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SUPERVISION IN THE MUSIC THERAPY INTERNSHIP:
AN EXAMINATION OF MANAGEMENT STYLES
AND A SURVEY MEASURING INTERN PERCEPTION
OF MENTORSHIP IN SUPERVISION

presented by

THOMAS FRED CAWOOD

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SUPERVISION IN THE MUSIC THERAPY INTERNSHIP:
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By

Thomas Fred Cawood

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ABSTRACT

SUPERVISION IN THE MUSIC THERAPY INTERNSHIP:AN EXAMINATION OF MANAGEMENT STYLES AND A SURVEY MEASURING INTERN PERCEPTION OF MENTORSHIP IN SUPERVISION

By

Thomas Fred Cawood

A survey of music therapy interns and their supervisors measured a baseline of mentoring during the internship and compared it to a number of factors relating to the internship. All AMTA sites and former AAMT schools were surveyed and responded with an estimated 45% return. No significant differences were found between the following factors: former national association, region, client population, number of interns accepted simultaneously, and site funding. A significant inverse relationship was found ($p<0.05$ in 7 out of 29 questions) between mentoring levels and the total number of interns trained at the site. A similar inverse relationship was noted with the supervisor's age, years of music therapy experience, years of supervisory experience, and number of supervisory training sessions attended. A null hypothesis of no statistical difference was accepted with regard to gender, marital status, and ethnicity. However, the data show very little ethnic (84% Caucasian) or gender (90% female) differences in the field of subjects. A positive correlation between the number of hours of clinical supervision was shown with each of counseling, providing a challenge in work assignments, and a specific aspect of coaching. A negative correlation was shown with role modeling and a different aspect of coaching.

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For all of the assistance editing this thesis, the author would like to respectfully acknowledge his thesis committee of Roger Smeltekop, Frederick Tims, and Theodore Johnson. Thank you to my dear friends Elaine Tell and Donna Chambers for all of their help, and to John Truty for the JMP statistical program assistance. Special thanks go to the author's wife, Alice, and our children, Johan, Amber, and Sandy, both for all of their support and the times together we lost over the past six years. Loving thanks to my mother and father, who encouraged and helped me to continue my education. A special thanks is extended to Roger Smeltekop, the first music therapist whom I met 25 years ago, who took the time to share the wonder of music therapy with me and has *mentored* me through this thesis.

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ACRONYMS

AAMT - American Association for Music Therapy

AMTA - American Music Therapy Association

CBMT - Certification Board for Music Therapists

CMT - Certified Music Therapist (AAMT)

GNVQ - General National Vocational Qualification (Britain)

MENC - Music Educators National Conference

MT-BC - Music Therapist - Board Certified (CBMT)

MTNA - Music Teachers National Association

NAMT - National Association for Music Therapy

NASM - National Association of Schools of Music

NMC - National Music Council

RMT - Registered Music Therapist (NAMT)

CHAPTER 1 - INTRODUCTION

Introductory Remarks

Nineteen years of experience as a music therapy internship director have spurred this author's interest in closely examining the relationship between the intern and the clinical supervisor, as well as the curiosity to research and determine the present level of mentoring occurring in internships today. Many changes in the music therapy clinical internship procedures have occurred since the author obtained internship approval in 1980. To establish Genesee Intermediate School District as an internship site, the National Association for Music Therapy (NAMT) required only simple letters of support from both music therapy departments at Michigan State University and Wayne State University. Today the screening process is closely scrutinized by a large committee and requires a detailed description of the proposed site. Even greater changes have occurred with the consolidation of two differing national organizations into the American Music Therapy Association (AMTA). Both organizations possessed internship models that were inherently different.

During the nineteen-fifties, the initial music therapy training model designed by NAMT was developed to accommodate a student's need to adjust from the academic setting to the clinical setting (Harbert, 1954, p. 194). The intern's need for transformation from a student to professional has not changed in more than forty-five years. At the present time, AMTA utilizes two internship models; one used by the former NAMT, and the other by the former American Association for Music Therapy (AAMT). The NAMT model relies upon a

volunteer supervisor (a music therapy clinician employed by the clinical site and removed from the academic institution) to train interns at no cost to NAMT (now AMTA) or to the university. The AAMT model uses the university professor as the director of the internship and volunteer music therapists (if available) in settings close by to provide the intern's clinical supervision. Currently there are AAMT internship models existing in conjunction with eight universities. There are 150 NAMT models of internship sites with music therapy clinicians supervising, and few new internship approved by AMTA. In all cases, mentoring and modeling by the supervisor contributes to the professional identity gained by the intern (NAMT, Education Committee Report, 1953, p. xv).

Although the terminology is infrequently used in music therapy literature, mentorship is an aspect of both types of internship and will most likely be retained in whatever model or models are agreed upon during the unification process. The concept of mentoring originated in Greek mythology. Odysseus (or Ulysses) entrusted the education of his son, Telemachus, and the supervision of his household to his friend Mentor before sailing away to the Trojan War. Mentor tutored Telemachus and coached him to become King. Since then, the concept of mentoring has been passed down through the ages in the form of apprenticeships in trade unions and guilds that developed in the medieval days. The terminology used in business today is new; however, the concepts developed with regard to types of supervision and teaching are the same as those used in the preceding decades. In the nineteen-seventies, the business community recognized the value of mentorship and popularized the

terminology in business literature. Successful businesses have adopted the framework of mentoring to promote fast-track development of individuals with promising managerial abilities. Business literature validates the concept of mentoring as an effective technique in training that results in protégés that "may be more internally driven. . . than non-proteges." (Fagenson, 1989, p. 316). In the music therapy profession many new music therapists must carve their own niches in the medical, educational or rehabilitation fields. These music therapists need to be internally motivated to develop innovative programs for which they may have no models to follow or supervisors sufficiently knowledgeable to tell them how to best do their work.

As the profession of music therapy grows, a parallel may be made with the business world. Music therapy clinical intern supervisors need to develop music therapists who are internally motivated to create new positions in new areas of music therapy. Formalization of this style of management has been instituted by business, but in actuality it is found that informal mentoring has been more successful (Chou, 1992, pp. 619-636). According to Dembele, ". . . mentoring has not been treated as a professional practice. Mentoring has been conceived of primarily as a social function, with little attention paid to its educative aspect" (Dembele, 1995).

This study may encourage the recognition of mentoring in the music therapy field, as well as the unique supervisor/intern relationship role present during the internship period. Many music therapists retain memories of teachers and therapists who helped define and shape their careers and may have kept in

contact with them. All may have been mentors to the music therapists, but the clinical internship supervisor plays a crucial role in the transition from student into professional. This relationship is what the author wishes to examine within the course of this paper and to research the level of mentorship occurring in the present music therapy internship sites of AMTA.

Background

Preparing music therapy interns for their future career has an effect on the future of our profession in how they will interact with future administrators, fellow therapists, the public and possibly their own future music therapy interns. Interpersonal relationships and management styles adopted during their internships are important components of training. At the college level, the teacher/student relationship is clearly defined and understood by both. However, the interns' status (i.e., student versus professional) is not always clear or even static during the internship. The range in intern status among the internships available varies from one of a more casual volunteer to that of an hourly wage employee of the facility. The supervisory relationship during an internship may change or evolve as the intern gains therapeutic skills and is able to assume the responsibilities of a music therapist. Music therapy interns must learn to function independently within the parameters of their internship sites, yet they cannot be expected to do so without extensive orientation. Supervisors have dual functions: providing clinical supervision and teaching musical skills. The challenge for music therapy clinical internship directors and supervisors are to continue the educational components of the college setting, yet simultaneously develop the music therapy intern's interpersonal relationship skills to function independently as a professional therapist.

Problem

Training of the music therapist has historically included an internship, whether it is one in which the intern leaves the academic world to enter the workplace (NAMT model) or works in the community under the supervision of an academic advisor (AAMT model). NAMT initially elected to separate internship training from the academic setting and give the choice of internship site to the intern (e.g. a student in California could go to New York for his or her internship). Contact between the university and internship site may consist of as little as a letter about the intern's acceptability (from the university) and mid-term evaluation and final evaluation of the intern (from the internship site) to the academic site. On the other hand, former AAMT's internships are in continuous close contact from freshman to intern into professional. Former AAMT's internships are directed by the university's music therapy director and limited to work sites within reach of the university's setting. Inherent in both models is the mentoring role of the internship supervisor.

According to Foa and Foa (1976), the mentor provides love, status, information and services. The internship affects both participants through a high degree of emotional involvement and frequently long-term relationships. In the nineteen fifties, when music therapy was becoming established, there were just a few role models for music therapists, and NAMT used these first music therapists in their training model for internships. At that time, the relationship was much less structured and more informal. There were little regulation of the type of management style or required evaluations of interns and internship sites

by NAMT. The internship structure subsequently became much more formalized with uniform criteria and evaluation procedures through the years. Formalization of the structure to improve the abilities of training personnel at the internship site was advocated as an improvement in the process. Direct supervision of interns by the university in the internship setting was a major difference inherent in the former AAMT's model. Our present singular national association for music therapy, AMTA, has the challenge of resolving the differences between the two models, or allowing the present situation of dual forms of internships to remain. If the internship model is shown to be a significant factor in mentorship, this could provide a clue as to which model of internship fosters a closer mentoring relationship.

Many different factors affect the supervision of the intern. Site differences may include: length of experience of the supervisor (both as a music therapist and supervisor), gender role relationships, number of therapists and interns at the site, difference in former affiliation with previous national associations, educational level or the degree obtained by the supervisor, number of hours supervised and financial support of the intern by the host facility. Other important factors to consider relate to the clients, for example, age, type of client disability, and acute or chronic treatment. It should be determined what role, if any, these factors may exert upon the level of mentoring that occurs in internships. A baseline level of mentoring in relation to each of the factors above may indicate significant influences of the various site characteristics. A null hypothesis is employed in this study to assure objectivity and presentation of

both negative or positive aspects of each factor.

Many other disciplines have faced the same questions about clinical internships. The American Psychological Association has questioned the value of clinical internships in psychology, and the training varies greatly according to the facility. Creative arts therapists (Music, Art, Dance, and Drama) in Europe are struggling to establish their identity and uniformity in clinical training. In education, similar management issues exist with regard to student teaching. Modern business has researched management styles in its search for the most cost effective supervision. Trends in management have changed from the autocratic style to a style that empowers the employee. Debate continues in the business world, and a clear choice of the most effective management style may remain elusive.

Purpose of the Study

The purpose of this study is to review the literature related to the supervisory relationship in the music therapy internship and conduct related research to determine the present level of mentoring occurring in AMTA music therapy internships. Music therapy sites were sent a questionnaire to be jointly completed by the clinical internship director, the music therapy supervisor (if different), and the intern. This questionnaire contained an assessment tool based on Noe's Mentoring Functions Scale (Noe, 1988) to measure the perceived level and characteristics of mentoring from the point of view of the protégé. Additional opportunities for comments were provided in the questionnaire for the subjects to record their opinions about the supervisor/intern relationship. Obtaining first hand information from a projected return of 50% of music therapy internship sites documented the present level of mentorship occurring in AMTA's internship sites. Correlations of job environment, supervisor's experience and other factors such as the number of hours together per week were also recorded on the survey. Null hypotheses regarding the relationship between mentorship and the various factors were proposed. An Anova statistical analysis was used to determine if any of the multiple factors correlate to differing levels of mentorship.

This research could become the baseline in future studies measuring mentorship in music therapy internships. Therefore, caution was observed in designing the instrument attempting to gather and correlate data from the intern, internship supervisor and/or internship director about the site. A thorough

review of previous music therapy literature was examined to assist understanding the factors involved in the evolution of past practices. Interpretations of research and literature in traditional supervisory practices were also used in reaching any conclusions about data. Many different styles and personality types may function successfully in the learning of how to be supervisors and/or mentors. Use of the null hypothesis suggests that supervisory styles and personality types in music therapy could not be identified to find the "best" type or style of intern supervision, but could assist the supervisor in selecting the best intern to suit his/her style and to inform the prospective intern about the type of management to be expected if the music therapy student accepts the site for the internship.

NAMT workshops offered at national conferences promote uniformity of procedures and conformity of management styles. Anecdotal evidence in speaking with more experienced members about their individual internships may attest to the diversity of internships and styles of directors.

> As music therapy develops professionally, one of the areas in need of attention is that which concerns the selection or guidance of students interested in becoming music therapists. . . It must be observed that these problems are not easily simplified, even for those of us with experience in clinical practice as well as in academic and clinical training programs for music therapists. For one thing, we have seen many different kinds of persons within a considerable range of personality types succeed as a music therapist." (Michel, 1957, p. 213).

It is hoped by the author that this study may direct a focus on the quality of the supervisor/music therapist relationship rather than a unifying standardization of the relationship.

A review of the music therapy literature traces the origins of the music therapy internship and its development in relation to our profession's growth. Research about management styles of internships in music and related therapies such as creative arts therapy, rehabilitation therapy and psychology are presented. An examination of styles may illuminate the different number of possible roles the supervisor may take in supervising the music therapy intern. Instead of a simple intuitive response by the supervisor, this knowledge could bring additional choices into consciousness. The focus of this research is to create a baseline that measures the mentorship occurring in present music therapy internships and compare the factors of the internship that may or may not influence the level mentorship occurring.

Assumptions

One assumption in this study is that the questionnaire and instrument of measurement based on Noe's survey will accurately gauge the level of mentorship that is occurring in present AMTA music therapy internship sites. Many tests for mentorship are part of staff developmental programs that are sold to corporations and are copyright protected. Other tests, such as Bell's instrument (Bell, 1996, p. 37-44), have not been used in scientific research and have only anecdotal evidence to support their validity. Noe's survey instrument is the only one the author has found used in scientific business research, and therefore was selected for use in this study.

A second assumption is that measurement of the mentoring that is occurring would be best perceived by the music therapy intern. Minard supports this premise.

> Based on our own opinion and that of the National Association, we were sure that we had designed an adequate program by traditional standards; however, we felt that only the students could best judge the meaningfulness of the training program in terms of its effect on them. (Minard, 1963, pp. 16-17)

There are three components to perception of mentorship: the first is the perception by the intern, the second is the perception of the supervisor, and third is the reality or third-person perspective on the level of mentorship. If it were feasible to interview both intern and supervisor and examine each clinical situation, more accurate assessments of the level of mentorship might result. The primary role of mentorship is the development of the protégé; therefore, the perceived level as measured by the music therapy interns will be used. A

secondary consideration in the selection of the intern is that Noe's original survey was designed to survey the protégé.

A third assumption is that there will be a close proportionate equality in the responses from internship sites. Factors listed in the hypothesis (client population, age of site, experience of supervisor, etc.) are assumed to make no difference in the level of response to the survey.

Limitations

The major limitation of this study is the lack of scientific research in this area, both in the music therapy field and in others. The areas of specialization in mentorship and in internships combine to create a topic that does not exist in the research literature. To gain any knowledge of the music therapy intern/supervisor role, the only sources are music therapy journals and books. A major text in music therapy, for both former associations (NAMT & AAMT), is *Perspectives on Music Therapy Education and Training* by Maranto and Bruscia (1987). The fifteenth chapter by Memory, Unkefer and Smeltekop, "Supervision in Music Therapy: Theoretical Models," is one of the few instances in which this topic is discussed. For background on music therapy internships, a review of literature is included. However, little reference to the intern/supervisor relationship has been found, as opposed to many references about formalization and structure of the internship, evaluations, and education of the intern.

Another potential limitation inherent in the survey arises from the personal questions about age and cultural ethnicity. These may offend director, supervisor or intern, resulting in less response to the survey than hoped for. The risks of this effect are being taken, because this information may reflect factors that could cause a difference in mentoring level at the internship site.

Terminology & Definitions

Mentor A dictionary definition of mentoring harkens back to the mythological age. Mentor was a wise, sensitive and trusted advisor, teacher and coach. According to this definition, a mentor would not necessarily be powerful (e.g., a supervisor) but would help an individual learn nonacademic skills that the individual might have learned less well, with more difficulty or not at all. Older and more traditional use of the word mentor referred to an older, experienced sage in an organization that enlightens the protégé about the informal structure of an organization and helps him or her "learn the ropes." Olian quotes Klaus in describing this type of mentor

> . . . a seasoned senior executive who can offer the wisdom of years of experience from which to counsel and guide younger individuals as they move ahead in their careers. It is a term that has been used particularly to describe informal, intense personal relationships where senior persons have had important career molding influence on younger people in the early phases of their adult professional careers. (Olian, 1988, p. 16).

Daresh and Playko supply a definition that is more current and relevant to this study:

> . . . mentoring is an ongoing process wherein individuals in an organization provide support and guidance to others so that it is possible for them to become effective contributors to the goals of the organization. Unlike many other views of mentoring, we do not necessarily believe that a mentor must be an older person who is ready, willing, and able to provide 'all the answers' to those who are newcomers. Usually, those who are mentors have a lot of experience and craft knowledge to share with others. But we don't hold the notion that good mentoring consists of a sage being able to direct the work of the less experienced to the point that no one ever makes mistakes . . . being a mentor implies the responsibility

> not only of sharing, but also of listening and learning . . . . we believe that it must have the potential of helping those who are mentored (or protégés), those who serve as mentors and also the [organization] that chooses to start a mentoring program. (Daresh and Playko, 1993, p. 3).

Parsloe defines mentoring as:

> A wise and trusted counselor but with three distinct mentoring roles in the work context:
>
> -the mainstream mentor; someone who acts as a guide, advisor and counselor at various stages in someone's career from induction through formal development to a top management position;
>
> -the professional qualification mentor; someone required by a professional association to be appointed to guide a student through a program of study, leading to a professional qualification;
>
> -the vocational qualification mentor; someone appointed to guide a candidate through a program of development and the accumulation and presentation of evidence to prove competence to a standard required for a National Vocational Qualification (Parsloe, 1995).

The second and third roles defined by Parsloe correspond very closely to the role of the supervisors. If the supervisor is also a mentor, very frequently the music therapist and supervisor retain friendship, correspond with each other, and fill Parsloe's first mentoring role.

For the purpose of this study, it is assumed those MT intern supervisors (NAMT) and university professors (AAMT) function in the capacity of a mentor to the intern. One of the conflicts in mentoring in a supervisory position is found in Bell's book about mentoring.

> This book is about power-free facilitation of learning. It is about teaching through consultation and affection rather than constriction and assessment. It views learning as an expansive, unfolding process rather than an evaluative, narrowing effort (Bell, 1996, p. xi).

Protégé - French noun describing someone who is under the patronage, care or guidance of another, especially for help in his/her career. Another French word used interchangeably with protégé is novice, which refers to a beginner in some pursuit that demands skills. The use of the words *protégé* and *novice* will refer to the music therapist during his or her internship.

Management Style - Common patterns of everyday responses to business situations involving a normal day of positive and negative stress and other stimuli. Influences and life experiences shape the manager's style.

> Whatever we are at any given time in our life is obviously a product of all that's gone before: all the influences, all the experiences we've had, plus whatever tendencies and traits we may have been born with. (Broadwell, 1984, p. 50).

Music Therapy Internships

Establishment of the Music Therapy Profession

The modern practice of music therapy slowly evolved in the twentieth century from the work of a few individuals who pioneered the field. At the turn of the century, Eva Vescelius published articles and books about music's power; she also publicized the functional use of music and what would come to be called music therapy. In 1903 she founded the *National Therapeutic Society of New York City* (Boxberger, 1962, p. 140). Margaret Anderton pioneered teaching music therapy, "Musicotherapy", at Columbia University in 1919 after working with servicemen in World War I. The *National Association for Music in Hospitals*, formed in the twenties by Isa Maud Ilsen (who also worked with Veterans), emphasized that music had to be appropriate to the needs of the patient and the needs of the situation as an adjunct to medical treatment. Harriet Seymour published one of the first guides to the therapeutic use of Music, *What Music Can Do For You*, and presented in 1933 a demonstration of music therapy at a conference in New York for the *World Congress of the International New Thought Alliance*. Through the federal Music Project of the WPA and her chairmanship of the Hospital Music Committee of the State Charities Aid Association, Seymour founded the *National Foundation for Music Therapy* in 1941. Music therapy was promoted and utilized during WW II with the military usage of music to raise the morale of wounded soldiers. To assist the *Camp and Hospital Councils of the American Red Cross*, the *National*

Federation of Music Clubs provided instruments and volunteers to veteran's hospitals. After the war, the Federation continued to provide services to not only veteran's hospitals, but also to state hospitals. Also during WW II, the Musicians Emergency Fund assisted the armed forces through the establishment of the Hospitalized Veterans Music Service. The military tested the results of music therapy through their *Institute for Applied Music* and in 1952 published their results in the book, *Music and your Emotions*.

The *National Association for Music Therapy* had its origins in the *Music Teachers National Association*'s (MTNA) recognition in 1939 of the Works Progress Administration (WPA) Music Program with mental patients at Wayne County General Hospital in Michigan. MTNA appointed Roy Underwood chairman of the Committee on Music in Therapy in 1947. At this same conference, held jointly with the National Association for Schools of Music, E. Thayer Gaston agreed with Underwood that recognition of music therapy was hampered by unqualified people who misled the public and deterred the medical community from accepting music therapy as a medical field.

Dr. Samuel Hamilton, superintendent of Essex County Overbrook Hospital and Dr. William Van de Wall, under the auspices of the National Music Council, surveyed hospitals about music therapy in 1944 (Gilliland, 1961, p. 173). They found 192 hospitals out of 209 were testing and using music therapy (*Music Therapy 1955*, 1954, p. 241). All of these organizations agreed that leadership and trained personnel in music therapy were high priorities. In 1944, Michigan State College (Michigan State University) introduced a degree program in music

therapy. Ray Green, 1947 chairman of the committee on the use of Music in Hospitals (National Music Council) established the *Hospital Music Newsletter*, which was the precursor of the *Journal of Music Therapy* (*The Bulletin of NAMT* filled the interim between the Newsletter and the Journal).

In 1948, the first conference for Hospital Musicians directed by Gaston was sponsored by the University of Kansas. Out of a group of thirty-nine registrants, including music therapy interns (Boxberger, 1963, p. 155), the National Association for Music Therapy began. Underwood, Gilliland and Wade organized the North Central Conference on Functional Music in 1949. Also in 1949, the *Newsletter* was published separately from the *National Music Council Bulletin* for those interested in the Committee on the Use of Music in Hospitals of the NMC. On June 2, 1950, (the day after the annual meeting of the NMC), an organizational meeting met to form the NAMT.

When NAMT was established, it was the only national organization for music therapy; The Canadian Association for Music Therapy and the American Association for Music Therapy had not yet been established. Canadian music therapist, Norma Sharpe, offers a report on *Music Therapy in Hospitals in Canada* in NAMT's yearbook, *Music Therapy 1960* (Sharpe, 1961, pp. 163-166). In the 1960's, 37 hospitals out of 92 surveyed replied that they employed music therapists. The majority were psychiatric and located in the province of Ontario. Few music therapists came from degree programs, and most worked within occupational or recreational therapy. Some ancillary staff, ward staff, one psychologist, one superintendent, etc., provided the music therapy.

> A training program for music therapy assistants exists in only two hospitals, in one of which graduate psychiatric nurses are trained in crafts, recreation, and music, and participate in ward activities. One hospital employs music students on the Music Therapy staff during the summer. (Sharpe, 1960, p. 164)

A continuing close association with the Canadian Music Therapy Association permitted the University of Windsor to concurrently employ the same professor (NAMT credentials) from neighboring Wayne State University in Detroit.

Concurrent Establishment of Music Therapy Internships

The first music therapy interns were part of the birth of a professional identity for music therapists, and music therapy became a professional field or therapy in the medical community. At the time music therapy established itself as a professional field, there were only a handful of institutions providing informal training to music students (NAMT, 1956). One of the first music therapy clinical internship sites mentioned in MT literature, the Agnews State Hospital Clinical Training Program in California, is found in the Hospital Music Newsletter, Volume III, number three, published in May of 1951 (*Bulletin of NAMT*, Sept. 1952, vol.1, no. 3, p. 11).

> Overbrook Hospital (now Essex County Hospital Center) is one of the hospitals which has remained in the forefront of recognition in this field. It has reflected the growth of the national movement in its own support of a rapidly growing music therapy program, and also initiated one of the earliest clinical training centers in the country. (Thompson, 1962, pp. 81-82)

Directors of music therapy internships assisted Underwood, when, as chairman of the Education Committee, he drafted the core curriculum in music therapy (Boxberger, 1962, p.168). In the core requirements for a degree, NAMT's education committee of 1951 recommended:

> A minimum of six months residence internship in an approved neuro-psychiatric hospital with an established music program [sic]. . . . In addition, students planning to work with mentally retarded or handicapped children were expected to spend an additional two months in a appropriate institution. The internship was specified to be supplemental and in addition to the 128 hours of on-campus training (*Music Therapy 1952*, 1953, p. xvii).

Wilhelmina Harbert describes the "Elements of an Effective Hospital Music Internship" in *Music Therapy 1953, Third Book of the Proceedings of the National Association for Music Therapy.*

> In many of our colleges it is necessary to combine educational work with hospital orientation during the undergraduate years. A therapy practicum course in music and psychology provides approximately 6 hours a week for a period of a year, and provides opportunities in campus clinics and wards in general, orthopedic, and mental hospitals. . . . We are convinced that the actual experience within a hospital for a music trainee should accomplish the following things:
>
> 1. It should provide adequate time to become a part of the hospital family or personnel.
> 2. It should give the student opportunities to take an active part in hospital functions.
> 3. It should help the student to learn about all types of patients for whom music may be indicated or contraindicated.
> 4. It should foster desirable two-way relationships with hospital psychiatric aides, personnel, supervisors, nurses, doctors, social workers, other therapists. etc.
> 5. It should provide a laboratory to practice techniques acquired in the classroom.
> 6. It should offer classes, lectures, seminars, and an in-service type of educational program, as well as observations of other therapies in action.

7. It should stimulate the student to record all observations, to keep accurate running records, and to cooperate in all research projects as far as possible.

8. It should afford the music trainee a chance to evaluate himself in terms of his potential strengths and weaknesses.

9. It should teach the student how to work under the direction of a trained music therapist, and how to develop leadership in all music activities.

10. It should create in the student a desire to find new and better ways to direct a truly therapeutic music program, which shall not function in isolation but shall serve the total rehabilitation program of the hospital. (Harbert, 1954, p. 195)

The internship program associated with the College of the Pacific, Stockton State Hospital, provided two options:

1. A twenty hour per week schedule of clinical experience with graduate studies at the College of the Pacific.

2. Six months of a 40 hour week with the intern provided room and board. (Harbert, 1954, p. 196)

There were financial benefits to directing a music therapy internship if the music therapist was working for the Veterans Administration in 1953 (Quinto, 1954, pp. 200-201). Requirements for a recreation leader or supervisor (a.k.a. music therapist) at the GS-5 level paid $3,410 per year. To qualify for the GS-7 level paying $4,205 per year, the music therapist had to have completed one year of experience including duties of clinical supervision. NAMT surveyed 800 hospitals listed by the American Hospital Association in 1954.

Twelve hospitals reported formal clinical training for music therapy students (two VA mental, four state mental, three county mental, one private mental, one VA tuberculous, and one leprosy). Nine of these have affiliation with an institution of higher learning. Thirteen institutions reported informal training of music students (two VA mental, eight state mental and three state

mental deficiency). (*Music Therapy 1955*, 1954, p. 265)

Harbert surveyed MT clinical internships for NAMT's Education Committee and shared the results in the article, "The Present Status of Clinical Training in Music Therapy" (Harbert, 1955, p.220-232). "From the letters which I have received thus far, may I say that apparently we have much variety but little coherence in our training programs" (Harbert, 1955, p. 220). The ten schools that responded to the survey were affiliated with hospitals that provided inservice opportunities and clinical experience for music therapy interns; five required a Bachelor of Music Education as a prerequisite to clinical training, three schools offered a Bachelor of Music Therapy before clinical training, and two schools stipulated that all work in music therapy should be at a graduate level. Students from four of the schools were supervised in the internship by the occupational therapy department, four were under the direct supervision of music therapists, and two schools failed to report data (Harbert, 1955, p. 224).

Gaston advocated adopting similar requirements as other adjunctive therapies.

> . . . music therapy should be more cognizant of and better aquainted with the other therapies and particularly their educational philosophies. Their educational programs should be understood more fully, as should their requirements for clinical training. NAMT is at that stage in development when it is considering the accreditation of institutions who train music therapists. It is also considering the registration of its individual members as music therapists. (Gaston, 1957, p. 222)

Registration and the Internship

Music Therapists were to be "grandfathered" into certification (a.k.a. RMT) by NAMT in 1960 without any clinical training or college degree required.

> Persons not holding a college degree but who have been engaged satisfactorily in music therapy positions on salary for a period of at least three years previous to December 31, 1960, shall be eligible for registration. Persons who have a college degree whose major study was not in music therapy, but who have been engaged satisfactorily in a music therapy position on salary for a period of at least one year previous to December 31, 1960, shall be eligible for registration. Persons who have completed a degree course in music therapy from an institution "tentatively approved" or "fully accredited" by NAMT previous to December 31, 1960, shall be immediately eligible upon graduation for registration. (*Music Therapy 1957*, 1958, p. *254)*

In 1956 the certification committee was created and the duties included:

> (1) to establish standards and procedures for the certification of Music Therapists
> (2) to institute formal approval of training programs. Actions of the Committee were subject to the approval of the Executive Committee (NAMT, 1956).

