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The Effects of Music-Based Experiential Supervision on
Perceived Competency with Music Therapy Practicum Students

Effets de la supervision musicale expérientielle sur la compétence
perçue chez les étudiants stagiaires en musicothérapie

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Abstract

As part of learning the competencies needed for practice it would seem essential that students encounter music-based experiences, not only through direct experiences such as practicum, but through academic supervision as well. As an indirect measure of learning, the purpose of this study was to examine the effects of music-based experiential supervision on pre-internship/practicum students' perceived therapeutic competence. This study used a quasi-experimental design of one-group, pretest-post-test, repeated measures. The four treatment conditions—(a) receptive, (b) recreative, (c) improvisation, and (d) composition/songwriting—were counterbalanced with seven small groups (cluster sample) in order to reduce order effects. Overall, the results of the study showed that music-based experiential supervision is an effective means for increasing students' perceived music therapy competence, particularly the students' understanding of the dynamics of a therapeutic relationship. This research has implications for future research and educational practice, including the ethics of experiential learning and supervision.

Sommaire

Dans le cadre de l'apprentissage des compétences requises pour exercer la profession, il apparaît essentiel de faire vivre aux étudiants des expériences musicales, non seulement de façon appliquée dans le cadre de stages, mais aussi par le biais de formation supervisée. À titre de méthode indirecte de mesure des apprentissages, cette étude avait pour objet d'examiner les effets de la supervision expérientielle sur les compétences thérapeutiques perçues chez les étudiants avant leur internat/stage pratique. Cette étude a été réalisée au moyen d'un plan quasi expérimental de mesures répétées prétest/post-test auprès d'un groupe de contrôle. Les quatre conditions de traitement — a) réceptive, b) récréative, c) improvisation, et d) composition/écriture de chansons — étaient contrebalancées par sept petits groupes (échantillon en grappes) afin de réduire les effets d'ordre. Dans l'ensemble, les résultats démontrent que la supervision musicale expérientielle est un moyen efficace d'accroître les compétences perçues en musicothérapie, particulièrement en ce qui a trait à la compréhension qu'ont les étudiants de la dynamique d'une relation thérapeutique. Cette étude aura une incidence sur l'avenir de la recherche et des pratiques pédagogiques, notamment en ce qui concerne l'aspect éthique de la supervision et de l'apprentissage expérientiels.

Introduction

During academic studies and prior to internship, music therapy students are required to complete field placements—called practicum or fieldwork—with various client populations. Each practicum placement requires the student to have face-to-face time with client populations and, altogether, the student must complete a required number of hours of practicum experience before beginning internship. In practicum, students learn how music therapy is practised while developing effective observational skills and oral and written documentation skills. Students also plan music therapy activities or sessions to achieve relevant client goals while assisting, co-leading, or leading under the direct supervision of a clinical supervisor. Typically, competency in clinical and therapeutic foundations is developed and more fully learned within the practicum experience. Practicum is a fertile area for learning about how music therapy works.

The design and implementation of practicum experiences varies among colleges and universities (Wheeler, 2000). There are typically two main areas where supervision occurs: on-site with an appropriately credentialed music therapist, and in the academic setting with a faculty member. How students are supervised in academic settings also varies, unlike the amount of supervision which in Canada is regulated by the Canadian Association of Music Therapists and has been regulated in the United States by the American Music Therapy Association since 1998. Through the process of practicum supervision, competency in clinical and music therapy skills is developed.

Music-Based Experiential Supervision

A common theme that addresses student learning throughout the literature is a growing interest in the use of experiential learning in music therapy (Murphy, 2014; Winter, 2013). Winter's (2013) mixed method study particularly focused on empathy and self-awareness in experiential learning, two key characteristics of a competent music therapist. The qualitative analysis for undergraduate and graduate students in this study indicated that participants were able to identify changes in their own empathy and self-esteem as a result of the experiences. Winter also

found that student interaction and engagement with the professor were integral parts of their overall experience. Important for the present study, Winter suggested that there is a lack of research on experiential methods in music therapy, particularly as it relates to students' practicum experience and supervision (Winter, 2013, p. 148).

The field of music therapy is defined by its practice; thus, experiential learning fills a role in learning to practise that may not be included in other educational approaches. For example, Murphy (2014) notes that, "Experiential methods are incorporated into music therapy education and training to help students understand the power and process of music therapy, as well as to develop the requisite skills to become competent, empathetic, and compassionate therapists" (p. 31). In music therapy education and supervision, as conceptualized by Farnan (2001), competence in the areas of therapy implementation and therapist awareness are acquired and further developed in practicum and internship.

