapists working in a variety of professional settings. Results from the current study indicate that collaboration is also a commonly addressed skill in a variety of music therapy courses within the music therapy undergraduate curriculum. Although not included in this study, the recent addition of another specific AMTA competency on interdisciplinary collaboration indicates not only an increasing interest in the subject, but also the growing importance of collaborative skills to the profession of music therapy (AMTA, 2009).

It was not surprising to find that most undergraduate degree programs were on a semester rather than a quarter system. Universities and colleges on the quarter system have been increasingly transitioning to the semester system in recent years (“Academic quarter [year division],” 2008). Since programs on the quarter system have more courses than those on the semester system, the first survey question requested program directors to indicate whether their program was on quarters or semesters. This survey question was asked to serve as a reference point when program directors listed how many of their
courses addressed the AMTA competency. Program directors reported that the AMTA competency on interdisciplinary collaboration is addressed in over 50% of courses required in the music therapy curriculum, indicating this competency is most likely highly valued and/or is applicable to a variety of courses and topics in the curriculum. This conclusion is also supported by the variety of course content areas and course titles listed by program directors that address the AMTA competency on interdisciplinary collaboration.

Program directors indicated that overall the AMTA competency on interdisciplinary collaboration is addressed primarily in the junior and senior years of the undergraduate degree program. It is however questionable as to whether the competency is actually addressed more in the junior and senior years of the undergraduate curriculum than it is during the 5th year of internship. While internships are taken in off-campus clinical settings where interaction with other disciplines is likely, professors may not be aware of how much time is devoted to the competency on interdisciplinary collaboration as a specific topic. Programs directors therefore may have felt more confident about the teaching of collaborative skills during the junior and senior years over the internship year, or 5th year, and reflected this uncertainty in their responses.

It is interesting to note that the terms collaboration and interdisciplinary used in the wording for the AMTA competency on interdisciplinary collaboration were the most frequently used terms by program directors in addressing this competency. In reviewing the literature, the collaborative term interprofessional, was regarded as the most effective means of collaboration and was the term most utilized in research on collaboration
(Hoffman et al., 2006; Lumague et. al., 2007; Morison & Jenkins, 2007). It should be noted however that this term was reported by program directors to be used with noticeably less frequency when compared with those terms used in the wording of the competency, *interdisciplinary* and *collaboration*. Although the use of different terms to refer to a similar idea or concept does not necessarily suggest an outdated use of terminology, or a lack of effective communication between disciplines, it is important that the field of music therapy consider that these possibilities may exist.

The current study sought to identify the terms used by program directors when addressing the competency on interdisciplinary collaboration, as well as to determine the program directors’ definitions of those identified terms. The fact that *collaboration* was the term program directors most frequently paired with the prominent definition used in articles on collaboration, indicates that the term *collaboration* may be the most commonly used and understood term among music therapy educators. While *collaboration* appeared to be familiar and well understood by music therapy educators, responses to the survey indicated confusion of the term *interdisciplinary* with definitions found in the literature for *multidisciplinary* or *collaboration*. Participants frequently did not select a term to match *interprofessional, transdisciplinary* or *consultation*, perhaps indicating respondents considered their definition to be vastly different from the other terms listed or they were less familiar with the terms. Overall, results of this study show that collaborative terms are used interchangeably, and are not always clearly defined or understood. These results support the previous findings of Register (2002) and Choi and Pak (2006) regarding the use of collaborative terminology.
Interprofessional learning, or shared learning, is one of the most successfully researched models for teaching interprofessional education (Allison, 2007; Lumague et al., 2006; Morrison & Jenkins, 2007; Parsell & Bligh, 1998; Pearson & Pandya, 2006). However, over 70% of responding participants reported they were unsure or had not encountered the term interprofessional learning, did not know the definition of the term, or were unsure of its meaning and did not use it when teaching. Eleven program directors (31%) indicated they taught the AMTA competency in the undergraduate curriculum using interprofessional learning, or shared learning, by selecting teaching models, which combined music therapy students with other healthcare/education students. Interprofessional learning by definition requires students to learn in the classroom or field experience with members of their own discipline as well as members of at least one other discipline. When asked in a subsequent question if the program director had personally taught using the interprofessional learning model, 9 (82%) of the 11 program directors (who previously selected interprofessional learning models) responded that they did not use interprofessional learning. This implies that some program directors are unaware they are using the interprofessional learning model for teaching collaborative skills. An additionally interesting result was the fact that only five program directors reported using an interprofessional learning or shared learning model incorporating both the classroom and field experience settings. The interprofessional learning or shared learning model has been reported to be the most effective mean for teaching collaborative skills (Morison and Jenkins, 2007). Interestingly, one program director informed the researcher of a new course in the undergraduate program devoted
primarily to the AMTA competency on interdisciplinary collaboration and included a syllabus.