E. Thayer Gaston, chairman of the certification committee, proposed a plan for the registration of music therapists to the executive committee in 1957. Eligibility for registration would be dependent on the completion of a college degree that included a period of clinical training after 1960 ("Registration of Music Therapists," *Music Therapy 1957*, 1958, pp. 241-243).

There were twelve schools and fourteen hospitals (music therapy sites) recognized by NAMT in 1960:

Educational Institutions

Alverno College, Milwaukee, Wisconsin
College of the Pacific, Stockton, California
Florida State University, Tallahassee, Tennessee
Indiana University, Bloomington, Indiana
Loyola University, New Orleans, Louisiana
Michigan State University, East Lansing, Michigan
Mississippi Southern College, Hattiesburg, Mississippi
New England Conservatory, Boston, Massachusetts
Roosevelt University, Chicago, Illinois
Southern Methodist University, Dallas, Texas
Texas Women's University, Denton, Texas
University of Kansas, Lawrence, Kansas

Clinical Institutions

Beatty Memorial Hospital, Westville, Indiana
Boston State Hospital, Boston, Massachusetts
Essex County Overbrook Hospital, Cedar Grove, New Jersey
Kalamazoo State Hospital, Kalamazoo Michigan
Logansport State Hospital, Logansport, Indiana
Madison State Hospital, Madison, Indiana
The Menninger Foundation, Topeka, Kansas
Milwaukee County Hospital for Mental Diseases, Milwaukee, Wisconsin
New Jersey Neuro-psychiatric Institute, Princeton, New Jersey
Osawatomie State Hospital, Osawatomie, Kansas
Topeka State Hospital, Topeka, Kansas
VA Hospital, Downey, Illinois
VA Hospital, Salisbury, North Carolina
VA Hospital, Topeka, Kansas

NAMT is *not* an approving or accrediting body; NASM is. NAMT only certifies to NASM that the institution in question has met the educational and training standards required. (*Bulletin* IX, Jan. 1960, p. 6)

Formalization and standardization of clinical internship sites were considered at this early stage.

In the immediate future are formalized plans for the approval of clinical training programs, and the establishment of standards and procedures for certification of music therapists. These are the responsibilities of the Certification Committee. These are heavy responsibilities and there are many facets to be investigated and

developed. For example, a standardized student evaluation form must be developed and eventually a certification examination will need to be devised." (Unkefer, 1957, p. 219)

Gaston advocated a similar philosophy in 1960.

> Clinical experience in our affiliate hospitals will have become more uniform instead of maintaining, in some instances, an esoteric quality. The proper pattern of clinical training ought to exist in spite of personality." (Gaston, 1960, p. 179).

Gaston is respected in our field for the contributions he made in training music therapists.

> Possibly one of the greatest contributions which Dr. Gaston has made to music therapy may be seen in the large number of qualified music therapists he has trained for work in the field. Many of the university teaching positions and of the music therapy supervisor positions in hospitals are held by university graduates who received their inspiration and training under Dr. Gaston; these graduates may be found at institutions located throughout the United States and Canada. Truly, NAMT may be justly proud that it has chosen as its first Honorary Life Member, Dr. E. Thayer Gaston. (NAMT, 1960, p. 3).

Wanda Lathom contributed one of the first internship sites that offered interns work exclusively with individuals who were emotionally disturbed, mentally retarded, physically impaired, sensory impaired and classified at that time as schizophrenic.

> The National Association has recommended that such a student take an extra three-month internship in a hospital for children; however, there have not been any specific places assigned for this experience. Therefore, Parsons State Hospital and Training School has designed a training program and allowed a stipend for music therapists who desire additional training in the treatment of children....
>
> Therefore, the training program at Parsons State Hospital will include three types of training:

(1) a six-month program for therapists who are certain that they want to work with children.

(2) A three-month program for students who are still undecided, but have an interest in the treatment of children and want to know more about it.

(3) a workshop for music education personnel who are interested in learning a little about psychodynamics of exceptional children and ways in which the school can give added support to these children and can cooperate in their treatment before it becomes necessary to hospitalize them. (Lathom, 1962, pp.12-15).

Also at Parsons State Hospital, an important model for clinical training was established with the "Pilot Training Projects for the National Institute of Mental Health" (Gaston, 1964, p. 149). The five year project was supposed to develop the best training programs possible, advance clinical training (i.e., Lathom's internship), train researchers in MT, and train scholars in MT. The volunteer MTs (e.g., Gaston & Lathom) who assisted NAMT in gaining federal grants for training and education of music therapists have influenced the training and establishment of clinical training models.

A unique opportunity for a graduate clinical internship was offered in 1972 by Florence Tyson, executive director of the Music Therapy Center in New York City (NAMT, Professional News, 1972). A six month internship in music therapy with psychiatric experience was required before acceptance.

Worthington, in reference to training of counselors (1984, p. 63), cites a lack of widely accepted theory of supervision, imprecise generalization of supervisory principles and limited study in the field of supervision. The same might have been said about music therapy clinical internship directors in 1984 when NAMT was growing rapidly and standards for establishing internships were

limited to a letter of support from a university and the top administrator of a prospective internship site to approve the site. AMTA now requires supervisory training, usually supplied at regional and national conferences. Extensive program descriptions, including intern and site evaluations, are scrutinized critically by an AMTA clinical training committee. Site evaluations by interns are a recent development instituted by NAMT and are a tool that was not utilized in the early years of our association's training procedures.

> Clinical supervision can be a dynamic, exciting, and challenging experience for its practitioner and recipients; it can also be frustrating, empty, or hurtful in certain circumstances. One might say of clinical supervision what has been said of being a parent--that one learns how to do it on the job. As parent or as supervisor, however, one can make the mistake of assuming that the job is simple and straightforward, when in fact a multitude of hidden complications await the complacent beginner. Problems with the supervisor, if not recognized and responsibly dealt with, can become problems for patients, just as problems encountered by one family member inevitably affect other members of the family. (Frelander, Dye, Costello & Kobos, 1984, p. 189)

Reports of improper usage of interns without direct supervision, in non-music therapy job tasks, or inadequate supervision, and grueling work schedules may have been shared between former interns, but with little or no appropriate response allowed. Now interns have a tool to report their perceptions of the supervision directly to AMTA. "A body of student observations is necessary to lend meaning to professional ones." (Barnat, 1974, p. 189). The internship may be a time of challenge and difficult work. The supervisor can assist in making the situation a positive one.

> People can endure long hours, unpleasant conditions, and difficult circumstances as long as they enjoy the people they are working with. They want to feel a part of something; it is like having an extended family. (Gilley, 1996, p. 218).

The requirements, to become a music therapy clinical internship director, are now more stringent than to become AMTA association president, hold any office or be on any committee. Music therapy clinical internship directors were the first members required by NAMT to be board certified (MT-BC), but now, AMTA educators are also required to be board certified. Board certification has become more important since the discontinuation of registration (RMT) or certification (CMT). Many former internship sites were discontinued in the nineteen-nineties when NAMT required extensive program descriptions, more unified evaluation forms for interns and site evaluations from interns. This occurred simultaneously with NAMT's move to the political arena in Washington, DC, when attempts were made to upgrade the level of professional expertise and increase recognition of the music therapy profession. Older internship sites and experienced clinical internship directors, except a few who were grandfathered, were required to meet the same qualifications as those that were newly proposed. Many clinical internship directors, such as the author, regularly attend supervisory training sessions at conferences to share expertise and gain new perspectives on training.

> Over the last decade, supervision has emerged as a distinct field of preparation and practice with a unique body of knowledge and skills. As competencies of effective supervisors have been identified in the literature, the necessity of specialized training in counseling supervision has become increasingly clear. (Borders, Bernard, Dye, Fong, Henderson and Nance, 1991, p. 58)

Development of a Managerial Style

History of Supervision and Management Theories

Much research about managerial style has been conducted to assess and teach the "best" or "in vogue" style of management to improve efficiency and productivity. Many questions are asked and dollars are spent to study the cost effectiveness of learning new management styles and approaches. Anecdotal evidence reflecting the years of research conducted and the amount of budget allotted to management training shows that companies believe in management training. Have styles really changed over the years or have changes in terminology occurred?

> Some people have the idea that management styles really haven't changed all that much over the years. In a way this is true. The same styles are around. People are still doing things right and wrong, well and poorly. People are still managing by delegating and by not delegating, just as they always have. The variety is still there, but hopefully there are more people doing a better job of managing than ever before." (Broadwell, 1984, p. 53)

Broadwell also explains that there is an evolution of management styles built upon the research and knowledge gained, as well as fresh approaches with differing philosophies. His reasons for believing management styles have improved over the years are many. The average supervisor knows more about setting clear standards to achieve job satisfaction. Improved evaluation has resulted from known expectations and set standards. Improved training for managers has been developed. Motivation and behavior training to achieve a high performance is better understood. There is better information to

understand and appreciate the employee's needs of family, home, community, recreation and its integration into the job setting.

> Until recent years, published articles on supervision have portrayed the supervisor as a dispassionate mentor. . . . But the basic view was, apparently, long held that any emotional reactions which the supervisor felt toward the therapist, other than those of a friendly teacher-and-colleague variety, were merely incidental to their collaborative effort or, more often, an active deterrent to it. (Searles 1955, p. 135).

Although Searles statement was made at the time NAMT was first established, it appears to be still prevalent in the supervisory style advocated by AMTA today. This is reflected in the uniform use of evaluation forms and the strong focus upon objectivity in supervision, reflected in the emphasis upon critiquing musical and therapeutic skills. Searles emphasizes the importance of emotional interplay between supervisor and therapist.

> In my view, the supervisor experiences, over the course of a supervisory relationship, as broad a spectrum of emotional phenomena as does the therapist or even the patient himself--although, to be sure, the supervisor's emotions are rarely so intense as those of the therapist, and usually much less intense than those of the patient. Moreover, the supervisor can often find that these emotions within himself do not represent foreign bodies, classical counter-transference phenomena, but are highly informative reflections of the relationship between therapist and patient. (Searles 1955, p.136)

The emotional relationship between supervisor and therapist described by Searles is correlated to the therapist/patient relationship.

> . . . if a supervisor finds in himself an especial fondness for a therapist during a particular phase of their work, this may be in part traceable to the circumstance that patient and therapist are currently very fond of one another." (Searles, 1955, p. 145).

In the field of psychotherapy or clinical psychology, *Psychotherapy Supervision: Theory, Research and Practice* edited by Hess (1980) is frequently quoted and cited in psychotherapy journal-articles reference lists. Hess describes training models and the nature of psychotherapy supervision. The notion that supervision is essentially a dyadic human interaction with a focus on modifying the behavior of the supervisee, so he or she may provide better service to a third person (the patient) ordinarily not present, underlies the following models. Each model has three characteristics describing it: (a) its goals, (b) the degree to which the supervisee can choose to attend the sessions both physically and psychologically, and (c) the nature of the relationship (Hess, 1980, p.16).

> Hess Model 1. Lecturer (a) Convey global conceptual schemes and technique. Generate enthusiasm. (b) High choice. (c) One to mass audience.
>
> Hess Model 2. Teacher (a) Teach specified content and skills within programmatic scheme. (b) Moderate choice. (c) Superordinate to subordinate.
>
> Hess Model 3. Case Review (a) Explore ways of thinking and relating to cases. (b) Low choice. (c) Elder to younger.
>
> Hess Model 4. Collegial-Peer (a) Support and gaining a different, unforced view. (b) High choice. (c) Equals in shared intimacy.
>
> Hess Model 5. Monitor (a) Maintain at least minimally acceptable levels of service. (b) Low choice. (c) External censor, evaluator.
>
> Hess Model 6 Therapist (a) Help psychotherapist grow and reach new levels of adaptiveness with self and clients. (b) moderate to high choice. (c) Benign supervisor, trusted model. (Hess, 1980, p16)

Kaiser (1992) addresses four crucial elements of the supervisory relationship in her field of training marital and family therapists.

> Accountability It is the job of the supervisor, viewing the situation from a more detached position, to help the therapist regain that ability. Although therapists must be emotionally involved with clients, caution must come from the supervisors not to lose their objectivity and ability to act in the clients' best interest
>
> Personal Awareness. . . . need for the supervisor to be aware of her own version of dogmatism, subjectivity, lack of respect for the trainee, and sensitivity to her impact on the trainee. . . . transference and countertransference issues which occur in the therapy replicate themselves in the supervisory relationship.
>
> Trust. . . . clients and students treat others the way they are treated and therefore should experience a particular quality of treatment which can then apply to their treatment of others. Respect is also demonstrated by the attention of the supervisor to the particular learning style and developmental stage of the supervisee as well as the supervisee's personal level of vulnerability to criticism. Safety is usually defined as the supervisee's freedom to make mistakes and to take risks without the danger of a judgmental response from the supervisor. . . . trust between supervisor and supervisee is necessary in order for the supervisee to feel safe enough to be open to a deeper emotional understanding of the client.
>
> Power and Authority The supervisor's use of authority will influence the way in which the supervisee uses authority with clients. A parallel can be drawn between a supervisor who uses power arbitrarily and destructively and a parent who does the same. . . . past experiences with authority effect both the supervisor's and supervisee's approach to authority in this relationship. A significant source (of power) is the supervisor's power to evaluate and therefore influence the opportunities available to the supervisee vis a' vis future jobs, salary increases, or hiring and firing. As the one in charge, the supervisor is responsible for setting appropriate limits and boundaries with regard to such issues as the structure of the supervisory hour, the parameters of acceptable professional behavior, and a focus on the supervisee's rather than the supervisor's needs. This appropriate use of power is related to the issue of trust. (Kaiser, 1992, p. 284)

Brown claims a mixture of management styles is necessary to be successful (Brown, 1990, p. 3). He describes four styles:

> Autocratic management implies that the manager directs the entire operation. Brown believes that in certain circumstances this style is most effective, but that some people will not tolerate it.
>
> Bureaucratic management features company policies and procedures to manage and requires total submission to rules.
>
> Democratic management allows participation in the decision making process. This style helps employees feel that they contribute and are important: however, this does not mean the manager abdicates his responsibilities.
>
> Idiosyncratic management encourages the manager to use idiosyncrasies to their advantage in developing or working with a person. Brown encourages the manager to match the style of management to the employee and to use a mixture of styles best suited for the employee.

Martin and McBride designed a theoretical model called "Dual Focus Supervision" (Martin & McBride, 1987, p.156) that uses two different approaches to supervision. The first is theory congruency, the ability to translate espoused theory into practice. If the student was using Gestalt, the supervisor would also use that technique with the student, the same with rational-emotive therapy, Freudian analysis, etc. The second approach is one of interpersonal dynamics or the ability to recognize and attend to the impact of both counselor and client behavior on the counseling process. They used a modified interpersonal process recall developed by Kagan that provided audiotape and videotape feedback. Their study refuted the suggested beliefs they found in supervision literature, that counselor educators and supervisors have placed too much research emphasis on basic skills.

> Teaching facilitative skills is an important part of counselor training: however, it is not enough by itself. The content of training is, perhaps, more important than length of training. By requiring students to learn and apply theoretical and research knowledge, students can learn professional skills. (Martin & McBride, 1987, p166)

Hanson (1996), in "Personality Plus," describes how people having different personalities can become excellent managers and coworkers, and understand and accept the differences in personalities. He vividly ascribes "Winnie the Poo" characteristics to personality types. For example, Tigger is *popular* and Eeyore is the *peaceful* type. Hanson stresses that all personality types (Popular, Perfect, Peaceful, Powerful and mixed types) may become excellent coworkers and teachers by understanding why others may react differently to the same situation, yet be equally correct in their approaches.

Coaching Roles

Coaching is used in teaching, supervision and everyday life. ". . . coaching does take place almost every day in every work situation. People do ask their colleagues and managers to show, explain or advise them how to do certain aspects of their job or how to do things better" (Parsloe, 1995, p. 52). Parsloe addresses coaching, mentoring and assessing in Britain in accordance with their systems of General National Vocational Qualification (GNVQ). He particularly addresses four levels of certification in vocations and the convergence of academic and vocational qualifications. Britain's GNVQ users hope that,

> . . . as the decade progresses, the academic and vocational qualification processes will converge; both in practice and eventually in acceptance in people's mind" (Parsloe, 1995, p.31).

Parsloe describes a progression of coaching roles ranging from 'hands-on' to 'hands-off.' Parsloe defines four coaching roles:

> Hands-on - Acting as an instructor for inexperienced learners.
>
> hands-off - Developing high performance in experienced learners.
>
> qualifier - When helping a learner develop a specific requirement for a competence-based or professional qualification.
>
> Supporter - When helping learners, use a flexible learning package. (Parsloe, 1995, p. 12).

This progression is illustrated in Parsloe's graph (Parsloe, 1995, p.62) which shows how matters shift over time from 100% "hands-on" control, through varying levels of shared control, to 100% "hands-off" control. The supporter role is played throughout the relationship in providing assigned reading, videotaped training courses and what Parsloe refers to as "flexible packages." The "qualifier" role is utilized as an assessment adviser to prepare the protégé for professional competency examination and assist with credentialling associations.

Phases of the Supervisory/Mentor Relationship

In the field of counseling, Hogan's model is cited frequently in supervisory literature (Reising & Daniels, 1983, p. 235). In the sixties, Hogan recognized that supervision in clinical training needed to be tailored to the professional development level of the supervisee.

> During his development as a psychotherapist, the clinician goes through four stages of development. During the first state, or Level 1, his approach is heavily influenced by a method, the 'method of choice' promulgated by his training. In the second stage, or Level 2, he adapts this method to his own personality, his own idiom. In the third stage, or Level 3, the method-person balance is reversed, and his approach to therapy is a reflection of his personal idiom through one or more methods. In the fourth stage, or Level 4, he goes beyond method and his own personal idiom to develop creative approaches which are an outgrowth of both method and person. As Steinbeck has put it in his recent book, *Travels with Charlie*, "only through imitation do we develop toward originality." (Hogan, 1963, p. 139).

Hogan describes the methods at the first level to include tutoring, interpretation, support, awareness-training and exemplification and describes a didactic approach in supervision. Hogan suggests at this first level for the supervisor to be co-therapist with the supervisee and reveal the supervisor's therapeutic approach by sharing experiences together.

In his second level Hogan describes the trainee's struggle with insight and overconfidence and the ambivalence of the dependency-autonomy conflict. He compares this period with the growing pains of the journeyman reflected in a vast fluctuation in motivation from deep commitment to grave misgivings. Hogan suggests encouraging the trainee to become less dependent on the supervisor via an ambivalent-clarification (non-reactive) mode in supervision.

Hogan's third stage is compared to becoming a master in a trade, with increased professional self-confidence. He suggests that the supervisor continue an approach of sharing, but also professional confrontation (close critical review) to foster the professionalizing and humanizing of the therapist.

Hogan's fourth stage includes characteristics of personal autonomy, adequate to independent practice and an insightful awareness of the idiomatic confrontation with the struggle of living, including one's professional problems. His supervisory approach is one of a peer supervisor and a reduction of the controlling supervisory role. Hogan suggests mutual consultation and sharing as the technique of choice. Hogan's model takes into consideration the necessity of altering supervisory styles with the personal growth of the therapist in training.

Kram defines four phases or stages of the mentor (Kram, 1983): initiation, cultivation, separation, and redefinition. Without any reference to Hogan, her stages closely resemble his levels with more modern terminology. The mentoring developmental model Kram created parallels the role the music therapy clinical internship director encompasses in assisting the intern become an established professional peer. It is no coincidence that there is a striking similarity between the internship and Kram's mentoring model. The initial impetus for the internship is to serve as a transition from student to professional music therapist. Initiation is a period during which the protégé admires and respects the mentor as an object for positive identification. The mentor's behavior lends credence to the protégé's initial impression and in return

responds supportively by coaching the protégé with care. There is a balance of initiative on both sides of the relationship.

> For example, an opportunity to work on a high visibility project is interpreted by the young manager (a.k.a. protégé) as proof of the senior manager's (mentor's) caring, interest, and respect. Alternatively, a request for assistance or a volunteered criticism of the department is interpreted by the senior manager as proof of the young manager's assertiveness and competence. (Kram, 1983, p. 615-616)

In the second stage, cultivation, the mentor tests the positive expectations of the first stage with challenging work, coaching, exposure-and-visibility, protection and/or sponsorship. The protégé's sense of competence and ability to navigate in the field depend upon: the mentor's rank, tenure, experience, and the degree of trust, mutuality, and intimacy that characterize the psychosocial functions of the relationship.

> During the cultivation phase the boundaries of the relationship have been clarified, and the uncertainty of what it might become during the initiation phase is no longer present. For some there is disappointment in discovering that the relationship cannot meet important developmental needs,... For others, the relationship is far richer than anticipated, and the interpersonal bond is far more intimate and personally meaningful. (Kram, 1983, p. 617)

Separation occurs both structurally and psychologically, resulting in a redefinition of the relationship. If the stage of structural change is reached before the emotional separation is complete, there is a period of turmoil and anxiety. Occasionally some mentors anticipate the emotional loss inherent in separation, and attempt to block the inevitable.

> The separation phase is critical to development. It provides an opportunity for the manager to demonstrate essential job skills while operating independently without support from a mentor. At the same time, it enables the senior manager to demonstrate to self and to peers and superiors that, indeed, one has been successful in developing new managerial talent. The end of this phase occurs when both managers recognize that the relationship is no longer needed in its previous form. (Kram, 1983, p. 620)

Redefinition of the relationship results in professional association that could be one of either friendship or indifference. The dominant pattern for the relationship is one of friendship with an informal basis of contact for mutual support and sponsorship from a distance. The mentor is removed from a pedestal in the protégé's eyes, but is usually recalled with indebtedness. For the mentor, the protégé is either proud proof of effectiveness in the passing on of values, knowledge, and skills; or possibly hostility and resentment, depending on the relationship.

> The redefinition phase is, finally, evidence of changes that have occurred in both individuals. For the young manager, the ability to relate in a more peer-like fashion with the senior manager and the ability to function effectively in new settings without the immediate support of the relationship reflect greater competence, self-confidence, and autonomy. For the senior manager, the ability to relate in a more peer-like fashion with the young manager and the ability to redirect energies toward other young managers reflect competence and generality. Both have experienced a shift in developmental tasks so that the previous relationship is no longer needed or desired. (Kram, 1983, p. 621)

Kram views the mentorship as limited in value and duration as they progress through the four phases. "Peer relationships appear to offer a valuable alternative to the mentor relationship; they can provide some career and psychosocial functions that offer the opportunity for greater mutuality and sense of equality, and they are more available in numbers." (Kram, 1983, p 623)

Management Styles In Music Therapy

There is little research about management styles during internships, especially in music therapy. Memory, Unkefer and Smeltekop are the few music therapists who address this issue in *Perspectives on Music Therapy Education and Training* (1987) edited by Maranto and Bruscia. The model outlined regarding management of the intern defines three basic roles: the teacher, counselor and colleague. In this chapter, no role is defined as superior, and it is recommended that the music therapy clinical internship director use a variety of styles dictated by the situation. Memory investigated the three roles in a discrimination model of supervision at Michigan State University's Music Therapy Clinic, but found no significant differences in satisfaction with the supervisor's use of the three previously named roles (Memory, Unkefer, & Smeltekop, 1987). The study delineated some of the advantages and pitfalls of these three relationships.

Teacher-Student

The teacher-student role relationship was found to be especially important at the beginning of training when students need more information, and when trial and error learning can be costly in time and mistakes. . . . This role can build a wall between supervisor and therapist leading to 'I got the answer-you figure it out' situations. The expectation of being the expert at all times is unrealistic and can lead to other problems, such as anxiety, hidden agendas, etc. This role feeds into issues of power and control.

Counselor-Client

As students experiment with new therapy strategies, support and encouragement may be more helpful than new ideas. On the negative side, the counselor-supervisor may look for and find emotional distress in the student, even when it has no bearing on music therapy. Student therapists may focus on themselves and their emotional health, rather than on clients and treatment issues, or on themselves in relation to clients. This role may lead to over-dependency on the supervisor as counselor, and, indeed, dependency may be fostered from both sides. This role can be burdensome when the supervisor is expected to be the 'strong' one. . . . It is risky for the supervisor to know the student's personal problems. . . Solutions to severe emotional difficulties should be sought outside the supervisory relationship, possibly through agency services for emotional support of staff.

Consultant-Colleague

This role is especially appropriate for supervising more experienced, mature, and skilled students, and is easily entered and left either within a session, or in a gradual progression over a period of months. . . . A potential pitfall is that the student may avoid supervision if the consultant supervisor waits for the student to ask for supervision. The student may not accept supervision if the need for it is not felt or recognized, and student learning may thus be limited. This role put pressure on students to think they should know more than they actually do. Students may never 'open up' out of fear of showing ignorance or failing to 'measure up' to the supervisor's expectations. This role can allow a supervisor to hide a lack of knowledge. Also, this role may imply to the student that the supervisor does not have the answers, threatening the supervisor's credibility in other areas. The student may perceive the supervisor as lacking authority, and discount other things the supervisor says. It is perhaps best to avoid the consultant role until the supervisor knows the student fairly well. (Memory, Unkefer, Smeltekop 1987, p.164)

Memory's study was with undergraduate students at Michigan State University, and the advice given may pertain more to undergraduate students than supervision during the internship. During the internship, the relationship between supervisor and intern is much more intense and time consuming (as compared to an hour's supervision a week in a clinic). All three roles offer benefits and pitfalls. Memory based her study on Bernard's (1979) "discrimination model" of supervision, but found no significant preference of management style in the study.

Patrick addresses problems that may arise when the counselor mode is utilized in supervision.

> A unique ethical dilemma arises when, as a direct result of the dual relationship in the training laboratory, the supervisor becomes aware of personality traits in the client that the supervisor believes will interfere with that student's ability to function as a counselor. According to the ethical standards, the supervisor also has an ethical responsibility as a member of the counselor education faculty to screen and monitor graduate students in the counselor-training program. (Patrick, 1989, p. 338)

Patrick points out the confidentiality factor in professional therapy. It is Patrick's recommendation that cooperative relationships with community mental health centers or other options in therapy be used rather than the supervisor as a counselor for the intern.

Clinical Internship Factors of Mentorship

Size of MT Internship

Williams (1963) quotes one of his interns about the advantages of having other interns share their experience.

> The purposes of utilizing the services of the consulting psychologist were manifold. Generally, our sessions provided us an opportunity to allay any anxieties we may have had about working in the psychiatric setting. During the sessions, we were able to discuss our feeling and attitudes toward patients in order that we may better know and understand ourselves. We met with the consulting psychologist one hour a week and dealt with problems as they arose in the clinical setting. The topic was presented by whichever intern felt the need to discuss a particular situation or feeling that may have occurred during the previous week, i.e., a patient's hostile feeling verbalized to the therapist. It was then utilized by the psychologist to stimulate free discussion from the interns. Frequently, the discussion initiated by one intern extended to a problem area encountered by the other interns. These discussions gave us better insight into our own feeling and attitudes. (Williams, 1963. P.20)

The advantage of having a single intern would involve the individual attention and ability to tailor the internship to the intern's needs. Any jealously between interns would not be possible, and the focus of the supervisor would not be shared.

Difference of Former National Associations.

The differences of beliefs resulting in a division of the profession into two former national associations caused deep wounds in the early nineteen-seventies. William Sears, as president of *NAMT* in 1971, wrote a poignant editorial, "Are We 'One' Enough?"

> If we might liken *NAMT* to a sailing ship, a hull with rather fixed dimensions was built. Gradually a strong rudder was added, as were sails of all sizes and shapes, more and more. The sails attempted to find their own winds, but were held together by the design of the hull and the forceful rudder. But, the rudder has broken loose and is gone, and the design of the hull may not be the best for both weathering the storms ahead and the sails it must carry.
>
> The sails are flapping again--some trying to pull the ship this way, some that way, some to a dead stop. Other sails are trying to break away from their masts, and new sails are trying to find places on a mast. Still other sails, old and new, are seeking new ships. The sailing ship *NAMT* is being blown by diversity.
>
> To find again that unity necessary to both permit and yet withstand that diversity, as temporary captain of the ship, I see a most immediate need to redesign our hull and to build a new rudder in a possibly quite different shape.
>
> Are We (diversities with and without) 'One' (a unity) Enough? (Sears, 1971)

It was at this time that the AAMT formed from the divisions that occurred with regard to philosophies of leadership, education, and clinical internship. AAMT educational requirements were more focused on the master's level rather than on a bachelor's level. NAMT retained the model of an internship separate from the college supervision. AAMT formed internships with the college or university directly supervising the intern. The differences between internship models contributed to the split into two associations.