The intention of academic supervision is to lead the student to clinical competence. Particularly for music therapy, using music-based experiences as part of experiential learning in supervision would seemingly provide competence in music therapy skills. Using music-based supervision affords students the opportunity to connect their experiences in practicum placements with their own therapeutic awareness. If music is a principal component of music therapy, then music should be a principal component of supervision as well. Furthermore, the opportunity to experience the same music experience in supervision as clients would enhance the clinical competence of music therapy students.

There are four interdependent aims to music-based experiences during supervision: (a) imparting knowledge and skill on how to practise music therapy, (b) understanding how different methods of music therapy are experienced by clients, (c) developing empathy for clients, and (d) developing "self-awareness as a music therapist" (Bruscia, 2014, p. 15). Within music therapy education, the supervised practicum or pre-internship experience is a required component for educating students. Seemingly, music-based supervision experiences could be a valuable component in the development of competent music therapists.

Music Therapy Competencies

The education of music therapy students includes instruction within classroom settings that reflect and expand the clinical understanding of students through practice, theory, and research in music therapy. The practicum training of students includes reflexive awareness and processing of clinical and therapeutic foundations to promote an enhanced level of professional practice and therapeutic awareness. The overall goal, then, for both education and clinical training is for students to be prepared to practise at a professional level, while beginning to meet professional competency standards.

Core competencies are intended to provide the foundational skills that practitioners should possess (Nelson & Graves, 2011). As students progress through their education and training, the core competencies become an evaluative tool. Evaluation subsequently focuses on how well students have achieved competence and what students have learned, rather than what they have been taught. If the student has acquired these skills, it is presumed that they are ready for professional work. Competencies for music therapists are useful in two main ways: “as criteria for entering or working in a profession, and as guidelines for educating and training professionals” (Bruscia, Hesser, & Boxill, 1981, p. 43).

Music Therapy Competencies

In the United States, college and university academic programs are approved by the American Music Therapy Association (AMTA). Similarly, in Canada this approval is provided by the Canadian Association of Music Therapists (CAMT). Approval is based on how programs meet professional competencies. Both AMTA and CAMT require successful completion of the Certification Board for Music Therapists (CBMT) exam for entry into the field. AMTA (2019a) stated “pre-internship experiences shall be designed, like academic components of the program, to enable students to acquire specific professional level competencies.”

In 1975, the American Association of Music Therapy (AAMT) developed competencies as a criterion for certification and curriculum evaluation (Bruscia, Hesser, & Boxill, 1981). Existing music therapy curricula were analyzed to identify commonalities between learning objectives. Additionally, job descriptions were

surveyed to identify the current responsibilities of practising music therapists. The analysis and subsequent identification of music therapy curricula and music therapists’ responsibilities “revealed several competency requirements” (p. 44). These competency requirements were then further evaluated and delimited to four main criteria: “Essential rather than peripheral,” “Entry level rather than advanced,” “Universal rather than population specific,” and “Professional rather than personal” (p. 44).

Maranto and Bruscia completed a study in 1988 to determine how the AAMT competencies were being taught and learned by surveying educators, clinical training directors, and clinicians. The results showed that the most effectual time to learn competence was during undergraduate education. However, Jensen and McKinney (1990) noted that the results of the Maranto and Bruscia study suggested that being a music therapist is a lifelong learning process. While Maranto and Bruscia (1988) stated that the “data must be understood in terms of the nature of the learning process, and which data reflect real shortcomings in the organization and implementation of music therapy education and training” (p. 19), Jensen and McKinney (1990) remarked that there was a lack of research related to the competencies and the practice of music therapy, as well as identifying competencies that really “define and facilitate optimal manifestations of the present and future potential of music therapy practice” (p. 158). Unfortunately, the lack of research related to competencies and student supervision is still true today.

Practicum Supervision in Music Therapy

Wheeler (2000) surveyed music therapy program directors across the United States about the different aspects of their music therapy practica. Wheeler found that the most frequent type of supervision for practicum students was “one where the supervisor observes the student’s work in person, then gives feedback directly to that student” (p. 298). No specific mention was made of how students are supervised in the academic setting. However, one respondent to Wheeler’s study remarked, “The group meets to discuss feelings, and the intent of the supervision is to foster self-awareness and personal insight, especially with those feelings/reactions that influence the way they relate to their clients. Sometimes we use music therapy experiences to help the students” (p. 299).

