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POSITION PAPER

# A Position Paper on Paid Music Therapy Internships: An Analysis of Strengths, Weaknesses, Opportunities, and Threats to Initiate Dialogue

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## **Abstract**

The music therapy internship represents the culmination of students' clinical training. Currently, most music therapy internships are unpaid while other healthcare professions offer paid internship options or do not require an internship. Therefore, the purpose of this position paper was to conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis and initiate dialogue regarding paid music therapy internships in the United States. I conducted an initial SWOT analysis on paid music therapy internships. I then shared the analysis with music therapy students, internship directors, clinicians, business owners, and faculty and integrated their feedback. Although the SWOT analysis indicated that the current internship model can result in strong clinicians, there are weaknesses regarding workforce diversity, accessibility, and finances. There may be numerous opportunities for the profession to strengthen itself through paid internships. The profession's mission and values regarding increased access to music therapy for service users, greater workforce diversity, and quality of care amid escalating tuition and cost of living expenses are consequential factors that may influence paid music therapy internships. Although paid internships may be beyond the control of clinical training directors and thus may not be feasible in all contexts, the large number of unpaid internships may hinder the music therapy profession from thriving and advancing toward its mission. The profession may have an opportunity to use its own agency by valuing itself through paid music therapy internships. Questions and considerations are provided to conclude the paper.

*Keywords:* internship, paid, music therapy, SWOT analysis

## Introduction

The internship represents the culmination pinnacle of music therapy students' clinical training in the United States. After completing the majority of the required 1200 supervised clinical hours during their internships, students are eligible to sit for the Board Certification Exam ([www.cmbt.org](http://www.cmbt.org)). Upon successfully passing the exam, Board-Certified Music Therapists (MT-BC) can start their professional careers. The music therapy internship can therefore be conceptualized as a barrier to professional practice and the ability to earn an income as a qualified music therapist.

Currently, there are compensation disparities for music therapy interns. Some interns may receive room and board while others may receive a stipend or are paid hourly rates for their services. However, music therapy internship stipends are typically not enough to cover living expenses during the approximately six-month internship. Most national roster music therapy interns are not compensated via a stipend or payment despite having completed the necessary academic coursework as well as up to 180 supervised clinical hours as practica students (American Music Therapy Association, 2023).

Internship directors and supervisors are integral components of music therapy education and clinical training and should be commended for their commitment and dedication to training the next generation of music therapists. However, for a variety of reasons outside of their control, music therapy internship directors may not be able to provide stipends or payments despite a genuine desire to compensate interns. This inability to pay music therapy students may result in less internship training opportunities, hinder the music therapy field from growing, and ultimately result in less

access to treatment for service users. Therefore, the purpose of this position paper is to conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis to initiate dialogue and conversation regarding paid music therapy internships. This paper is not a research paper designed to compare music therapy to other professions or provide an exhaustive analysis of other professions. Rather, this paper is designed to initiate conversations to support music therapy interns and advance the profession.

### **Author's Positionality Statement**

To provide context to the topic and analysis, I felt it was important to provide a positionality statement. I have been a music therapist for over 24 years and worked in higher education for over 17 years. I identify as a highly privileged, White, cis-gender heterosexual able-bodied male who is tenured at a public research-intensive university in the United States.

In my role as a music therapy program director, I have had students who successfully completed their coursework but did not complete their internships for various reasons. These individuals were thus unable to work or earn incomes as music therapists despite completing their academic coursework. I have also had students purposely delay applying for and completing their internships so they could work to save money to live on during their internships. I have also had music therapy students who have had to work other jobs while concurrently spending 40 hours a week completing their internships. Working other jobs while simultaneously interning resulted in burnout, poor health, and a less than ideal music therapy internship experience for the interns, their supervisors, and, most importantly, the service users. The Gestalt of these

experiences led me to consider the advantages and disadvantages of a more standardized approach to paid internships.

I emphasize that I do not have answers to many questions resulting from this paper. If the profession moves to a paid internship model, it will be a considerable change. Major changes to professions require considerable thought, input from a variety of constituents, effort, and execution. Constituents need to include students, interns, prospective students considering studying music therapy, faculty, international students, and International Student and Scholar Offices. However, with challenges come opportunities and I believe we owe it to the future generations of music therapists to at least initiate the dialogue on this topic.

