

THE USE OF CREATIVE ARTS IN MUSIC THERAPY SUPERVISION:
A SEQUENTIAL-EXPLANATORY MIXED METHODS STUDY

A Thesis
by
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Abstract

THE USE OF CREATIVE ARTS IN MUSIC THERAPY SUPERVISION: A SEQUENTIAL-EXPLANATORY MIXED METHODS STUDY

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This study examined how music therapists use the creative arts in music therapy supervision when supervising music therapy students, interns, and professionals and/or other creative arts therapy professionals. This study utilized a sequential explanatory mixed-methods design to address when and how music therapists utilize the creative arts in music therapy supervision as well as the advantages and disadvantages of using the creative arts in music therapy supervision. The researcher distributed a survey to 7,424 board-certified music therapists. Those who were currently supervising or had supervised music therapy students, interns, and/or professionals and other creative arts therapy professionals were invited to participate in the survey. There were 816 recorded responses to the survey. From the 816 respondents, 80 participants volunteered to participate in a semi-structured interview. The researcher selected five interviewees, based on their experiences of using the creative arts in music therapy supervision and who were demographically representative of the field of music therapy, to share, describe, and reflect upon their use of the creative arts in music therapy supervision. Results of the study suggested that music therapy supervisors use the

creative arts in supervision to address clinical issues, personal issues related to clinical work, and the personal growth of the supervisee. Additionally, the use of creative arts in music therapy supervision are born out of a need and a reality to establish group dynamics, to explore imagery and metaphor, and to facilitate a supervisee's connection with the arts. The creative arts were found to be used throughout a supervision session as well as in supervisees' own reflective practices. The results further suggested that the use of creative arts in music therapy supervision provide opportunities for intrapersonal work and interpersonal connections and aid in ethical clinical practice. The results of the study demonstrated a need for music therapy supervisors to be aware of boundaries in the supervisory relationship, personal issues and expectations that may arise from the supervisor or supervisee, and a healthy environment for which to employ the creative arts in music therapy supervision.

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Table of Contents

Abstract	iv
Acknowledgements	vi
List of Tables	xi
Chapter 1: Introduction	1
Definitions	3
Chapter 2: Literature Review	6
Supervision	6
Creative Arts in Supervision	8
Music Therapy Supervision	12
Creative Arts in Music Therapy Supervision	16
Modalities	18
Summary of Creative Arts in Music Therapy Supervision	29
Statement of Purpose and Research Questions	30
Chapter 3: Method	31
Research Design	31
Participants	31
Data Collection	32
Procedure	34
Data Analysis	35

Chapter 4: Survey Results.....	37
Participants’ Characteristics.....	37
Section One: Music Therapy Supervision	49
Section Two: Creative Arts in Music Therapy Supervision	50
Section Three: Demographic Information	58
Section Four: Interview.....	58
Chapter 5: Interview Results.....	60
Interviewee Selection Process.....	60
Interviewees’ Characteristics	61
When and How to Use the Creative Arts in Music Therapy Supervision	66
Benefits of Using the Creative Arts in Music Therapy Supervision	70
Challenges of Using the Creative Arts in Music Therapy Supervision	73
Summary of Interviews.....	75
Chapter 6: Integration and Discussion.....	78
Research Question #1: When and How	78
Research Question #2: Advantages or Benefits.....	83
Research Question #3: Disadvantages or Challenges.....	85
Limitations	87
Recommendations and Implications.....	89
Conclusion	92
References.....	93
Appendices.....	97
Appendix A: Supervision in Music Therapy Survey.....	97