In a related study with students from the United States, Wheeler and Williams (2012) phenomenologically researched students' thoughts and feelings about the music therapy practicum. The researchers analyzed the student logs concerning "What is helpful, what is not helpful, written feedback, feelings about and during the observation, personal insights, and logistical issues" (p. 118). Although that study is closely related to the current study, the feedback was from the students about their on-site supervisors with only one observation during the semester by an academic supervisor. Additionally, there was no self-evaluation of perceived competence related to the supervision.

Bae (2012) evaluated South Korean music therapy practicum students' clinical reflections on constructs related to professional competence. The results of this study emphasized how both feedback and academic supervision can provide foundational clinical competence. Similarly, Baker and Krout (2011) studied students in practicum from two different countries (the United States and Australia) through the use of collaborative songwriting. Their findings advocated that music-based self-experiences allow a broader understanding of therapeutic processes and competence.

Colleges and universities have students meet a minimum number of practicum hours before starting internship. For example, in the United States students must have a minimum of 180 practicum hours. Although programs vary in how many semesters students must enroll in practicum (i.e., some have three semesters while others may have five or six), there is no clear data or indication showing how students are supervised. For example, are students only supervised on-site or are they supervised both on-site and on campus? Relatedly, is supervision more process oriented or didactically based? The research on practicum has focused on students' experiences in practicum and music therapy skills, but not specifically on how music-based supervision can enhance competency.

The purpose of the current study is to examine the effects of music-based experiential supervision with pre-internship or practicum students during academic supervision. Both the United States and Canada have a competency-based education system. For the purpose of this study, the professional competencies as defined

by AMTA (2019b) were used for measurement. The clinical and music therapy processes were deemed as important areas for learning competencies within practicum. The main research question is: Do students increase perceived competence in music therapy more effectively through music-based experiential supervision?

Method

Participants

Practicum students at an American university were conveniently and purposefully chosen for the study. This program has students complete four levels of practicum, or what would be considered four semesters of practicum. The level was only based on the number of semesters and was not hierarchical in nature. For example, the first semester of practicum is level one, the second semester of practicum is level two, and so on. Typically, each practicum was with a new population. Although each student was supervised on-site, students also received academic supervision. Students met for one hour each week in small groups (seven to eight students in each group with mixed levels or practicum semesters) to process practicum experiences. In organizing student schedules for small groups, it was impossible to only have students in the same level of practicum in supervision together. Furthermore, from previous experience, it was noted that having various levels seemed to enhance the supervision experience of students. Each group participated in four different music experiences as part of supervision. These music experiences included recreative, receptive, composition/songwriting, and improvisation. Bruscia (2014) defined each of the four main methods of music experiences as such:

- Improvisation: Making up music "while playing or singing, extemporaneously creating a melody, rhythm, song, or instrumental piece" (p. 353).
- Recreative: "learning, singing, playing, or performing precomposed music or reproducing any kind of musical form presented as a model" (p. 357).

- Composition/song-writing: Writing “songs, lyrics, or instrumental pieces or to create any kind of musical product, such as music videos or audiotapes” (p. 361).
- Receptive: Listening to music and responding to the music “silently, verbally, or in another modality” (p. 365).

How students participated varied from group to group and from experience level to experience level in practicum. For supervision, students were informed of and consented to authentic participation, which may have involved: an identification or clarification of personal issues, giving and receiving interpersonal feedback, enhanced self-awareness, and self-disclosure of personal information. In authentic participation, students may become aware of their feelings and express them; examine their beliefs, attitudes, values, and patterns of thinking and feeling; gain an understanding of how they are perceived by others; develop an awareness of how they affect others and how others affect them; and make decisions about aspects of themselves they would like to change. There are risks to students in participating authentically in experiences, although this often provides the fullest academic and personal learning experiences.