Most program directors reported they felt their program thoroughly addressed the AMTA competency on interdisciplinary collaboration. Given this information, it is important to note that approximately 75% of program directors reported they did not have or did not know of courses taught outside the music therapy department, but within the required curriculum, that addressed the competency. It is important to keep in mind that while most program directors reported that the AMTA competency on interdisciplinary collaboration was addressed in their courses, the competency was also primarily addressed by incorporating it within other course topics with no particular designation of time assigned to the teaching of the topic. Based on these responses, the question may be raised as to whether or not the competency is truly being met, and if it is being met, if the competency is most effectively being met.

Literature on collaboration indicates the classroom with students from only one discipline (e.g., music therapy), the teaching model most frequently reported by program directors, would not be the most effective for addressing the AMTA competency. Interprofessional learning, incorporating classroom and clinical settings, is presented in the literature (Morison & Jenkins, 2007) as the best model for educators to use when addressing the subject of collaboration. Interprofessional learning provides students with strong and sustaining collaborative skills for professional practice (Morison & Jenkins, 2007). Lumague et al. (2006) reported that most medical and allied health care programs do not place a strong emphasis on interprofessional education in their curricula. It was
also reported by Lumague et al. that students in healthcare programs are commonly taught to focus on their individual role with information limited to their scope of practice. Lumague et al. concluded that students would benefit from increased opportunities to learn and practice interprofessional collaboration, though the authors also suggested that this requires institutions of higher education to overcome several challenges. Barriers to achieving effective interprofessional education included differing clinical and schooling schedules between departments, lack of resources to implement change, difficulty coordinating professor’s schedules for joint planning, lack of consensus on the definitions and objectives of interprofessional education, obtaining materials for learning (such as books), and identifying a setting or space to use. While these challenges exist, Illingsworth and Chelvanayagam (2007) identified benefits that can be achieved when using the interprofessional education model in colleges and universities. Benefits for institutions of higher education included a transcending of tribalism among health professionals, the promotion of creativity in teaching and research, a fostering of interprofessional cooperation and project work, and cost-effectiveness.

Several limitations of the current study should be noted. Some questions on the survey may have been misleading to the respondents or have been interpreted differently than the researcher’s intent. Question five required participants to determine which course content areas addressed the AMTA competency on interdisciplinary collaboration. The course content areas presented as options from which to choose were identified from the work of Jensen and Kinney (1990), however no definitions for the course content areas were provided on the survey. Therefore, participants may have had varied
interpretations of what was included under each course content area. Another possible
confounding issue with the survey construction was that participants were asked about
terms identified in the healthcare literature regarding collaboration. Due to the overall
absence of the term *co-treatment* in the literature, the specific term was not used in the
survey. Some participants may have been more familiar with “co-treatment” but were
unable to select it in relation to any other terms or to report the use of the term in this
survey. In question seven, participants were asked to identify the amount of teaching
time devoted to the AMTA competency within a previously identified course that best
addressed the competency. Participants' multiple choice selection 4, “is the topic for 1 or
more classes” should have been worded, “is the topic for 2 or more classes.” This
oversight by the researcher may have been the reason multiple choice 4 was selected by
some participants and no participants chose multiple choice 3, “is the topic for one whole
class.” It should also be noted that the survey only inquired about participant’s
familiarity with the term *interprofessional learning*, which is a model of teaching
collaboration skills. The survey did not include the broader term for the collaborative
learning approach, *interprofessional education*, or a similar term *shared learning*.
Therefore, some participants may not have been able to identify that they were more
familiar with *shared learning* or *interprofessional education* rather than *interprofessional
learning*.