In this paper, I am not arguing against the music therapy internship. I believe internships represent a vital component of the “rigorous” (Sena Moore, 2015, p. 82) educational and clinical training of music therapists. I believe in and support music therapy internships because they result in the highest quality of care for music therapy service users. However, I also believe music therapists have a responsibility to advocate for future music therapists and improve the systems wherein they operate. Improving our current systems may help the profession to provide the best possible treatment for future service users and may increase access. I also emphasize (and reiterate!) that in many cases, *music therapy internship directors may be unable to pay their interns for reasons that are beyond their control*. These reasons may include but are not limited to facility policies, human resources, and a lack of resources. Additionally, colleges and universities may require music therapy interns to register for internship as a course and this may prohibit them from being paid.

## Unpaid Internships and the Beneficiary Test

Internships can be considered pathways to employment and many professions and employers prefer or require internships (Boskamp, 2023). In the United States, over 300,000 people intern each year with over 60% of internships being paid (Boskamp, 2023). Hansen (2023) noted that companies should pay their interns for ethical reasons and that paid internships are consistent with workplace initiatives regarding equity and diversity. However, unpaid internships are legal in the United States if the intern is considered the *primary beneficiary*. The primary beneficiary determination is made by the seven-point beneficiary test as outlined by the Department of Labor (US Department of Labor, n.d.):

1. The extent to which the intern and the employer clearly understand that there is no expectation of compensation. Any promise of compensation, expressed or implied, suggests that the intern is an employee—and vice versa.
2. The extent to which the internship provides training that would be similar to that which would be given in an educational environment, including the clinical and other hands-on training provided by educational institutions.
3. The extent to which the internship is tied to the intern's formal education program by integrated coursework or the receipt of academic credit.
4. The extent to which the internship accommodates the intern's academic commitments by corresponding to the academic calendar.
5. The extent to which the internship's duration is limited to the period in which the internship provides the intern with beneficial learning.

6. The extent to which the intern's work complements, rather than displaces, the work of paid employees while providing significant educational benefits to the intern.
  7. The extent to which the intern and the employer understand that the internship is conducted without entitlement to a paid job at the conclusion of the internship.
- (US Department of Labor, n.d.)

Therefore, unpaid internships are legal in the United States when these criteria are met. However, these criteria may not necessarily apply to all music therapy internships, especially given the length of the approximately six-month internship.

As a pilot project, I conducted a brief search regarding other healthcare professions paying their internships in my local area. I found paid internship opportunities for art therapists, counselors, mental health graduate students, marriage and family therapists, social workers, counseling psychologists, addiction counselors, school psychologists, and speech-language pathology therapists. Although I urge extreme caution with the results of this far-from-systematic search, it seems that various healthcare interns can be paid. Congruently, in a study of music therapists who had left the profession, two former music therapist participants who transitioned to different healthcare fields described how they were paid for their requisite clinical hours before becoming qualified (Silverman et al., 2022). These participants noted their paid clinical hours facilitated the transition to a new profession as well as highlighted the financial hardships that people transitioning into the music therapy profession may experience because of unpaid music therapy internships.

Additionally, some healthcare professions do not require a formal internship. For example, after nursing students complete their academic requirements, they are eligible for their exam. As such, registered nurses are not required to complete an internship. However, nursing students are required to accumulate a minimum of 400 clinical hours and 300 classroom hours during their degree programs. With music therapy students needing to complete 1200 supervised clinical hours to be eligible for the Board Certification exam, the music therapy profession might consider what it can do to augment the size and accessibility of the profession relative to the much larger and seemingly more accessible nursing discipline.

### **SWOT Analysis**

A strengths, weaknesses, opportunities, and threats (SWOT) analysis can be a pragmatic tool for organizations and businesses to assess potential changes and facilitate the process of making informed decisions (Rozmi et al., 2018). Because of the usefulness, practicality, and popularity of SWOT analyses, scholars have conducted research on SWOT for over 60 years in various disciplines including education and healthcare (Benzaghta et al., 2021). Within a SWOT analysis, strengths are the internal aspects of an organization that enable it to thrive while weaknesses are internal aspects that hinder success. Opportunities are external factors to address shortcomings and initiate change while threats are external factors that function as barriers (Benzaghta et al., 2021; Namugenyi et al., 2019).

I conducted an initial SWOT analysis on the idea of paying music therapy interns. To help conceptualize paying music therapy interns from a multitude of perspectives, I then asked music therapy students, internship directors, clinicians, business owners,



and faculty for feedback on the SWOT analysis. I integrated their feedback into the final SWOT analysis and am grateful for their time, thoughtful responses, and assistance.