Appendix B: The Use of the Creative Arts in Music Therapy Supervision

 Interview103

Appendix C: Email/Survey Consent Form104

Appendix D: IRB Exemption.....106

Appendix E: Oral Interview Consent Form107

Vita.....109

List of Tables

Table 1. Frequencies and Percentages of Gender Identities of Respondents	38
Table 2. Frequencies and Percentages of Ages of Respondents	39
Table 3. Frequencies and Percentages of Highest Degree in Music Therapy of Respondents	39
Table 4. Frequencies and Percentages of Decade in Which Respondents Received Highest Degree in Music Therapy	40
Table 5. Frequencies and Percentages of Region/Location in Which Respondents Received Highest Degree in Music Therapy	41
Table 6. Frequencies and Percentages of Decade in Which Respondents Began Practicing as a Music Therapist	41
Table 7. Frequencies and Percentages of Region/Location in Which Respondents Currently Practice as a Music Therapist	43
Table 8. Frequencies and Percentages of Other Degrees, Licensures, Certificates etc. of Respondents.....	44
Table 9. Frequencies and Percentages of Master’s Degree in a Related Field of Respondents	45
Table 10. Frequencies and Percentages of Theoretical Orientation of Respondents.....	46
Table 11. Frequencies and Percentages of Music Therapy Primary Practice Settings of Respondents.....	47

Table 12. Frequencies and Percentages of Additional Music Therapy Practice Settings of Respondents.....	48
Table 13. Frequencies and Percentages of Categories of Current Supervisees	49
Table 14. Frequencies and Percentages of Settings in Which Respondents Supervise	51
Table 15. Frequencies and Percentages of Modalities Respondents Utilize in Music Therapy Supervision	52
Table 16. Frequencies and Percentages of Supervision Sessions in Which Respondents Utilize Creative Arts	53
Table 17. Frequencies and Percentages of Respondents' Knowledge of Creative Arts in Supervision	55
Table 18. Frequencies and Percentages of Respondents' Indicators for the Use of Creative Arts in Supervision.....	57
Table 19a. Interviewee Survey Results.....	62
Table 19b. Interviewee Survey Results	63

Chapter 1

Introduction

Supervision serves as a foundation for clinical development and the personal and professional growth of a clinician throughout their career (Resnick & Estrup, 2000). The clinical supervisory process seeks to improve professional competence through a process of self-reflection in the context of a supportive relationship between supervisor and supervisee. This relationship challenges the individual to change and to integrate these changes into their clinical practice and personal identity (Panhofer, Payne, Meekums, & Parker, 2011). Although the focus of supervision is professional maturation, personal growth is a common by-product for both the supervisee and supervisor (Forinash, 2001).

Clinical supervision characterizes training and preparation across the mental health professions; however, there are profession-specific differences in the content emphasized as well as the clinical supervision model implemented (Bernard & Goodyear, 2019). Bernard and Goodyear (2019) identified three major categories of clinical supervision models, including psychotherapy theories, developmental models, and supervision process models. A supervisor, intentionally or unintentionally, is usually grounded in a psychotherapeutic theoretical orientation from their own clinical practice when working with supervisees. Additionally, supervisors work from a developmental model appropriate to the supervisee's developmental growth and learning. Thirdly, the supervision process model supports the supervisor in choosing the focus of supervision sessions, the interventions implemented, and

the context of the supervision itself. They concluded that most trained supervisors draw from each of the three categories of psychotherapy, development, and process models in their approach to clinical supervision.

Traditional clinical supervision is primarily in the form of a verbal conversation, which tends to have a cognitive approach and focuses on the verbalizations of the individual rather than acknowledging the manifestations of these verbalizations in the body (Panhofer et al., 2011). This cognitive focus does not capture the “vision” of supervision. When verbal exchanges from the supervisee are only considered, experiences or memories within the body or other sensory modalities are neglected as the body houses information that cannot always be accessed through words. Without attending to the whole being of the supervisee, the discovery and potential for growth may be limited by verbal supervision. The use of creative arts in supervision may facilitate and enhance the learning process for supervisees (Fall & Sutton, 2004; Panhofer et al., 2011).