Despite the fact that there was a high response rate to the survey, the responses
were derived from a relatively small population. The researcher sought only to study the
teaching of the AMTA competency on interdisciplinary collaboration in the
undergraduate curriculum, therefore only the 65 undergraduate program directors who taught the undergraduate courses were surveyed. The exclusion of other music therapy educators who were not undergraduate program directors slightly reduced the number of potential participants. It is also important to note that while all AMTA approved undergraduate music therapy programs address the AMTA professional competencies, not all undergraduate programs are designed with the exact same courses. Therefore, the courses titles within which these competencies are taught vary from school to school (Wheeler, 2000).
Conclusions and Future Directions

Due to the inconsistency of terms and definitions used in the undergraduate curriculum, as demonstrated through this research, it is recommended that music therapy educators ensure that they are adequately familiar with the terms, definitions and models regarding collaboration as consistent with the literature in other healthcare disciplines. Common terminology and meaning among educators may naturally lead to the development of a common language for collaboration within the music therapy profession and among related disciplines. It is hoped that the development of a common language will lead to more effective collaborations and therefore more effective services to clients and patients. The development of a common language is also key among professors who teach the concept of collaboration as it facilitates a greater sharing of ideas, effective teaching models and research.

Based on the findings of the current research, the following are recommendations for the use of terms related to the AMTA competency on interdisciplinary collaboration:

1. The term collaboration should be used as a general term to refer to the joint work between two disciplines. This term may therefore appropriately encompass the variety of collaborative models including multidisciplinary, interdisciplinary, transdisciplinary and co-treatment.

2. The term consultation should be used in reference to situations in which advice is given from one discipline to another, rather than the professional directly interacting with the patient/client.
3. The term *interprofessional* should be used to refer to an approach that incorporates a team of healthcare professionals who work together to maximize the strengths and skills of each team member to achieve the optimal patient care. It may be appropriate for this term to be used as a general term for collaboration as it does not refer to a specific collaborative model, but may encompass models such as interdisciplinary and transdisciplinary.

4. The term *co-treatment* should be used to refer to a simultaneous joint treatment between two disciplines. It is important to consider that if the collaborative effort is not simultaneously present in treatment, that the collaborative relationship may better be described as consultation.

5. The terms *multidisciplinary*, *interdisciplinary* and *transdisciplinary* should be used to refer to specific collaborative, interprofessional or co-treatment models.

6. The term *multidisciplinary* should be used to refer to a model where multiple disciplines address the needs of a client but stay within the boundaries of their respective disciplines with little or no communication between disciplines.

7. The term *interdisciplinary* should be used to refer to a model where multiple disciples address the needs of a client and communicate to create a coherent whole treatment approach.

8. The term *transdisciplinary* should be used to refer to a model where multiple disciplines address the needs of a client and communicate in a manner that extends beyond traditional discipline specific boundaries to create a holistic approach.
It is recommended that music therapists carefully consider the type of collaboration they practice and the terminology they use when describing their professional interactions. Music therapists may often find that they practice more than one type of collaboration, and therefore may use more than one term to describe their professional collaborative practices.

It is also recommended that undergraduate music therapy program directors increase familiarity with and use of interprofessional education as a teaching approach and interprofessional learning, or shared learning, as a teaching model. The use of interprofessional learning or shared learning in both the classroom and field experience settings may prove the most beneficial for students learning collaborative skills. As reported in other healthcare professions, these models can lead to the highly effective delivery of collaborative service in patient/client care and treatment. Also, in order to best address the AMTA competency on interdisciplinary collaboration, undergraduate music therapy program directors may wish to communicate more systematically with internship directors regarding how much training on this subject is provided to interns. Continued research into how interprofessional learning or shared learning can most effectively be implemented in the music therapy undergraduate curriculum, including both undergraduate coursework and internship, may further enhance the teaching of this topic.