Client Population

The factors of the internship sites vary most greatly with the type of client served and how services are financed. Examination of the music therapy literature documents music therapists working with children in hospitals and schools (The Flint Public Schools was among the first setting mentioned). It was also found to document work with alcoholics, cancer patients, geriatrics, childbirth, etc. Music therapy internship sites were first found in the psychiatric setting (Unkefer, 1961, p. 30) and frequently under the direction of an occupational therapist. In the original curriculum for music therapy in 1952 written by Anderson, Gaston, and Underwood:

> A minimum of six months residence internship in an approved neuro-psychiatric hospital with an established music program. Students planning to work with mentally retarded or handicapped children should spend an additional two months in an appropriate institution. The internship is in addition to the 128 hours of on-campus training. (*Bulletin of NAMT*, 1962, p. xvii)

Wanda Lathom supported NAMT'S originally proposed internship site that mixed adult psychiatric training before work with children in an additional three months of internship experience. At Parsons State Hospital in 1962, Lathom offered one of the first internship sites to work with children impaired by physical, sensory, emotional, or developmental disabilities. To assist the intern financially in the lengthened internship of nine months, Lathom obtained federal grants earmarked for training personnel needed in the education of exceptional children (Lathom, 1962, pp.12-15). Lathom later obtained federal grants to fund *Project Music*, an inservice training program that also provided a series of monographs

now used as texts in MT education.

Clients Age

Age of the client population may be defined in many ways. For this survey, the categorization used will be derived from the Certification Board for Music Therapists. Internships that have singular populations only, such as older adults or young children, are rare. Out of 151 music therapy clinical internship sites, four sites work exclusively with children, three sites exclusively with adults, seven sites exclusively with older adults, and no sites exclusively with adolescents or young adults. Intern's perceived level of mentoring will be compared with exposure of work with different age ranges in client population to detect if there is any difference. In AMTA's 1998 Clinical Training Facilities Directory, the following presents the percentage of sites that contain opportunities to work with various age ranges:

Children (0-12)..... 47%
Adolescents (13-18).....54%
Young Adults (19-25).....73%
Adults (26-64).....70%
Older Adults (65 and older).....61%

Funding of Site

How the site is funded will determine the budgetary constraints with which the site's staff works. Reimbursement to the intern may also distinguish one internship site from another. The author's internship at Essex County Overbrook Hospital consisted of a time clock and an hourly wage (over minimum wage) with vacation and other benefits. If the author had not been married, he could have taken advantage of free room and board at the hospital. Orientation contained a full physical examination, x-rays, and inservices for new employees. Interns at most other sites in the nineteen-seventies did not receive as generous a compensation, and most interns were lucky to receive room and board at the hospital at which they interned.

> "Money, money, money", as the song goes, is the greatest of all rewards and is an excellent motivator. Regardless of common knowledge, citing some studies that suggest otherwise, money talks. It is why we all get up in the morning and go to work. Every single day we endure hardships, and money is a big reason we do so. Yes, we understand the importance of challenging and meaningful work and all the other critical career motivators. But we don't discount the importance of the almighty dollar as a reward and motivator. (Gilley, 1996, p. 213)

Even if the site is unable to offer money, food, or housing to the intern, other reinforcements (such as freedom and independence) may motivate the intern and promote a mentoring relationship between the intern and supervisor.

> Highly enterprising employees will welcome the opportunity to obtain freedom and independence as a reward for a job well done. These types of employees will grow and develop when provided with the opportunity to sink their roots deep into the rich soil provided by freedom and independence. Most employees don't mind working harder if they can influence the direction of the ship. (Gilley, 1996, p. 217)

Characteristics of Clinical Supervisor & Intern

Overview of Factors

Characteristics of the supervisor, such as age, experience, gender, and cultural background may influence management styles practiced between the intern and supervisor. The advantage of age and experience may be favorably compared to the enthusiasm and energy of a young and inexperience music therapy clinical supervisor. The gender dyads (supervisor/intern) of male/female, female/male, male/male, and female/female may or may not influence the level of perceived mentoring by the intern. Because the literature exhibits such diverse opinions, it is difficult to formulate hypotheses of influence of gender upon the mentoring relationship.

Years of Experience

The period of time in which the supervisor received his or her initial training would reflect the style of management generally used during that era. Broadwell proposes that a strong influence upon chosen management style is the style used by the supervisor who initially trained the manager.

> Without being aware of it, we pick up habits of those who supervise us. This is especially so if we happen to like the person or admire certain characteristics or results obtained. There is also evidence that we pick up the styles of those whom we don't admire or like. We grow accustomed to doing things a certain way because the boss wants us to, and fail to realize that while at one time we didn't approve of this way, it has now become a part of our style. (Broadwell, 1984, p. 51)

Educational Level of Supervisor

AMTA requires the supervisor to possess board certification. This would imply at least a bachelor's degree or equivalency degree to obtain certification. At former AMTA sites, supervision was provided by university professors possessing at least a master's degree. Braswell emphasizes the importance of education as a creative process for further development.

> The acquisition of skills and academic knowledge does not, in itself, guarantee that the student will become a successful music therapist. Experience shows that education must be viewed as a creative process, and as a period for the psychological development and growth of the student. Therefore, the whole area of the student's personality and his personal qualifications for this type of work must be explored. (Braswell, 1961, pp. 36-37)

Supervisory skills are not always part of the curriculum of a Bachelor's or Master's degree in music therapy. Education of the supervisor is a factor that could be relevant to the perceived level of mentoring.

Gender Role Relationship

According to NAMT's 1996 statistics, ninety percent of music therapists are female. Males comprise more than ten percent of those in organizational posts, or who are honorary members or past presidents. Anecdotal evidence supports the assumption that although most music therapists are female, male members have historically been more successful in being elected to organizational positions and obtaining recognition.

> Women entering male-dominated professions have triggered a great deal of research literature in recent years, but an accompanying movement by men into female-dominated professions has not created a correspondingly large body of data. What little has been written was based mostly on anecdotal data or impressionistic finding. (Lemkau, 1984, p.111)

> Since most of the men in nontraditional career studies described here scored lower in masculinity gender orientation than most traditional men, it is possible that they may not possess fear of femininity, avoiding the predicted role strain. It is also possible that self-selection may explain part of the healthy adaptation. (Chusmir, 1990, p. 14)

The role of gender in music therapy has changed over the years. Today few music therapists would probably agree with the survey conducted by Adams.

Adams' survey of sixty managerial women found cultural conditioning differences with both successful and unsuccessful managerial women.

> Few of the women I interviewed had much experience with organizational teamwork, and few of them played team sports as children. Few consider themselves very competitive. Many characterize themselves aggressive. Many admit to being uncomfortable when criticized. Some of them take things very personally indeed. And while all of them have careers now, more than a few are unsure about whether they want the same career a few years from now. (Adams, 1979, p. 20)

The situation in music therapy in 1955 appears to be closer in thought to those surveyed by Adams. Wayne Ruppenthal was given the question, "What Should the Hospitals expect from the Schools?" to answer at the 1956 NAMT Conference.

> I would like to make one other point that is perhaps a little outside of the stated question. One aspect of an ideal staff is that its members are reasonably permanent. For that reason it would be desirable to get more men into the field. I do not contend that men make better therapists than women, but that they are more permanent therapists. The natural role of a woman is to become a wife and a mother. Acceptance of this role generally puts an end to her employment as a music therapist. If she is unwilling to accept this role, it is often because of neurotic conflicts that will also prevent her from being a good therapist. (Ruppenthal, 1957, p. 218)

In a study by the Center for Creative Leadership, gender was found to be to a women's disadvantage in obtaining a promotion:

> This study highlights how the promotion decision process can undermine women's advancement, even in organizations (like the one studied here) that are known for their progressive work on a number of diversity-related concerns. Without careful examination of the subtle yet potent dynamics that shape assignments and promotion decisions, it is likely that decision-makers will continue to choose candidates with whom they feel most comfortable and will utilize systematically different criteria for promoting men and women. (Kram, Ohlott, & Ruderman, 1996, p. 22)

> . . . data on promotions suggest different dynamics for women and men. Managers seem to be more hesitant to promote women, requiring them to demonstrate personal strength and to prove themselves extensively before they get a promotion. Men were less likely to have their promotion accounted for in terms of familiarity with job responsibilities and were more likely to have bosses report a high level of personal comfort. (Kram, Ohlott, & Ruderman, 1996, p. 10)

The literature on mentoring focuses on men mentoring other men, and little about women who mentor other women. The vast majority of music therapy supervisors and interns are female. It is questionable whether literature about mentoring is transferable to the music therapy internship setting is dependent upon the gender dyad being female/female in the mentoring studies. Because of the lack of research into this difference, a null hypotheses of no difference will be proposed.

> A great deal has been written about the significance of a mentor in the lives of successful men, but less is known about how the presence or absence of such a person influences career women. Most studies of working women indicate that few opportunities for such mentorship are available to women; the interviews I conducted strengthened this impression, especially the interviews with women over forty. However, some younger women are beginning to seek as mentors those very women who are now in power spots in their companies. The role of mentor is a positive and challenging one for successful women in mid-life, particularly for those who have either reached the top or decided for any of several reasons that they will not seek to improve their current positions. Women in their thirties who seek women mentors rarely look in their own companies for such individuals, although many identified male mentors who were important to them, and all were members of the women's firms. If they choose successful women, they frequently search for them in networks and women's professional organizations and approach them for the kind of emotional support and sponsorship they require. (Adams, 1979, p. 89)

Sex stereotypes have changed dramatically since figures such as Freud and Erikson have addressed the issue of gender. Anecdotal evidence shows that Freud's view is so antiquated that "penis envy" is bantered jokingly in social discourse. Erikson's work is still held in high esteem, but was challenged by Horst in reexamining the gender issues in Erikson's stages of identity.

> Erikson does say that women hold back their identity development to be able to adjust to a husband and children. The critiques of his stance cited here all seem to rest on this statement, which certainly has sexist overtones (why should women do this any more than men?) . . . In the end, any conception of something as important as the development of identity and intimacy that portrays women and men as either completely alike or completely different does a grave disservice to both sexes" (Horst, 1995, p. 272-273).

Luzzo (1995) identifies a positive aspect about women in comparing career maturity and perceived barriers in career development.

> As revealed by quantitative analyses, the female students who participated in this investigation scored significantly higher than the male students on all three of the inventoried measures of career maturity (career-mature attitudes, career decision-making skills, and vocational congruence). Even so, qualitative analyses revealed that women were much more likely than men to mention role conflicts and barriers that they perceive as stumbling blocks along the career development pathway. (Luzzo, 1995, p. 321)

According to Good & Wood (1995) men seek counseling services approximately half as much of the time as women. The traditional socialized male does not easily disclose personal problems or express himself in an emotional awareness with others. Good & Wood devised an instrument to measure male gender role conflict in almost four hundred college men. "This study found that male gender role conflict is strongly related to men's attitudes toward help seeking and their experience of depression" (Good & Wood, 1995, p.72). They divided male gender role conflict into separate components of restriction of emotionality and achievement motivation. Those men with a high level of restriction upon their emotions and gender conflict were less likely to seek help when depressed.

The music therapy field is populated by many successful women who have helped the profession grow in the past fifty years. The same professional behavior by different sexes could be perceived as different due to merely gender (e.g., assertive/male and aggressive/female).

> Successful women rarely ignore the differences of their gender; every day, they still consider, as Michelle Hughes put it, "the fact that I am a woman as a function of my professional identity." and most consider that, as Michelle does, as a challenge and an opportunity, not a resentment. They know they belong, and they've proved it. Though society may have implied that they were somehow inferior because they were women, they have never accepted that assessment. "I feel like a woman, and perceive myself professionally like a man," said Pat Neighbors. "I have never felt in any way inferior. . ." (Adams, 1979, p. 208)

Cultural/Ethnic Identity

Early in the association's history, 1956, when consideration was being given to screening out persons based on personality and individual traits, Donald Michel clearly defended the role of diversity in selecting students in music therapy. His quotation used in the introduction clearly defends diversity of personality types. Anecdotal evidence at conference attendance would support the thesis that AMTA is a diverse group, except for cultural/ethnic identity. Certain minorities are not well represented in AMTA's membership and proportionate with the general population. This may prove to be a minor factor in the study of mentoring, due to the lack of deviation from the general membership.

Examination of the literature shows how important multicultural training is to the training of therapists.

> With the increasing cultural diversity of the United States population, the field of counseling, as elsewhere in various other professions, is becoming more and more aware of the importance of the cultural dimension in what we do as counselors, educators, and supervisors. (Leong, 1994, p. 114)

General theories and models based on white middle-class male values have been challenged as inappropriate for American minorities who may not share the assumptions, norms, or world views of the majority (Leong & Wagner, 1994, p. 117). Cultural differences in ethnic groups and differences in supervisory approach will be compared in this review of literature.

Winkelman (1994) points out the necessity of being aware of cultural shock for the client as well as recognizing one's own ongoing cultural shock experience. "Effectively dealing with cultural shock requires recognition of cultural shock occurrences and implementing behaviors to overcome cultural shock with stable adaptations." (Winkelman, 1994, p. 121). Being aware of the nature of cultural differences assists in the adaptation necessary in forming a relationship. It is not necessary to assimilate, but merely to accommodate or acculturate effectively. Social learning theory facilitates becoming educated in culturally appropriate behaviors, and implementing problem-resolution procedures to provide the basic effective adaptation.

Sue, Arredondo, & McDavis (1992) defined multicultural counseling competencies in a three-dimensional framework that would assist the supervisor in becoming effective with a wide range of populations. First, they assert the importance of being aware of one's own cultural heritage, including respect for the differences that may exist between themselves and others. Understanding the limits of their competencies and expertise in dealing with this difference, the intern supervisor should recommend seeking a non-racist identity in becoming a culturally skilled therapist. Second, Sue et al (1992) assert that one should be aware of his or her negative stereotypes and emotional reactions toward other racial and ethnic groups, and that one would understand the sociopolitical influences that effect the lives of racial and ethnic minorities. The third dimension they address is one of developing appropriate intervention strategies and techniques in supervision. The supervisor needs to understand how testing

instruments may be culturally biased and interact in the intern's preferred language if possible. The internship supervisor should empower and educate interns about their goals, expectations and legal rights.

> Multicultural knowledge and awareness and cross-cultural counseling skills, as well as counselor qualities of empathy, respect, genuineness, and concreteness represent core counseling skills." (Rubin & Roessler, 1995, p. 221).

It is stressed that the counselor relationship must be both technically proficient and also empathetic, respectful and genuine. A client should not have to select a therapist due to his/her ethnicity or the ethnicity of the therapist. Maki & Rigger (1997, p. 265) advocate changing the Code of Professional Ethics for Rehabilitation Counselors to promote more effective and equitable services to all individuals, regardless of racial ethnic or cultural factors. A larger percentage of African American cases was closed without being rehabilitated as compared to European Americans in the same lower income level. Maki & Rigger (1997) advocate considerable education in multicultural awareness and accommodation of growing numbers of minorities entering the field of rehabilitation counseling. Music Therapy's code of ethics may someday include this same reference to cultural diversity.

White Non-Hispanic Americans

As described earlier in Sue, Arondondo, & MacDavis definition of multicultural's first dimension, awareness of one's own culture and its impact upon others is imperative in seeking a non racist identity. The existence and

identity of a white culture may not be understood by a young naive white non-Hispanic male who is immersed in a strong religious white cultural identity with no exposures to other ethnic/racial groups. According to Richardson & Molinaro,

> . . . the challenge before a counselor is to engage in culturally relevant self-analysis as a first step in developing multicultural competence. A counselor must realize that developing multicultural competence (i.e. learning about his or her personal and reference group's world view, culture and race) is a process and often a long-term task. . . . If a counselor accepts this challenge and engages in self-exploration, then learning about the race, cultures, and experiences of clients becomes a manageable process instead of an overwhelming and threatening one. (Richardson & Molinaro, 1996, p. 241).

The relationship between racism and racial identity among white Americans is explored by Pop-Davis & Ottavi (1994). They postulate that as we move toward the 21st century, whites will no longer constitute a majority.

> Given this potential reality, it may be time for whites to explore their own cultural identity. This should not be done at the expense of others, but with a commitment by Whites toward understanding themselves as a racial group (Pope-Davis & Ottavi, 1994, p. 296).

Helm (1984) outlined a model of black and white racial consciousness. Fifty questions were answered on a scale of one to five addressing items such as, "I do not understand what Blacks want from Whites." or "I feel as comfortable around Blacks as I do Whites." (Helms, 1984).

Helms identified,

> Contact - naiveté about racial issues.
>
> Disintegration - awareness of ones Whiteness and conflict about racial injustice.

Reintegration - White supremacist belief system that denigrates other racial groups.

Pseudo-independent - intellectualized understanding of race.

Immersion-Emersion - desire to define Whiteness in positive and non-racist terms.

Autonomy - racial transcendence and both cultures valued.

Choney & Rowe (1994) question the validity of the model and believe the instrument should not be used in future research.

African-Americans

Helm's Black Racial Identity Attitude Scale was used in a study conducted by Richardson and Helms (1994) to identify if racial identity attitudes significantly predicted participants' immediate reactions to the counselor (white male counselor -- black male client).

Richardson & Helms (1994) research showed there was no significant prediction of the counselors' cultural competence related to any of the race related variables. One limitation is that the black men were undergraduates in college and not typical of the black male client.

A study by Bagley & Copeland (1994) revealed that African graduate students who completed their undergraduate degree in Africa utilized counselors more than African-American graduate students who completed their undergraduate studies in universities where they were in the minority. "These finding suggest that Africans, because they are not minorities in their own countries, have not been exposed to racial consciousness and awareness in the

same way as African Americans" (Bagley & Copeland, 1994, p. 169).

Black music therapists are small in number but represent a high proportion in positions of authority and respect, much like men's representation in the field of music therapy.

Hispanic-Mexican Americans

The Hispanic influence in Miami has changed the character of the city from one of European Americans to one of a mix including many Cubans. The Chicano population has greatly increased in number in southern California. Arbona, Flores & Novy (1995) found that many an undergraduate Mexican American students possessed cultural awareness and much ethnic loyalty regardless of the acculturation of the student to Anglo or White culture.

Corporate business management compared two factories that were built the same, with the same job descriptions, management structure, etc.; except that one was located in Texas, and one in Mexico. Management styles used in supervision were different. The one in Texas reflected a more democratic style, and the one in Mexico reflected more of an autocratic but fatherly style of management. In spite of the difference, production was the same at both factories. This does not prove that either style was superior, but that culture does play a role in selecting a management style. When the management style of supervisor does not match the employee's culture, neither party is wrong, being together may be wrong for the dyad relationship.

Although the literature suggests that Hispanic women face the dilemma of adopting American cultural roles for women and discarding ethnic notions of the women's role, Long & Martinez (1994) found this assumption incorrect in their survey of professional Hispanic women. Their study implies that Hispanic women's retention of ethnic identity was a positive influence in adopting masculine traits to succeed in business. Long & Martinez also speculate that Hispanic professional women's self-acceptance may be lower and be related to the balance of acculturation of ethnic expectations and majority middle-class culture.

Hispanic or Chicano supervisors and interns engaged in the mentoring relationship, might be affected by the cultural differences in their background. The literature suggests that awareness of cultural differences may avoid any supervisory problems and facilitate the mentoring relationship.

Asian-Pacific Islanders

Asian-Pacific Islanders cover the largest area in cultural designation. This designation includes China, Indochina (Vietnam, Laos, etc.), Korea, Japan, Indonesia, Java Micronesia, and Polynesia (including Hawaii).

> It is important to recognize, however, that Asian-Pacific Americans come from a wide range of cultural backgrounds. Among 29 or more different groups in the Asian-Pacific category, each has a unique heritage. In addition, each Asian-Pacific American has a different immigration pattern and history in the United States. . . it is important to recognize their unique historical and cultural foundation in addition to the characteristics they have in common with other Asian-Pacific Americans." (Itai & McRae, 1994, p. 373).

Within the designation of Asian-Pacific Islanders, many differences in culture may render the designation useless in determining the effect upon perceived levels of mentoring by the intern. The Hawaiian culture is unique, even compared to other Asian-Pacific Islanders.

> The Hawaiian culture is distinguished by what has been referred to as the 'aloha spirit,' which permeates the values, lifestyle, and world view of Hawaiians. . . emphasizing the importance of kindness, being agreeable and patient, and seeking harmony with others and one's environment." (Daniels, Andrea, & Heck, 1995, p. 92).

Daniel et al. found no gender differences between Hawaiian youths in their caring responses, as compared to differences found in European American youths. They also suggest that Hawaiian children and adolescents select a solution that includes a sense of respect and care for all agents involved in a problem. Their approach is morally different from that of European American adolescents who may demand "justice perspective" in the solution of a moral dilemma instead of the Hawaiian's choice of "care perspective" to the solution.

Western values emphasize independence and self-sufficiency. Japanese culture values interdependence and collectivity. Respect towards parents and elders is paramount and held in check, via guilt or shame in Japanese society. Direct refusals or confrontations (and subsequent verbalizations about one's behavior) are considered rude behaviors. Also threatening to the Japanese intern or supervisor, is asking too many personal questions. Supervision may require not asking too many questions at first and gradually presenting the rationale and effectiveness of the necessity of questioning as the relationship

develops.

> Honoring the client's dignity and society in Asian-Pacific culture in general is important in counseling or the client will perceive no credibility of the counselor. The counselor needs to dress formally and be directive and authoritative as to the solution of their problem. A list of too many options and exploration of others may cause the Asian-Pacific client to lose respect for the counselor's ability to know what is best for them. Other cultural difference must be accepted without judgment, such as deference of women's role as subservient to man or that some Asian cultures permit parents sleeping in the same room as their children (Itai & McRae, 1994).

Middle-Eastern Culture

Middle Eastern American clients possess some cultural differences about which the counselor needs to know. They are traditional and appear to be religious. The rules and orders of Islam are primary to their behavior. Family and friends are extremely important, as the family is the nucleus of society. Middle Eastern society's decisions and organizations are male dominated, and the woman's place is lower than the man's in most societies, although the mothers in the family enjoy a divine respect. Middle Easterners are individualistic in the context of their own culture and enjoy consultation. Consulting others, especially elders, is a common behavior. (Bakhtari, 1995)

Gender Minority Differences

Gender differences were addressed in the questionnaire in asking the sexual identity of the supervisor and the intern, and discussed earlier in relationship to sexual role model differences. A component that will not be addressed in this study, due to the potential for alienating respondents to the

survey, is one of alternative sexual lifestyles (i.e. Gay, Bisexual, Lesbian, Transgendered), or the gay culture.

> Thirty years ago, gender roles were a topic barely worth of study. It was simply assumed that men followed one role and women another. The women's movement and later the men's movement partially resulted in redefining the concepts of gender identity and gender roles." (Burnes, Anderson, & Heppner, 1995, p. 323).

The Gay, BI, Lesbian, Transgender organization is now clamoring for recognition as a discriminated minority. Pope (1995) argues the case that they are a cultural minority,

> . . . also a psychological minority in the sense that lesbians and gay men were labeled as "diseased" by the psychological community until the seventh printing of the Diagnostic and Statistical Manual of Mental Disorders in 1973 (American Psychiatric Association, 1980, p. 380) . . . Gay men and lesbians, therefore, are certainly a minority created by the psychological community out of the prejudices of the majority culture. (Pope, 1995, p. 302).

Oppression by the majority culture is why many are "in the closet" and do not wish to be martyrs for the cause. It seems unlikely that people would deliberately choose to be oppressed, and there are controversial studies that reveal brain structure, genetic, and hormonal differences.

> Many gay men and lesbians and some racial and ethnic minorities can pass for majority, but this is not a very effective method of creating a positive self-identity; in fact it is antithetical. The consequences of passing include lower self-esteem [Berger, 1982], along with feelings of inferiority and the internalization of negative self-concepts [Weinberg & Williams,1974]. The cumulative effect of this devaluing of self and others like oneself is emotionally unhealthy [Fischer, 1972; Freedman, 1971; Weinberg, 1971]. (Pope, 1995, p. 303)

If the national average of ten percent is applied to the music therapy population, there should be about five hundred GBLT music therapists, so it is very likely that there are a few GBLT music therapy internship supervisors and that ten percent of the interns may fit this category. Prejudice is alive and may possibly be a problem if mismatched in the internship selection process. Hypotheses of any difference in perceived music therapy mentoring in the internship setting is not being tested, due to the sensitivity of those who may wish to remain anonymous, and those that would be offended at such a question of sexual orientation being asked of him or her.

Conclusions Regarding Ethnicity in Music Therapy

Training the music therapy intern should utilize cross-cultural training in the internship. In the author's experience, interns as recently as 1998 have come from an environment almost devoid of exposure to cultures other than "white, Anglo-Saxon, Protestant." The author's internship site offers exposure to many cultures, religions, ethnic groups, and sexuality. One intern professed not to have ever known anyone who was GBLT. The author assigned a number of readings on the subject for the intern. Tolerance and acceptance are expected from music therapists for his or her clients; why not the same for any supervisor's, intern's, or peer's sexual orientation?

Lachman (1997) examines cross-cultural comparisons of the structure and strength of achievement motivation and compares it to a blind man describing an elephant by touch. The supervisor should teach by example, with a willingness to respect and learn about other cultures. The supervisor cannot

teach the intern about all cultures, but may only sample some cultural differences available at the internship site. Lachmen advocates focusing on the cultural connection and investigating the direct effects of culture on the intern, as well as the processes through which they are exerted in changing his or her own world view and perception. Multicultural focuses may be attributed to research incorrectly.

> Perhaps it is time to pause and examine the way cross-cultural studies have been going so far. It is important to ask whether this way will indeed, lead to a better understanding of cultural influences. We have to ask ourselves: Can we 'grasp' the elephant now more adequately than we did two or three decades ago? To my mind, without a shift in the way we approach cross-cultural research, we will remain half 'blind' in this regard: our understanding of the impact of culture will not improve. (Lachman, 1997, p. 320)

Multicultural awareness and training evolve as prejudice and discrimination are exposed in society. The intern may receive multicultural training, but in essence it remains the responsibility of the intern to develop a non-racist identity. For example, it would be unethical to judge the behaviors of a client's family in the context of their own culture instead of the client's culture. Good ethical professional behavior dictates that we treat each supervisor, intern, client, and family, with respect for his or her choices, based upon their cultural backgrounds.

Robinson's (1962) article about music therapy in a hospital setting discussed the importance of culture in treatment with an example of joy she was able to impart with her singing of old German songs to a German emigrant client

with cancer.

> Every week I see children and adults from these groups [Mexican, Puerto Rican, and Cuban refugees], many of whom speak no English and understand very little. So, a few months ago I joined a Spanish conversation class and now sing and converse a little in their own language. How their eyes shine, and how indulgent they are of my mistakes! (Robinson, 1962, p. 17)

CHAPTER THREE - METHODOLOGY

Research Design

In the conceptualization of this study of the music therapy clinical supervisor/music therapy intern relationship, there was a variety of approaches from which to select. Case studies of supervisor/students in a music therapy college clinic were examined by Memory (1987) in her study to discover if evaluation of the supervision and awareness of the roles played in the relationship could improve supervision. Detailed interpretive interviews with random music therapy clinical internship directors analyzed the complexity, and development of the relationship planned for each intern. Likewise, interviews with random music therapy interns yielded valuable information about their transition from student into professional.

A comprehensive survey of all of AMTA's clinical internship sites (including all former NAMT and AAMT sites) measured the level of mentoring perceived by the intern and compared that level to the many different factors about the internship, factors that may or may not have effected the level of mentoring. The survey contained three components: that of the demographic data (both supervisor and intern), interns rating data on Noe's adapted measurement of mentorship skills, and data from the intern's allotment of five points among the three role relationships as defined by Memory, Unkefer, and Smeltekop (including a second rating of preferred role relationship). Additional data of opened-ended comments and a general scale rating of mentorship were collected.

Hypotheses

Hypothesis A - The differences in clinical sites (factors listed below) will be shown to have no correlation with perceived levels of mentoring by the music therapy intern.

Site Factors
- AMTA Region
- Founding association (NAMT, AAMT, or AMTA)
- Number of interns accepted simultaneously
- Total number of interns trained at the site
- Primary funding of agency
- Environment (psychiatric, school, hospice, etc.)
- Population of clients (ages, disabilities and/or facility)
- Benefits offered the intern
- Site required evaluation times

Hypothesis B - The variety of supervisors' life experiences will be shown to demonstrate no correlation with perceived levels of mentoring by music therapy interns.

Supervisor Factors
- Ethnographic data (ethnicity, age, marital status, and gender)
- MT and supervisory experience
- Education level and number of supervisory training sessions attended
- Number of hours the supervisor spends with the intern in both clinical supervision and social/lunch time

Hypothesis C - Interns' personal life experience will be shown to demonstrate no correlation with perceived levels of mentoring by music therapy interns.

- Ethnographic data (ethnicity, age, marital status, and gender)
- Grading method utilized by intern's school
- Time interval of internship during sampling

Hypothesis D - The interns' selection of the consultant/colleague role will correlate more closely with interns who report higher levels of perceived levels

of mentoring, also those reporting a higher level of perceived mentorship will select the consultant/colleague role as preferable to the teacher/student role or the counselor/client role.

Subjects

Subjects were music therapy interns and clinical internship supervisors surveyed through music therapy clinical internship directors at all active internship sites (according to AMTA web-site listing of February 19, 1999 and a list of universities formerly associated with AAMT supplied by Roger Smeltekop, because they may have exclusive contact with their own active internship sites).