The SWOT analysis is depicted in Table 1.<sup>1</sup>

**Table 1**

*SWOT Analysis: Paying Music Therapy Interns*

<p style="text-align: center;"><b>Strengths (internal)</b></p> <ul style="list-style-type: none"> <li>● 1200 clinical hours is considerably more internship hours than most Bachelor level healthcare professions</li> <li>● Experienced clinicians serve as internship directors</li> <li>● Partnerships between universities and clinical training sites</li> <li>● Breadth and depth of music therapy as a healthcare profession</li> <li>● Some internships already provide compensation to interns</li> </ul>	<p style="text-align: center;"><b>Weaknesses (internal)</b></p> <ul style="list-style-type: none"> <li>● 4 year graduation is not possible in current undergraduate degree and internship model</li> <li>● Current lack of funding for interns; not all internships will be able to pay interns</li> <li>● Administrative complications in paying interns while they are engaged in internship during coursework</li> <li>● Uniform changes will likely be difficult to navigate</li> <li>● Potential visa complications for international students</li> <li>● Rising tuition makes music therapy education less accessible</li> <li>● A continued lack of diversity in the music therapy profession</li> <li>● Lack of existing music therapy internships</li> <li>● Can be difficult for interns to relocate for internship</li> <li>● Some clinical populations may require previous experience (internship or work) to be considered for hire</li> <li>● Lack of supervision specific education/training for music therapy internship supervisors</li> </ul>
<p style="text-align: center;"><b>Opportunities (external)</b></p> <ul style="list-style-type: none"> <li>● Entice more people to enter the</li> </ul>	<p style="text-align: center;"><b>Threats (external)</b></p> <ul style="list-style-type: none"> <li>● Other arts-based practitioners</li> </ul>

<sup>1</sup> SWOT items in Table 1 are not weighted or depicted in order of importance.

<p>profession and augment diversity of professional workforce</p> <ul style="list-style-type: none"> <li>● Increase financial and holistic health and wellbeing of interns</li> <li>● Make internship more professional by better approximating employment</li> <li>● Increased competition in internship marketplace</li> <li>● A standardized approach for international students on visas</li> <li>● Better bridge between music therapy practica and employment as a MT-BC</li> <li>● Empowered interns as employees</li> <li>● Augment quality of internship experience as internships will be more competitive</li> <li>● Enhanced dedication to coursework</li> <li>● Increase number of qualified MT-BCs to meet the needs of communities</li> <li>● A diminished need to work during a paid internship would allow greater focus on coursework and the internship and improve the learning experience and quality of care interns provide to service users</li> <li>● A diminished need for students to work to save money between completing their coursework and internship</li> <li>● Increase quality of internships</li> <li>● Other professional interns are sometimes paid but most music therapy interns are not</li> <li>● Interns would perhaps not require same level of pay as MT-BCs</li> <li>● Other payment options (room<sup>2</sup>, board, healthcare) could potentially be substituted for pay</li> <li>● More thorough professional onboarding could reduce the need</li> </ul>	<ul style="list-style-type: none"> <li>● could provide services at no cost</li> <li>● Potential for other arts-based practitioners to provide music resulting in harm to service users</li> <li>● Employers could opt to only have interns instead of hiring MT-BCs as a cost saving measure</li> <li>● Could close internship sites that are unable to pay their interns</li> <li>● Healthcare and fringe benefits may need to be included as part of intern pay</li> <li>● Facilities may withhold pay increases to offset costs associated with paying interns</li> <li>● Further financial burden/stressor on small businesses (i.e., private practices) and agencies with large overheads and limited revenue sources because of fee for service business model</li> <li>● More costs when an intern is not bringing in additional revenue for the business while placing more responsibilities on internship supervisors, who should be paid for extra responsibilities</li> <li>● Paid interns may not be able to earn college/university credits</li> <li>● Paid internships may not allow interns to defer student loan payments</li> <li>● Some academic institutions may not allow paid internships</li> <li>● Some internships may not allow academic affiliation contracts while paying interns; universities may still require affiliation contracts</li> <li>● Some students are not allowed to complete internships in other states</li> <li>● Paid internships may result in the facility paying for liability insurance instead of the college or university</li> </ul>
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<sup>2</sup>Finding leases that coincide with internships can be challenging and result in financial hardships for interns.