The additional AMTA competency on interdisciplinary collaboration, “Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist,” emphasizes the importance of communication about
music therapy to other professionals (AMTA, 2009, p.32). As music therapy continues to strive for universal acceptance, this increased focus on communication appears important not only for improved collaborative skills, but also for the acceptance of the music therapy profession. Currently the AMTA competency on interdisciplinary collaboration focuses on the development of a basic understanding of discipline-specific roles, increased communication to other professionals, the ability to define the role of music therapy, and collaboration for design and implementation of interdisciplinary treatment plans. It should be noted however that despite a high occurrence of music therapy consultation activity reported by Register (2002), as well as the inclusion of consultant in the AMTA Standards of Practice (2009), no competency is currently in place to address the role of the music therapy consultant. Additional research may be required to define and refine the role of the music therapy consultant and foster its inclusion in the AMTA Professional Competencies.

Effective communication and collaboration are vital to the most effective client/patient outcomes, as well as to the success of the music therapy profession. The implementation of a universal language of collaboration will lead to the promotion of shared research, increased awareness and understanding of collaboration, common collaborative practices, and enhanced teaching of collaboration. Critical to the production of music therapists with best practice collaborative skills is the implementation of best practice collaborative education. Extensive research focusing on collaborative music therapy is lacking. It is only through the combined efforts of music therapy practitioners, music therapy educators, and music therapy researchers will the
development of best practice strategies for teaching collaborative music therapy be achieved and employed.
References


New Oxford American Dictionary (Version 2.0.2) [Computer software]. Apple, Inc.


Appendix A: IRB Amendment

Erin Spring,

Attached, please find the IRB amendment approval for your protocol titled, "Interdisciplinary Collaborative Education in Music Therapy: Profession Specific Definition and Teaching Approaches". Please retain a copy of this document with your records of this study. This is the second amendment to this protocol since it was first approved on 4/27/09. This amendment was for minor revisions to the consent statement and to survey questions 4, 5, 8, and 10.

Any further changes to this approved protocol whatsoever, from this point forward, must be submitted as another amendment and approved by the IRB prior to implementation. This includes even minor changes, such as adding a new investigator, changing the study site, or increasing enrollment. Additionally, you are required to immediately report any adverse events, problems, or unanticipated occurrences to the IRB. Our website has guidance on the reporting requirements for such events. The Amendment Form and the Adverse Event Reporting Form can be found on our website at www.research.ohiou.edu/compliance.

Please note: Signed consent forms must be retained by a member of the research team for the period of three years following the completion of the project. If you are a student researcher, your academic advisor should retain the consent form in a secure location for the required amount of time.

If you need this approval to activate a grant/sponsored program account, please contact our office with the unit term number (UT number) from ORSP.

Best wishes with your research!

Robin Stack, C.I.P.
Human Subjects Research Coordinator
Office of Research Compliance

The message is ready to be sent with the following file or link attachments:
IRB # 09E119 amendment # 2 approval .pdf
Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.
Appendix B: AMTA Executive Board Approval

From Andrea Farbman <farbman@musictherapy.org>

Return-Path: <farbman@musictherapy.org>

Received: from oak.cats.ohiou.edu ([10.12.250.5])
    by oak1a.cats.ohiou.edu (Cyrus v2.2.10) with LMTPA;
    Mon, 20 Apr 2009 10:48:22 -0400

Dear Erin,

Thank you for contacting AMTA regarding your study. We appreciate having the opportunity to review the study as it is being sent to all the directors of AMTA-approved programs. We have reviewed your study and we are pleased to report that it looks fine and should be a major contribution to advancing the status of collaboration in music therapy. Best wishes for a plentiful return and please let us know of your results.

Regards,

Dr. Andi Farbman

AMTA Executive Director
Appendix C: Advisor Letter To Participants

May 3, 2009

Dear Colleague,

I am writing on behalf of Erin Spring, a master’s degree candidate whose thesis research, “Interdisciplinary Collaborative Education in Music Therapy: Profession Specific Definition and Teaching Approaches,” requires that she contact each of the academic program directors offering music therapy undergraduate degrees.