Survey

The basis of the survey's content (see Appendix C) was adapted from Noe's survey of measuring mentoring functions (Noe, 1988) as perceived by the novice (music therapy intern). Twenty-nine statements about mentoring are listed, and the protégé was asked to rate agreement with the statement on a scale of five (to a very slight extent) to one (to a very large extent). Factors individually analyzed in the questionnaire include:

Factor 1, Psychosocial functions including:
- a. coaching
- b. counseling
- c. acceptance
- d. confirmation
- e. supplying a role model

Factor 2, Protégé's career functions of mentors providing:
- a. protection
- b. visibility
- c. sponsorship
- d. challenging assignments

Factor 3, Friendship offered by the mentor

Noe's survey terminology and questions were altered only to reflect the music therapist's terminology used in the music therapy internship setting. That is the supervisor corresponds to the mentor, and the novice to the music therapy intern. Noe's original survey incorporated: measurement of job involvement, locus of control, career planning, relationship importance, quality of interactions, amount of time spent with mentors, gender composition of dyads and assessment of various types of functions provided by the mentor/supervisor.

> An exploratory factor analysis was used instead of a confirmatory approach because this study represented one of the first attempts to develop a measure of mentoring functions, and theoretical development regarding the types of functions provided by mentors. (Noe, 1988, p. 467)

Noe's factors of locus of control, career planning, relationship importance, and quality of interactions will not be addressed in this research due to the necessity to limit the scope of this study. Noe's other factor of gender dyads was incorporated into the ethnographic and demographic survey. Based on the model of music therapy supervision by Memory, Unkefer, and Smeltekop, six questions in the survey assess the intern's perception of his/her supervisor/intern relationship. The intern was asked to divide five points among the relationship as they perceived it and five points among their preferred relationship;Teacher/Student, Counselor/Client, and Colliege/Consultant.

A space on the survey was reserved for participants to optionally contribute comments about the supervisor/intern relationship for further discussion and score on a five point scale an overall assessment of their supervisor's role as a mentor.

Procedure

1. Approval from the University Committee on Research Including Human Subjects for this study was given February 15, 1999.

2. A packet containing a letter of introduction, directions, two survey forms and two return envelopes with postage was sent to all music therapy clinical internship directors at all AMTA approved internship sites, and approved universities (former AAMT clinical sites having internship sites), for a total of 174 possible sites.

3. The clinical internship directors distributed the survey and directions to their supervisors (if not self) and/or music therapy interns.

4. After the deadline was extended two weeks, responses were opened by a secretary to assist the researcher in maintaining anonymity. Postmarks were coded with a number in the order received and stored until opening.

5. Data in the survey was compiled into a Lotus.123 data base sheet (see appendix of raw data) that was used to determine these basic statistics: modes of responses, median score recorded, mean or average, trimean (top/bottom 5% trimmed of the mean), factor's standard error of deviation, standard error of mean deviation, sum of factors, and population variance of values.

6. The JMP or John's Macintosh's Program (SAS Institute) was employed to determine more extensive sophisticated statistical analysis of the data. This program was chosen because it provided an unbiased scattergram. "Scattergrams provide at least impressionistic information about the existence, strength, and direction of the relationship and can also be used to check the

relationship for linearity. . . the scattergram can be used to predict the score of a case on one variable from the score of that case on the other variable" (Healey, p. 383). When appropriate, dual figures of Anova computations and t-test linear line graphs of regression were configured to provide visual interpretation for over 1080 statistical tests:

a. A one-way anova including a summary of fit, analysis of variance measuring the F ratio, probability, means used for one-way Anova, standard error variance of means.

b. The Tukey-Kramer HSD compares all pairs of factors to determine q* and configure a circular graph comparing all pairs. The Tukey-Kramer test creates a q* value to produce a graph illustrating comparison of paired factors. For questions requiring a t-test (e.g., perceived mentorship level with ages of supervisors), cross factors measured aspects of mentorship and compared them to demographic and ethnographic data of both music therapy interns and their music therapy supervisors. A circle graph by Tukey-Kramer illustrated the closeness of relationships of factors in a visual simple form to read. If there were significant F ratios and probabilities, the graphs simplified determining the relationship in the two-tailed analysis. When it was apparent from the anova and standard error that there was no statistical significance, the Tukey-Kramer graph was not constructed. A good example of these criteria is ethnic or cultural differences. There was little

cultural diversity among music therapy interns and less diversity with the intern's clinical supervisors. A chi-square was originally proposed to study male/female dyad relationships but was not conducted due to the lack of male music therapy interns and no dyad paired.

c. Variations [O'Brian, Brown-Forsythe, Levene, Bartrlett] of analysis of the F Ratio and Probability greater than F.

d. T-test, product-moment coefficient, with analysis of variance, parameter estimates, t ratio, Probability greater than t, accompanied by scatter graph and Linear Fit.

7. Against each question in Noe's survey, a battery of comparisons was made against many demographic statistics: region, association, supervisor's age, ethic origins of both supervisor and intern, educational level of supervisor and his/her supervisory training, perceived mentoring levels, reimbursements, grading, time interval in the internship or times of evaluations.

8. Six questions in the survey [based upon Memory, Unkefer, and Smeltekop's model of music therapy supervision] were statistically analyzed for significance against Noe's measurement and all other demographic information provided by the intern and supervisor.

CHAPTER FOUR - RESULTS

Response to Survey

Surveys utilized in the study include respective data from 106 music therapy interns and the corresponding supervisors. The number of sites responding can not be determined, due to the anonymity in the survey. The number of interns at the same site may sometimes be identified (see appendix d) by matching site factors and consecutive postage order of receipt (perhaps the same envelope), but certainty of identification is unreliable. An AMTA annual survey (1998) of clinical training indicated 100 sites out of 158 approved clinical training sites reported training 233 MT Interns (Creagan, 1999). With 106 responses and an estimate of 233 MT Interns being trained in 1999 (based upon 1998 figures), this produces an estimated 45% rate of response to this study's survey. Unless future clinical site surveys validate a much larger number of interns trained in 1999, a 45% rate of response should be adequate to validate serious consideration of the research data. Surveys were expected back by March 10, 1999; but were accepted for data until the postmarked date of March 26, 1999.

Statistical data from the surveys were held unopened until the last postage date of March 26, 1999. This exceeded the time period of gathering by two weeks. "The intern completes the survey without discussing it with their supervisor and returns it anonymously in the enclosed envelope before March 10, 1999" (see the appendix B).

This increased the sample from 81 surveys to 106 surveys (23% increase). Examination of surveys that arrived after the March 25, 1999, date demonstrated little deviation from the norm and was consistent with national averages. Although 106 surveys were entered in the Lotus 123 statistical data file, only 99 had valid statistical data (For example, one survey had used check marks instead of the 1-5 Likert Scale).

Statistical Calculations for Analysis

An analysis of demographic factors against Noe's survey questions and the MT model questions of roles generated over a thousand statistical analysis tables with charts using the JMP program in addition to the basic statistics supplied by Lotus.123. Statistics revealed a few probabilities less than $p<0.01$. More were found at the $p<.05$ level of significance. A number of factors having a $p<0.2$ were noted as possible factors influencing the perceived level of mentoring.

The accuracy of probability below $p<0.2$ with a small sample could easily misidentify a factor as being significant, so caution was exercised in weighing importance. If a question about a characteristic generates a statistically significant relationship ($p<0.05$), similar questions identifying the same characteristic (e.g., coaching, friendship, or role modeling) may offer clues to interpretation of the data. A deeper look (appendix E) at R value squared, the means, and consistency of answers from similar questions (e.g., coaching, friendship, or role modeling) may offer substantiation of a relationship between

factors and characteristics of mentorship. Statistically significant factors at the $p<0.01$ level of assurance indicate rejection of a null hypothesis in many scientific studies. In this sociological study of a limited population, $p<0.05$ will be considered relevant, and factors with an $p<0.2$ assurance will be examined.

Noe's Adapted Questionnaire

Noe devised the questionnaire to measure three factors (psychosocial, career functions, and friendship) in perception of mentorship through a battery of 29 questions. An examination of the data using Noe's perspective gives broader relevance to the statistical analysis of individual questions compared to the demographic data about either the intern or supervisor.

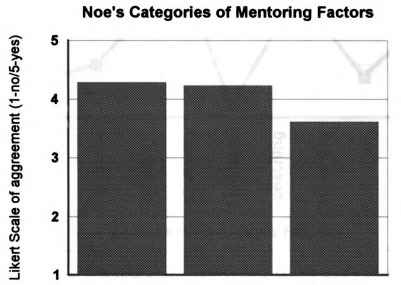

Figure 1. Vertical bar graph of Noe's basic categories of factors; MTI mean = 4.23, Psychosocial Factors = 4.29, Career Help = 4.23, and Friendship = 3.61.

Friendship, as a characteristic defined by Noe, appears to be at a lower level in the MT intern/supervisor relationship. The friendship level was based on questions about the intern and supervisor sharing lunch and other times outside of work together. Psychosocial characteristics include factors of coaching, counseling, acceptance and confirmation, and service as a role model. Career Help characteristics include factors of protection, exposure and visibility, sponsorship, and challenging assignments.

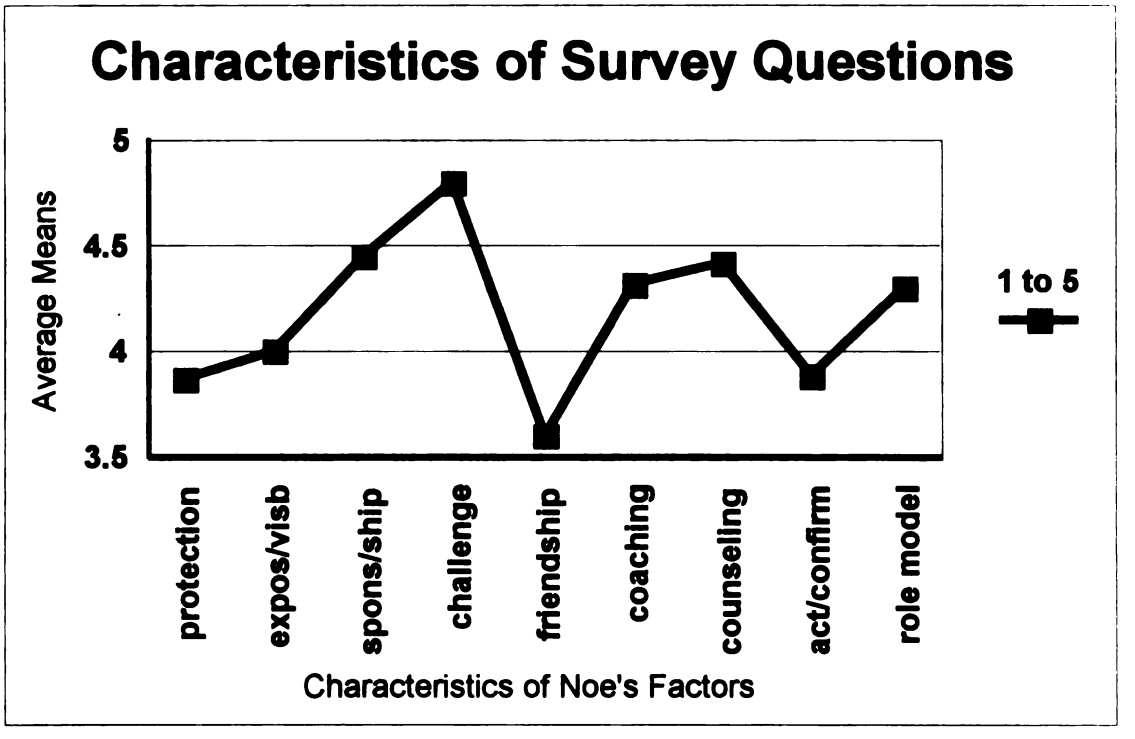

Figure 2. Vertical line graph showing characteristics of survey questions. Average means contrasted with characteristics as identified in Noe's survey.

Figure 2 is constructed from the means provided in table on the next page.

Table 1

Mean Scores of Characteristics in Noe's Survey and Average Mean Score

Average Mean	Coaching	Counseling	Acceptance	Role Model
4.23	4.33	4.42	3.9	4.32
Protection	Exposure	Sponsorship	Challenge	Friendship
3.88	4	4.46	4.81	3.61

The career function level perceived as the highest by music therapy interns was in providing challenging assignments. The lowest level perceived was in the factor of friendship. Challenge and sponsorship were also perceived at a higher level and protection and acceptance & confirmation were perceived lower. Function means cannot be accurately analyzed statistically for significance. Each question will be addressed individually.

Coaching

Coaching Factor 1 - Survey question #1
Shared the history of his/her career with me.
Mode = 5 Median = 5 Average = 4.34 Std. dev. = .095

Coaching Factor 2 - Survey question # 2
Encouraged me to prepare for employment.
Mode = 5 Median = 4.5 Average = 4.2 Std. dev. = .1

Coaching Factor 3 - Survey question # 23
Suggested specific strategies for me to achieve my career goals.
Mode = 5 Median = 4 Average = 4.13 Std. dev. = .1

Coaching Factor 4 - Survey question # 24
Shared his/her ideas with me.
Mode = 5 Median = 5 Average = 4.57 Std. dev. = .07

Coaching Factor 5 - Survey question # 25
Suggested specific strategies for me to accomplish my work objectives.
Mode = 5 Median = 4 Average = 4.19 Std. dev. = .09

Coaching Factor 6 - Survey question # 26
Given me feedback regarding my performance during the internship.
Mode = 5 Median = 5 Average = 4.57 Std. dev. = .07

Acceptance & Confirmation

Acceptance & Confirmation 1- Survey question # 3
Encouraged me to try new ways of behaving in my internship.
Mode = 5 Median = 4 Average = 4.03 Std. dev. = .105

Acceptance & Confirmation 2 - Survey question # 14
Conveyed feelings of respect for me as an individual.
Mode = 5 Median = 5 Average = 4.63 Std. dev. = .078

Acceptance & Confirmation 3 - Survey question # 28
Asked me for suggestions concerning problems she/he has encountered at school.
Mode = 4 Median = 3 Average = 3.04 Std. dev. = .159

Role Model

Role Model 1 - Survey question # 4
Work behavior I try to imitate.
Mode = 5 Median = 4 Average = 4.17 Std. dev. = .087

Role Model 2 - Survey question # 5
Attitudes and values regarding music therapy that are like mine.
Mode = 5 Median = 4 Average = 4.16 Std. dev. = .097

Role Model 3 - Survey question # 6
My respect and admiration as a supervisor.
Mode = 5 Median = 5 Average = 4.61 Std. dev. = .068

Role Model 4 - Survey question # 7
Provided a model I will try to be like when I reach a similar position in my career.
Mode = 5 Median = 5 Average = 4.31 Std. dev. = .087

Counseling

Counseling 1 - Survey question # 8
Demonstrated good listening skills in our conversations.
Mode = 5 Median = 5 Average = 4.6 Std. dev. = .069

Counseling 2 - Survey question # 9
Discussed my questions or concerns regarding feelings of competence, commitment to advancement, relationships with peers and supervisors or work/family conflicts.
Mode = 5 Median = 5 Average = 4.55 Std. dev. = .083

Counseling 3 - Survey question # 10
Shared personal experiences as an alternative perspective to my problems.
Mode = 5 Median = 5 Average = 4.24 Std. dev. = .1

Counseling 4 - Survey question # 11
Encouraged me to talk openly about anxiety and fears that detract from my work.
Mode = 5 Median = 4 Average = 4.17 Std. dev. = .098

Counseling 5 - Survey question # 12
Conveyed empathy for the concerns and feelings I have discussed with him/her.
Mode = 5 Median = 5 Average = 4.48 Std. dev. = .071

Counseling 6 - Question #13
Kept feelings and doubts I shared with him/her in strict confidence.
Mode = 5 Median = 5 Average = 4.48 Std. dev. = .086

Protection

Protection 1 - Survey question # 15
Reduced unnecessary risks that threatening the possibility of my being hired as a music therapist in the future.
Mode = 5 Median = 4 Average = 4.13 Std. dev. = .101

Protection 2 - Survey question # 16
Helped me finish assignments/tasks or meet deadlines that otherwise would have been difficult to complete.
Mode = 5 Median = 4 Average = 3.63 Std. dev. = .14

Exposure & Visibility

Exposure & Visibility 1 - Survey question # 17
Helped me meet his or her colleagues.
Mode = 5 Median = 5 Average = 4.32 Std. dev. = .091

Exposure & Visibility 2 - Survey question # 18
Given me assignments that increased written and personal contact with administrators.
Mode = 5 Median = 4 Average = 3.8 Std. dev. = .130

Exposure & Visibility 3 - Survey question # 19
Assigned responsibilities to me that have increased my contact with people at work who may judge my potential for future job references and contacts.
Mode = 4 Median = 4 Average = 3.89 Std. dev. = .112

Sponsorship

Sponsorship 1 - Survey question # 20
Given me assignments or tasks in my work that prepared me for employment.
Mode = 5 Median = 5 Average = 4.46 Std. dev. = .078

Challenging Assignments

Challenging Assignments 1 - Survey question # 21
Given me assignments that present opportunities for me to learn new skills.
Mode = 5 Median = 5 Average = 4.63 Std. dev. = .525

Challenging Assignments 2 - Survey question # 22
Provided me with support and feedback regarding my performance as a music therapist.
Mode = 5 Median = 5 Average = 4.54 Std. dev. = .077

Friendship

Friendship 1 - Survey question # 27
Invited me to join him/her for lunch.
Mode = 5 Median = 5 Average = 4.16 Std. dev. = .134

Friendship 2 - Survey question # 29
Interacted with me socially outside of work.
Mode = 1 Median = 3 Average = 3.07 Std. dev. = .163

Further visual comparison of factor questions of mentoring characteristics may be seen in figure 3, on the next page.

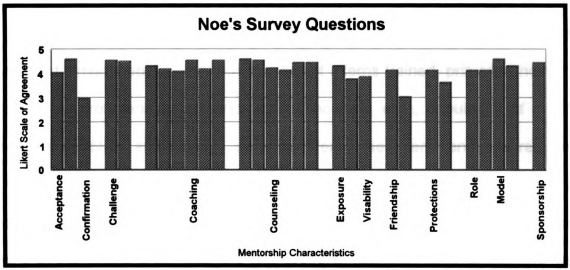

Figure 3. Vertical bar graph. MTI average means to Noe's Survey Questions of perceived mentoring.

The lowest levels of mentorship occur with the third question of acceptance and confirmation regarding requests for help in understanding previous school work and its relationship to the present internship. This question (sometimes marked with a question mark or written comment by the MTI) does not appear to have been rephrased in such a way that the MTI understood to what the question referred. The question on friendship, and meeting outside of the work situation, was understandable, and the responses are clear that this is not an area of mentorship that MTIs or MT supervisors endorse or strive to achieve. There was an extreme range of answers to the other question of lunch, many answers of fives and ones.

Demographic/Ethnological Factors

Site factors consist of region, former association, number of interns accepted simultaneously, the total number of interns trained, primary funding of agency, environment (psychiatric, school, hospice, etc.), population of clients (ages, disabilities and facility), benefits offered the intern, and site required evaluation times. The null hypothesis A, regarding site factor differences, is accepted in part in that no statistical significant differences ($p < 0.05$) in factors were found in the JMP analysis (Appendix E available from author) for the following factors: the total number of interns accepted for training simultaneously at site, primary funding of agency, environment (psychiatric, school, hospice, etc.), and population of clients (ages, disabilities and facility).

Factors with significant differences ($p<0.05$), however, were noted for: region, former association, number of interns trained at site, site evaluation times, and benefits including wage, stipend, housing, mileage and meals. Regional differences are investigated more closely than other factors to exemplify the mode or average response to factor questions in the survey and offer a more comprehensive view of internship training nationally.

Regional Differences

Regional differences in modes of factors and averaged perceived mentorship levels were determined for seven of eight regional districts that comprise the AMTA. There were three late responses from internship sites in the South Central Region, four late responses from the South Western Region, and two late responses from the New England region. The Great Lakes and Mid-Atlantic regions are two that possess larger numbers of internships than New England or South Central regions. The following chart shows the closeness of answers between groups in different demographics.

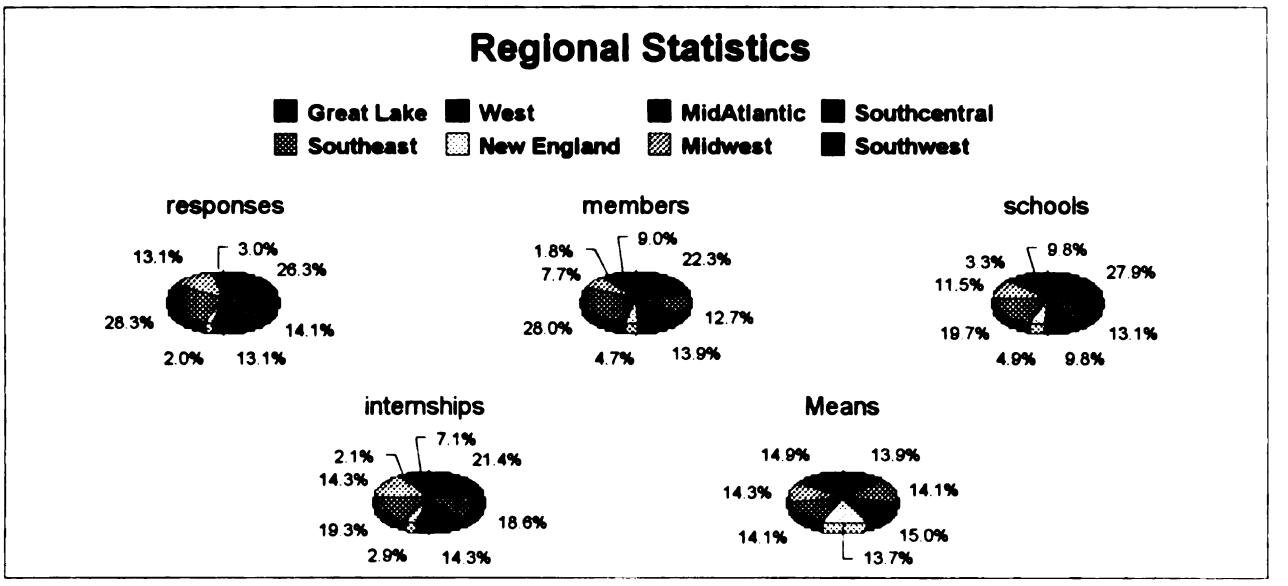

Figure 4. Pie Chart of Regional Statistics demonstrating percentages of responses from regions regarding factors of number of responses received

This pie chart, illustrating regional differences, offers the average means in percentages of total number of points scored of perceived mentoring and gives a general profile of respondents. For similar analysis of other factors, appendix E offers that opportunity. Regional differences and responses look

similar to the charts representing membership, AMTA schools and internships. However, very little difference may be observed between regions when one is examining the percentage of means perceived in internships (e.g., New England). Other demographics such as number of music therapists, schools, and internships may vary greatly. If a strict interpretation of the null hypothesis were maintained ($p<0.01$) there would be no sets of answers to questions related to region that are answered with statistical significance. Although a null hypothesis, a $p<.01$ is frequently required in a large-sample sociological study to reject the hypothesis, in a small-sample study as this, the probability assurance is raised to $p<0.2$ to determine if any factors might be related (see factors following table 2). "The larger the sample, with all other factors constant, the higher the probability of rejecting the Hypothesis" (Healey, p. 220). The following three questions show data of interest for further study, though not significant at the $p<0.05$ level.

Question 22. *Provided me with support and feedback regarding my performance as a music therapist.* The Southeastern region' average of mentorship was 4.08 compared to the national average of 4.54 and Midwesterner's average of 5.0. This mentorship characteristic of challenge was calculated to have an $F= 1.838$, $p<0.101$.

Question 19. *Assigned responsibilities to me that have increased my contact with people at work who may judge my potential for future job references and contacts.* The means vary greatly from 2.5 to 4.3. This mentorship characteristic of exposure and visibility was calculated to have an $F= 1.769$ with

$p<0.115$ and the standard error of .76 in the New England region having only two respondents.

Question 6. *My respect and admiration as a supervisor.* The means in this question vary from 4.3 (Southeastern) to 4.9 (Midwestern) levels, with a $p<.18$.

Table 2

Regional Factors & Mentoring Levels (Scale of 1-5)

AMTA Region	Interns Responded	Mentorship Averages	Total of interns	Supervisor Training	Years as a MT	Years as a Supervisor	Population Mode
All	98	4.22	33.83	1.64	14.6	7.5	Psych
Great Lake	36	4.13	37.69	37.69	14.8	7.9	Psych
South Eastern	14	4.21	21.93	1.21	15.7	7.9	Psych
Western	13	4.47	22.31	1.46	15	5.2	Multiple
New England	2	4.07	8	2	4	2.5	Not App.
Mid Atlantic	28	4.2	37.5	1.43	14.7	9.4	DD Res
Mid West	13	4.26	36.08	1.23	13.6	6.3	Psych
South Western	3	4.42	79	1.66	15.8	4.2	Psych
South Central	0	No	Data	-	-	-	-

Association Approval

This question *"Internship originally approved by: ___ NAMT, ___ AAMT, or ____ AMTA in 19___"* may be more ambiguous than it first appears. One respondent checked NAMT and put "98" in AMTA's date. The merger has been gradual and sites approved were most likely applied for during AMTA's transition period. Supervisor age averages are lower for AMTA, and this may correspond to the newness of the sites in AMTA. NAMT's mentorship average is 4.03, AAMT's average is 4.2, and AMTA's average is 4.6. These were not significant, and averages of all factors are not true reflections of significant differences because this is a two-tailed test. Research error may be made in placing significance upon the averages. This is illustrated in the following question that respectively possess $p<0.12$ and $p<0.15$, and low R squared values. Significance is determined two-tailed, questions 25 and 7 reflect both positive and negative differences in characteristics for NAMT and AMTA. Extremely small samples contribute to diminishing any statistical significance. The NAMT model had 78 interns, the AAMT model had 4 interns, and the AMTA approved sites had 10 interns. The following two questions may show data of interest for further study, though not significant at the $p<0.05$ level.

Question 25 (Coaching) - *Suggested specific strategies for me to accomplish my work objectives.* [NAMT - 4.15, AAMT - 5, and AMTA - 3.85] Probability less than 0.12 chance occurrence.

Question 7 (Role Model) - *Provided a model I will try to be like when I reach a similar position in my career.* [NAMT - 4.21, AAMT - 5, and AMTA - 4.5] Probability less than 85% chance occurrence.

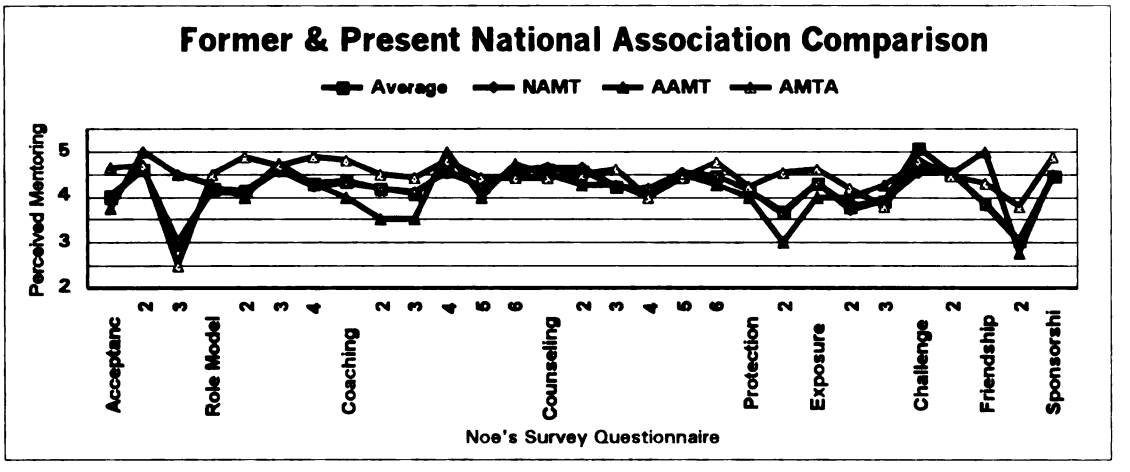

Figure 5. Vertical line graph of AMTA, NAMT, and AAMT former associations comparing mean responses to Noe's survey.

Although there is no strong statistical significance ($p<0.05$) attached to the findings (due to the extremely small sample), there are definite observable patterns in responses. Questions of Acceptance 3 compared to Friendship 2 provide interesting characteristic contrasts of perceived mentorship by the interns of differing former and present associations.

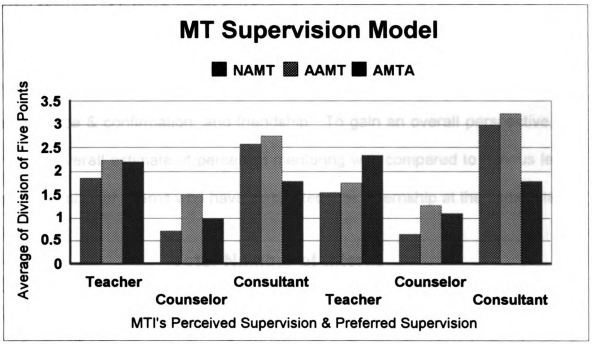

Figure 6. Dual Vertical Bar Graph (perceived & preferred supervision of the interns) depicting sum totals of teacher, counselor, and consultant as defined in Memory, Unkefer, & Smeltekop model of music therapy supervision.

Interns at all sites, regardless of former association strongly prefer that their supervisors supply the role of consultant/colleague, and they do receive their preference in proportionate measure. The role of teacher and counselor is supplied more to the intern than is preferred by them. The role of counselor/client is one rarely preferred or supplied. Former AAMT sites do note a higher level of counseling and prefer it more than former NAMT or AMTA sites.