Creative expression and the imagination are housed in the right side of the brain (Lahad, 2000). Engaging with the right side of the brain accesses emotions, allowing for further self-awareness and self-expression, which are imperative for personal growth and professional development (Lahad, 2000). Participating in the arts helps to develop and expand one’s creativity (Fall & Sutton, 2004). The arts provide insight to self, emotions, and expression of feelings while also offering a container for safety and structure. Creative art experiences do not seek to divide the left side from the right side of the brain, but rather enhance the connection and communication between thoughts and logic, left side of the brain, and imagination and experience, right side of the brain, for a more whole person (Lahad, 2000). Furthermore, the use of the creative arts in supervision is not a replacement

for traditional clinical supervision. Rather, creative arts experiences and expressive arts interventions provide a new perspective for understanding theoretical aims and clinical case conceptualizations (Casado-Kehoe & Ybañez, 2011; Lahad, 2000).

Through the arts, supervisees may access and express thoughts, feelings, and experiences in relation to their personal and professional development that they are not able to access and express in words alone (Bratton, Ceballos, & Sheely, 2008). Expressive arts interventions facilitate communication through feeling and experiencing rather than simply describing (Casado-Kehoe & Ybañez, 2011). Hands-on creative art experiences facilitate greater opportunities for self-expression, engage the imagination through active participation, and establish a body-mind connection. Engaging in the creative art-making process can have a mood-altering effect, such as relaxation or the alleviation of stress (Lahad, 2000; Malchiodi, 2005). These mood states are beneficial to supervisees to improve quality of services to clients and to conceptualize clinical case scenarios from a clearer state of mind when engaging in the supervisory relationship.

Definitions

This section will define music therapy, supervision, and the creative arts. The definitions given for each of these terms will provide context for further understanding and application when the terms are integrated in later chapters.

Music Therapy

Music therapy is an evidence-based treatment that is rooted in the research and knowledge of psychology, music, and medicine. Music therapy is the clinical use of music interventions to care for and treat individuals from a holistic perspective, considering their cognitive, physical, social, emotional, and spiritual well-being. Active music experiences,

such as instrument playing and therapeutic singing, recreative music experiences, such as songwriting and improvisation, and receptive music experiences, such as music listening and music assisted relaxation, are employed to address individualized goals and objectives within a therapeutic relationship. Music therapy is provided by a credentialed professional who has completed an approved music therapy program. Music therapists hold a bachelor's degree or higher and have completed a minimum of 1200 hours of clinical training (American Music Therapy Association, 2018a).

Supervision

According to Merriam-Webster (2018), to supervise is defined as “to be in charge of” or “oversee.” Bernard and Goodyear (2019) defined supervision as:

an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the client that she, he, or they see; and serving as a gatekeeper for the particular profession the supervisee seeks to enter. (p. 9)

Supervision is a process with similarities and differences to the interventions of teaching, counseling, and consultation. Similar to teaching, supervision imparts new skills and knowledge and has an evaluative and gatekeeping function; however, supervision is driven by the needs of the supervisee whereas teaching is motivated by a set of protocols. Both supervising and counseling address problematic behaviors, thoughts, or feelings of the supervisee or client. The counseling portion of supervision focuses on a supervisee's clinical work, not additional therapeutic needs. Supervisees have less choice, if any, than counseling clients, when choosing a supervisor. Akin to consultation, supervision seeks to help the supervisee become more effective as a practitioner. Supervision is hierarchical, evaluative,

and happens over the course of time, whereas consultation is between equals, non-evaluative, and usually occurs one time (Bernard & Goodyear, 2019).

Creative Arts

“The arts” is defined as “painting, sculpture, music, theater, literature etc., considered as a group of activities done by people with skill and imagination” (Merriam-Webster, 2018). According to Merriam-Webster (2018), “creative” is defined as “having the quality of something created rather than imitated: imaginative.” Thus, the creative arts are the expression of something created utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing.

Henderson and Gladding (1998) also described the use of writing, music, drama, visual art, artifacts/objects, movement, metaphor/proverbs, games, poems, scrapbooks, imaginary trips, and storytelling within a creative approach to counseling. Comparatively, Malchiodi (2014) classified art, music, drama, dance/movement, poetry/creative writing, bibliotherapy, play and sand play, when used within the context of psychotherapy, counseling, rehabilitation or medicine as expressive art therapies as opposed to the context of creative arts therapies. Thus, the use of the creative arts within a psychological or therapeutic setting other than a creative arts therapy session are also known as expressive art therapies.