When authentic participation is used, boundaries must be monitored carefully to avoid dual therapy relationships with the supervisor or peers. In addition, students may not feel safe in participating authentically because of grading and power relationships between the supervisor and student. To minimize these risks, the following policies were implemented in this research: (a) students always had the option of choosing how they wished to participate (i.e., authentically, inauthentically, or not at all throughout the supervision); (b) grades were never attached to the content of authentic participation; (c) authentic self-disclosures were limited to the here and now whenever possible; (d) all information revealed in supervision by individuals was to remain strictly confidential, and all students agreed to this; (e) supervision was not intended for personal therapy, as this was not appropriate; (f) students in need of personal therapy for issues that emerged were referred to appropriate resources; and (g) informed consent for participation was required. All students participated in the experiential aspects of the supervision, but participants who chose to not participate

in the research did not complete the pretest and posttest. Students could withdraw from the study at any time without consequence. The study was approved by Texas Woman’s University’s Institutional Review Board (IRB).

Design

This study used a quasi-experimental, pretest-posttest, repeated measures design. Students were given a choice to sign up for one of seven small group supervision times based on convenience with their schedules. The small groups met for one hour a week throughout the semester. The small groups were viewed more as a cluster sample, conveniently chosen by the students but not randomized. The four treatment conditions—receptive (a), recreative (b), improvisation (c), and songwriting (d)—were counterbalanced with each group to reduce order effects. For example, group one received the treatment order a-b-c-d, while group two received d-c-b-a, and so on. Students developed their own code number in order for the researcher to analyze the pretest and posttest but still maintain anonymity. All codes were kept on a password-protected computer and, as an additional security measure, in a password-protected Excel spreadsheet.

Although pretest and posttest designs have an inherent weakness regarding causation, due to the nature of the supervision there was not an option to randomize into groups. The AMTA Professional Competencies were chosen as a measurement of student learning. Each competency corresponded to the music experience used as the independent variable. Thirteen competencies that are not readily taught in classes were chosen. For example, competency B.9.1, “Recognize the impact of one’s own feelings, attitudes, and actions on the client and the therapy process” was used in the scale while C.15.2, “Document clinical data” was not (AMTA, 2019b).

The type of measurement used for students’ perceived competence was important for the design and statistical analysis of the study. For example, in a Likert scale, a set of scores or numbers are assigned as categories to enable respondents to express their opinions in terms of both strength and direction. The actual number of categories in a Likert scale are not as important as the preference and expert knowledge of the researcher. The categories are based on intangibles such as feelings, opinions, and thoughts. The use of qualitative variables has led to debate on whether Likert scales used in research

should be statistically analyzed as an ordinal or interval scale (Brown, 2011; Yusoff & Janor, 2014). Brown (2011) noticed that much of the research based on Likert items and scales is treated and analyzed with descriptive statistics like means, standard deviations, etc., and inferential statistics such as correlation coefficients, factor analysis, analysis of variance (ANOVA), etc. Accordingly, Likert scales are ordinal but then treated statistically as interval. This is an important distinction because some researchers would argue that the distance between each category is not equal (Ferrando, 2003; Munshi, 2014) and since there is no zero point, this creates an absence of an arithmetic mean to represent the intangible variable.

In an attempt to remedy the debate between ordinal/interval and true measurement of an intangible variable, some researchers have used an interval metric scale or ruler and option (RO) scale. Results from a repeated measurement survey showed that data from an RO scale “performed better than data from 7-point Likert scale in terms of number of items per construct, factor loadings, squared multiple correlations, higher internal reliability, higher internal consistency of the items representing a construct, and higher percentage of variance explained by the items in a construct” (Yusoff & Janor, 2014, p. 13). Also, an RO scale is “easy to use (on the respondents’ part) and easy to administer (on the researcher’s part)” (Yusoff & Janor, 2014, p. 13). On a ruler and option scale, each of the competency areas chosen was presented as a straight line on a polarity from “no competence” to “competent.” Students then made a specific mark on the line as their response. Measurement was taken by a ruler with centimetres representing the numerical data on both the pretest and posttest.

Dependent Variables-Competencies

Students self-measured how strongly they understood or perceived knowledge with the following competencies (as per the AMTA website under “Professional Competencies”):

B. Clinical Foundations

8. Therapeutic Principles

- 8.1 Demonstrate basic knowledge of the dynamics and processes of a therapist–client relationship.

- 8.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
- 8.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

9. The Therapeutic Relationship

- 9.1 Recognize the impact of one’s own feelings, attitudes, and actions on the client and the therapy process.