Total Number of Interns Trained at the Site

The total number of interns trained at the site demonstrates statistically significant differences in perceived factor difference of coaching, counseling, acceptance & confirmation, and friendship. To gain an overall perspective, the intern's overall estimate of perceived mentoring was compared to various levels of the number of interns who have completed their internship at the same site.

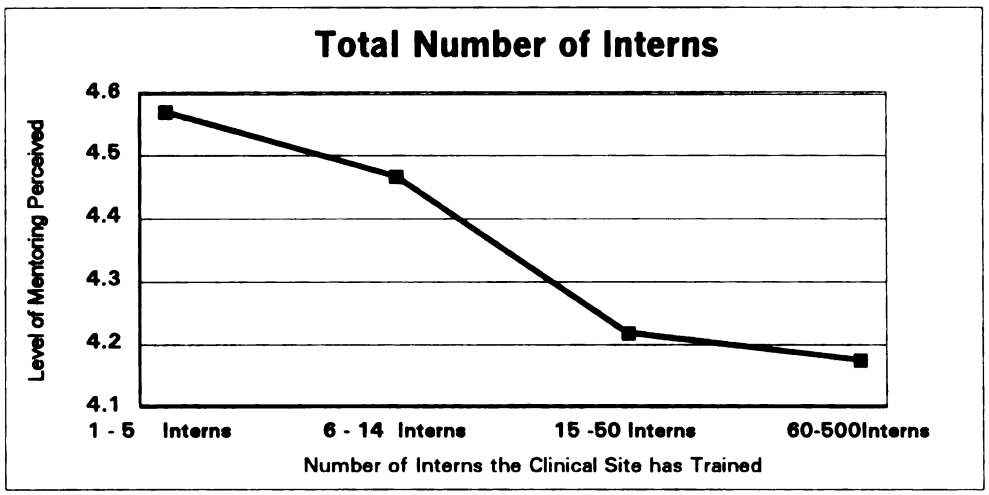

Figure 7. Vertical line graph depicting four groups having varying levels of total number of interns trained at the site compared to perceived levels of mentoring.

This chart of linear regression for the factor of coaching by total number of interns will show the typical graphs produced (found in appendix) for all of the similar characteristic survey questions listed in the table 3.

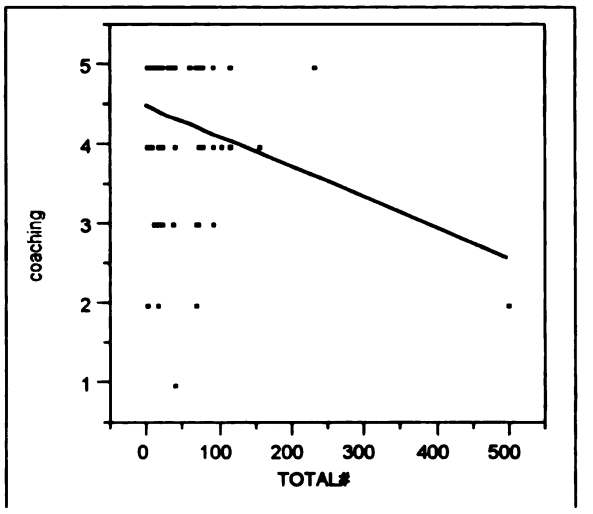

Figure 8. Vertical line graph of linear regression comparing the total number of Interns at a clinical internship site compared to perceived mentoring by the MTI.

Table 3

Statistically Significant Factors Compared to Total Number of Interns at Site

Noe's Survey Question	Average Mean	F Ratio	T Ratio	p
Coaching 1	4.35	6.13	-2.48	p<0.02
Counseling 3	4.24	7.31	-2.7	p<0.008
Counseling 6	4.49	2.71	-1.65	p<0.1
Accept & Confirm 1	4.02	2.75	-1.66	p<0.1
Accept & Confirm 2	4.62	4.42	-2.1	p<0.04
Accept & Confirm 3	3.01	4.58	-2.14	p<0.04
Friendship 1	4.16	6.26	-2.5	p<0.01
Friendship 2	3.06	2.95	-1.72	p<0.09

In all of the factors thus far studied, the factor of the site's total number of interns appears to have the most significant weight of influence. Five out of the eight questions were statistically significant at $p > .05$, and three were significant at a reduced value of $p>0.1$.

Benefits and Funding

Interns who received benefits of stipend, housing, meals, mileage, and (for one intern) an hourly wage, showed no significant difference in mentorship levels. Other benefits (i.e., parking) offered to two interns were shown to have a supposed significant effect upon the perceived level of mentorship (if such a small sample could be relevant). Interns who received other benefits (parking) perceived an average mentorship level higher on two questions regarding role model and exposure/visibility.

Evaluation Period

The evaluation period frequency displayed a statistical significance for a two-tailed difference in characteristics for thirteen of the questions. This statistical significance appears unrelated to actual perceived mentorship levels, but that the vast majority were in the same period of their internships. Out of 94 interns who answered the question, 76 were evaluated at mid and final times of the internship. This, plus small samples of population, and R squared values less than 0.20 demonstrate that significance is probably due to the variability of the individual supervisor, rather than the evaluation period. In some of Noe's questions, each group scored significantly higher for various questions. The Bimonthly group scored significantly higher (frequently 5.0) than every three months, but the weekly group scored significantly lower and higher on different questions (Act/confirm 3 - 2.5 & Challenge 1 - 5.0). No consistent patterns of mentoring levels appear in the data (i.e., The more frequent the evaluation, the less acceptance and confirmation received).

Supervisor & Intern Factors of Mentorship

Supervisor factors include ethnographic data (ethnicity, age, marital status, and gender), MT and supervisory experience, education level, number of supervisory training sessions attended, and the number of hours the supervisor spends with the intern in clinical supervision and social/lunch time.

Ethnographic Data

The survey reaffirmed AMTA's ethnographic domination by white middle-aged female supervisors having college age white females as interns. Statistical analysis reveals significant differences in ethnicity on six of the survey's questions about mentorship. But with a small sample of one African American and two Asian Americans, such data (comparing region, populations, etc.) can not be considered without revealing identity of the intern/supervisor.

There were only four African Americans, two Chicano/Mexican Americans, eight Asian Americans, and two interns reported themselves as other. Asian-Americans in this sample were represented in a higher percentage. The survey reports one intern having an African American supervisor, two interns having an Asian supervisor (the same post arrival & demographics), and 95 interns having Caucasian/Non-Hispanic supervisors. No intern checked multi-racial, Hispanic, or American Indian/Alaskan Native.

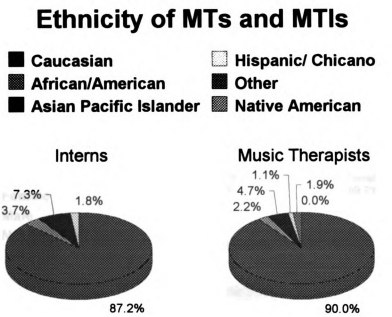

Figure 9. Dual pie chart comparing the ethnic percentage of music therapist and music therapy interns.

Figure 9 illustrates the increase of Caucasians entering the field as music therapy interns. There were no multiracial, native Americans, or others who responded to the survey. There is a positive increase of African Americans into the field.

Gender Composition

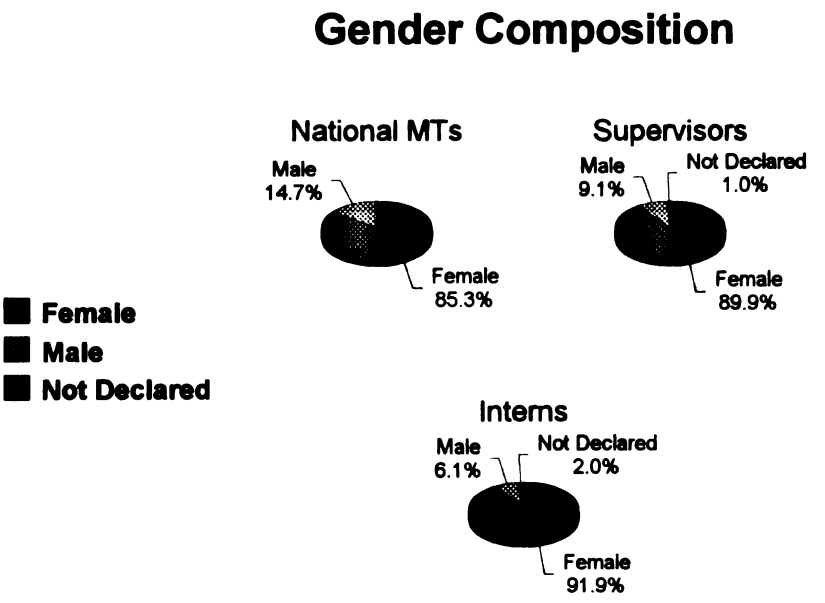

Figure 10. Triple pie charts representing the gender composition in the interns and supervisors responding to the survey and the national average.

Males represent only 15% of the music therapy population (AMTA 1998 Sourcebook) and only 6% of the interns responding to this survey. There were no significant differences in mentoring noted between any dyad composition (i.e., Female/Female, Female/Male, or Male/Female). There were no Male/Male dyads, only one possible dyad where the supervisor was male, but the intern did not indicate his or her gender.

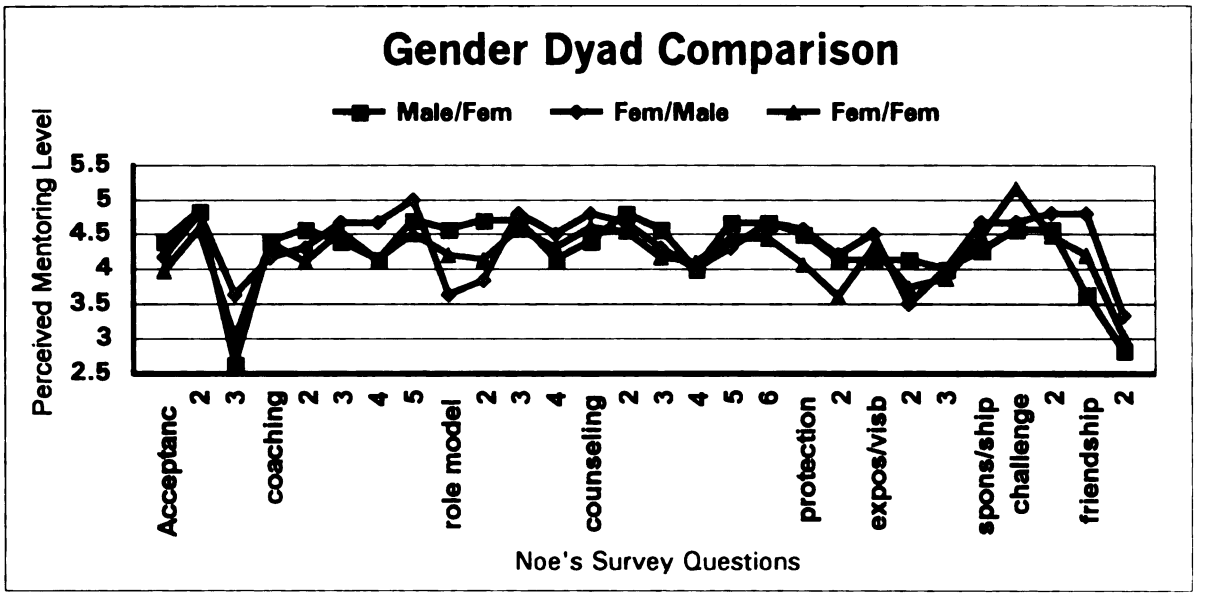

Figure 11. Vertical line graph representing perceived mentoring means compared to gender dyad differences in answers to survey questions.

Closeness of responses between the differing dyads is visually demonstrated in figure 11. The differences of responses between the male/female and female/male dyads are more pronounced when examining factors of Acceptance 3, Role Modeling 1 & 2, and Friendship 1 & 2. Except for role modeling, the Female/Male dyad relationship showed a higher level of mentoring perceived. No statistical probabilities were less than $p<0.05$.

Age Factors

Age factors of the supervisor or the intern did produce statistically significant differences in levels of perceived mentorship. The data chart reinforces the earlier claim that the majority of supervisors were middle-aged. There are a surprising number of supervisors in their twenties, and it is interesting to note that the mentorship levels appear to vary within the supervisors 30th and the 40th decade.

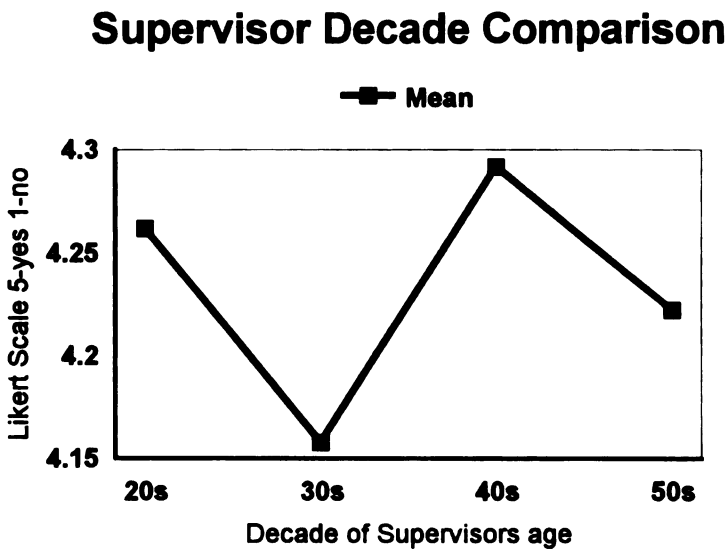

Figure 12. Vertical line graph contrasting the level of mentoring compared to decade of supervisor's age.

Table 4

Statistically Relevant Factors Compared to Supervisor Age

Number Ages Survey Question	92 Avg. Mean	20 20's Mean	19 30s Mean	36 40s Mean	17 50s Mean	F Ratio	Probability
Coaching 6	4.56	4.6	4.84	4.35	4.76	4.89	p<0.0005
Role Model 2	4.15	4.2	4.68	4.06	3.71	2.57	p<0.032
Counseling 3	4.24	3.75	4.21	4.44	4.41	1.54	p<0.185
Acceptance 3	3.05	2.42	3.56	3.17	2.93	1.64	p<0.16
Challenge 2	4.53	4.55	4.79	4.43	4.47	1.5	p<0.197

Years of Experience of Supervisors

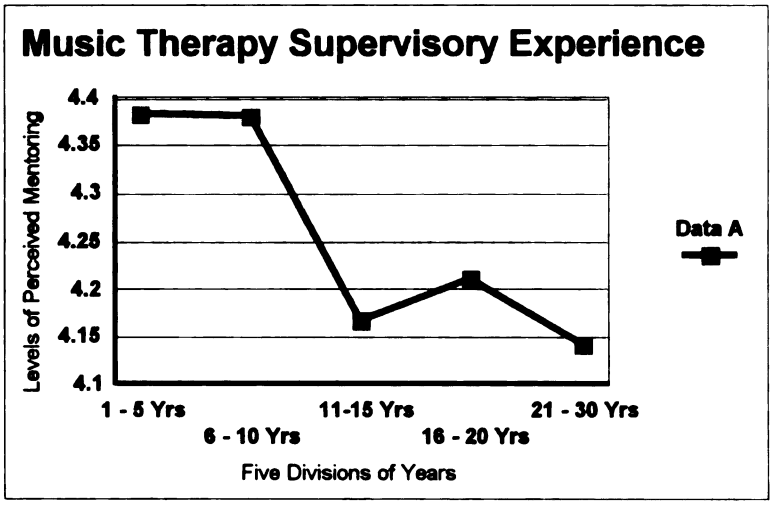

Figure 13. Vertical line graph contrasting division of years of experience compared to intern's level of perceived mentoring.

Compared with years of experience, perceived mentoring levels are effected inversely with the increase in years being accompanied by a decrease of perceived mentoring.

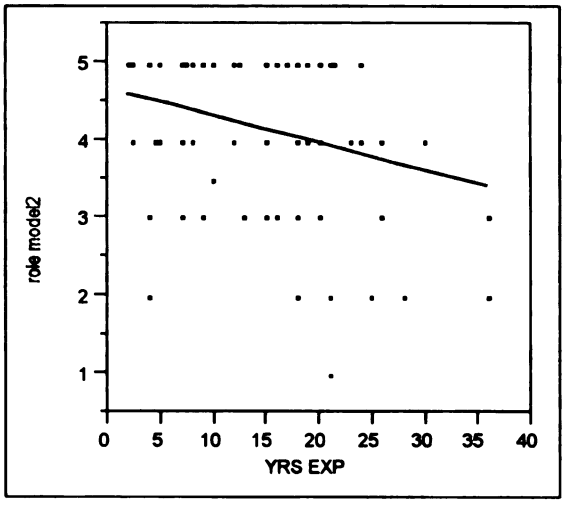

Figure 14. Visually contrasts years of experience with means of Role Model 2 having an F value of 8.64, probability of F or T < .0042, and a standard deviation of .0111.

As it appears in the figure 14, the higher the numbers of years of experience, the more frequent and lower are the scores of mentoring perceived. Table 4 offers statistical probabilities and means for the Figure 13 and other questions of factors graphically similarly. Statistical significance ($p > .05$) for two of the survey questions, friendship 1 and role model 2, confirm the inverse relationship between years of supervision and perceived levels of mentoring by the intern.

Table 5

Decades of Supervisory Experiences

Number	38	38	22	98	
Decade	1-10	11-20	21-33	all	
Survey Question	Mean	Mean	Mean	Mean	Probability
Role Model 2	4.42	4.16	3.7	4.38	p<0.03
Friendship 1	4.46	3.95	4.0	4.17	p<0.03
Friendship 2	3.39	2.81	3.11	3.09	p<0.20
Counseling 1	4.72	4.63	3.7	4.61	p<0.20
Challenge 2	4.62	4.53	4.38	4.53	p<0.19

Role model 2, *Attitudes and values regarding music therapy that are like mine.*

Friendship 1, *Invited me to join him/her for lunch*; both questions and the other ones with lesser significance encompass communication and sharing of similar ideas.

With more years of experience, there is a greater trend toward interns to perceive a lower level of mentorship in the above characteristic factors.

Educational Level of Supervisor

Higher educational level of the supervisor correlates with higher levels of means recorded on scores for challenge 1 and acceptance and confirmation 1. However, lower levels of mentoring for mean scores for counseling 1 and role model 2 are seen. Any relationship correlating educational level and mentoring characteristics would be unseen if only comparing averages of scores as can be seen in comparing figures 15 and 16.

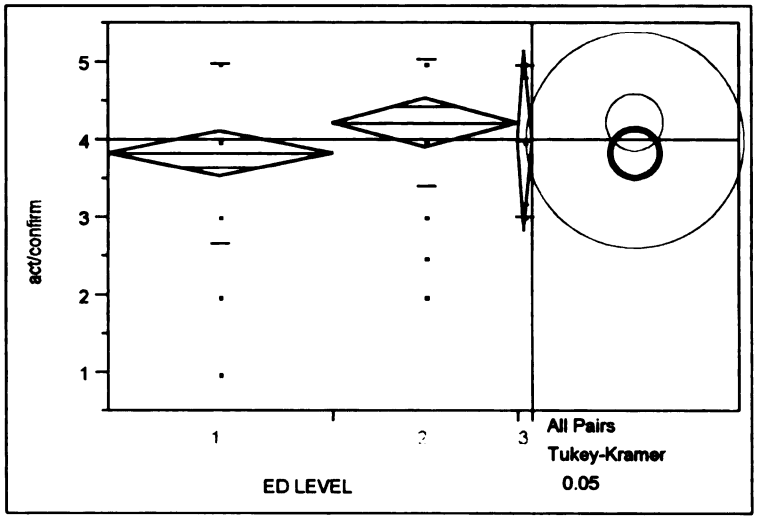

Figure 15. Area and Tukey-Kramer circular graphs comparing educational level with perceived mentoring by the intern about the factor, Acceptance and Confirmation 1 (*Encouraged me to try new ways of behaving in my internship.*)

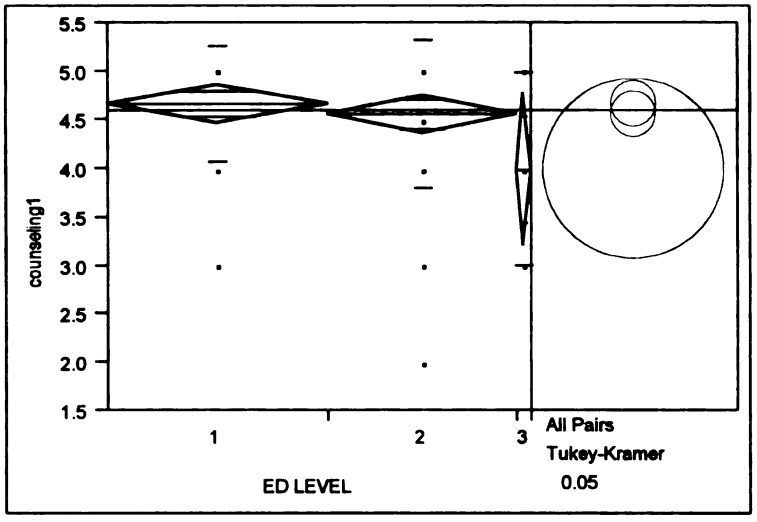

Figure 16. Area and Tukey-Kramer circular graphs of comparing education level with perceived mentoring by the intern about the factor, Counseling 1 (*Demonstrated good listening skills in our conversations.*)

There is a positive correlation between level of education and perceived mentorship that is statistically significant ($p<0.05$).

Table 6

Educational Level and Mentoring

Number	49	42	3	94	
Educational Level	Bachelor	Masters	Doctoral	Average	
Survey Question	Mean	Mean	Mean	Mean	Probability
Challenge 1	4.41	4.74	5.0	4.57	$p<0.049$
Role Model 2	4.37	3.94	4.33	4.16	$p<0.132$
Accept & Confirm 1	3.84	4.24	4.00	4.02	$p<0.192$

Number of Training Sessions Attended by Supervisors

The number of NAMT or AMTA supervisory training sessions attended demonstrated the statistical significance at $p<0.05$ levels of confidence. In a pure analysis of the null hypothesis at confidence level, there is no statistical significance at $p<0.01$. Higher averages of perceived mentoring usually occurred if the supervisor had not claimed to have attended any training sessions, and levels went down frequently with higher numbers of sessions attended.

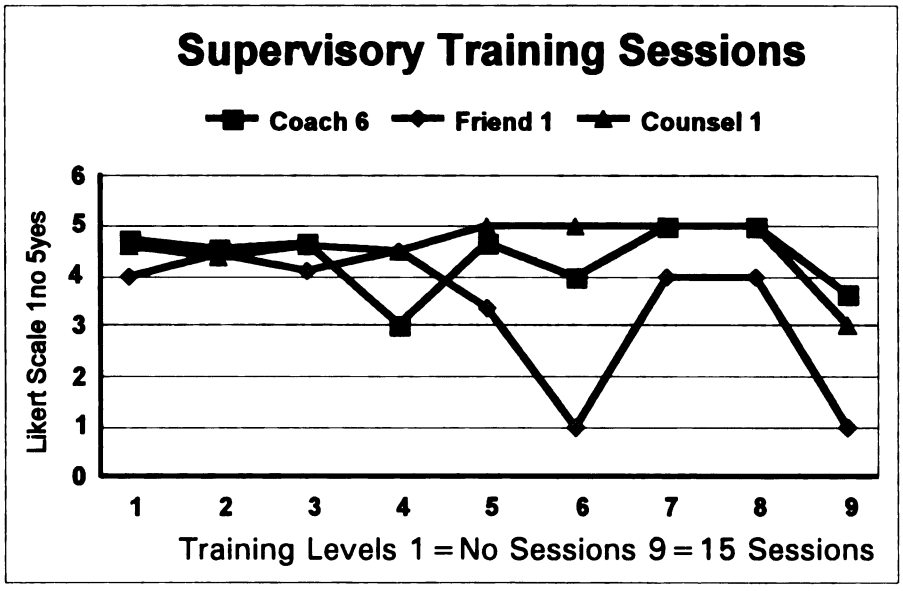

Figure 17. Vertical line graph plotting the number of supervisory sessions and perceived levels of mentoring by the MTIs.

The high crest in the figure 16 and scores on Friendship 1 that dipped to 1 on the Likert scale, were represented by only one MTI who had a supervisor with five supervisory sessions (see table 7). Although statistically significant, the number in the sample reduces the significance.

Table 7

Number of Supervisory Training Sessions

Level	Number	Coach 6	Friendship 1	Counsel 5
0	19	4.74	4	4.61
1	44	4.55	4.45	4.41
2	16	4.66	4.09	4.63
3	2	3	4.5	4.5
4	3	4.67	3.34	5
5	1	4	1	5
6	1	5	4	5
10	1	5	4	5
15	3	3.67	1	3
		p<.032	p<.045	p<.015

Clinical and Social Hours Spent with Intern

The hours in clinical supervision, and in social time, varied in both extremes from one hour to forty hours. In examining hours of clinical supervision, the number of hours had a significant ($p<0.05$) two-tailed effect upon three questions in the survey and possibly seven other questions.

Table 8

Hours of Clinical Supervision and Perceived Mentoring Level

Survey Question	Mean	t Ratio	Probability>|t|<.0001
Role Model 2	4.15	-2.05	p<0.04
Counseling 1	4.47	+2.04	p<0.04
Coaching 1	4.43	+1.98	p<0.05
Counseling 2	4.6	-1.94	p<0.06
Counseling 4	4.17	+1.91	p<0.06
Counseling 3	4.26	+1.77	p<0.08
Coaching 6	4.6	-1.69	p<0.09
Role Model 1	4.19	-1.68	p<0.09
Role Model 3	4.64	-1.64	p<0.10
Challenge 2	4.55	+1.38	p<0.17

The consistencies of characteristics that were both positively and negatively effected by the hours of clinical supervision confirm the validity of Noe's survey of characteristics. Perceived role model mentorship decreased with the number of hours of supervision and counseling levels perceived by the intern increased. A comparison of clinical supervisory hours and social hours yields an interesting contrast with an inverse relationship with characteristics of role modeling and a positive correlation with counseling. The following linear regression charts constructed from the t-test illustrate these relationships

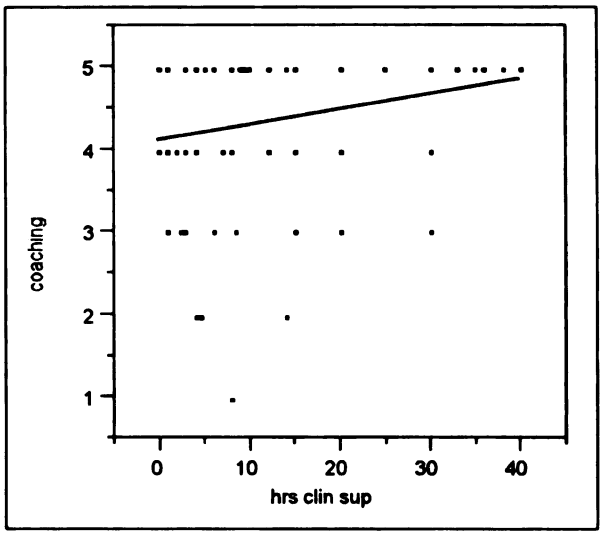

Figure 18. Linear Regression chart of Acceptance and Confirmation 1 and perceived mentorship levels showing a positive correlation with the number of hours in clinical supervision.

If a linear regression chart was shown for role modeling, the line would be going down, instead of up. The actual average level of mentoring is not effected by this significant two-tailed statistical analysis. Characteristics, such as counseling and role modeling are significantly affected.

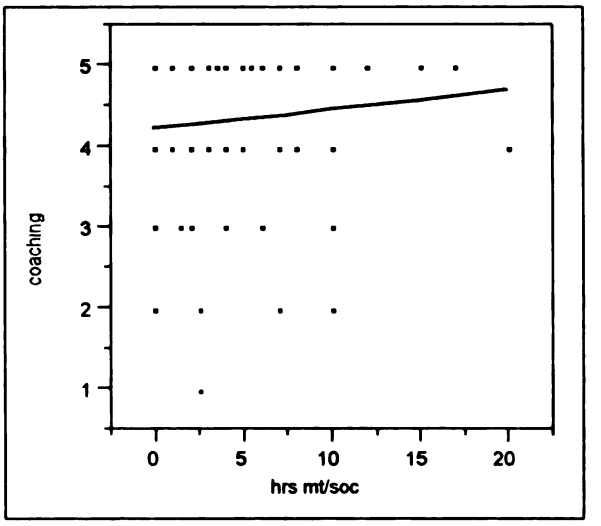

Figure 19. Linear regression chart of Coaching 6 and perceived mentorship levels showing a positive correlation with the number of hours of MT social times

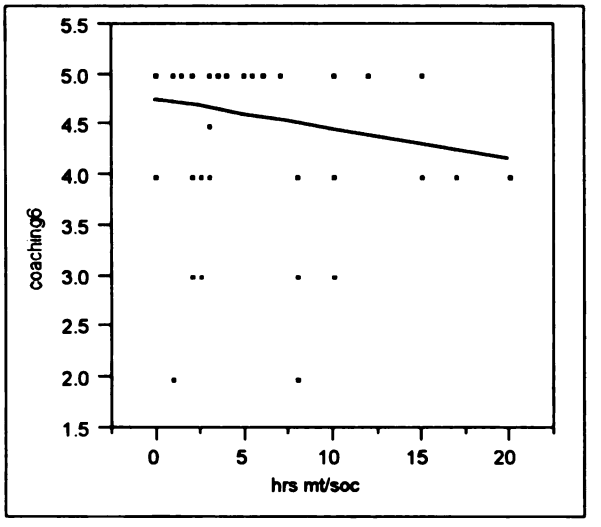

Figure 20. Linear regression chart of Coaching 6 and perceived mentorship levels showing an inverse or negative correlation with the number of hours of MT social times.