We feel that the information obtained will be of value to our degree programs and ultimately how we teach the AMTA professional competency on interdisciplinary collaboration. Erin has informed AMTA of her project and they understand that she will be contacting each of the program directors.

Those of us in higher education receive many surveys each year. Perhaps, like you, I find the topics to most interesting and bring to mind areas of research that I had not previously thought about.

Erin will be sending the survey out in the next several weeks. I would greatly appreciate it if you would volunteer to complete the survey and send it back to be included in her thesis research.

Thank you,

Louise Steele
Director, Music Therapy
School of Music
Ohio University
Appendix D: Letter to Participants, Research Information & Consent

Dear __________,

We are conducting a research study to better understand how the AMTA professional competencies on interdisciplinary collaboration are taught at the undergraduate level and the language used when referring to this competency. In order to gain the most current and complete information on the interdisciplinary collaboration competency, you are asked to complete a survey on how your music therapy program addresses this competency. The survey will take approximately 6-10 minutes to complete.

The Department of Music Therapy, Ohio 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, you are free to withdraw at any time without penalty. Your participation in this survey is not expected to cause any negative consequences to you emotionally, physically or professionally. Those who participate will be sent results upon the completion of the study. This information may be helpful to use in addressing AMTA professional competencies on interdisciplinary collaboration. Your participation in this program is strictly voluntary. Your name and academic institution will not be associated in any way with the research findings. Consent forms and surveys will be kept confidential and be seen only by the researcher. Completion of the survey indicates your willingness to participate in this project and that you are at least age eighteen. If you have any additional questions about your rights as a research participant, you may visit: http://www.research.ohiou.edu/compliance/

By completing the survey, you are agreeing that all known risks have been explained and understand that no compensation is available from Ohio University for participation in this research.

To complete the survey:

If you are receiving this survey via e-mail please select this link below to complete the survey
(link)

If you are receiving this survey via US mail, please fill out the enclosed survey and return by sealing it in the prepaid and preaddressed envelope, also included in this packet, and drop off at any US post office.

Note: Please only use a pen when filling out the survey.
If you would like additional information concerning this study before or after it is completed, or to request a survey be sent to you in an alternate way, please feel free to contact us by e-mail or by mail:

Erin K. Spring, MT-BC  
305 E. Franklin St.  
Circleville, Ohio 43113  
es310002@ohio.edu

A. Louise Steele, MA, MT-BC  
Music Therapy Program Director  
Robert Glidden Hall  
Ohio University  
steelea@ohio.edu
Appendix E: Survey on Interdisciplinary Collaboration Competency

Please use the AMTA professional competency below to answer the following questions about your music therapy undergraduate degree program.

22. Interdisciplinary Collaboration

22.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client’s treatment program.

22.2 Define the role of music therapy in the client's total treatment program.

22.3 Collaborate with team members in designating and implementing interdisciplinary treatment programs. (AMTA Professional Competencies, 2007, p. 31)

1. Is your program on quarters or semesters?  Quarters  Semesters

2. How many music therapy courses does your program require music therapy students to take?  

3. How many music therapy courses address the AMTA competency on interdisciplinary collaboration?  

4. What year(s) in the your degree program curriculum are the AMTA competencies on interdisciplinary collaboration addressed? (Check all that apply)

- Freshman
- Sophomore
5. What course content areas in your degree program address the AMTA competencies on interdisciplinary collaboration? (Check all that apply)
   - Principles & Practices in Music Therapy
   - Psychology of Music
   - Music Therapy Practicum
   - Internship
   - Other

6. What is the name of the course that best addresses the AMTA competency on interdisciplinary collaboration within your music therapy program? __________

7. Using the course you listed in question #6, check the response below that best describes the amount of time devoted within this course to the AMTA competency on interdisciplinary collaboration?
   - The AMTA competency on interdisciplinary collaboration is incorporated within other course topics; no particular time designation is assigned to the teaching of this topic
• The AMTA competency on interdisciplinary collaboration is the topic for a portion of 1 class
• The AMTA competency on interdisciplinary collaboration is the topic for 1 whole class
• The AMTA competency on interdisciplinary collaboration is the topic for 1 or more classes
• The entire course is devoted to the AMTA competency on interdisciplinary collaboration