C. Music Therapy Foundations

13. Therapy implementation

- 13.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
- 13.2 Provide music therapy experiences that address assessed goals and objectives for populations specified in the Standards of Clinical Practice.
- 13.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
- 13.4 Provide models for and communicate expectations of behavior to clients.
- 13.6 Provide feedback on, reflect, rephrase, and translate the client’s communications.
- 13.9 Conduct or facilitate group and individual music therapy.
- 13.11 Promote a sense of group cohesiveness and/or a feeling of group membership.

17. Professional Role/Ethics

- 17.7 Express thoughts and personal feelings in a consistently constructive manner.
- 17.8 Demonstrate critical self-awareness of strengths and weaknesses (AMTA, 2019b).

The standards of practice from the Canadian Association for Music Therapy (CAMT, 2109) were compared by the researcher with the above AMTA competencies. Standard 2 (competent application of knowledge) and Standard 3 (provision of service to the client) were deemed most relevant to the dependent variable.

Procedure

The research proceeded through the following steps:

1. On the first day of the 15-week academic supervision, students in each small group were provided with information on the research. Students were then given the opportunity to ask questions and seek further information.
2. Those students who agreed to participate were given informed consent and asked to complete the pretest interval metric scale based on music therapy competencies.
3. Throughout the semester, the four experiential learning experiences were used. For example, for a receptive experience, students were asked to bring in a song that expressed something they would like to discuss that may be easier through music. Example questions included, "What's going on currently?" or "What are you experiencing as a practicum student?" For the improvisation experience, students were asked to record a referential improvisation, bring it to the small group, and share the recording with the group. The topic or reference for the improvisation experience was, using any instrument, to "explore a feeling" they were having in practicum through the improvisation. For a recreative experience, students were asked to play a song (using guitar or piano) that would be useful for the population they were working with. As they were playing the song, the student was asked to engage with the group and provide direct feedback. Finally, for composition/songwriting, students were asked to write a song that would be useful for the population with which they were working. For example, they could write a song that had a theme or topic that would be therapeutically useful for the clinical population.

Since the semester is 15 weeks long, clinical topics were discussed and processed between each music experience discussed above. Although each small group did all four music experiences, not all groups spent the same

amount of time on each music experience. For example, one group spent four sessions on the receptive experience, while another group spent two sessions. In the last week of supervision, students who agreed to participate in the research were asked to complete the posttest interval metric scale.

Setting

Each small group met in the researcher's office or a classroom in the music building. Each room had a closed door and was soundproofed for both confidentiality of discussion and the music experiences. Space was not an issue for either the music experiences or for completing the ruler and option (RO) scale prior to and after the supervision. There was some variation in the setting because of the room; one room was an office with typical desk, bookshelf, file cabinet, etc., while the other room was a classroom with, again, typical desks/tables, smartboards/chalkboards, etc.

Apparati/materials

Receptive. The computer in the office and class was wired for surround sound. Students could choose to use YouTube or attach their phone or MP3 player to the computer.

Improvisation. Students recorded improvisation on their own electronic device (e.g., smartphones, MP3, or wav. file) and then played on the sound system in the room.

Recreative. Students were able to choose either guitar or piano for recreative experiences. For guitar, students used a school instrument or their own. Some students used a ukulele. An upright and electric piano were both available.

Composition/songwriting. Similar to recreative.

Statistical Analysis

Demographic data was collected, including age, practicum level, gender, and degree (i.e., bachelor's, master's equivalency). Covariate analysis was used as a statistical control for demographics. A variety of multivariate statistical analysis (Pillai's Trace, Wilks' Lambda, Hotelling's Trace,

and Roy’s Largest Root) were completed for both between and within subjects. Univariate tests (Sphericity Assumed, Greenhouse-Geisser, Huynh-Feldt) were used for each question. Mauchly’s Test of Sphericity was used to test the null hypothesis. ANCOVA was used for age; ANOVA was used for gender, practicum level, and type of degree.

Results

A total of seven small groups participated with a total of N=38 for pretest and posttest, N=43 for just pretest. Thirty-eight students represented 88% of the potential participants. All 43 students who were in

practicum agreed to be a part of the study and did the pretest. However, five students were unable to complete the posttest or withdrew from the study. Ages ranged from 19 to 38 and the gender make-up was females (N=30) and males (N=8)—no students in the study identified as non-binary. The main research question met statistical significance on whether music-based experiential supervision would increase perceived competence (main effect significant at the .05 level). Also, statistical significance was achieved from before to after a semester of music-based supervision within all four levels of practicum students in increasing perceived competence (see Table 1).