<p>for the requisite 1200 clinical hours</p> <ul style="list-style-type: none"><li>● Paying interns may result in stronger interns who may require less supervision</li><li>● Paying interns for their time is fair compensation for their work after completing their coursework and practica</li><li>● Reduce financial stress and promote better health of interns</li><li>● Reduce student debt</li><li>● Improve overall music therapy jobs in the community with better competitive wages for therapists and appropriate session rates for service users</li><li>● By valuing the profession through better pay at the foundation of music therapy education, it may impact music therapy jobs and affect the music therapy community with better wages and rates being set for service users that appropriately and proportionately pay Board-Certified music therapists what they are worth</li><li>● Paid internships may lead to music therapy being a more respected and valued healthcare profession.</li><li>● Paid interns may be covered by institution's liability insurance with a proper affiliation agreement, reducing need for a personal policy</li><li>● Given the length of internships, interns are likely to contribute to productivity measures or have their own caseload during second half, which could help justify associated costs</li><li>● Onboarding interns through the facility decreases demands on supervising MT-BCs and allows interns to increase their professional networks</li></ul>	<ul style="list-style-type: none"><li>● Depending on the state, a paid internship may infringe on the participation in a service to abide by the criteria for a non-profit status.</li><li>● Some business models or state regulations may not be able to pay interns because it is a challenge to classify them as they are not an employee, independent contractor, or volunteer</li></ul>
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### Reflection and Considerations

Again, I highlight that this is a position paper designed to initiate dialogue and not intended to be a scholarly research paper.

In reflecting on the SWOT analysis, I was struck by the strengths and opportunities of the music therapy profession and, at the same time, concerned about the weaknesses and threats. I also reflected on the many opportunities the music therapy profession has to improve the educational and clinical training experience for future generations. Despite being optimistic regarding the large number of opportunities in the SWOT analysis, I highlight that not all items in the SWOT analysis are of equal importance or weight. The profession's values and mission regarding increased diversity of the workforce, greater access to music therapy for service users, and quality of care amid escalating tuition and cost of living expenses will remain driving factors in decision making. Moreover, the inability for some internship directors to compensate their interns for reasons out of their control may hinder or stall this potential change.

There are other essential questions that will need to be addressed in the dialogue regarding paying music therapy interns. These questions can include but are not limited to:

- If the profession moves to a paid internship model, how much should music therapy interns be paid? Could this payment be by the hour, by the session, or in the form of a stipend? What types of payment might be best for interns and institutions/facilities? Given cost of living differences between rural and urban areas, how can the profession ensure paid internships are equitable?

- If the profession moves to a paid internship model, can music therapy interns receive healthcare benefits?
- If the profession moves to a paid internship model, could room and board be substituted for or in addition to payment?
- If the profession moves to a paid internship model, how might this impact music therapy business owners and smaller agencies with less resources who supervise interns?
- If the music therapy profession does not move to a paid internship model, how might the profession increase access to the profession?
- If the music therapy profession does not move to a paid internship model, how might the music therapy profession better support the financial health and holistic wellbeing of music therapy interns?
- If the music therapy profession does not move to a paid internship model, what can be done to make it more accessible?

### **Future Considerations**

Potential changes made to clinical training, such as a paid internship model, should be guided by the values of the American Music Therapy Association (AMTA) and mission statement: “The mission of the American Music Therapy Association is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world” (AMTA, n.d.).<sup>3</sup> As people, facilities, and organizations tend to value what they use their financial resources for, paid music therapy internships could potentially “advance public awareness” by placing

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<sup>3</sup>Music therapists may also consider the AMTA mission statement itself and if this statement still represents the values and desires of the profession.

financial value on the academic and clinical training of music therapy interns. Moreover, the profession has the agency to make this decision and some internships are *already* paid or accompanied by a stipend. Although it is uncertain how paid music therapy internships would “increase access to quality music therapy services” (AMTA, n.d.), the SWOT analysis proposed a plethora of opportunities regarding access, health, and the need to work during internship. The last part of AMTA’s mission statement (n.d.) highlights the “rapidly changing world.” Given the changes resulting from the COVID-19 pandemic, social justice movements, technologies, inflation, rising tuitions, and escalating cost of living expenses, the profession may have an opportunity to modernize by paying music therapy interns fair market value for their contributions. Without question, changing to a paid music therapy internship model would result in many complex changes. There is likely not a single answer or solution to this question. Embracing the numerous complexities of this issue and avoiding single-cause bias/solutions may help guide future decision making.

