



Central Ohio Music Therapy, LLC (COMT)

INTERNSHIP APPLICATION
(Printed or typed are both acceptable)

Contact Information:

Name:

Permanent Address:

Phone: _____ Email address: _____

College/University Information:

College/University:

Academic Advisor: _____ Primary Instrument: _____

Anticipated Date of Coursework Completion: _____

SHORT-ANSWER QUESTIONS:

On a separate piece of paper, please respond thoughtfully to the following questions:

1. What made you choose music therapy as a profession?
2. What strengths can you offer the music therapy program at COMT?

NARRATIVE/SESSION PLAN SUBMISSION:

1. Choose ONE of the cases on the following page and respond in a 1-2 page, double spaced narrative format. Describe in great detail the musical and intervention techniques you will employ to address the needs of this patient and family. What observations will you make and how will you measure your success with this patient/client? If the patient/client responds well to the music intervention, what recommendations might you make? How would you approach a 30-minute session with them? Why did you choose this case?
2. In addition to the narrative, please include a sample session plan or protocol for your chosen case in a format you are most familiar/comfortable with.

WRITING/SESSION PLAN CASES:

Medical/Hospice Case:

Jim (he/him/his) is a 70-year old patient hospitalized for a recent fall and changes in mental status. The music therapy referral states that Jim has been diagnosed with cancer and that the cancer has spread to his brain. The metastases to his brain cause significant limitations to his daily living skills and his ability to interact with his family. Jim has 2 adult children who stay by his bedside frequently, who have stated that he enjoys country and folk music.

When you see Jim arrive at Jim's room later that day, he is extremely agitated and the nurse asks you to try and keep him and the family calm until they can find a medication combination that works for him. You walk in and find Jim sitting up in bed with his back far from the upper part of the bed, sitting at almost a perfect right angle. His arms and legs are shaking. His eyes are wide open. His son and daughter are standing on either side of the bed with tears in their eyes, each with a hold of one of his hands, which he has clenched tightly to each of their hands.

Adult with Developmental Delay Case:

Jeff (he/him/his) is 25 years old and on the Autism Spectrum. He attends the local day habilitation program in his town, loves music, but it is often difficult to understand what he is saying. Staff at his group home state that he "sings more than he talks" and he presents with some echolalia. While the staff have tried to give him musical instruments, he usually just tears them up, but they really feel like he could benefit from music therapy.

When Jeff comes to music therapy for the first time, he runs to the microphone, grabs it and starts singing something. The next thing you know, he is running over to the drum set and then grabs the ukulele. He seems out of control. You noticed when the staff brought him that he has a belt around his waist, but you are not sure what that means.

Behavioral/Emotional Case:

Josie (they/them) is a 14 year old client in a partial hospitalization facility diagnosed with depression and anxiety. Staff has referred them to music therapy as they "love to draw and be creative", but are refusing to participate in group therapy. In fact, the client only speaks in a whispered tone and the staff is hoping music therapy might help the client develop more coping skills and an expressive outlet.

When Josie comes to music therapy for the first time, they are shaking their legs throughout and barely make eye contact with the music therapist. They listen to music by pointing at a list and respond to the therapist's questions with nods or one word only. The client is very quiet throughout, but they eventually tell the therapist that they "love listening to musicals" and smile briefly after disclosing this.

MUSICAL/THERAPEUTIC SKILLS VIDEO SUBMISSION REQUIREMENTS:

Please provide the following via Youtube Links with your application

1.) Prepare five (5) songs that fit the criteria below:

When selecting your songs, choose repertoire for a variety of populations and demonstrate your ability to recreate popular songs/artists from different eras

- Provide one song from each of the following genres: Rock, Folk, Pop, Big Band/Jazz, & genre of your choice.
- Your songs should also demonstrate your ability to play in a variety of time signatures (4/4, 3/4, 6/8, etc.).
- Include songs on both piano, guitar, and an instrument of your choice (it does not matter which songs are played on which instruments).
- Upon submission, please indicate in the description of the video what criteria each piece highlights.
- One song can demonstrate more than one musical skill, (e.g. "The Garden Song" by John Denver--4/4 time signature and 60's soft rock)