Mentorship Level as Judged by Intern

Do you look to your supervisor as a mentor? _____ (scale of 1 for strong disagreement to 5 for strong agreement) Please comment about your supervisor (On an additional sheet of paper, if you wish). When this question was added to the survey for additional data, the statistical significance was not considered. What was discovered is that there is a strong correlation between the answers on the survey and the score in the question above. The significance of the self appraisal, twenty-six questions out of twenty-nine correlating significantly at $p<.01$, validates both those questions and the self appraisal. The other two questions correlated at a lower statistically significant level; Counseling 1 ($p<0.12$), and Friendship 1 ($p<0.17$).

Music Therapy Model of Supervision

The only model of supervisory roles, developed at Michigan State University, was referred to in *Perspectives on Music Therapy Education and Training.* Questions in the survey relating to this portion of the research hypothesis included, *My supervisor/intern relationship most resembles (Total of five points divided among the three): Teacher/Student, Counselor/Client, or Consultant/Colleague* and *The relationship I prefer to have is one of a (Total of five points divided among the three): Teacher/Student, Counselor/Client, or Consultant/Colleague"*

Many questions and characteristics were shown to be significant to the $p<0.15$ level. Therefore reported results will be limited to those factors at $p<0.1$, and statistical significance of $p<0.05$ remains the standard for definition of absolute correlation in this study.

Table 9

Factors Indicating Supervisor Resembles Teacher

Survey Question	Mean	F Ratio	Probability
Coaching 2	4.2	3.66	$p<0.06$
Coaching 3	4.11	2.77	$p<0.1$
Counseling 2	4.59	2.32	$p<0.04$
Counseling 4	4.16	1.83	$p<0.1$
Acceptance 2	4.63	2.19	$p<0.05$

Acceptance and Confirmation 2 was the only question to register as significant ($p<0.05$). The highest level of the mean was achieved in the mid range ($M=4.93$), and the lowest was with those who scored the highest preference for a supervisor utilizing the teacher/student role.

Table 10

Supervisor Resembles Teacher Score Analysis

Score Level	Number of Interns	Average Mean	Standard Error
0	19	4.63	0.17
1	23	4.78	0.16
2	16	4.93	0.19
3	20	4.42	0.17
4	4	5	0.38
5	10	4	0.24

For those preferring the counseling role, there was only one weak statistical correlation ($p<0.07$) relating to Coaching 2. There was a negative t ratio of -1.81. For those interns reporting that their supervisor most resembled a counselor, there were eight factors that registered below ($p>0.05$). Because 78 interns out of 98 reported 0 or 1, the analysis shows that this is not a role often used in the music therapy clinical internship setting.

The majority of interns did not select the teaching role as a preferred management style (23 at level 0, 25 at level 1, 22 at level 2, 8 at level 3, 3 at level 4, and 8 at level 5). This was much greater a spread in scores than those who preferring counseling.

The consultant role was evenly distributed throughout the range. There was significance established for those who had a supervisor that resembled a

consultant. Role Modeling 2 and 3 were significant at p>.01 and p>.05; also Exposure and Visibility 2. There was a direct correlation between supervisors receiving higher levels of consulting and interns recording higher perceived levels of mentoring. Interns who preferred a consultant scored significantly higher in Role Modeling 2, Exposure and Visibility 2, and Friendship 1.

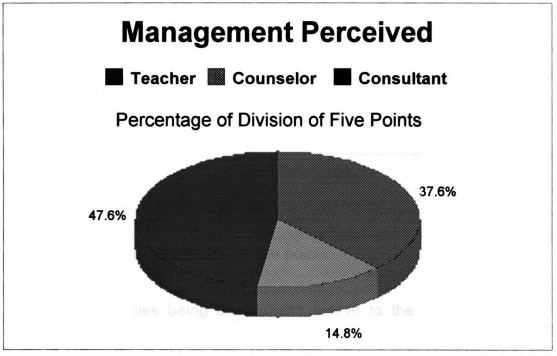

Figure 21. Pie chart distribution of Preferred Management style based upon a percentage of the interns' division of five points.

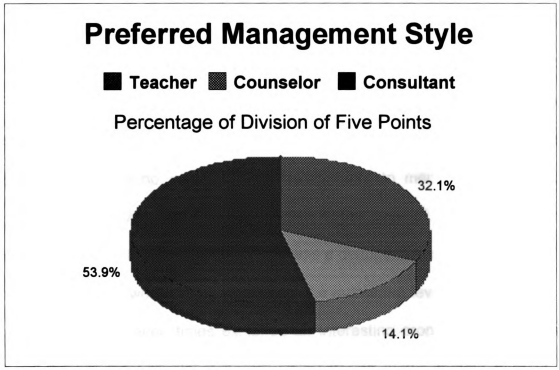

Figure 22. Pie chart distribution of Management style perceived based upon a percentage of the interns' division of five points.

It is evident that roles being offered, are similar to the percentage of roles desired or preferred. A higher level of the teacher role is offered by supervisors as a lower level of consultant role is offered. Comments indicated that interns strongly preferred a consultant/colleague style of supervision.

CHAPTER 5 - DISCUSSION

Observations

Among the survey factors, there are few that generate any specific differences in mentoring levels. Demographics about the site, such as the size of the internship, former association, client population, and funding of the site appeared to have no significance or relationship to mentoring as stated in hypothesis A. Hypothesis A was rejected in the case of the total number of interns trained at the clinical site. There was a definite inverse relationship. The more interns who were trained, the lower the mentoring level was perceived by the intern. Evaluation times exhibited an interesting propensity for interns to report their highest levels of perceived mentoring in the middle third of the internship.

In hypothesis B, a number of factors were statistically significant ($p<0.05$) for a number of factors in the survey. A generalization may be proposed that more experienced (music therapy and supervision), older, trained (MT supervisory inservices), who have trained many interns, in actuality are perceived by interns to provide less mentoring. The reasons for this may be with either the supervisor or intern. These findings do not negate the value of age, experience, education, and training. It may be that interns have a harder time relating to professionals more distant from them in their personal and professional growth. Other reasons could be with the supervisor getting "in a rut" and becoming weary of supervising interns after numerous years. This indicates that future study is necessary to retain positive mentoring skills

between the supervisor meeting this profile and interns who are *green*.

The supervisory model, developed by Memory, Unkefer, and Smeltekop, appeared to be function as hypothesized. Supervisors use a variety of management styles, appropriate for the situation and individual interns. Interns appear to be receiving close to the levels of mentoring that they desire. The consultant role was dominant in preference and reported by the interns. The teacher role was secondary in strength, but had its proponents among the interns. The counselor role was universally rejected, except for a few interns. The only relationship identifiable (not statistically significant) was one between AAMT and a stronger counselor role played by the supervisor and expected by the intern. With AAMT's previous focus on psychotherapy, instead of a behavioral focus as NAMT, this finding is not surprising.

Future research in these areas now has a baseline upon which to start its investigations. Negation of parts of hypothesis B about the supervisor's characteristics have given clues about how to proceed in future studies. Issues, such as ethnicity and gender, may need not be pursued due to the extreme lack of diversity in the field of music therapy. The dwindling number of men in the field (as compared nationally, as supervisors, and as interns) point to a trend that may make men in the field a small minority, like ethnic groups such as African Americans, Hispanics, Asians, etc. (not to mention native Americans or multiracial individuals). Supervision with these populations will not be relevant unless we have them in the field of music therapy.

Recommendations

Continued investigation is needed into the surprising correlation of the supervisor factors of training, experience, age, or working at a site that has trained many interns over the years. A fresh look at the information and training provided at supervisory training sessions could yield new ways to increase the levels of mentoring occurring in internships. Future research may offer insight into the mentoring relationship and the matchings of supervision styles with those best for the intern.

The trend of dwindling minorities in AMTA internships needs to be addressed by our association and individual members who recruit potential music therapists through high school job shadowing or presentations about music therapy in the community. There are fewer men and ethnic minorities entering the profession than the small minorities now existing. Mentoring is used by other disciplines to increase the number of minorities in their professions. Although music therapists in the United States have never been a diverse cultural group, it is possible our profession may become less culturally diverse and accessible to a multicultural and global society. Heightening awareness and active recruiting by AMTA membership may be able to increase minorities and diversity in the profession. Mentoring, though never in disuse, is enjoying a renaissance in many professions and the terminology is becoming familiar vernacular. Additional research may employ this study to determine if perceived mentoring increases, decreases, or remain stable in MT internships.

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APPENDIX A

Cover Letter to Music Therapy Clinical Directors & University Clinical Sites

Thomas F. Cawood MT-BC
Genesee Intermediate School District
2413 West Maple Avenue
Flint MI 48507
Ph: 810 - 591 - 4550 Fx: 810 - 591 - 4415
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February 19, 1999

Dear Music Therapy Clinical Internship Director:

For nineteen years I have been a fellow clinical internship director and have a strong interest in examining the relationship between the supervisor and intern. Although the concept of mentoring is very old and occurs with many interns, there is no mention of its existence in music therapy literature. In my master's thesis at Michigan State University, I am surveying all music therapy clinical internship sites to determine a baseline level of mentorship occurring at this time, as perceived by the music therapy intern. The survey instrument being used was developed from one used in a similar study in business. The assistance and cooperation from you, the clinical supervisor, and the intern could result in findings that may be significant in the area of clinical training in the future. Many changes in clinical training have occurred with the creation of our new association (AMTA). We are witnessing a new and fresh approach in examining the clinical training models. The data and statistical analysis will be offered to AMTA's clinical training committee with the hope of assisting and understanding the process of training interns.

The purpose of the study is to measure the average level of mentorship in music therapy clinical training and determine whether any of the factors compared in the survey have an effect upon the level of mentoring as perceived by the intern. My thesis proposes there will be a null effect by the factors (e.g., age, gender, or ethnicity) being questioned. To study this hypothesis, it will be necessary to have as full a representation from all types of clinical training sites.

The clinical internship director does not always directly supervise the intern. Therefore, I am requesting your assistance in distributing the following letter, survey, and return envelope to the supervisor(s) and intern(s) at your clinical internship site. Your help in collecting accurate data by duplicating additional survey forms, return envelopes, and postage would be greatly appreciated. You are welcome to copy the survey to discuss with your interns, but please do so only after the interns complete and mail their anonymous responses to me.

Thank you for relaying this request for participation in this study to your intern(s) and your supervisor(s) [if different from you]. Your comments, both signed or anonymous, would be a welcome addition to the study.
Sincerely Yours:

Thomas F. Cawood MT-BC

APPENDIX B

Clinical Supervisor and Intern Directions

Dear AMTA Supervisor(s) and Intern(s):

Thank you for your dual participation in this study. Although there are personal questions in this survey (e.g., age, ethnicity, etc.), please be assured that your anonymity will be preserved. Factors such as region, client population, and number of interns will be analyzed separately so that no site will be identifiable in the study. If there are questions that you (the supervisor or intern) prefer not to answer, leave those questions blank. The intern's answers on the survey's instrument to measure perceived mentorship may still be used to determine a baseline level in the study.

This research study was reviewed by Michigan State University's Committee on Research Involving Human Subjects. This committee's guidelines for addressing issues, such as confidentiality, are and will be closely followed to assure confidential handling of all data. Your voluntary completion of the accompanying survey will indicate your informed consent to take part in this research study.

Please follow these steps in completing the survey:

1. The clinical internship director will duplicate survey forms (if necessary) and distribute them to all AMTA approved clinical internship supervisors.

2. The supervisor will complete the first section of the survey (regarding the internship site and personal attributes) and duplicate (if necessary) for each of his/her interns.

3a. The intern completes the survey without discussing it with their supervisor and returns it anonymously in the enclosed envelope before March 10, 1999.

3b. If there is more than one intern, complete the survey without discussing it with the supervisor or fellow interns. The interns should then choose one to collect and return the surveys anonymously. If other envelopes are used, please do not use a return address of the site.

4. Personal comments about the mentoring relationship or this survey are welcome from the supervisor or intern. If you would like to write or e-mail your comments before March 15th, they will be included anonymously in the study.

I look forward to hearing from most of you and desire your feedback, whether positive or negative, about internship relationships. Results will be provided to participants who provide comments and/or request an abstract of the final thesis.

Sincerely Yours

Thomas F. Cawood MT-BC

APPENDIX C

Clinical Internship Survey of Mentorship

Clinical Internship Survey of Mentorship

Part to be completed by Clinical Internship Supervisor

AMTA Region: ___Great Lakes, ___Southeastern, ___Western, ___New England,
___Mid-Atlantic, ___Midwestern, ___South Central, ___Southwestern
Internship originally approved by: ___ *NAMT,* ___ *AAMT, or* ____ *AMTA* in 19___
Total number of interns accepted for training simultaneously at this site _____
Approximate number of interns trained at site since it's inception _____
Internship's agency primary funding is:
___ *Governmental funds (taxes & grants)*
___ *Private (insurance & client's fee)*
___ *Non-profit agency (private foundation or charity)*

Gender: ___*Female* ___ *Male* Marital Status: ____ *Married* ____ *Unmarried*
Decade of Age: ____ *20's* ____ *30's* ____ *40's* ____*50's* ____ *60's* ____ *70's* _____ *80's*
Cultural/Ethnic Origins:
_____ *Caucasian/Non-Hispanic* _____ *African American* _____ *Chicano/Mexican American*
_____ *Hispanic* _____ *American Indian/Alaskan Native* _____ *Asian/Pacific Islander*
_____ *Multi-Racial/Ethic Americans* *Other:* _____
Number of years experience as a music therapist _____
Number of years as a clinical internship supervisor _____
Educational level: ___ *Bachelors* ___ *Masters*___ *Doctorate* ____ *Post Doctorate*
Number of NAMT or AMTA supervisory training session attended: _____

Part to be completed by the Intern

The age(s) of clients you work with (select all that apply):
___ *Infants (0 - 2)* ___ *Children (3 - 11)* ___ *Adolescent (12-19)*
___ *Young adult (18-25)* ___ *Adult (26 - 64)* ___ *Elderly (65-up)*

Population of clients (select primary one):
____ *Psychiatric (inpatient)* ____*Psychiatric (outpatient or partial hospitalization)*
____ *Substance abuse clinic* ____ *Forensic/correctional facility*
____ *Developmental disabilities (residential)* ____ *Developmental disabilities (day program)*
____ *School for Deaf or Blind* ____ *Special education school*
____ *Medical hospital* ____ *Nursing home*
____ *Hospice* ____*Private practice*
Clients' therapy/treatment is primarily:_____ *Acute or short term* _____ *Chronic or long term*
Gender: ____*Male* ____*Female* Marital Status: ____ *Married* ____ *Unmarried* ____ *Divorced*
Decade of Age: ____ *20's* ____ *30's* ____ *40's* ____*50's* ____ *60's* ____ *70's* _____*80's*
Cultural/Ethnic Origins:
_____ *Caucasian/Non-Hispanic* _____ *African American* _____ *Chicano/Mexican American*
_____ *Hispanic* _____ *American Indian/Alaskan Native* _____ *Asian/Pacific Islander*
_____ *Multi-Racial/Ethic Americans* *Other/International Student (origin):* _____
Host agency of the internship site provides:
_____ *Hourly Wage,*_____ *Stipend,* _____ *Housing,* _____ *Meals,*
_____ *Other Reimbursements:*_____.
The internship is taken for a _____*Grade*, for _____*Pass/Fail credit*, for _____*no credit.*
Time Interval during the internship: ____ *First Third* ____ *Second Third* ____ *Final Third*
Number of hours you spend with your supervisor per week:
_____ *Hours in clinical work* _____ *Hours of other times* (meetings, lunch, etc.)
Formal evaluation times:_____ *Mid & Final* _____ *Monthly* _____ *Bimonthly* _____*Weekly*

To be completed by the Music Therapy Intern

Directions: On a scale of one (strong disagreement with the comment) and five (strong agreement); please write your level of agreement with the following statements on the line following the item number.

My supervisor has:

1. ____ Shared the history of his/her career with me.
2. ____ Encouraged me to prepare for employment.
3. ____ Encouraged me to try new ways of behaving in my internship.
4. ____ Work behavior I try to imitate.
5. ____ Attitudes and values regarding music therapy that are like mine.
6. ____ My respect and admiration as a supervisor.
7. ____ Provided a model I will try to be like when I reach a similar position in my career.
8. ____ Demonstrated good listening skills in our conversations.
9. ____ Discussed my questions or concerns regarding feelings of competence, commitment to advancement, relationships with peers and supervisors or work/family conflicts.
10. ____Shared personal experiences as an alternative perspective to my problems.
11. ____ Encouraged me to talk openly about anxiety and fears that detract from my work.
12. ____ Conveyed empathy for the concerns and feelings I have discussed with him/her.
13. ____Kept feelings and doubts I shared with him/her in strict confidence.
14. ____Conveyed feelings of respect for me as an individual.
15. ____Reduced unnecessary risks that threatening the possibility of my being hired as a music therapist in the future.
16. ____ Helped me finish assignments/tasks or meet deadlines that otherwise would have been difficult to complete.
17. ____ Helped me meet his or her colleagues.
18. ____ Given me assignments that increased written and personal contact with administrators.
19. ____ Assigned responsibilities to me that have increased my contact with people at work who may judge my potential for future job references and contacts.
20. ____Given me assignments or tasks in my work that prepared me for employment.
21. ____Given me assignments that present opportunities for me to learn new skills.
22. ____Provided me with support and feedback regarding my performance as a music therapist.
23. ____Suggested specific strategies for me to achieve my career goals.
24. ____Shared his/her ideas with me.
25. ____Suggested specific strategies for me to accomplish my work objectives.
26. ____Given me feedback regarding my performance during the internship.
27. ____Invited me to join him/her for lunch.
28. ____Asked me for suggestions concerning problems she/he has encountered at school.
29. ____Interacted with me socially outside of work.

My supervisor/intern relationship most resembles (Total of five points divided among the three):

____ *Teacher/Student* ____ *Counselor/Client* ____*Consultant/Colleague*

The relationship I prefer to have is one of a (Total of five points divided among the three):

____ Teacher/Student ____ Counselor/Client ____Consultant/Colleague

Do you look to your supervisor as a mentor? _____ (scale of 1 for strong disagreement to 5 for strong agreement)

Please comment about your supervisor (On an additional sheet of paper, if you wish.

_____

_____

_____

_____

Appendix D

Code Sheet for Raw Data Clinical Internship Survey of Mentorship

Code Sheet for Raw Data
Clinical Internship Survey of Mentorship

Part to be completed by Clinical Internship Supervisor

Column A: Ordinal number of dates received ____

Column B: AMTA Region: 0 no data 1 Great Lakes, 2 Southeastern, 3 Western, 4 New England, 5 Mid-Atlantic, 6 Midwestern, 7 South Central, 8 Southwestern

Column C Internship originally approved by: 1 *NAMT,* 2 *AAMT, or* 3 *AMTA* in 19__ 0 none

Column D Total number of interns accepted for training simultaneously at this site __ **... Ordinal number**

Column E Approximate number of interns trained at site since it's inception 0.... **Ordinal number**

Column F Internship's agency primary funding is
1 *Governmental funds (taxes & grants)*
2 *Private (insurance & client's fee)*
3 *Non-profit agency (private foundation or charity)*
4 Multilple answers
0 NO data

Column G Gender: 1 *Female* 2 *Male* 0 no data

Column H Marital Status: 1 *Married* 2 *Unmarred* 0 no data

Column I Decade of Age: 1 *20's* 2 *30's* 3 *40's* 4 *50's* 5 *60's* 6 *70's* 7 *80's* 0 no data

Column J Cultural/Ethnic Origins:
1 *Caucasian/Non-Hispanic* 2 *African American* 3 *Chicano/Mexican American* 4 *Hispanic* 5 *American Indian/Alaskan Native* 6 *Asian/Pacific Islander* 7 *Multi-Racial/Ethic Americans*
8 *Other:*_____ 0 NO DATA

Column K Number of years experience as a music therapist **Ordinal number**

Column L Number of years as a clinical internship supervisor ____ **Ordinal number**

Column M Educational level: **1** *Bachelors* **2** *Masters* **3** *Doctorate* **4** *Post Doctorate* **0 no data**

Column N Number of NAMT or AMTA supervisory training session attended: **Ordinal number**

Part to be completed by the Intern

The age(s) of clients you work with (select all that apply): **1 = check 0=no check**

Column O *Infants (0 - 2)*

Column P *Children (3 - 11)*

Column Q *Adolescent (12-19)*

Column R *Young adult (18-25)*

Column S *Adult (26 - 64)*

Column T *Elderly (65-up)*

Column U Population of clients (select primary one):

1 *Psychiatric (inpatient)* **2** *Psychiatric (outpatient or partial hospitalization)*
3 *Substance abuse clinic* **4** *Forensic/correctional facility*
5 *Developmental disabilities (residential)* **6** *Developmental disabilities (day program)*
7 *School for Deaf or Blind* **8** *Special education school*
9 *Medical hospital* **10** *Nursing home*
11 *Hospice* **12** *Private practice*
13 *multiple answers* **0** *no data*

Column V Clients' therapy/treatment is primarily:

0= No data **1** *Acute or short term* **2** *Chronic or long term*

Column W Gender: **1** *Male* **2** *Female*

Column X Marital Status: **1** *Married* **2** *Unmarried* **3** *Divorced*

Column Y Decade of Age: *1 20's 2 30's 3 40's 4 50's 5 60's 6 70's 7 80's* **0= no data**

Column Z Cultural/Ethnic Origins: **0= no data**
*1 Caucasian/Non-Hispanic 2 African American 3 Chicano/Mexican American 4 Hispanic 5 American Indian/Alaskan Native 6 Asian/Pacific Islander 7 Multi-Racial/Ethic Americans Other/International Student (origin): 8*_____

Host agency of the internship site provides: **1 = check 0=no check**

Column AA *Hourly Wage*

Column AB *Stipend*

Column AC *Housing*

Column AD *Meals,*

Column AE *Other Reimbursements:*_____.

Column AF The internship is taken for a *1 Grade*, for *2 Pass/Fail credit*, for *3 no credit.* **0= no data**

Column AG Time Interval during the internship: *1 First Third 2 Second Third 3 Final Third* **0= no data**
Number of hours you spend with your supervisor per week:

Column AH *Hours in clinical work* **Ordinal number**

Column AI *Hours of other times* (meetings, lunch, etc.)**Ordinal number**

Column AJ Formal evaluation times: *1 Mid & Final 2 Monthly 3 Bimonthly 4 Weekly* **0= no data**

To be completed by the Music Therapy Intern

Directions: On a scale of one (strong disagreement with the comment) and five (strong agreement); please write your level of agreement with the following statements on the line following the item number.

My supervisor has:

1. AK Shared the history of his/her career with me.
2. AL Encouraged me to prepare for employment.
3. AM Encouraged me to try new ways of behaving in my internship.
4. AN Work behavior I try to imitate.
5. AO Attitudes and values regarding music therapy that are like mine.
6. AP My respect and admiration as a supervisor.
7. AQ Provided a model I will try to be like when I reach a similar position in my career.
8. AR Demonstrated good listening skills in our conversations.
9. AS Discussed my questions or concerns regarding feelings of competence, commitment to advancement, relationships with peers and supervisors or work/family conflicts.
10. AT Shared personal experiences as an alternative perspective to my problems.
11. AU Encouraged me to talk openly about anxiety and fears that detract from my work.
12. AV Conveyed empathy for the concerns and feelings I have discussed with him/her.
13. AW Kept feelings and doubts I shared with him/her in strict confidence.
14. AX Conveyed feelings of respect for me as an individual.
15. AY Reduced unnecessary risks that threatening the possibility of my being hired as a music therapist in the future.
16. AZ Helped me finish assignments/tasks or meet deadlines that otherwise would have been difficult to complete.
17. BA Helped me meet his or her colleagues.
18. BB Given me assignments that increased written and personal contact with administrators.
19. BC Assigned responsibilities to me that have increased my contact with people at work who may judge my potential for future job references and contacts.
20. BD Given me assignments or tasks in my work that prepared me for employment.
21. BE Given me assignments that present opportunities for me to learn new skills.
22. BF Provided me with support and feedback regarding my performance as a music therapist.
23. BG Suggested specific strategies for me to achieve my career goals.
24. BH Shared his/her ideas with me.
25. BI Suggested specific strategies for me to accomplish my work objectives.

26.**BJ** Given me feedback regarding my performance during the internship.
27.**BK**Invited me to join him/her for lunch.
28.**BL**Asked me for suggestions concerning problems she/he has encountered at school.
29. **BM**Interacted with me socially outside of work.