The creative arts offer playful verbal and non-verbal opportunities; but, utilizing the creative arts in counseling, creative arts therapies, or supervision goes beyond play to provide openings for self-expression and a deeper understanding of the modality employed (Malchiodi, 2014). The researcher of the present study defined the creative arts as the expression of something created utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing.

Chapter 2

Literature Review

This chapter will be a review of the literature about supervision, the creative arts in supervision, music therapy supervision, and the creative arts in music therapy supervision. The review will also include a discussion of various modalities of the creative arts utilized in supervision that may be appropriate for implementation of creative arts experiences in music therapy supervision.

Supervision

The literature in clinical supervision addresses goals of supervision, the supervisory relationship, and techniques in supervision. These come from a variety of theoretical perspectives that have broad application. For example, Resnick and Estrup (2000) discussed a Gestalt perspective to supervision; however, they emphasized the transferrable modes of thinking and attitudes, regardless of theoretical orientation. They also clarified that supervision is not therapy, but similar principles may apply to the supervisory process.

Goals. According to Payne (2008), the goals of supervision may vary depending on the theoretical orientation (humanistic, psychodynamic systemic, behavioral, or integrative) of a supervisor; however, Panhofer et al. (2011) stated that self-understanding, effective clinical techniques, and mastering countertransference are three main goals that should be considered in clinical supervision, regardless of the theoretical orientation. Additionally, Bernard and Goodyear (2019) emphasized not only skill development as a goal of

supervision, but also an increased sense of self-awareness of supervisees' personalities and interpersonal behaviors that affect their professional work (p. 7).

Resnick and Estrup (2000) noted that goals and techniques of supervision vary; however, the purposes of supervision, to help supervisees understand clients and become more aware of their reactions and responses to the clients, remain the same. Furthermore, the supervisory process seeks to help the supervisees understand the dynamics between themselves and their clients and to reflect upon chosen interventions and the results or consequences of these interventions. The supervisee discovers theories of psychotherapy and explores ways of working under the various approaches to therapy with specific clinical situations. The supervisory process seeks to validate and challenge the supervisee.

According to the Gestalt approach (Casado-Kehoe & Ybañez, 2011), the purposes of supervision are as follows:

- (a) to assist the supervisee [to] understand the case contentwise and processwise; (b) to help the supervisee gain awareness of how he or she impacts the case; (c) to gain an understanding of the dynamics between therapist and client; (d) to assess the interventions used; (e) to develop a deeper understanding of theory; and (f) to empower and challenge the supervisee. (p. 221)

The ultimate goal of the supervisor is to “help the supervisee experience, organize, and express how he or she feels about self, the client, and the relationship in the present moment, while helping him or her develop inner guidance and gain clinical competence” (p. 222).

Relationship. Resnick and Estrup (2000) also stressed the importance of establishing the supervisory relationship in collaboration with the supervisee from the beginning to enhance the importance of being in the learning process together. This includes the responsibilities, the expectations, and the arts interventions to be used.

The supervisor is highly responsible for establishing the quality of the supervisor-supervisee relationship. Fall and Sutton (2004) outlined a number of suggestions in creating an effective supervisory relationship, including clear goals, an open discussion of the roles of the supervisor and the supervisee, communication of the supervisor's model of supervision, expectations, and supervisory process, and creating an atmosphere of collaboration, support, challenge, and respect.

Techniques. Verbal techniques utilized by the supervisor in supervision may include educational instruction, open-ended or non-directive questioning, modeling, and offering support, encouragement, and clarification (Resnick & Estrup, 2000). Methods used in supervision that rely upon the supervisee may include self-report, process notes, case notes, and transcripts (Bernard & Goodyear, 2019).