Table 1

Means and Standard Deviations for All Competency Areas Pretest and Posttest (ANOVA)

		Mean	N	STD	Std. Error Mean	Sig. (2-tailed)
Pair 1	8.1_Pre	8.2842	38	3.54900	0.57572	0.00
	8.1_Post	10.9737	38	2.15403	0.34943	
Pair 2	8.2_Pre	8.5474	38	3.58305	0.58125	0.000
	8.2_Post	11.1921	38	1.99789	0.32410	
Pair 3	8.3_Pre	8.4132	38	3.48069	0.56464	0.000
	8.3_Post	10.7816	38	2.13565	0.34645	
Pair 4	9.1_Pre	9.9026	38	2.87501	0.46639	0.000
	9.1_Post	11.9421	38	1.83460	0.29761	
Pair 5	13.1_Pre	8.2711	38	3.59097	0.58253	0.000
	13.1_Post	11.1316	38	2.10149	0.34091	
Pair 6	13.2_Pre	8.1079	38	3.59244	0.58277	0.000
	13.2_Post	10.6974	38	2.97925	0.48330	
Pair 7	13.3_Pre	8.7079	38	3.70977	0.60180	0.000
	13.3_Post	11.2974	38	2.70330	0.43853	
Pair 8	13.4_Pre	8.7395	38	2.85530	0.46319	0.000
	13.4_Post	10.6053	38	2.60384	0.42240	
Pair 9	13.6_Pre	8.2447	38	3.03944	0.49306	0.000
	13.6_Post	10.6921	38	2.41094	0.39111	
Pair 10	13.9_Pre	8.5895	38	3.73817	0.60641	0.000
	13.9_Post	11.4842	38	2.47861	0.40208	
Pair 11	13.11_Pre	8.8237	38	3.37602	0.54766	0.000
	13.11_Post	11.6079	38	2.06808	0.33549	
Pair 12	17.7_Pre	9.9237	38	2.59276	0.42060	0.000
	17.7_Post	11.6789	38	1.94813	0.31603	
Pair 13	17.8_Pre	10.3553	38	2.36285	0.38331	0.000
	17.8_Post	12.0605	38	1.88773	0.30623	

Note: Main effect of test F (1, 34) based on estimated marginal means. The mean difference is significant at the .05 level, adjustments for multiple comparisons: Bonferroni. Pair refers to all pre-interval metric scales compared with all post-interval metric scales for each competency. There were 13 competencies measured, which equals 13 pairs.

When data was separated by small groups (n=7) and counterbalancing, there was no significant difference between the groups or the type of music-based experience on perceived competence. ANCOVA found no significant difference by age. The repeated measures ANOVA with gender as between-subjects factor was used to test if there was a gender difference on perceived competence before or after a semester of music-based academic supervision.

The interaction effect of test by gender was not significant— $F(1, 36) = 3.119, p = .086$ —indicating that the effect of intervention was not different for females and males on perceived competence. The pretest and posttest were completed by undergraduates (N=20);

post bachelor's (N=2); master's equivalency (N=15); and dual master's (N=1). ANOVA found that the type of degree had no significant effect on perceived competence. When separated by level of practicum experience and perceived competence—level 1 (n=8), level 2 (n=10), level 3 (n=11), and level 4 (n=9)—ANOVA found significant difference for every question pretest and posttest. However, for questions 17.7 ($F(3, 34) = 0.114$) and 17.8 ($F(3, 34) = 0.279$) and only for practicum students in levels 3 and 4, there was a statistical increase in perceived competence, but this increase did not meet the threshold for statistical significance (see Table 2). Also, see the conclusion for further discussion.

Table 2

Means, Standard Deviations, and Main Effect $F(3, 34)$ for All Practicum Levels Separated by Competency Areas Pretest and Posttest (ANOVA).