My supervisor/intern relationship most resembles:
(Total of five points divided among the three):
BN *Teacher/Student* ***BQ*** *Counselor/Client* ***BP*** *Consultant/Colleague*

The relationship I prefer to have is one of a:
(Total of five points divided among the three):
BQ Teacher/Student **BR** Counselor/Client **BS** Consultant/Colleague

Do you look to your supervisor as a mentor?
Column BT Likert scale of 1 for strong disagreement to 5 for strong agreement

Column BU Average of AK...BM (Noe's adapted survey using a Likert Scale)

Column BV Average of Coaching (AK, AL, BG, BH, BI, BJ)

Column BW Average of Acceptance (AM, AX, BL)

Column BX Average of Role Modeling (AN, AD, AP, AQ)

Column By Average of Counseling (AR, AS, AT,AU, AV, AW)

Column BZ Average of Protection provided (AY, AZ)

Column CA Average of Exposure & Visibility (BA,BB,BC)

Column CB Average of Sponsorship (BD)

Column CC Average of Challenging Assignments (BE, BF)

Column CD Average of Friendship (BK, BM)

Appendix E

Raw Data Scores from Lotus 123

Factor	region	appr	intern#	total#	site$	sup ge	married	supage	ethgrah	yrs ex	ed lev
A	B	C	D	E	F	G	H	I	J	K	L
1	5	3	2	1	3	1	1	1	1	4	0.5
2	5	1	2	35	1	1	2	3	1	26	24.5
3	2	1	2	22	1	1	0	2	1	16	8
4	2	1	2	22	1	1	0	4	7	16	8
5	1	1	5	3	2	1	1	2	1	12.5	5.5
6	1	1	2	8	2	1	1	2	1	16	1.5
7	8	1	2	115	1	1	3	3	1	20	4
8	6	1	3	40	1	2	1	2	1	5	3.5
9	1	1	1	4	3	2	1	3	1	7	4
10	2	1	2	16	2	1	1	3	1	18	5
11	2	1	2	16	2	1	0	3	1	18	5
12	2	1	2	16	2	1	0	3	1	18	5
13	6	1	1	6	3	1	1	4	1	30	3
14	8	1	2	115	1	1	2	3	1	20	4
15	5	1	1	5	1	1	1	3	1	24	7
16	1	1	2	38	1	1	1	4	1	36	20
17	1	?	3	?	1	1	1	4	1	4.5	2
18	1	2	1	1	3	1	1	2	1	5	0.5
19	1	1	1	10	1	1	1	3	1	21	11
20	3	1	2	4	4	2	1	3	1	20	6
21	4	1	2	8	1	1	2	1	1	4	2.5
22	4	1	2	8	3	1	2	1	1	4	2.5
23	5	1	2	10	1	1	0	3	1	16	10
24	2	3	1	2	2	1	1	1	1	7	1
25	1	1	2	38	1	1	1	4	1	36	20
26	2	3	1	0	1	1	1	3	1	9	0
27	5	1	1	2	3	1	1	2	1	8	2
28	6	1	2	60	1	1	1	4	1	21	16
29	2	1	5	90	1	1	2	4	1	15	12
30	1	2	2	10	1	1	2	1	1	2.5	0.5
31	5	1	2	35	1	1	2	3	1	26	24.5
32	2	1	2	10	1	1	1	3	1	8	6
33	3	1	1	30	1	1	1	4	1	18	15
34	1	1	4	16	3	1	1	2	1	8	3
35	1	1	4	16	3	1	1	2	1	8	3
36	6	1	4	40	1	2	1	2	1	5	3.5
37	2	3	1	1	3	1	2	4	1	19	2
38	3	1	2	3	3	1	2	3	1	23	2
39	6	1	1	90	1	2	1	3	1	15	13
40	5	1	2	68	1	1	1	3	1	23	20
41	3	1	2	4	1	0	0	0	0	20	6
42	3	1	1	1	3	1	2	3	1	18	1
43	5	1	1	12	2	2	1	3	1	19	12
44	5	1	2	104	1	1	1	3	1	20	20
45	5	3	4	4	3	1	1	3	1	15	3
46	2	1	5	90	1	1	2	3	1	15	14

Factor	yrs sup	suptrain	infants	child	adoles	yg adul	adult	elder	pop	lgt trn	int gen
order#	**M**	**N**	**O**	**P**	**Q**	**R**	**S**	**T**	**U**	**V**	**W**
1	1	1	0	0	0	0	0	1	10	2	2
2	2	1	0	0	1	1	1	0	8	2	2
3	1	6	0	0	0	0	0	1	10	2	2
4	1	1	0	0	0	0	0	1	10	2	2
5	1	1	0	0	0	1	1	1	13	2	2
6	1	0	0	0	0	1	1	0	13	1	2
7	1	2	0	1	1	1	1	1	1	2	2
8	2	0	0	0	0	1	1	1	13	0	2
9	1	?	0	0	1	0	0	0	1	2	2
10	1	1	1	1	1	0	0	1	13	1	2
11	1	1	1	1	0	1	1	1	13	1	2
12	1	1	0	0	0	0	1	1	9	2	2
13		?	0	1	0	0	1	1	11	1	2
14	1	2	0	1	1	1	1	1	1	2	2
15	2	1	0	1	1	0	0	0	8	2	2
16	2	1	0	0	1	0	0	0	8	2	2
17	1	?	0	0	0	0	1	1	5	2	2
18	1	1	0	0	0	0	1	1	13	1	2
19	2	0	0	1	1	1	0	0	8	2	1
20	2	1	0	0	0	0	1	1	4	2	3
21	2	2	0	0	0	0	0	1	10	0	2
22	2	2	0	0	1	1	1	0	1	2	2
23	1	2	1	1	0	0	0	0	8	2	1
24	1	1	0	1	1	1	1	0	13	1	1
25	2	1	0	1	1	0	0	0	13	2	2
26	1	3	0	0	0	0	1	1	10	2	2
27	1	1	0	0	0	1	1	0	2	1	2
28	1	1	0	1	1	1	1	1	1	2	2
29	1	?	0	0	0	1	1	1	1	2	2
30	1	0	0	0	0	1	1	1	1	2	2
31	1	0	0	1	1	0	0	0	8	2	2
32	1	0	0	0	0	1	1	1	1	2	2
33	1	2	0	0	0	1	1	1	13	2	2
34	1	1	0	0	0	1	1	1	13	2	2
35	1	1	0	0	0	0	1	1	13	2	2
36	2	0	0	0	0	0	1	1	2	1	2
37	2	1	1	1	1	1	1	1	11	0	1
38	3	1	0	1	1	1	1	1	13	1	2
39	1	0	0	1	1	1	1	0	1	1	2
40	1	5	0	0	0	1	1	1	1	2	2
41	2	1	0	0	0	1	1	1	13	2	2
42	2	1	1	1	1	1	0	0	9	1	2
43	1	2	0	1	1	1	1	1	1	1	2
44	2	0	0	0	0	0	1	1	5	2	2
45	2	4	0	1	1	0	0	0	5	2	2
46	2	?	0	0	0	1	1	1	1	2	2

Factor	int mar	int age	int cul	wage	stipend	housin	meals	other	grade?	time	hrs clin
order#	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	2	1	1	0	0	0	0	0	3	3	4
2	1	1	1	0	0	0	0	0	1	3	30
3	1	1	2	0	1	0	0	0	1	1	5
4	2	1	1	0	1	0	1	0	1	1	3
5	2	1	1	0	0	0	1	1	1	1	14
6	2	1	1	0	0	0	0	0	1	1	0
7	1	1	1	0	1	1	0	0	1	1	15
8	2	1	1	0	0	1	1	0	2	1	2
9	2	1	1	0	0	0	1	0	2	3	10
10	2	1	1	0	0	0	0	1	3	1	15
11	2	1	1	0	0	0	0	1	2	1	15
12	2	1	3	0	0	0	0	0	1	1	38
13	1	1	1	0	0	0	0	1	2	3	10
14	2	1	1	0	1	1	0	0	1	3	20
15	2	1	1	0	1	0	0	0	2	3	25
16	2	1	1	0	1	0	1	0	1	3	8
17	2	1	1	0	1	1	0	0	2	3	?
18	2	1	6	0	0	0	1	0	0	1	40
19	1	1	1	0	0	0	0	0	1	3	35
20	2	1	1	0	1	1	1	0	2	3	8
21	1	1	1	0	0	0	1	0	3	1	4
22	2	1	1	0	0	1	0	0	1	1	0
23	1	1	1	0	0	0	0	0	3	0	6
24	1	1	1	0	0	0	1	0	2	1	4
25	1	1	0	0	1	0	0	0	1	1	12
26	2	1	1	0	0	1	0	0	2	1	20
27	3	1	1	0	0	0	0	0	3	2	30
28	2	1	1	0	0	1	1	0	2	1	8
29	2	1	1	0	0	1	1	0	3	3	12
30	2	1	1	0	0	1	0	0	2	3	8.5
31	2	2	1	0	0	0	0	0	1	1	30
32	1	1	1	0	0	0	0	0	2	2	14
33	2	1	1	0	1	1	0	0	2	0	0
34	2	1	6	0	0	1	1	0	2	1	1
35	2	1	1	0	0	1	1	0	1	1	1
36	2	1	1	0	0	1	1	0	2	1	1
37	2	1	1	0	1	0	0	1	2	2	7
38	1	6	0	0	0	0	0	0	1	3	8
39	2	1	1	0	0	0	0	1	2	2	20
40	2	1	1	0	0	1	1	0	1	1	?
41	2	1	6	0	1	1	1	0	2	1	9.5
42	2	1	6	0	1	0	0	0	3	1	10
43	2	1	1	0	0	0	1	0	3	2	6
44	2	1	2	0	1	1	1	0	1	3	2
45	1	1	1	0	0	0	1	1	1	3	9
46	2	1	1	0	0	1	1	0	2	3	?

Factor	hrs soc	eval#	coach	coach	act/con	role	role	role	role	couns	couns
order#	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
1	8	1	4	4	3	4	3	4	4	4	3
2	0	1	5	5	5	5	3	5	3	5	5
3	1	1	5	5	5	4	5	4	4	5	5
4	3	1	4	5	4	4	3	4	3	3	4
5	2	0	5	1	5	5	5	5	4	5	5
6	0	1	5	5	5	5	5	5	5	5	5
7	8	1	4	3	2	4	4	4	3	5	5
8	5	1	4	5	5	5	5	5	5	5	?
9	2	1	5	5	5	4	3	4	3	3	4
10	10	0	3	3	3	4	4	4	4	4	4
11	10	1	5	5	1	3	4	2	3	4	4
12	2	1	5	5	3	3	3	5	5	5	5
13	4	1	5	3	5	5	4	5	5	5	5
14	5	1	5	5	4	4	5	5	5	5	5
15	10	1	5	5	5	5	5	5	5	5	5
16	2.5	1	1	5	4	4	3	3	2	4	3
17	?	1	5	5	4	5	4	5	5	5	5
18	0	1	5	5	5	5	5	5	5	5	5
19	0	1	5	5	5	2	2	5	4	5	5
20	7	1	4	4	5	4	5	5	4	4	5
21	10	1	5	4	3	4	2	4	4	5	5
22	0	1	4	5	4	4	5	5	4	5	4
23	0	1	5	5	5	5	3	5	5	5	5
24	7	1	2	4	4	4	4	5	4	5	5
25	7	1	5	4	3	4	2	4	4	5	5
26	20	1	4	5	4	4	5	5	4	5	4
27	10	1	4	4	4	4	4	4	4	4	4
28	2	4	5	5	5	5	5	5	5	5	5
29	3	4	4	5	3	4	4	5	4	5	5
30	6	1	3	3	4	5	5	5	5	5	5
31	0	1	3	5	5	5	4	5	5	5	5
32	10	1	5	5	5	5	5	5	5	5	5
33	10	1	5	5	1	5	5	5	5	5	5
34	2	1	5	4	5	4	5	5	5	5	5
35	2	3	4	5	4	5	5	5	5	5	5
36	2	1	5	5	4	5	5	5	5	5	5
37	4	1	4	4	3	4	5	5	5	5	4
38	0	3	5	5	4	5	4	5	5	4	4
39	10	1	3	3	3	5	5	5	4	5	5
40	?	1	2	4	2	4	4	5	4	5	4
41	5.5	1	5	4	4	3	3	4	4	5	5
42	7	4	5	3	3	2	4	5	4	5	5
43	15	1	5	5	5	5	5	5	5	5	5
44	3	1	4	5	5	5	4	5	5	4	5
45	17	1	5	5	4	2	4	5	4	5	5
46	?	1	5	5	3	5	5	5	5	5	5

Factor	couns	couns	couns	couns	act/con	protect	protect	exp/vis	exp/vis	exp/vis	sponsor
order#	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD
1	3	4	4	4	4	4	3	4	4	4	4
2	5	5	5	5	5	0	1	4	5	3	3
3	5	5	5	5	5	5	4	4		5	5
4	4	4	4	4	4	4		4		4	4
5	3	4	4	5	3	3	3	5	5	3	4
6	5	5	5	5	5	4	5	5	3	4	5
7	4	5	5	5	5	3		5	1	2	3
8	4				5		2	5	3	4	5
9	3	3	4	4	4	5	5	3	4	4	3
10	3	4	4	4	4	2	3	4	4	4	4
11	4	2	4	5	5	2	1	5	5	5	5
12	5	5	5	5	5	5	5	5	5	5	5
13	5	3	4	5	5	4	4	4	5	2	3
14	4	5	5	5	5	4	4	5		5	5
15	5	5	5	5	5	5	3	4	5	5	5
16	4	4	4	2	4	4	4	4	4	4	4
17	5	4	5	5	5	4	4	4	5	4	5
18	5	5	5	5	5	4	5	5	4	4	5
19	5	5	5	5	5	5	5	5	3	4	4
20	5	3	5	5	5	4	5	5	4	3	5
21	2	3	4	5	5	5		2	4	2	3
22	4	4	4	3	5	4	5	5	5	3	5
23	5	5	5	5	5	5	5	5	5	5	5
24	5	4	4	4	5	4	3	4	1	1	4
25	2	3	4	5	5	5		2	4	2	3
26	4	4	4	3	5	4	5	5	5	3	5
27	4	4	4	4	4	4	4	4	4	4	4
28	5	5	5	5	5	5	5	5	5	5	5
29	4	4	4	4	5	4	4	3	3	4	5
30	3	3	5	5	5	5	5	3	5	4	5
31	4	3	5	5	5	5	4	5	4	4	5
32	5	5	5	5	5	5	5	5	5	5	5
33	5	5	5	5	5	5	3	5	5	5	5
34	5	5	5	5	5	4	4	4	3	3	3
35	4	5	5	5	5		4	4	4	4	5
36	5	5	5	5	5	5	5	5	5	5	5
37	3	4	4	5	5	4		5	4	5	5
38	5	5	5	5	5	4	4	4	5	5	5
39	5	4	5	5	5	5	4	4	3	3	3
40	3	5	5		5	5	5	4	5	2	5
41	5	5	5	5	5	5	5	5	3	5	3
42	5	5	5	5	5	3	2	5	2	5	5
43	5	5	5	5	5	5	5	5	5	5	5
44	4	5	5	5	5	5	4	5	5	5	4
45	4	4	5	4	5	3	4	5	4	4	4
46	5	5	5	5	5	5	5	5	3	5	5

Factor	chall	chall	coach	coach	coach	coach	friend	act/con	friend	supteac	supcon
order#	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO
1	3	3	3	4	3	4	5	2	3	3	0
2	5	5	2	5	2	5	5	1	1		
3	5	5	5	5	5	5	4	3	1		
4	4	3	3	3	4	4	5	1	1	0	0
5	5	5	3	3	3	5	4	1	1	1	0
6	5	5	5	5	5	5	4	4	3	0	5
7	4	4	2	5	3	2	4	1	2	2	1
8	5	5	3	5	4	5		0	0	2	0
9	3	3	3	3	3	4	2	1	1	0	0
10	3	3	3	4	4	3	3	1	1	0	0
11	4	3	3	3	4	3	3	1	1	5	0
12	5	5	5	5	5	5	5	5	5	0	0
13	3	5	4	4	4	5	4	4	4	1	1
14	5	5	5	5	5	5	4	4	4	1	0
15	5	5	5	5	5	5	5	4	4	2	0
16	4	4	4	4	4	4	5	4	3	5	0
17	5	5	4	5	5	5	5	4	4	1	1
18	5	5	5	5	5	5	5	4	3	4	0
19	5	5	5	5	5	5	5	5	2	1	1
20	5	5	3	5	5	5	5	3	5	3	1
21	4	5	2	4	3	5	5	3	5	1	3
22	5	4	4	5	4	4	5	3	4	0	0
23	5	5	5	5	5	5	5	5	5	5	0
24	3	5	4	3	4	5	4	1	3	0	1
25	4	5	2	4	3	5	5	3	5	1	3
26	5	4	4	5	4	4	5	3	4	0	0
27	4	4	4	4	4	4	4	4	4	0	0
28	5	5	3	5	5	5	5	3	5	4	0
29	5	5	4	5	5	5	5	4	4	1	1
30	5	5	4	5	5	5	5	3	4	2	1
31	5	5	5	5	5	5	2	2	1	3	0
32	5	5	5	5	5	5	5	5	5	1	0
33	5	5	5	5	5	5	1	1	1	1	1
34	4	5	5	5	5	5	5	5	5	1	0
35	5	5	5	5	5	5	5	5	5	0	0
36	5	5	5	5	5	5	4	4	2	1	0
37	5	4	4	5	4	5	5	3	2	2	0
38	5	4	5	5	4	4	5	4	4	2	1
39	5	5	3	3	3	4	2		3	3	0
40	5	5	5	4	5	4	1			1	0
41	5	5	4	5	5	5	1	5	4	1	0
42	5	5	4	5	4	5	5	1	2	4	1
43	5	5	5	5	5	5	5	5	5	5	5
44	4	5	5	5	5	5	5	5	5	1	1
45	4	5	5	3	4	4	2	3	1	2	0
46	5	5	5	5	5	5	5			0	0

order#	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ
1	2	3	0	2	4	3.6207	3.6667	3	3	3.6667	3.5
2					4	3.8966	4	3.6667	3.25	4.1667	0.5
3					3	4.5714	5	4.3333	3	5	4.5
4	5	0	0	5	4	3.3793	3.8333	3	3	3.8333	2
5	4	3	0	2	3	3.8621	3.3333	3	3.75	4.1667	3
6	0	0	5	0	5	4.7241	5	4.6667	3.75	4.8333	4.5
7	2	1	1	3	3.5	3.5357	3.1667	2.6667	2.75	4.5	1.5
8	3	2	0	3	4	3.9167	4.3333	3.3333	4	1.5	1
9	5	0	0	5	3	3.4828	3.8333	3.3333	3	3.8333	5
10	5	0	0	5	3	3.3793	3.3333	2.6667	3	3.5	2.5
11	0	0	0	5	4	3.4138	3.8333	2.3333	2	3.8333	1.5
12	5	0	0	5	5	4.7931	5	4.3333	3.25	5	5
13	3	1	1	3	4	4.2414	4.1667	4.6667	3.75	4.6667	4
14	4	1	0	4	5	4.7143	5	4.3333	3.5	4.6667	4
15	3	1	3	4	5	4.8276	5	4.6667	3.75	5	4
16	0	5	0	0	3	3.6897	3.6667	4	2.5	3.5	4
17	3	1	1	3	5	4.6552	4.8333	4.3333	3.75	4.8333	4
18	1	4	0	1	5	4.7931	5	4.6667	4	4.8333	4.5
19	3	1	1	3	5	4.5172	5	5	2.75	5	5
20	2	2	1	3	4	4.4828	4.3333	4.3333	3.5	4.6667	4.5
21	1	1	2	2	4	3.8214	3.8333	3.6667	3.25	4.3333	2.5
22	5	0	0	5	4	4.3103	4.3333	4	3.25	4	4.5
23	0	5	0	0	5	4.931	5	5	3.75	5	5
24	3	1	1	4	3	3.7241	3.6667	3.3333	3.5	4.5	3.5
25	1	1	2	2	4	3.8214	3.8333	3.6667	3	4.3333	2.5
26	5	0	0	5	4	4.3103	4.3333	4	3.25	4	4.5
27	5	0	0	5	4	4	4	4	3	4	4
28	1	0	0	5	5	4.8621	4.6667	4.3333	4	5	5
29	3	1	1	3	4	4.3103	4.6667	4	3.5	4.3333	4
30	2	2	1	2	5	4.4483	4.1667	4	3.75	4.6667	5
31	2	2	0	3	5	4.3448	4.6667	4	3.75	4.8333	4.5
32	4	0	0	5	5	5	5	5	3.75	5	5
33	3	1	1	3	5	4.3793	4.2414	2.3333	3.75	5	4
34	4	1	0	4	5	4.5862	4.4483	5	3.75	4.8333	4
35	5	0	0	5	5	4.75	4.6071	4.6667	4	4	2
36	4	0	0	5	5	4.7931	4.6552	4.3333	4	5	5
37	3	2	0	2	5	4.2857	4.2143	3.6667	3.5	4.1667	2
38	2	2	1	2	5	4.5862	4.4828	4.3333	3.75	4.5	4
39	2	3	0	2	5	4	4	2.6667	3.5	5	4.5
40	4	1.5	0	3.5	5	4.1154	4.0769	2.3333	3.5	3.6667	5
41	4	1	0	4	4	4.3793	4.2414	4.6667	3	5	5
42	0	4	1	0	3	4.1034	4.069	3	2.75	4.6667	2.5
43	5	5	5	5	5	5	5	5	4	5	5
44	3	1	1	3	5	4.7586	4.6552	5	4	4.6667	4.5
45	3	2	0	3	4	4	3.8966	4	3	4.3333	3.5
46	5	0	0	5	5	4.8519	4.6667	2.6667	4	5	5

Factor	region	appr	intern#	total#	site$	sup ge	married	supage	ethgrah	yrs ex	ed lev
order#	B	C	D	E	F	G	H	I	J	K	L
47	6	1	2	4	2	1	2	4	1	9	2
48	1	1	3	?	1	1	2	1	1	7	4
49	5	3	1	1	3	1	1	6	1	20	2
50	5	1	1	1	1	1	1	1	1	5	1
51	1	1	4	500	1	1	0	2	1	12	10
52	5	1	2	16	1	1	2	1	1	18	10
53	5	1	2	16	1	1	2	1	1	18	10
54	1	?	1	5	3	1	0	2	1	12	5
55	5	2	4	4	3	1	1	3	1	15	3
56	5	2	4	4	3	1	1	3	1	15	3
57	3	1	2	3	3	1	2	3	1	23	2
58	5	1	1	20	1	1	1	4	1	21	20
59	6	1	2	4	2	1	2	4	1	9	2
60	5	1	2	71	1	1	2	1	1	2.5	1.5
61	5	1	2	71	1	1	1	1	1	7	4
62	5	1	2	8	3	1	2	2	1	13	2
63	6	1	4	67	1	1	1	3	1	19	11
66	3	3	2	2	1	1	2	3	1	10	3
67	3	3	2	2	1	1	2	3	1	10	3
68	6	1	4	67	1	1	1	1	1	5	3
69	6	1	4	67	1	1	1	1	1	5	3
71	2	1	2	10	1	1	1	4	1	28	22
72	1	1	2	20	1	1	2	3	1	15	11
73	1	1	2	20	1	1	2	3	1	15	11
74	1	1	3	?	1	2	2	2	1	17	11
76	2	1	2	10	1	2	1	4	1	28	22
77	6	?	1	20	3	1	0	4	1	20	18
78	5	1	3	230	1	1	2	4	2	25	24
79	6	1	4	2	1	1	2	1	1	3	1
80	6	1	4	2	1	1	1	4	1	31	3
81	5	1	2	3	1	1	1	1	1	7	12
82	1	1	2	9	1	1	2	4	1	21	9
83	1	1	2	9	1	1	2	1	1	5	1
84	3	1	2	4	4	1	1	2	1	5	2
85	1	1	2	11	3	1	2	3	1	16	8
86	3	1	4	21	1	2	1	3	1	20	10
88	1	3	2	2	1	1	1	2	1	9	1
89	5	1	2	71	1	1	2	2	1	7	6
90	5	1	2	71	1	1	0	1	1	7	4
91	3	1	2	30	1	1	2	1	1	2	1
92	3	1	2	30	1	1	2	4	1	16	11
93	1	1	2	30	1	1	1	1	1	8	4.5
94	2	3	2	2	1	1	1	1	1	5	1
96	5	1	2	3	1	1	1	1	1	7.5	1.5
98	5	1	2	92	2	1	1	3	1	21.5	18
99	5	1	2	92	1	1	3	3	1	21.5	18

Factor	yrs sup	suptrain	infants	child	adoles	yg adul	adult	elder	pop	lgt trn	int gen
order#	M	N	O	P	Q	R	S	T	U	V	W
47	2	1	0	1	1	1	1	1	13	1	2
48	1	1	0	0	0	0	1	1	5	2	2
49	2	3	0	0	0	0	1	1	13	2	2
50	1	1	0	0	0	0	0	1	1	2	2
51	1	2	0	0	0	1	1	0	1	1	2
52	2	1	0	1	0	0	0	0	8	2	2
53	2	1	0	1	0	0	0	0	8	2	2
54	1	0	0	1	0	1	1	0	5	2	2
55	2	4	0	1	1	0	0	0	1	2	2
56	2	4	0	0	0	1	1	0	4	2	2
57	3	1	0	1	1	1	1	1	13	1	0
58	3	0	0	1	1	0	0	0	5	2	2
59	2	1	0	1	1	1	1	1	1	1	2
60	1	0	0	1	1	1	1	0	13	2	2
61	2	1	0	1	1	1	1	0	5	2	2
62	2	1	0	0	0	0	1	0	13	2	2
63	2	1	0	0	1	1	1	1	13	2	2
66	2	2	0	0	1	0	0	0	4	2	1
67	2	2	0	0	1	2	0	0	0	2	2
68	1	0	0	0	1	1	1	0	1	2	2
69	1	0	0	0	0	1	1	1	1	2	2
71	2	1	0	1	1	0	1	1	11	1	2
72	1	0	0	0	0	1	1	1	1	2	2
73	1	0	0	0	0	0	1	1	1	2	2
74	1	1	0	0	0	0	1	1	1	1	2
76	2	1	0	1	1	0	1	1	1	1	2
77	1	10	0	1	0	0	0	0	13	2	2
78	2	2	0	0	0	0	1	0	1	1	2
79	1	1	0	0	0	1	1	1	4	2	2
80	1	1	0	0	0	1	1	1	4	2	2
81	1	1	0	0	0	1	1	0	5	2	2
82	2	1	1	1	1	1	0	0	8	2	2
83	1	0	0	0	0	0	1	1	10	2	2
84	1	1	0	0	0	0	1	1	1	3	1
85	2	1	1	1	0	0	0	0	6	2	2
86	1	2	1	1	0	0	0	0	8	1	2
88	2	1	0	1	1	1	0	0	8	2	2
89	1	0	0	1	1	1	1	0	5	2	2
90	2	1	0	1	1	1	1	0	5	2	2
91	2	2	0	1	1	1	0	0	6	2	2
92	1	1	0	1	1	1	0	0	6	2	2
93	1	2	0	1	1	0	0	0	6	2	2
94	2	0	0	1	1	1	0	0	8	2	2
96	1	1	0	0	0	1	1	1	5	2	2
98	2	1	0	0	0	1	1	1	1	1	2
99	2	1	0	0	0	1	1	1	1	1	2

Factor	int mar	int age	int cul	wage	stipend	housing	meals	other	grade?	time	hrs clin
order#	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
47	1	3	1	0	0	0	1	0	1	1	30
48	2	1	1	0	1	1	0	0	3	3	3
49	1	4	1	0	0	0	0	1	3	3	1
50	2	4	1	0	0	0	0	0	1	3	3
51	2	1	1	0	0	0	0	0	2	3	14
52	2	1	1	0	1	0	0	0	2	3	4.5
53	2	1	1	0	1	0	0	0	2	3	4.5
54	1	1	1	0	1	0	0	0	1	2	8
55	2	1	1	0	0	0	1	0	3	1	33
56	2	1	1	0	1	1	1	0	1	3	30
57	0	0	0	0	0	0	0	0	0	0	?
58	0	1	1	0	0	0	0	0	1	1	30
59	2	1	1	0	0	0	1	0	2	3	30
60	2	1	1	0	0	1	1	0	3	2	1
61	2	1	1	0	0	1	1	0	3	2	1
62	1	1	8	0	0	0	0	0	1	3	12
63	1	1	1	0	0	1	0	0	2	1	10
66	2	2	6	0	1	0	0	0	2	2	30
67	1	4	1	0	0	0	0	0	3	2	30
68	1	1	0	0	0	1	1	0	2	2	8
69	2	1	1	0	0	1	0	0	2	2	6
71	2	1	1	0	0	0	1	0	2	3	3
72	2	1	6	0	0	0	0	0	1	3	36
73	2	1	6	0	0	0	0	0	2	3	?
74	1	1	1	0	0	1	0	0	3	3	9
76	1	1	1	0	0	0	1	1	2	1	30
77	2	1	3	0	0	0	0	0	2	3	?
78	2	1	2	0	0	1	1	0	2	2	33
79	2	1	1	0	0	1	1	0	2	3	9
80	2	1	1	0	0	1	1	0	2	3	2
81	1	1	1	0	1	0	0	0	0	1	?
82	2	1	1	0	0	0	0	0	1	3	25
83	2	1	1	0	0	0	0	0	2	1	?
84	1	1	8	0	0	0	1	0	2	3	?
85	1	1	1	0	0	0	0	0	1	2	5
86	1	1	1	0	0	0	0	0	2	1	6
88	2	1	1	0	0	0	0	1	2	0	12
89	2	1	1	0	0	1	1	0	2	1	3
90	2	1	1	0	0	1	1	0	2	1	2
91	2	1	1	0	0	0	0	0	1	3	3
92	2	1	1	0	0	0	0	0	1	3	3
93	2	1	1	0	0	0	0	0	1	3	4
94	2	1	1	0	0	0	0	1	2	3	10
96	2	1	2	0	1	0	0	0	3	2	25
98	2	1	1	0	1	0	1	1	2	3	4
99	2	1	1	0	1	0	1	1	2	3	3

Factor	hrs soc	eval#	coach	coach	act/con	role	role	role	role	couns	couns
order#	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
47	10	2	4	3	5	5	5	5	5	5	5
48	3	1	4	4	4	4	4	4	4	4	4
49	1	1	4	4	4	4	5	5	5	5	4
50	12	1	5	5	5	5	5	5	5	5	5
51	10	2	2	4	3	3	4	5	5	5	3
52	2.5	1	2	4	4	3	2	4	2	2	2.5
53	0	1	2	5	4	5	4	5	4	5	5
54	2	1	5	5	5	5	5	5	5	5	5
55	3.5	1	5	4	5	4	4	5	5	5	5
56	5	1	5	3	5	5	4	5	5	4	5
57	?	0	5	5	5	3	4	4	4	3	5
58	10	1	5	5	3	5	5	5	5	5	5
59	8	2	5	2	2	4	3	4	3	5	5
60	2	1	3	4	4	4	4	4	4	5	3
61	3.5	1	5	4	4	5	4	5	5	5	4
62	?	4	4	2	4	3	3	4	4	4	4
63	12	1	5	3	5	4	4	5	4	5	5
66	0	1	5	4	4	4	5	5	5	5	5
67	3	1	4	4	2.5	4	3.5	5	4	4.5	4.5
68	4	1	5	4	4	5	4	5	5	5	5
69	2	1	3	2	1	4	5	5	4	3	5
71	6	1	3	3	5	2	2	2	2	4	5
72	?	1	5	2	3	3	3	4	3	5	3
73	?	1	5	2	3	3	3	4	4	5	5
74	5	1	5	5	4	4	5	4	3	4	5
76	10	1									
77	2	3	5	5	5	5	5	5	5	5	5
78	2	4	5	5	5	3	2	5	1	5	5
79	8	1									
80	3	1									
81	?	1	5	3	4	4	4	5	5	5	5
82	15	5	5	5	5	2	1	2	3	5	5
83	?	1	3	4	3	3.5	4	4	4	4	4
84	?	1	4	4	4	3	4	4	4	4	4
85	15	1	5	4	4	4	3	4	4	4	4
86	4	1	3	2	2	3	4	5	3	4	3
88	12	4	5	5	5	5	5	5	5	5	5
89	2	1	3	3	4	5	4	5	5	5	5
90	1	1	4	3	5	5	5	4	5	5	5
91	3	1	5	5	5	5	5	5	5	5	5
92	4	1	5	5	5	5	5	5	5	5	5
93	3	1	5	4	4	5	5	5	5	5	5
94	7	3	5	5	5	5	5	5	5	5	5
96	2	4	5	5	5	3	5	5	5	5	5
98	8	1	5	5	4	4	5	4	4	3	3
99	10	1	5	4	4	4	5	5	5	3	3