Creative Arts in Supervision

The creative arts in individual or group supervision may be used during practicum, internship, or with supervisees in the employment probationary period to explore an impasse or various relationships of the supervisee within the work environment (Fall & Sutton, 2004). Bratton et al. (2008) discussed the use of expressive arts in facilitating self-awareness in play therapy within a humanistic approach. The authors proposed that just as play therapy enhances the therapeutic process for clients, the use of other creative arts can enhance the supervisory experience for supervisees. Furthermore, they suggested that utilizing a supervision format that is consistent with the supervisee's conceptual framework optimizes potential for growth. They maintain that the creative arts enhance the learning process for supervisees through experiences that encourage exploration and bring clarity to the supervisee's theoretical framework, facilitate development of clinical cases, and increase

self-awareness. Additionally, the use of the creative arts can decrease a supervisee's anxiety that often comes with reflecting upon one's clinical work (Lahad, 2000; Malchiodi, 2005).

Berger (2017) elaborated on the importance of creative supervision for both the supervisor and supervisee. The use of creative arts in supervision increases the supervisee's awareness and strengthens the supervisor's role as an artist. The use of creative arts in supervision allows the supervisee to experience the therapeutic power of the art itself. For both the supervisor and supervisee, creative supervision expands creative toolboxes and prompts inspiration.

Henderson and Gladding (1998) reflected upon creative arts in counseling as a tool to transcend differences between the client and the counselor. Similarly, the use of creative arts in supervision draws on the supervisee's strengths, builds rapport, and meets the supervisee's needs, and informs the supervisor and supervisee both emotionally and physically. From a multicultural perspective, the authors listed eight benefits to the use of creative arts in counseling:

The creative arts (a) draw people out of self-consciousness and into self-awareness by having them express themselves in a symbolic manner, (b) call attention to the process of expression and the universal and unique nature of strategies employed in this process, (c) provide a set of concrete experiences clients can carry with them to help them relate to others and themselves, (d) help clients develop new ideas and interests to use in relating to themselves and others outside of counseling, (e) bring clients together by giving them experiences that link them together with their past, their present and their future, (f) help clients appreciate the beauty and wisdom of cultural backgrounds, (g) promote positive feelings and affect within people that can be tapped when celebrating and coping with life's highs and lows, and (h) engender hope, confidence, and insight into persons who have never realized their potential for living life to the fullest. (pp. 184–186)

The use of the creative arts may help supervisees to experience feelings more deeply, appraise clinical situations, and access inner resources. The supervisees may understand their own connections and recognize differences across cultures to clients. Furthermore, they may

understand and express themselves more clearly and demonstrate improved self-esteem (Henderson & Gladding, 1998).

Supervisor's role. Bratton et al. (2008) noted that supervisors should have personal experience with the use of the arts to deepen understanding prior to utilizing the arts with supervisees. The authors suggested two roles for the supervisor during a supervisee's creative arts experience. During the creating phase of the art experience, the supervisor's role is observer. The supervisor serves as a witness to the supervisee's process of both verbal and non-verbal expressions. During the processing phase, the supervisor's role shifts to facilitator to encourage reflection and insight.

Bratton et al. (2008) also provided guidelines for processing expressive arts experiences in supervision. The authors described four levels of processing. Level One provides the supervisee with the most control over what is shared from their creative arts experience and Level Four provides the supervisee with the least control.

- Level 1: supervisor encourages supervisees to describe/share their creations
- Level 2: supervisor tentatively shares her observation of the process/creation
- Level 3: supervisor invites supervisees to enter into the metaphor they have created
- Level 4: supervisor encourages supervisee to personalize the metaphor (p. 217)

Lahad (2000) prompted two questions to address supervisors' hesitancy in using the arts in supervision: "Why are we so perplexed in the face of imagination? Why are we so defensive and apologetic in supervision when we share our non-logical thinking, circular perception, images, smells, inner pictures, metaphors, and lateral thinking?" (pp. 12–13). Casado-Kehoe and Ybañez (2011) responded indirectly to the question of hesitancy of supervisors' use of the arts: "In supervision, supervisors are found to respond in the way they were supervised, including the ongoing lack of creativity in expression" (p. 223). Resnick and Estrup (2000) previously made a statement of similar content:

Most supervisors tend to model their approaches after their own supervisors – teaching the way they were taught. Supervisors often lack meta-perspective on the methodology of learning. This does not encourage supervisors to think in new or creative ways about the educational process. (p. 122)

Forinash (2001) described a supervisor's style of supervision as a reaction to what they experienced as a supervisee (p. 2). She further commented upon the supervisor's responsibility to facilitate an environment where the supervisee can discover their unique self as therapist rather than a replica of the supervisor.

Limitations. There are potential limitations to the use of the creative arts in supervision, such as when the supervisee has had previous training in the arts. In supervision, the focus is on the process. In arts training, the focus is usually on the product. Supervisors must be aware of supervisees' arts backgrounds and present arts-based interventions in a way that emphasizes the process over the product. Supervisors must also be cognizant of possible resistances to engaging in the arts due to previous discouraging experiences or negative associations (Casado-Kehoe & Ybañez, 2011).

The developmental skill level and readiness of the supervisee should be evaluated before implementing the creative arts in supervision, including the level of education, training, and skill development of the supervisee as well as the personal openness and willingness to self-discovery and professional growth in relation to their clinical work (Casado-Kehoe & Ybañez, 2011; Forinash, 2001). The strength of the supervisory relationship should also be considered. In addition, supervisors should communicate the importance of processing the experience of a creative arts intervention and caution supervisees from utilizing the supervision experiences with clients until they have received the appropriate training (Casado-Kehoe & Ybañez, 2011).

Music Therapy Supervision

Professional supervision for music therapists was defined and began in the United Kingdom by the Association of Professional Music Therapists (APMT) in 1990 (Odell-Miller, 2009). APMT merged with the British Society of Music Therapy in 2011 to form the British Association for Music Therapy. APMT emphasized the importance of supervision for trainees and professionals from other music therapists in the field of music therapy. Early music therapy supervision focused on managing the balance between the use of music and words and choosing an effective supervisor and theoretical model. In 1990 APMT defined music therapy supervision as follows:

Supervision is a process to enable music therapists to discover ways of improving their working practice through examination and exploration with the supervisor, of casework in a supportive way.

(APMT, as cited in Odell-Miller, 2009)

The results of a survey of music therapists about their supervision practice was reported by APMT in 1989. The survey revealed the most common elements of music therapy supervision: (a) casework presentation; (b) group discussion, including work issues and administration; (c) personal issues and feelings encountered in clinical work; (d) observation of groups and supervision of supervision; and (e) a desire for inclusion in research. The respondents' answers to the survey indicated that participants sought to play music during supervision to reflect upon issues of transference and countertransference. The author emphasized the importance of verbal discussion to bring meaning, clarity, and insight to musical interactions, such as music listening or improvisation, when used in supervision (Odell-Miller, 2009).

In the United States, the development of music therapy as an organized clinical profession began in the 1940s with the establishment of the first music therapy college

training programs. The National Association of Music Therapy (NAMT) was founded in 1950. NAMT created a constitution and bylaws and prioritized university-level education and clinical training requirements. The American Association for Music Therapy (AAMT) was established in 1971 with similar purposes of NAMT, but with different philosophy, educational requirements, and approach. NAMT and AAMT merged to become the American Music Therapy Association (AMTA) in 1998, resulting in a unified music therapy profession (American Music Therapy Association, 2018c).

AMTA has established professional competencies, standards of clinical practice, and a code of ethics to aid in the development of the therapeutic use of music and the field of music therapy. Each of these documents identify supervision as imperative in the advancement of the music therapy profession. The professional competencies warrant quality music therapy education and clinical training and specified that professional music therapists are to “participate in and benefit from multiple forms of supervision (e.g., peer, clinical)” (American Music Therapy Association, 2018d).