2.) **Prepare a piece on your primary instrument** that is standard for your instrument's repertoire that highlights your musical strengths. *This selection is a separate requirement from the list of songs/pieces above.*

3.) **Provide video recording of you leading an intervention with volunteers** as "clients" (*please do not submit material that includes actual music therapy sessions with clients*). At the beginning of the video (or in the description of the video), please include a short synopsis of the population and your goals/objectives for the intervention. Consider the following when planning/leading your chosen intervention:

- Experiences/interventions appropriate for selected age, diagnosis, treatment goals,
- Demonstrating "in the moment" adaptation when necessary,
- Musical integrity throughout the therapeutic process and session logistics
- Demonstrating affect and interpersonal skills during interactions with clients
- Demonstrating a variety of tempi and dynamics and indicating influence of musical elements on physiology, mood, motivation.

ADDITIONAL REQUIRED DOCUMENTS:

1.) A **letter from your college/university director** of music therapy containing your academic completion date and a statement of eligibility for internship. (This may be a form letter, but must include an original signature.)

2.) **College/University Transcript** official or nonofficial/student printed transcripts are accepted

3.) **Three letters of recommendation** that include *strengths and achievements, as well as what experiences in an internship would best support growth/achieving entry level music therapy competency for the student*. At least two must be from supervisors in clinical experiences.

4.) On a separate sheet of paper, **list all practicum sites and any other related fieldwork experiences**. Include name of the facility/site, client population, and the number of pre-internship clinical hours you have completed at each site.

NOTE: All application materials should be postmarked by **December 1st**. Late applications will not be accepted, but can be considered for the next internship opening if the applicant would like. It is preferred that all materials be sent in the same envelope or email, however they will be

accepted if received individually.

**NOTE: This site does not require a legal affiliation.
Please send all application materials to:**

Central Ohio Music Therapy, LLC
% Stephanie Morris, MM, MT-BC
Neurologic Music Therapy Fellow
700 Bryden Rd., Suite 300A, Columbus Ohio 43215
stephanie@ohiomt.com

My signature below indicates that the contents of this application are accurate to the best of my ability, and that I will be at least twenty-one years of age by the internship start date.

Signature

Date

COMT INTERNSHIP AUDITION REQUIREMENT:

If selected for an in person or video internship interview, you will meet with the internship director and the assistant and/or executive director. The formal interview may include:

- Discussing your philosophy of music therapy
- Reviewing experiences in practicum/university
- Discussing self-care strategies
- Discussing what you hope to gain from your internship experience
- Discussing your goals for internship/areas of focus for improvement
- Opportunities for you to ask questions regarding the COMT internship experience

During your interview, we may also ask you to demonstrate one or more of the following skills:

- Sing on pitch with accompaniment or acapella
- Vocally improvise while accompanying self
- Lead a small group or drum circle with conducting and/or cueing.
- Improvise chord progressions for two different moods on guitar (major, minor, modal, etc.).
- Sight-read a simple song on piano.
- Transpose a short, simple song “on the spot”

DECLARATION OF COMT ORIENTATION REQUIREMENTS:

The COMT internship lasts approximately **9 months** and **begins in September and is projected to end in May**. All interns should be aware that ending/passing the internship is based upon achieving entry level ability for the AMTA professional competencies. The internship may need to be extended if more time is required to achieve these competencies.

If accepted, the intern will be required to provide and assumes the costs of the following:

- FBI/BCI Background Check
- 2 Step TB Test
- Vaccination Records (including a record of 2 MMR Vaccines)
- Drug Test
- Flu Shot or agreement to wear a mask during all client interactions from October 1st to May 1st
- **COVID-19 Vaccine**
- Signed COMT Confidentiality Form

These requirements fulfill the site specific orientation requirements, with the exception of some in person trainings and/or paperwork at some sites to be scheduled upon arrival/during orientation. There should be no additional orientation costs beyond what is listed above.

COMT Interns are also expected to provide:

- A reliable vehicle (*while supervisors make every effort to decrease the intern’s travel and/or riding along with the supervisors, some independent travel between sites may be required*).
- A guitar and personal computer. (Students can also use their personal Ipad if they own one.)