Factor	couns	couns	couns	couns	act/con	protect	protect	exp/vis	exp/vis	exp/vis	sponsor
order#	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD
47	5	5	5	5	5	5	5	4	3	3	4
48	4	4	4	4	4	4	4	4	4	4	4
49	4	3	5	4	5	4	3	5	5	4	4
50	5	5	5	5	5	5	5	4	5	5	5
51	2	3	4	4	4	4	1	4	1	3	5
52	1	3	3	4	2.5	4	2	3.5	4	4	4
53	4	5	5	5	5	5	1	5	5	5	5
54	5	5	5	5	5	5	5	5	5	5	5
55	5	5	5	5	5			4	4	4	4
56	5	5	5	5	5	5	4	4	4	4	5
57	5	5	5	5	4	5	3	4	4	4	5
58	5	5	5	5	5		3	5	3	4	5
59	5	4	4	4	4	3	3	3	3	3	3
60	5	3	3	5	4	4	2	4	1	1	5
61	4	4	5	5	5	5	3	4	2	5	5
62	3	3	4	4	4	4	3	2	2	4	4
63	3	1	4	4	4			5	3	3	5
66	5	4	5	5	5	5	5	5	4	5	5
67	4.5	3	4	3.5	4	2.5	2.5	2.5	4	2.5	4
68	5	5	5	5	5	5	3	5	4	5	5
69	1	1	3	2	3	3	3	5	3	3	3
71	5	5	5	4	5	4	2	5	2	5	5
72	5	5	5	4	5	4	4	5	5	5	
73	5	4	3	3	4	3	4	1	1	1	2
74	5	4	4	4	5	3	3	2	5	4	4
76											
77	5	5	5	5	5	5	5	5	5	4	5
78	3	5	4	1	1	3	1	5	1	5	5
79											
80											
81	3	5	5	5	5	4	5	5	3	5	5
82	5	5	3	2	1	3	1	5	1	1	3
83	3	4	4	4	4	4	3	5	3	4	4
84	3	2	3	4	4		3	3	4	4	5
85	4	4	4	5	5	4	3	4	5	4	5
86	4	3	4	3	5	4	2	4	3	3	3
88	5	5	5	4	5	5	3	5	5	5	5
89	4	4	5	5	5	3	4	3	3	5	5
90	3	4	4	3	4	3	3	5	5	4	5
91	5	3	5	5	5	5	5	4	4	4	4
92	5	5	5	5	5	4	5	5	4	4	5
93	5	4	5	5	5	5	5	5	4	4	5
94	5	5	5	5	5	5	5	5	4	5	5
96	5	5	5	5	5	3	3	5	5	5	5
98	5	3	4	5	5	4	5	5	3	3	5
99	5	3	3	5	5	4	5	3	5	2	5

Factor	chall	chall	coach	coach	coach	coach	friend	act/con	friend	supteac	supcon
order#	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO
47	5	5	4	5	5	5	5	4	3	1	2
48	4	4	4	4	4	4	4	4	4	1	1
49	4	3	3	4	4	2	4	2	2	1	0
50	5	4	5	5	5	5	5	4	5	2	1
51	5	4	3	4	3	5	1	1	1	3	1
52	5	5	2	2	2	3	1	1	1	3	1
53	5	5	5	5	3	5	5	3	1	1	1
54	5	5	5	5	5	5	5	5	5	1	1
55	5	5	5	5	5	5	3		4	5	0
56	5	5	5	5	5	5	5	5	5	3	2
57	5	5	5	5	4	5	5	4	3	3	2
58	5	4	4	4	4	4	5		4	1.66	1.66
59	5	5	3	4	4	4	5	4	5	3	0
60	5	5	4	4	4	5	4	1	1	3	0
61	5	5	4	5	4	5	5	1	1	2	0
62	5	4	2	4	4	5	5	3	1	5	0
63	5	5	5	5	5	5	5	1	3	0	0
66	5	5	5	5	5	5	5	5	4	0	0
67	4	4	5	4.5	0.5	4.5	4.5	4	4.5	0	0
68	5	5	5	4	5	5	5	3	4	3	0
69	3	5	3	5	2	5	1	2	1	1	1
71	5	1	4	5	4	5	4		4	1	3
72	3	4	4	4	3	4	5	3	2	2	1
73	2	3	4	4	4	4	1	1	1	2	2
74	4	4	5	5	4	5	4	3	4	1	1
76										2	1
77	5	5	5	5	5	5	4	4	3	0	0
78	5	5	5	5	5	5	3	1	1	5	0
79										2	0
80										1	1
81	3	3	4	5	5	3	1	4	1	5	0
82	3	5	3	5	4	5	3	1	2	5	0
83	3	4	4	3	3	4	4		4	3	1
84	5	5	4	5	5	5	5	3	4	3	1
85	5	4	4	5	5	4	5	4	3	3	0
86	4	4	2	5	3	5	5	5	2	4	2
88	5	5	5	5	5	5	5	5	5	2	0
89	5	5	3	5	3	5	5	4	1	0	4
90	4	4	3	5	4	5	5	1	1	0	4
91	5	5	5	5	5	5	3	2	5	3	0
92	55	5	5	5	5	5	5	3	5	3	0
93	4	5	4	5	4	5	5	3	5	3	0
94	5	5	5	5	5	5	5	4	4	2	1
96	5	5	5	5	5	5	5	1	1	2	2
98	5	3.5	5	5	4	3	5	1	5	3	1
99	5	4	5	5	4	3	5		5	3	1

Factor	supcoll	preteac	precou	precon	int est	ak-bm	couch	acpt	role	couns	protect
order#	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ
47	3	2	1	3	5	4.5517	4.4483	4.6667	4	5	5
48	3	1	1	3	4	4	3.8966	4	3	4	4
49	4	2	0	3	5	3.931	3.8276	3.6667	3.5	4.3333	3.5
50	2	2	1	2	5	4.8966	4.7931	4.6667	3.75	5	5
51	2	1	0	4	3	3.3103	3.3448	2.6667	3.25	3.6667	2.5
52	1	1	1	3	2	2.8448	2.8793	2.5	2.25	2.75	3
53	3	1	0	3	5	4.3448	4.3103	4	3.5	4.8333	3
54	3	1	1	3	5	5	4.8621	5	3.75	5	5
55	0	5	0	0	5	4.6154	4.6154	3.3333	3.75	4.1667	0
56	0	3	2	0	5	4.7241	4.6552	5	4	4.8333	4.5
57	0	0	0	5	3	4.4138	4.3448	4.3333	2.75	4.6667	4
58	1.66	1.66	1.66	1.66	5	4.5185	4.3948	2.6667	3.75	4.1667	1.5
59	2	2	0	3	4	3.8276	3.7586	3.3333	3	4.3333	3
60	2	2	0	3	4	3.6207	3.6207	3	3.25	4.1667	3
61	3	2	0	3	5	4.2414	4.1379	3.3333	4	4.6667	4
62	0	5	0	0	3	3.5172	3.5517	3.6667	2.75	3.8333	3.5
63	5	0	0	5	3	4.1111	3.9259	3.3333	3.25	3.5	0
66	5	0	0	5	5	4.7931	4.6207	4.6667	3.5	5	5
67	5	0	0	5	4	3.7414	3.6034	3.5	3.25	3.9167	2.5
68	2	2	0	3	5	4.6552	4.5862	4	4	5	4
69	3	1	1	3	4	3.069	3	2	3.25	2.8333	3
71	1	1	1	3	1	3.8214	3.75	3.3333	1.75	4.5	3
72	2	2	1	2	4	3.9286	3.8214	3.6667	2.5	4.3333	4
73	1	1	1	3	4	3.069	2.9655	2.6667	2.75	4	3.5
74	3	2	0	3	3	4.1379	4	4	2.75	4.1667	3
76	2	3	1	1	4		2	0	0.25	0	0
77	5	0	0	5	5	4.8276	4.6552	4.6667	3.75	5	5
78	0	5	0	0		3.6207	3.6207	2.3333	2.5	3.5	2
79	3	1	0	4	3.5		2	0	0.25	0	0
80	3	1	1	3	5		1	0	0.25	0	0
81	0	5	0	0	5	4.1034	4.1034	4.3333	3.5	4.5	4.5
82	0	0	5	0	3	3.2414	3.2414	2.3333	1.75	3.8333	2
83	1	2	1	2	4	3.7321	3.7321	2.3333	2.875	3.8333	3.5
84	1	2	1	2	3	3.9643	3.9286	3.6667	3	3	1.5
85	2	2	0	3	4	4.2069	4.1379	4.3333	3	4.1667	3.5
86	5	4	1	5	4	3.5172	3.5517	4	2.75	3.6667	3
88	3	1	0	4	5	4.8966	4.7931	5	3.75	4.8333	4
89	1	0	4	1	3	4.1724	4.069	4.3333	4	4.5	3.5
90	1		4	1	3	4	3.8621	3.3333	3.75	3.8333	3
91	2	3	0	2	5	4.6207	4.5517	4	3.75	5	5
92	2	2	1	2	5	6.5517	6.4828	4.3333	3.75	4.8333	4.5
93	2	3	0	2	5	4.6552	4.5862	4	3.75	5	5
94	2	2	1	2	5	4.8966	4.7931	4.6667	3.75	5	5
96	1	2	2	1	5	4.5172	4.4138	3.6667	3.25	4.6667	3
98	1	3	1	1	4	4.1552	4.0862	3.3333	3.25	4	4.5
99	1	3	1	1	5	4.25	4.1786	3	3.75	3.8333	4.5

Factor	region	appr	intern#	total#	site$	sup gen	married	supage	ethgrah	yrs ex	ed lev
order#	B	C	D	E	F	G	H	I	J	K	L
100	8	1	1	7	2	1	2	2	7	7.5	4.5
101	1	1	4	76	1	1	0	3	1	24	19
102	1	1	4	76	1	1	0	3	1	24	19
103	1	1	4	76	1	1	0	2	1	24	19
104	5		?	?	?	?	?	?	?	?	?
105	1	1	2	2	4	1	2		1	20	2
106	3	1	5	156	1	1	2	2	1	10	5

Factor	yrs sup	suptrain	infants	child	adoles	yg adul	adult	elder	pop	lgt trn	int gen
order#	M	N	O	P	Q	R	S	T	U	V	W
100	1	1	1	1	1	1	1	1	9	1	2
101	2	15	0	1	1	1	1	1	5	2	2
102	2	15	1	1	1	1	1	1	5	2	2
103	2	15	0	1	0	1	1	0	5	2	2
104	?	?	0	1	0	0	0	0	6	2	2
105	2	2	0	1	1	1	1	1	12	2	2
106	1	2	0	1	1	1	1	1	5	2	2

Factor	int mar	int age	int cul	wage	stipend	housing	meals	other	grade?	time	hrs clin
order#	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
100	1	2	1	0	0	0	0	0	1	2	20
101	0	2	0	0	0	1	0	0	2	1	2
102	0	1	0	0	0	1	0	0	1	2	?
103	0	0	0	0	0	1	0	1	1	1	?
104	2	1	1	0	0	0	0	0	1	0	2.5
105	2	1	1	0	0	1	0	0	3	0	6
106	2	1	6	0	1	1	0	0	2	2	1

Factor	hrs soc	eval#	coach	coach	act/con	role	role	role	role	couns	couns
order#	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
100	10	?	5	5	5	5	5	5	5	5	5
101	2	1	4	4		4	4	4	5	3	4
102	?	1	4		4	5	5	4	4	3	
103	?	1	5			4	5	5	5	5	4
104	1.5	4	3	4	5	4	4	5	5	5	5
105	6	1	5	5	5	5	5	5	5	5	5
106	10	1	4	5	3	4	5	5	4	4	5

Factor	couns	couns	couns	couns	act/con	protect	protect	exp/vis	exp/vis	exp/vis	sponsor
order#	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD
100	5	5	5	5	5	5	5	5	5	5	5
101	3	3	3		3			4	3	2	5
102		3	2	4	4			5	4	3	4
103	3	4	4	4				5	5		5
104	3	5	5	4	5	4	2	3	2	5	4
105	5	5	5	5	5	2	1	5	5	3	5
106	5	4	5	5	5	5	3	5	5	4	5

Factor	chall	chall	coach	coach	coach	coach	friend	act/con	friend	supteac	supcon
order#	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO
100	5	5	5	5	5	5	5	5	5	0	0
101	5	3	2	3	3	3			2	3	1
102	4	4	4	4	4	4	1		1		
103	5	5		4	4	4			2	3	1
104	5	5	3	5	5	5	3	2	1	2	1
105	5	5	5	5	2	5	5	2	5	5	0
106	4	5	4	5	4	4	5	5	5	0	2
Factor	supcoll	preteac	precoun	precon	int est	ak-bm	couch	acpt	role	couns	protect
order#	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ
100	5	0	0	5	5	3.3967	3.325	5	3.75	5	5
101	1	3	1	1	3	3.2689	3.2034	1	3.25	2.1667	0
102					4	3.2101	3.1453	2.6667	3.25	1.5	0
103	2	3	1	2	5	3.1624	3.1034	0	3.5	3.3333	0
104	2	2	1	2	5	3.1092	3.0424	4	3.5	4.3333	3
105	0	5	0	0	5	3.1008	3.0169	4	3.75	4.5	1.5
106	3	0	2	3	5	3.0756	2.9576	4.3333	3.25	4.8333	4

Factor	ak-bm	couch	acpt	role	couns	protect	Factor	ak-bm	couch	acpt	role	couns	protect
order#	BU	BV	BW	BX	BY	BZ	order#	BU	BV	BW	BX	BY	BZ
1	3.6207	3.6667	3	3	3.6667	3.5	51	3.3103	3.3448	2.6667	3.25	3.6667	2.5
2	3.8966	4	3.6667	3.25	4.1667	0.5	52	2.8448	2.8793	2.5	2.25	2.75	3
3	4.5714	5	4.3333	3	5	4.5	53	4.3448	4.3103	4	3.5	4.8333	3
4	3.3793	3.8333	3	3	3.8333	2	54	5	4.8621	5	3.75	5	5
5	3.8621	3.3333	3	3.75	4.1667	3	55	4.6154	4.6154	3.3333	3.75	4.1667	0
6	4.7241	5	4.6667	3.75	4.8333	4.5	56	4.7241	4.6552	5	4	4.8333	4.5
7	3.5357	3.1667	2.6667	2.75	4.5	1.5	57	4.4138	4.3448	4.3333	2.75	4.6667	4
8	3.9167	4.3333	3.3333	4	1.5	1	58	4.5185	4.3948	2.6667	3.75	4.1667	1.5
9	3.4828	3.8333	3.3333	3	3.8333	5	59	3.8276	3.7586	3.3333	3	4.3333	3
10	3.3793	3.3333	2.6667	3	3.5	2.5	60	3.6207	3.6207	3	3.25	4.1667	3
11	3.4138	3.8333	2.3333	2	3.8333	1.5	61	4.2414	4.1379	3.3333	4	4.6667	4
12	4.7931	5	4.3333	3.25	5	5	62	3.5172	3.5517	3.6667	2.75	3.8333	3.5
13	4.2414	4.1667	4.6667	3.75	4.6667	4	63	4.1111	3.9259	3.3333	3.25	3.5	0
14	4.7143	5	4.3333	3.5	4.6667	4	66	4.7931	4.6207	4.6667	3.5	5	5
15	4.8276	5	4.6667	3.75	5	4	67	3.7414	3.6034	3.5	3.25	3.9167	2.5
16	3.6897	3.6667	4	2.5	3.5	4	68	4.6552	4.5862	4	4	5	4
17	4.6552	4.8333	4.3333	3.75	4.8333	4	69	3.069	3	2	3.25	2.8333	3
18	4.7931	5	4.6667	4	4.8333	4.5	71	3.8214	3.75	3.3333	1.75	4.5	3
19	4.5172	5	5	2.75	5	5	72	3.9286	3.8214	3.6667	2.5	4.3333	4
20	4.4828	4.3333	4.3333	3.5	4.6667	4.5	73	3.069	2.9655	2.6667	2.75	4	3.5
21	3.8214	3.8333	3.6667	3.25	4.3333	2.5	74	4.1379	4	4	2.75	4.1667	3
22	4.3103	4.3333	4	3.25	4	4.5	76		2	0	0.25	0	0
23	4.931	5	5	3.75	5	5	77	4.8276	4.6552	4.6667	3.75	5	5
24	3.7241	3.6667	3.3333	3.5	4.5	3.5	78	3.6207	3.6207	2.3333	2.5	3.5	2
25	3.8214	3.8333	3.6667	3	4.3333	2.5	79		2	0	0.25	0	0
26	4.3103	4.3333	4	3.25	4	4.5	80		1	0	0.25	0	0
27	4	4	4	3	4	4	81	4.1034	4.1034	4.3333	3.5	4.5	4.5
28	4.8621	4.6667	4.3333	4	5	5	82	3.2414	3.2414	2.3333	1.75	3.8333	2
29	4.3103	4.6667	4	3.5	4.3333	4	83	3.7321	3.7321	2.3333	2.875	3.8333	3.5
30	4.4483	4.1667	4	3.75	4.6667	5	84	3.9643	3.9286	3.6667	3	3	1.5
31	4.3448	4.6667	4	3.75	4.8333	4.5	85	4.2069	4.1379	4.3333	3	4.1667	3.5
32	5	5	5	3.75	5	5	86	3.5172	3.5517	4	2.75	3.6667	3
33	4.3793	4.2414	2.3333	3.75	5	4	88	4.8966	4.7931	5	3.75	4.8333	4
34	4.5862	4.4483	5	3.75	4.8333	4	89	4.1724	4.069	4.3333	4	4.5	3.5
35	4.75	4.6071	4.6667	4	4	2	90	4	3.8621	3.3333	3.75	3.8333	3
36	4.7931	4.6552	4.3333	4	5	5	91	4.6207	4.5517	4	3.75	5	5
37	4.2857	4.2143	3.6667	3.5	4.1667	2	92	6.5517	6.4828	4.3333	3.75	4.8333	4.5
38	4.5862	4.4828	4.3333	3.75	4.5	4	93	4.6552	4.5862	4	3.75	5	5
39	4	4	2.6667	3.5	5	4.5	94	4.8966	4.7931	4.6667	3.75	5	5
40	4.1154	4.0769	2.3333	3.5	3.6667	5	96	4.5172	4.4138	3.6667	3.25	4.6667	3
41	4.3793	4.2414	4.6667	3	5	5	98	4.1552	4.0862	3.3333	3.25	4	4.5
42	4.1034	4.069	3	2.75	4.6667	2.5	99	4.25	4.1786	3	3.75	3.8333	4.5
43	5	5	5	4	5	5	100	3.468	3.5957	5	3.75	5	5
44	4.7586	4.6552	5	4	4.6667	4.5	101	3.4523	3.5741	1	3.25	2.1667	0
45	4	3.8966	4	3	4.3333	3.5	102	3.4653	3.56	2.6667	3.25	1.5	0
46	4.8519	4.6667	2.6667	4	5	5	103	3.4762	3.5479	0	3.5	3.3333	0
47	4.5517	4.4483	4.6667	4	5	5	104	3.4838	3.5301	4	3.5	4.3333	3
48	4	3.8966	4	3	4	4	105	3.4931	3.5301	4	3.75	4.5	1.5
49	3.931	3.8276	3.6667	3.5	4.3333	3.5	106	3.4943	3.5169	4.3333	3.25	4.8333	4
50	4.8966	4.7931	4.6667	3.75	5	5							

APPENDIX F

LOTUS 123 BASIC STATISTICAL CALCULATIONS

FACTORS	>>>>>>>>	REGION	APPR	#INTERN	TOTAL#	SITE $$	SUP GEN
Mode		5	1	2	2	1	1
Median		3	1	2	10	1	1
Mean or Average			1.2142857	2.2828283	33.828283	1.5959596	1.0707071
Mean exc top/bot 5%			1.1777778	2.2307692	25.802198	1.5384615	1.0549451
Strd. dev			0.6619247	1.1069392	61.462622	0.924929	0.3274055
Strd. err. of	n. dev mean)		0.0661856	0.1101334	6.1151417	0.0920246	0.0325748
Sum			119	226	3349		
n-1 method variance		4.0669319	0.3993352	1.1715952	3846.7362	0.8292378	0.0953769
FACTORS	>>>>>>>>	MARRIED?	SUPAGE	ETHGRP	YRS EXP	ED LEV	YRS SUP
Mode		1	3	1	5	2	1
Median		1	3	1	15	4.5	1
Mean or Average		1.2525253	2.5408163	1.1111111	14.59596	7.540404	1.4747475
Mean exc top/bot 5%		1.2527473	2.5444444	1	14.340659	7.1483516	1.4615385
Strd. dev		0.7191752	1.1502431	0.8676603	8.0773293	6.8718877	0.594935
Strd. err. of	n. dev mean	0.0715534	0.1150125	0.0863267	0.8036431	0.6837093	0.0591923
Sum					1445		146
n-1 method variance		0.5010412	1.2558189	0.7401083	63.047168	46.63674	0.3118291
FACTORS	>>>>>>>>	SUP TRAIN	INFANTS	CHILD	ADOLES	YG ADULT	ADULT
Mode		1	0	0	0	1	1
Median		1	0	0	0	1	1
Mean or Average		1.6464646	0.1010101	0.4848485	0.4545455	0.5858586	0.6868687
Mean exc top/bot 5%		1.1868132	0.0659341	0.4835165	0.4505495	0.5824176	0.7032967
Strd. dev		2.7564882	0.3028757	0.5023138	0.5004636	0.5152788	0.4661274
Strd. err. of	n. dev mean	0.2742531	0.0301342	0.049977	0.049793	0.051267	0.0463767
Sum		163	10	48	45	58	68
n-1 method variance		7.8205573	0.0908071	0.2497704	0.2479339	0.2628303	0.2150801
FACTORS	>>>>>>>>	ELDER	POPULA	LGT TRT	INT GEN	intern mar	intern age
Mode		1	1	2	2	2	1
Median		1	6	2	2	2	1
Mean or Average		0.5656566	6.4949495	1.7070707	1.9292929	1.6464646	1.1818182
Mean exc top/bot 5%		0.5714286	6.4615385	1.7472527	1.967033	1.6923077	1.0659341
Strd. dev		0.498193	4.5070777	0.5393217	0.3274055	0.594415	0.7741175
Strd. err. of	n. dev mean	0.049567	0.4484257	0.0536591	0.0325748	0.0591405	0.0770198
Sum		56					
n-1 method variance		0.2456892	20.10856	0.2879298	0.1061116	0.3497602	0.5932048
FACTORS	>>>>>>>>	int cul/eth	wage	stipend	housing	meals	other
Mode		1	0	0	0	0	0
Median		1	0	0	0	0	0
Mean or Average		1.5555556	0	0.2525253	0.3636364	0.3737374	0.1414141
Mean exc top/bot 5%		1.3846154	0	0.2307692	0.3516484	0.3626374	0.1098901
Strd. dev		1.7096498	0	0.4366719	0.4834938	0.4862572	0.3502215
Strd. err. of	n. dev mean	0.1700993	0	0.0434461	0.0481046	0.0483795	0.0348448
Sum			0	25	36	37	14
n-1 method variance		2.8933782	0	0.1887562	0.231405	0.2340577	0.1214162

FACTORS	>>>>>>>>	grade?	time interval	grade?	time interval	hrs clin sup	hrs mt/soc
Mode		2	3	2	3	0	0
Median		2	2	2	2	7	3
Mean or Average		1.7676768	1.9292929	1.7676768	1.9292929	10.782828	4.8181818
Mean exc top/bot 5%		1.7802198	1.967033	1.7802198	1.967033	10.093407	4.5054945
Strd. dev		0.7670282	1.0025735	0.7670282	1.0025735	11.221599	4.5794876
Strd. err. of	n. dev mean	0.0763145	0.0997497	0.0763145	0.0997497	1.1164781	0.45563
Sum						1067.5	477
n-1 method variance		0.5823896	0.9950005	0.5823896	0.9950005	123.88349	19.979588
FACTORS	>>>>>>>>	eval period	coaching	coaching	act/confirm	role model	role model
Mode		1	5	5	5	5	5
Median		1	5	4.5	4	4	4
Mean or Average		1.3535354	4.34375	4.2021277	4.037234	4.171875	4.1614583
Mean exc top/bot 5%		1.2857143	4.4318182	4.2790698	4.122093	4.2329545	4.2329545
Strd. dev		1.0031901	0.9495498	0.9791349	1.0323774	0.8609301	0.9610707
Strd. err. of	n. dev mean	0.0998111	0.0959087	0.0999213	0.1053548	0.0869577	0.0970724
Sum			417	395	379.5	400.5	399.5
n-1 method variance		0.9875052	0.8922526	0.9485061	1.0544647	0.7334798	0.9140354
FACTORS	>>>>>>>>	role model	role model	counseling	counseling	counseling	counseling
Mode		5	5	5	5	5	5
Median		5	5	5	5	5	4
Mean or Average		4.6145833	4.3125	4.609375	4.5473684	4.2368421	4.1684211
Mean exc top/bot 5%		4.7045455	4.3977273	4.6761364	4.637931	4.3275862	4.2528736
Strd. dev		0.6707387	0.8622187	0.6851935	0.8189046	0.9942444	0.963732
Strd. err. of	n. dev mean	0.0677476	0.0870879	0.0692076	0.083138	0.1009391	0.0978414
Sum		443	414	442.5	432	402.5	396
n-1 method variance		0.445204	0.7356771	0.4645996	0.4482798	0.9781163	0.9190028
FACTORS	>>>>>>>>	counseling	counseling	act/confirm	protection	protection	expos/visb
Mode		5	5	5	5	5	5
Median		5	5	5	4	4	5
Mean or Average		4.4842105	4.4784946	4.6263158	4.1321839	3.6264368	4.3229167
Mean exc top/bot 5%		4.5402299	4.5823529	4.7356322	4.221519	3.7025316	4.4090909
Strd. dev		0.6974598	0.8337773	0.7717362	0.9507028	1.316749	0.9031499
Strd. err. of	n. dev mean	0.0708085	0.085534	0.0783493	0.1007611	0.1395569	0.0912221
Sum		426	416.5	439.5	359.5	315.5	415
n-1 method variance		0.4813296	0.6877096	0.5893075	0.893447	1.5791306	0.8071832
FACTORS	>>>>>>>>	expos/visb	expos/visb	spons/ship	challenge	challenge	coaching
Mode		5	4	5	5	5	5
Median		4	4	5	5	5	4
Mean or Average		3.7978723	3.8894737	4.4631579	5.0833333	4.5364583	4.0842105
Mean exc top/bot 5%		3.8837209	3.9712644	4.5172414	4.625	4.6079545	4.137931
Strd. dev		1.2664385	1.1016886	0.769229	5.1985153	0.7582695	0.9856757
Strd. err. of	n. dev mean	0.1292409	0.1118473	0.0780948	0.525073	0.0765886	0.1000692
Sum		357	369.5	424	488	435.5	388
n-1 method variance		1.4471037	1.2009418	0.5854848	26.743056	0.5689833	0.9613296

FACTORS	>>>>>>>>	coaching	coaching	coaching	friendship	act/confirm	friendship
Mode		5	5	5	5	4	1
Median		5	4	5	5	3	3
Mean or Average		4.5677083	4.1927083	4.5677083	4.155914	3.0235294	3.0691489
Mean exc top/bot 5%		4.6306818	4.2727273	4.6420455	4.2647059	3.038961	3.0872093
Strd. dev		0.7056904	0.9329348	0.7204523	1.3104482	1.4878594	1.6024193
Strd. err. of	n. dev mean	0.0712778	0.0942305	0.0727689	0.1344338	0.1594934	0.1635279
Sum		438.5	402.5	438.5	386.5	257	288.5
n-1 method variance		0.4928114	0.861301	0.5136447	1.6988091	2.1876817	2.5404312
FACTORS	>>>>>>>>	sup teach	sup couns	sup consul	pref/teach	pref/couns	pre/consul
Mode		1	0	3	1	0	3
Median		2	0	2	1	0	3
Mean or Average		1.9449485	0.7672917	2.4652083	1.6753684	0.7360417	2.8141667
Mean exc top/bot 5%		1.8950562	0.6325	2.4620455	1.5995402	0.5870455	2.8427273
Strd. dev		1.5506102	1.0965827	1.6037436	1.4672088	1.1227171	1.5885456
Strd. err. of	n. dev mean	0.1558258	0.1107597	0.1619852	0.1489561	0.1133994	0.1604501
Sum		188.66	73.66	236.66	159.16	70.66	270.16
n-1 method variance		2.364577	1.1899677	2.545202	2.1300417	1.2473635	2.497191
FACTORS	>>>>>>>>	ment level					
Mode		5					
Median		4.5					
Mean or Average		4.2653061					
Mean exc top/bot 5%		4.3222222					
Strd. dev		0.8651443					
Strd. err. of	n. dev mean	0.0865055					
Sum		418					
n-1 method variance		0.7408372					
FACTORS	>>>>>>>>	AK-BM	COACH	ACPT	ROLE	COUNS	PROTECT
Mode		4	5	4	3.75	5	5
Median		4.2678571	4.1666667	4	3.5	4.3333333	4
Mean or Average		4.2293846	4.1332275	3.6228956	3.2689394	4.1734007	3.4090909
Mean exc top/bot 5%		4.2300575	4.1739281	3.7216117	3.353022	4.3040293	3.489011
Strd. dev		0.5709533	0.7246429	1.1257615	0.7374294	1.0288275	1.4920942
Strd. err. of	n. dev mean	0.0576688	0.0720974	0.1120061	0.0733696	0.1023618	0.1484539
Sum		406.02092	409.18953	358.66667	323.625	413.16667	337.5
n-1 method variance		0.322592	0.5198032	1.2545375	0.5383092	1.0477942	2.2038567