INTERNSHIP GUIDELINES

STATEMENT OF PURPOSE
The internship is designed to provide prospective music therapists with supervised work experiences over an extended period of time during which they consolidate their knowledge and skills in music therapy, develop competence with one or more clinical populations and gradually assume the full range of responsibilities of a professional music therapist.

INTERNSHIP PROPOSAL PROCESS
Students will be required to submit an Internship Proposal to the CAMT Internship Chair describing their intentions for Internship (see Appendix A). The content of the proposal (e.g. internship learning goals) should first be discussed with the internship supervisor, then signed by a faculty member from the student’s university program, and finally submitted to the Chair prior to the internship start date. The Internship Proposal will be reviewed and approved by the Internship Chair, and a copy of the form will be sent to the appropriate CAMT Registrar to be kept as the first document in the intern’s accreditation file. Interns applying to do an internship in Canada must be student members of the CAMT.

INTERNSHIP TIMELINES AND CONTENT
The prospective intern may only commence an internship following completion of all required academic course work.

The internship must consist of 1000 hours of music therapy work experience. Once the internship has commenced it shall be completed within a minimum of 6 months and a maximum of 2 years. If additional time is required due to extenuating circumstances the intern should contact the internship chair as soon as possible.

CAMT requires that the intern provides a breakdown of their internship hours. CAMT has divided the internship into a) direct service: clinical work and development; and, b) administration. (See Appendix B for definitions and the complete breakdown of these areas; and Appendix C for the form).

Direct service activities are fundamental to the internship process, and must represent a minimum of 700 hours of the internship, including at least 300 hours of direct client contact. Administration activities should not exceed 300 hours of the internship.

CLINICAL SUPERVISION
A minimum of 30 hours of supervision for the internship must be provided by an MTA, representing 10% of direct client contact hours. These supervision hours may include not only supervision meetings, but also supervisor observation of the interns’ clinical work, and other supervision activities, such as workshops and musical supervision. It is recommended that supervision meetings take place weekly for one hour.

On-site supervision by an MTA is strongly recommended; however, proposals involving off-site supervision by an MTA will be considered in extenuating circumstances, where a clear rational exists. In such cases, an on-site supervisor who works in a related profession must be available at the recommended rate of supervision (10% of clinical contact hours). The off-site MTA must also be available for the same rate of supervision.

Currently a qualified supervisor is an MTA with a minimum of two years of clinical experience, who has experience supervising music therapy students, interns or other music therapists. Guidelines for supervision and supervisor training are being developed to set the standard for qualified supervisors in the future.
Supervisors have the flexibility to stipulate their own criteria for the internship that they are supervising. For example, supervisors may have their interns complete a project or give a presentation.

Supervisors are highly encouraged to remain available to their interns to provide consultation when they are preparing their documents for accreditation. It is in the best interest of the intern to have a consistent person that can help mentor him/her in this last phase of the internship. The parameters of this continued or extended supervision should be discussed during the internship. Interns should submit their accreditation documents to their supervisors no longer than 6-8 months after completing their clinical hours. Interns are highly encouraged to complete as much of the file as possible during the internship while they are under direct supervision. Supervisors will now be asked to sign a form stating that they have read the accreditation file prior to it being sent to CAMT for review.

EDUCATIONAL PROGRAM RESPONSIBILITIES
Each music therapy training program will assist students in accessing an internship site in an area that meets the student’s individual learning goals. Faculty members and students can refer to the CAMT Internship Registry for assistance. This document is updated annually and distributed to the educational programs every September. CAMT members can also access the Registry on the CAMT website in the members’ area.

A program faculty member, preferably familiar with the potential interns’ clinical work, will be asked to indicate their support of each Internship Proposal by providing their signature prior to receipt by CAMT.

RECI PROCITY
Non-Canadian Internships will be considered for approval on a case-by-case basis.

INTERN EVALUATION
At minimum, evaluation of the intern’s progress must be completed by the MTA Supervisor at the mid-term and final stage of the Internship.

Only the final evaluation needs to be sent to CAMT and is placed in the intern’s accreditation file. The intern is also required to attach the Documentation of Internship Hours form verifying how he/she spent their time during the internship (see Appendix C).

CAMT INTERNSHIP CHAIR
Both interns and internship supervisors may contact the Internship Chair at any point during the internship process for general support. Interns should contact the Chair if there are significant changes (such as a change in supervisor) or additions (such as the addition of an internship site) to the internship arrangements described in their original Internship Proposal Form.
APPENDIX A

CAMT INTERNSHIP PROPOSAL

This form must be completed by the intern and signed by a faculty member prior to commencement of the internship. This document must be forwarded to CAMT Internship Chair for final approval. You may add sections to this document as needed provided that each section is completed. Please write neatly or complete this form on computer.

Intern Information
Name:________________________________________________________________________
Address:______________________________________________________________________
Phone:________________________E-Mail:__________________________________________
Education Program(s):___________________________________________________________
Date (or anticipated date) of completion of Degree:____________________________________
Degree(s) received:_____________________________________________________________

Site Information
Please provide complete information for each internship site. If necessary, attach an additional page.

Site #1
Facility:_______________________________________________________________________
Address:______________________________________________________________________
Phone:_______________________________E-Mail:___________________________________
Contact person:________________________________________________________________

Site #2
Facility:_______________________________________________________________________
Address:______________________________________________________________________
Phone:_______________________________E-Mail:___________________________________
Contact person:________________________________________________________________

Site #3
Facility:_______________________________________________________________________
Address:______________________________________________________________________
Phone:_______________________________E-Mail:___________________________________
Contact person:________________________________________________________________

Supervisor Information
All proposed internships must have either an on-site or off-site MTA. Please provide complete information for each supervisor. Only fill in the section for Other Professional if your MTA supervisor is off-site.