The standards of clinical practice define music therapy clinical practice by measuring the quality of services and state that “it is the responsibility of the music therapist to seek and participate in supervision on a regular basis” (American Music Therapy Association, 2018e). The code of ethics serves to progress the development of the music therapy profession and to advance the training, education, and research in music therapy. It identifies ethical behavior and educational and training requirements for music therapists in a supervisory role (American Music Therapy Association, 2018f).

Jackson (2008) conducted a survey of board-certified music therapists to examine whether professional music therapists participate in clinical supervision and whether they

regard supervision as an important part of clinical practice. The findings of the survey noted that an estimated one-third of respondents participate in music therapy supervision. Of the two-thirds of music therapists that do not participate in music therapy supervision, some reported receiving supervision from a supervisor in a related profession. Thus, for some music therapists, their music therapy internship may be the last times they will receive supervision by a credentialed music therapy professional. Jackson shared the importance of professional music therapy supervision. She said,

Professional music therapy supervision . . . moves into a process that might illuminate, develop, and redefine both parties involved in the supervisory relationship. Professional supervision has the potential to support the continued growth and development of the music therapist, which in turn will benefit the therapist, the clients, and the profession in general (p. 193).

Odell-Miller (2009) recognized the varying needs of the supervisee in supervision based on the setting and population served in music therapy. Further, Odell-Miller acknowledged the importance of using music in music therapy supervision, but also acknowledged the need to balance the music with verbal processing. “Attention to the music in music therapy supervision is essential theoretically, clinically, and technically, . . . but so too is attention to the health setting or social context of clinical work” (p. 11).

In music therapy supervision as described by Bunt and Hoskyns (2002), there is an emphasis on growing together through a collaborative process between supervisor and supervisee rather than a hierarchical position. Bunt and Hoskyns defined supervision in music therapy as

an interactive process between a practitioner and a more experienced colleague, concentrating on musical, practical and dynamic issues. There is a mutual shared interest in the work with the central emphasis on the practitioner becoming more effective in working with clients. Through the establishment of a clear frame of meetings, the supervisor facilitates open and honest articulation of material arising

from the work. The process takes place within a context that is both supportive and critically reflective. (p. 262)

Forinash (2001) expanded upon the dynamics of the supervisory relationship in music therapy. She wrote,

The focus of the supervision relationship is to address the complexities involved in helping supervisees in their ongoing (and never-ending) development as competent and compassionate professionals. Supervision is a relationship, one in which both supervisor and supervisee actively participate and interact. It is a process of unfolding – not simply following a recipe but engaging in a rich and dynamic relationship. Supervision then is also a journey, or odyssey of sorts, in which supervisor and supervisee learn and grow and from which both will very likely leave transformed in some way. (p. 1)

Forinash also proposed different models of supervision whereas Odell-Miller (2009) provided context-based supervision, rather than being driven by a specific model.

According to the 1989 survey, music therapists in England were supervised by nonmusic therapists (Odell-Miller, 2009). Odell-Miller stated that although no recent figures exist, a higher percentage of music therapists are now supervised by other music therapists. This demonstrates growth and development in the field of music therapy supervision, including a growing repertoire of specific skills and expertise.

The primary roles of a music therapy supervisor with pre-internship and internship supervisees, as defined by McClain (2001), are modeling, facilitating, and evaluating the music therapy competencies, which are categorized as (a) academic/theoretical, (b) clinical/music therapy, (c) music, and (d) personal competencies. Professional music therapy supervision also includes the facilitation and evaluation of advanced knowledge and skills.

Summary. A collaborative process between supervisor and supervisee is encouraged to best meet the varying needs of the supervisee based on setting and population. Music therapy supervisors use creative arts experiences, such as music improvisation, within a

supervisory relationship that is dynamic, interactive, and unfolding (Bunt & Hoskyns, 2016; Forinash, 2001; Odell-Miller, 2009). Supervisory musical interactions bring deeper insight and awareness for supervisees and their clinical cases and personal issues encountered in their clinical work and for music therapy supervisors, whom model, facilitate, and evaluate music therapy competencies of the supervisee (McClain, 2001; Odell-Miller, 2009).