	Level 1			Level 2			Level 3			Level 4			Main Effect of Level	
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	F (3, 34)	Sig
Q8.1_Pre	8	3.93	3.01	9	9.14	2.47	13	8.36	2.18	8	11.55	2.73	9.713	0.000
Q8.1_Post	8	9.80	2.14	9	10.56	2.18	13	10.92	1.63	8	12.70	2.18		
Q8.2_Pre	8	3.85	3.23	9	9.50	2.26	13	8.93	2.35	8	11.55	2.26	11.292	0.000
Q8.2_Post	8	9.64	1.53	9	10.90	2.27	13	11.34	1.26	8	12.84	2.04		
Q8.3_Pre	8	3.81	2.88	9	8.68	1.53	13	9.16	2.46	8	11.50	2.54	10.495	0.000
Q8.3_Post	8	9.70	1.53	9	10.43	3.19	13	11.28	1.49	8	11.45	1.97		
Q9.1_Pre	8	7.30	3.26	9	10.34	3.04	13	9.93	1.88	8	11.96	1.91	3.169	0.037
Q9.1_Post	8	11.58	1.53	9	11.60	2.12	13	12.09	1.91	8	12.45	1.85		
Q13.1_Pre	8	4.13	3.96	9	8.56	2.71	13	8.68	2.47	8	11.43	1.48	10.343	0.000
Q13.1_Post	8	9.43	2.07	9	11.07	2.45	13	11.22	1.58	8	12.76	1.22		
Q13.2_Pre	8	4.15	3.98	9	7.41	1.41	13	9.03	2.34	8	11.35	2.93	5.155	0.005
Q13.2_Post	8	9.96	3.58	9	9.87	3.70	13	10.92	2.10	8	12.00	2.72		
Q13.3_Pre	8	4.56	4.43	9	8.73	2.37	13	9.41	2.22	8	11.69	2.75	4.868	0.006
Q13.3_Post	8	10.33	3.32	9	10.60	3.20	13	11.85	1.99	8	12.16	2.45		
Q13.4_Pre	8	5.49	3.49	9	9.01	1.63	13	9.01	1.51	8	11.25	2.10	4.448	0.010
Q13.4_Post	8	10.05	3.48	9	10.30	3.41	13	10.49	1.72	8	11.69	1.89		
Q13.6_Pre	8	4.93	3.69	9	8.28	1.79	13	8.71	1.62	8	10.78	2.59	5.427	0.004
Q13.6_Post	8	9.88	2.76	9	11.10	3.40	13	10.12	1.53	8	11.99	1.56		
Q13.9_Pre	8	3.33	3.12	9	9.04	2.24	13	9.92	2.39	8	11.18	2.39	11.347	0.000
Q13.9_Post	8	9.75	3.58	9	11.56	2.41	13	11.56	1.66	8	13.01	1.47		
Q13.11_Pre	8	4.30	2.43	9	9.79	2.70	13	9.48	2.46	8	11.20	1.95	6.333	0.002
Q13.11_Post	8	11.11	2.01	9	11.70	2.87	13	11.31	1.86	8	12.49	1.37		
Q17.7_Pre	8	8.65	3.12	9	10.30	2.08	13	9.35	2.17	8	11.71	2.55	2.137	0.114
Q17.7_Post	8	11.61	2.62	9	11.83	2.00	13	11.02	1.38	8	12.65	1.85		
Q17.8_Pre	8	9.71	3.21	9	10.38	2.47	13	9.93	1.58	8	11.66	2.27	1.334	0.279
Q17.8_Post	8	11.93	1.71	9	11.68	2.65	13	11.80	1.66	8	13.05	1.30		

Note: Main effect of test $F(1, 34)$ based on estimated marginal means. The mean difference is significant at the .05 level, adjustments for multiple comparisons: Bonferroni. Questions 17.7 (0.114) and 17.8 (0.279) were not significant for levels 3 and 4.

Discussion

Overall, the results of the study revealed that using music experiences within academic supervision is effective in increasing students' perceived music therapy competence, particularly as it relates to understanding clinical and music therapy professional competencies. All statistical measures were significant from pretest to posttest. Also, all statistical measures were significant when separated by practicum level except for 2 of the 13 competencies: in this case, levels 3 and 4, and again only for two of the competency questions—17.7 Express thoughts and personal feelings in a consistently constructive manner, and 17.8 Demonstrate critical self-awareness of strengths and weaknesses. Although there was a difference in perceived competence, it was not statistically significant.

For this research, students were in one of four levels of practicum. As noted above, each level was based solely on the number of semesters in practicum and not any other evaluative factor or hierarchy. Essentially, each new level or semester is a new practicum experience with a new population, setting, on-site supervisor, etc. However, students in levels 3 and 4 practica had received music-based supervision before this current study while they were in levels 1 and 2. The lack of statistical significance for these two questions may infer that expressing thoughts and personal feelings and demonstrating self-awareness may already be perceived competencies for students who have taken two or more semesters of practicum.