8. Which of the following delivery models does your degree program use to teach the skills for the AMTA competencies on interdisciplinary collaboration? (Check all that apply)

• Classroom with music therapy students only
• Joint classroom experience with music therapy and other healthcare/education students
• Field experience with music therapy students only
• Joint field experience with music therapy and other healthcare/education students
• Combination of classroom & field experience music therapy students only
• Combination of classroom & field experience with music therapy and other healthcare/education students
9. Are your students required to take any courses outside the music therapy department that address the AMTA competency on interdisciplinary collaboration? YES NO I DON’T KNOW

10. Which of the following terms does your degree program use when teaching the skills for the AMTA competencies on interdisciplinary collaboration? (Check all that apply)

- Collaboration
- Consultation
- Interdisciplinary
- Multidisciplinary
- Transdisciplinary
- Interprofessional

11. Which of the following definitions best fit your degree program’s definition for the term “collaboration” as it is used in the AMTA competencies?

- The process of working jointly with others in an intellectual endeavor to bring about change, implying a shared response.
- A meeting for deliberation, discussion, or decision or to evaluate a patient's case and treatment
12. Which of the following definitions best fit your degree program’s definition for the term “interdisciplinary” as it is used in the AMTA competencies?

- The process of working jointly with others in an intellectual endeavor to bring about change, and it implies shared responsibility
- A meeting for deliberation, discussion, or decision or a meeting of physicians to evaluate a patient's case and treatment
- Draws on the knowledge from different disciplines but stays within the boundaries of those fields
- Analyzes, synthesizes and harmonizes links between disciplines into a coordinated and coherent whole
- Integrates the natural, social and health sciences in a humanities context, and in so doing transcends each of their traditional boundaries
- The reciprocal interaction of two or more professional individuals
- None of the above
13. Select the terms that best match your definition the term “Multidisciplinary.”

(Check all that apply)

- Collaboration
- Consultation
- Interdisciplinary
- Transdisciplinary
- Interprofessional
- None of the above

14. Select the terms that best match your definition the term “Interdisciplinary.”

(Check all that apply)

- Collaboration
- Consultation
- Multidisciplinary
- Transdisciplinary
- Interprofessional
- None of the above

15. Select the terms that best match your definition the term “Transdisciplinary.”

(Check all that apply)
• Collaboration
• Consultation
• Multidisciplinary
• Interdisciplinary
• Interprofessional
• None of the above

16. Select the terms that best match your definition the term “Consultation.” (Check all that apply)
• Collaboration
• Multidisciplinary
• Interdisciplinary
• Transdisciplinary
• Interprofessional
• None of the above

17. Have you heard of the term “Interprofessional Learning”?  
YES  NO  UNSURE

18. Do you know the definition of “Interprofessional Learning”?  
YES  NO  UNSURE

19. Have you taught your students using “Interprofessional Learning”?  
YES  NO  UNSURE
20. Do you believe your undergraduate music therapy program thoroughly addresses the AMTA competency 22.1-3 on Interdisciplinary Collaboration?

YES  NO

21. If you marked “NO” as your response to question 21, what issues do you feel prevent your undergraduate music therapy program from best addressing the AMTA competency 22.1-3 on Interdisciplinary Collaboration? (Check all that apply)

- Limited time within courses to address competencies
- Lack of faculty knowledge regarding this competency
- Limited opportunity for students to learn about and observe other disciplines.
- Limited opportunity for students to learn in classroom with students from other healthcare and education majors.
- Limited opportunity for students to practice this competency in their undergraduate practica.
- Other

Using the scale below, how important do you consider the AMTA competency 22.1-3 on Interdisciplinary Collaboration (AMTA, p. 31) in the undergraduate music therapy curriculum?

1  2  3  4  5  6  7  8  9  10

No Importance  Highly Important
## Appendix F: Number of Required Music Therapy Courses

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# Appendix G: Number of Courses that Address the AMTA Competency on Interdisciplinary Collaboration

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