On-Site MTA    Off-Site MTA
Name:________________________________________________________________________
Address:______________________________________________________________________
Phone:________________________E-Mail:__________________________________________
Degree, year of graduation:_______________________________________________________
Professional designations and affiliations:______________________________________________________________________________
On-Site MTA  Off-Site MTA  Other Professional (On-Site Contact Person)

Name:________________________________________________________________________
Address:______________________________________________________________________
_____________________________________________________________________________
Phone:__________________________E-Mail:________________________________________
Degree, year of graduation:_______________________________________________________
Professional designations and affiliations:

Is this internship a sub-contracted arrangement?  □ Yes    □ No

Internship Rationale
Please include a brief description of the site(s), your learning goals, supervision agreements including anticipated frequency and duration of supervision meetings, your hours and start date, as well as a statement of your reasons for choosing this site. (If necessary, please attach additional pages for description.)

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Intern Signature______________________________________________________________
Music Therapy Faculty Member Signature__________________________________________
CAMT Internship Chair Signature________________________________________________
MTA Internship Supervisor Signature______________________________________________
APPENDIX B

DOCUMENTATION OF INTERNSHIP HOURS - DEFINITIONS

A. DIRECT SERVICE: Clinical Work and Development (Minimum 700 hours)
Direct Client Contact (Minimum 300 hours): Hours during which the intern is conducting music therapy sessions with clients:

Documentation: Clinical writing including all work on client files e.g. session notes, progress notes, and service statistics.

Planning and Client Resource Development: Preparatory work, generation of resources and/or research specific to the development of the clinical music therapy process e.g. formulating treatment plans, learning relevant repertoire, researching modified instruments.

Evaluation: Evaluative work specific to the clinical music therapy process. This may include reviewing session notes or recordings (audio and video), indexing, analyzing data for collection purposes, etc.

Client Specific Meetings: Meetings in which the clinical treatment of clients is discussed, e.g. case conferences, multi-disciplinary team meetings.

Observation of Music Therapy Sessions conducted by an MTA: Any observation of an accredited music therapist conducting music therapy sessions, including the intern’s supervisor or any other accredited music therapist.

Supplementary Supervision with Other Professionals: Supervision provided by other qualified professionals in related fields. Activities may include formal and informal feedback, and problem solving of clinical issues.

Peer Supervision: Supervision provided by or with music therapy peers, including other music therapy interns. May include formal or informal meetings, and attending peer supervision events.

Required Supervision by an MTA (Minimum 30 hours): Supervision should occur through various means, including client contact hours observed by the MTA (in person or via videotape), formal and informal feedback, problem solving and instructional time provided by the supervising MTA on- or off-site.

B. ADMINISTRATION (Maximum 300 hours):
Non-Client Specific Meetings: Meetings in which agency services and policies are discussed, e.g. staff meetings, committees, etc.

In-Services: Developing, planning and presentation of music therapy-related educational opportunities for other professionals by the intern.

Continuing Education: Any formal or informal educational opportunities related to academic or practical learning e.g. attendance at in-services, workshops, literature searches, supervision of practicum students, etc.

Accreditation Preparation (Maximum 150): All work to prepare for the completion of the intern’s CAMT Accreditation File.

Other: All work on other projects and assignments.
APPENDIX C

Documentation of Internship Hours
Please refer to the definitions found on pages 5 of the Internship Guidelines

Start Date: _____________________  End Date: _____________________

<table>
<thead>
<tr>
<th>(A) DIRECT SERVICE : Clinical Work and Development</th>
<th>Number of hours</th>
</tr>
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<tbody>
<tr>
<td>1. Direct Client Contact Hours (min. 300 total)</td>
<td></td>
</tr>
<tr>
<td>a) not observed by an MTA</td>
<td></td>
</tr>
<tr>
<td>b) observed by an MTA</td>
<td></td>
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<tr>
<td>2. Documentation Hours</td>
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<tr>
<td>3. Planning/Resource Development Hours</td>
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<tr>
<td>4. Evaluation Hours</td>
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<tr>
<td>5. Client Specific Meeting Hours</td>
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<tr>
<td>6. Observation of MTA Hours</td>
<td></td>
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<tr>
<td>7. Supplementary Supervision with Other Professionals Hours</td>
<td></td>
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<tr>
<td>8. Peer Supervision Hours</td>
<td></td>
</tr>
<tr>
<td>9. Supervision Hours (formal and in-formal meetings) (min. 30)</td>
<td></td>
</tr>
<tr>
<td>10. TOTAL DIRECT SERVICE HOURS (min. 700)</td>
<td></td>
</tr>
<tr>
<td>(Add lines 1 through 9)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(B) ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Total Non-Client Specific Meeting Hours</td>
</tr>
<tr>
<td>12. Total In-service Hours</td>
</tr>
<tr>
<td>13. Total Continuing Education Hours</td>
</tr>
<tr>
<td>14. Total Accreditation Preparation Hours (max. 150)</td>
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<tr>
<td>15. Other (i.e. Project)</td>
</tr>
<tr>
<td>16. TOTAL ADMINISTRATION HOURS (max. 300)</td>
</tr>
<tr>
<td>17. TOTAL INTERNSHIP HOURS (A + B)</td>
</tr>
<tr>
<td>(Add lines 10 and 16)</td>
</tr>
</tbody>
</table>

Supervisor’s Signature ___________________ Date ______________

Intern’s Signature ___________________ Date ______________