Limitations

A limitation of this study was that this university's education and clinical training focuses on student self-experience and reflection. The researcher was the academic supervisor as well as the instructor of several of the other music therapy classes. Students were encouraged to authentically participate. For example, using a songwriting or improvisation self-experience in a methods class was a way for students to express thoughts and feelings and demonstrate self-awareness, which are specific music therapy competencies. Although, every attempt to maintain the boundaries between supervision and classes was made, there may have been a crossover effect in the research, meaning,

did students' perceived competence increase only because of the supervision or did the experiential nature of the classes bias the research? It would be difficult, if not unethical, in a setting like this for the research to be laboratory-like in only having students participate in supervision for the research while not taking any other music therapy classes. Nevertheless, future research could examine how to control this type of extraneous variable. Furthermore, this study may be limited in that not all schools and universities may incorporate weekly academic supervision with practicum students as part of their program renderings. Future research could also benefit from having the researcher not be the academic supervisor.

Educational Practice and Ethical Implications

Dileo (2000) proposed that it may be unethical not to incorporate music-based experiences into music therapy education, training, and supervision. Also, Murphy (2007) found that participants (students) who did not have experiential learning agreed with Dileo's proposition on unethical practices. Incorporating music-based experiences into supervision may pose risks to students participating authentically. When authentic participation is used, boundaries must be monitored carefully to avoid dual therapy relationships with the professor or peers. In addition, students may not feel safe in participating authentically because of grading and power relationships between the professor and student. Anderson and Price (2001) found that students in "experiential training environments feel pressured to share personal information but fear that refusing to share such information could be used by the trainer to provide a negative evaluation of the students' class performance" (p. 112). Outcomes are more positive when students trust and feel supported through the experiential work (Ziff & Beamish, 2004).

Interestingly, group supervision experiences are effective and are enhanced when academic faculty lead the group (Anderson & Price, 2001). By participating in group supervision experiences, students acquire a better understanding of the experiences their future clients will have as group members, as well as an understanding of a group's processes and dynamics. However, this may only be beneficial if the academic supervisor is involved with the group by leading.

Future Research

If music therapy programs included weekly, music-based academic supervision, this study could be objectively replicated by educators/supervisors in a couple of different ways to discover more about the effectiveness of this approach. One way may be comparing music-based supervision to verbal-based. Another way may be comparing practicum students who receive academic and on-site supervision to practicum students who only receive on-site supervision. Phenomenologically, studying music-based supervision experiences of both students and faculty may contribute to a wider breadth of knowledge of the process of supervision for both the supervisor and supervisee. The evidence generated by this study shows that using music-based experiences as foundational components of supervision does increase perceived competence in varying levels of music therapy practicum training and education. An increased awareness of therapeutic competence improves students' ability to be empathetic, self-aware, and ethical therapists.

Conclusion

Practicum training in music therapy is part of a student's education. As the results of this study reported the value of experiential supervision through music therapy competencies, it is important that music-based experiential supervision is then used to promote music therapy and the clinical foundations for students' preparation for professional practice. Nelson and Graves (2011) examined what postgraduate or internship supervisors believe are the most important skills for trainees to develop before practising and how effectively such supervisors believe students have acquired the core competencies. Their results suggested that there were only a few core competencies that students had mastered at the time of graduation. The "competency items that were considered adequately mastered by trainees by two thirds of the approved supervisors in the sample represented fewer than 10% of the total number of competencies" (Nelson & Graves, 2011, p. 440). The researchers' concern was whether meeting the core competencies was meeting the minimal standards of clinical training. They observed that "there appears to be a gap" between what students are able to do upon completion of their training programs and what internship "supervisors expect or would like

them to be able to do" (p. 447). This gap may stem from the broad amount of knowledge, standards of practice, and competencies that students must learn, particularly in music therapy. Affording students the opportunity to both practise music therapy experiences as well as have their own self-experiences to self-reflect in supervision provides a foundational understanding of music therapy competence.

Baker and Krout (2011) learned that across the music therapy world, therapeutic competence related to self-reflection, experience, and awareness "is an important skill for music therapists to develop during their training" (p. 62). But developing this capacity, "is not something that can be acquired after only a few semesters of music therapy training" (p. 63). As mentioned above, music therapy schools vary in how the practicum training is set up. However, it would seem that having weekly group supervision with an assigned faculty member that incorporates music-based experiences during the semester would increase the therapeutic competence of students.

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