One factor to consider is the primary beneficiary relationship between interns and supervisors. In the initial months of the current approximately six-month music therapy internship model, it would seem that interns are the beneficiaries. However, given that the current music therapy internship is approximately 1020 hours, the beneficiary relationship may change over time as interns gain experience and competencies. Perhaps shorter music therapy internships would be a way to allow the profession to not pay interns as interns are the primary beneficiaries. If the music therapy profession maintains the approximately six-month internship model, after meeting clear predefined

criteria wherein the intern is no longer the primary beneficiary, perhaps interns could be paid in a type of hybrid model.

If the profession is unable to move to a paid internship model, perhaps creative options might help students financially. For example, a zero or low credit internship model may allow interns to complete their internship with minimal extra tuition expenses. However, 0 or low credit options may not be allowed by some colleges and universities. Financial aid, scholarships, and visa complications for international students may also complicate these types of options (Pankaew & Silverman, 2023). Music therapy programs—as well as their governing colleges and universities—often have different regulations and there is not likely a single solution given the plethora of complexities.

If paid music therapy internships are not possible, perhaps the profession can move to a music education model wherein the eighth semester of undergraduate coursework is an internship. This semester long internship would shorten the education well as align with academic calendars.<sup>4</sup> Although this potential change would result in considerably less internship hours, if the majority of internships remain unpaid, this might be a way to increase the number of music therapists and ultimately augment the number of service users music therapists are able to treat. Moreover, this potential solution might alleviate the internship shortage in some geographic areas. Perhaps models from larger fields that practice at the undergraduate level, such as music education and nursing, can offer potential solutions to making music therapy a more accessible and sustainable profession. Another option could maintain the six-month

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<sup>4</sup> This change may also help international students with their visas.

internship and change the undergraduate coursework to three years/six semesters to enable undergraduate music therapy students to graduate in four years. In these proposed models, decreasing the number of classes may also provide the profession with an opportunity to focus on clinical music skills instead of Euro-centric/Western conservatory models that are emphasized in some music departments, schools, and colleges. Focusing on music skills relevant to music therapy clinical practice may decenter Whiteness in music therapy education and the profession and better address the identities, needs, and preferences of service users.

Going forward, there are several factors that students, internship directors and supervisors, and faculty can consider regarding paid internships. In the United States, students often have minimal power, and it may be challenging for them to advocate for their needs. Therefore, music therapy internship directors can ask their employers for competitive/fair stipends, hourly wages, and room and board for interns. Music therapy internship sites that already compensate their interns can request additional resources for interns citing inflation, cost of living expenses, and the desire to recruit the strongest interns possible to ultimately benefit the service users. Music therapy faculty can advocate for interns and encourage their affiliated internship sites to pay interns. Perhaps AMTA does not need to make a formal change as some internships already have stipends or are paid. In this case, it may be that the market will adjust itself accordingly to attract the strongest interns possible. However, market adjustments may not be equitable and will likely have negative impacts for those with less privilege. Perhaps the music therapy profession has an opportunity to use its agency to advocate for fair market value for interns. If more internships offered payment or stipends, it may



result in a changed market wherein paid music therapy internships are the norm instead of the exception.

Readers may have thoughts regarding *“Paying our interns sounds fine, but I didn’t get paid during my internship. Why should they get paid?”* Although past music therapy interns may not have paid during their internships, it does not mean future music therapy interns should not be paid. Certainly, music therapy systems undoubtedly have room for improvement. As such, the profession’s ongoing responsibility should be to make the music therapy profession more diverse, accessible, sustainable, and stronger for future generations. Music therapists should strive to improve the systems wherein they operate for the ensuing generations and improve access to music therapy as a career. With current generations making it better for future generations of music therapists, the future generations will be motivated to keep improving the systems to best serve the people we are privileged to treat in music therapy.

## **Conclusion**

Music therapy interns are under considerable stress and deserve fair market value from the systems wherein they operate. Given that some internships are already paid or have stipends, the profession has the responsibility to explore paid internship models. For many current and future music therapy students, the current practice of an approximately six-month unpaid internship is inaccessible and unsustainable. However, for reasons out of their control, music therapy internship directors may not be able to pay their interns. Perhaps the profession has an opportunity to advocate for its value to external stakeholders by paying music therapy interns for their valuable contributions, or, at the very least, exploring this potential change. Paid internships may connote

respect, value, and credibility and music therapy interns deserve more from the systems wherein they operate.

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