Creative Arts in Music Therapy Supervision

Shulman-Fagen (2001) described a weekly music therapy supervision group using the creative arts to work through supervisee's clinical issues and challenges. The supervisees were music therapy interns and the supervision group was in addition to their on-site weekly individual supervision. Each session began with a "check-in" followed by a lecture component to address theoretical issues and concluded with the use of music and arts experiences to address clinical issues or academic supervision needs. The author also stated that creative rituals were used to open and close each session (p. 150).

Shulman-Fagen (2001) outlined four stages for group development and suggested arts experiences to be used within each stage of supervision. The four stages were "(a) building the container, (b) filling the container, (c) individuating, finding a therapeutic voice, and (d) autonomy and termination" (p. 151–158). The personalities and readiness of the supervisees, styles, and skills of the academic and onsite supervisors, appropriateness of fit of the arts for each supervisee, and daily clinical experiences were used to determine the appropriateness of creative arts in music therapy supervision (p. 151). Additionally, the use and development of creative arts in the music therapy supervision group was based upon "individual professional growth, evolution of the supervision group dynamics, and general clinical skill development" (p. 151).

Creative arts experiences, as suggested by Shulman-Fagen (2001), for Stage 1 of building the container included music improvisation to establish internal and external connections. Drumming was also suggested to explore and define the therapeutic space whereas movement and music psychodrama examined the flexibility and space of the container. Clay and other art materials may be used to create representations of supervisee's definition of a container. Music and movement improvisations may further provide an opportunity to establish a holding space and reflect upon relational patterns as well as explore transference and countertransference in Stage 2 of filling the container.

Mårtenson-Blom (2003) reflected upon the use of music in the supervisory setting, including its ability to surpass personal and professional boundaries. Music is a co-supervisor, similar to its role as a co-therapist in music therapy. It “moves beyond words and still contains the fundamental capacity to carry and express meaning...music is an agent that helps us connect and relate, since its essence is movement and process” (p. 114).

Creative art experiences that utilize the voice in Stage 3, such as breathing exercises and vocal play, can facilitate finding a supervisee's therapeutic voice. Improvisation also helps in learning to take appropriate risks, and movement that utilizes props, such as the stretchy band, allows supervisees to experience separating and reconnecting with the group. The final stage of autonomy and termination may include the use of meditation and music followed by visual arts, such as clay, to encourage reflection. Improvisation and drumming may also facilitate reflection through a focus and movement from the inward self to the outward self. Creating a mask can be representative of their professional identity and dialoguing with the mask may provide deeper insights, including archetypal images present in their professional identity or clinical work. Songwriting can be used to explore the

archetypes further (Shulman-Fagen, 2001, p. 159). “Creative arts can function as a way to encounter, examine, hold, work through, and resolve the issues that arise” stated Shulman-Fagen (p. 160).

Modalities

This section will review various modalities in supervision utilizing the creative arts and those that may be appropriate for use in music therapy supervision. Modalities include, but are not limited to, writing, such as journal writing, drawing, such as the use of mandalas, dance or movement, role play, clay, the use of objects, music improvisation and music and imagery.

Reflexive journal writing. Barry and O’Callaghan (2008) discussed the use of reflexive journal writing as a helpful tool to develop more flexible and appropriate music therapy services for clients. Reflexive journal writing was beneficial in self-criticism and professional development for supervisees. The four steps to the supervisee’s model of reflexive journal writing were descriptive journal writing, extending self-critiquing and understanding, integration of new insights into practice, and reflexive evaluation. Descriptive journal writing was defined as

unsuppressed memories, ideas, feelings and thoughts, including (a) clinical observations; (b) descriptions of offering music therapy to patients; (c) initial intentions and assessments made; (d) music therapy methods offered and why, and those used; (e) significant moments; (f) outcomes, including musical and incidental comments by participants; (g) possible ongoing goals; (h) spontaneous comments from staff or others about the usefulness of music therapy; (i) notes emergent from supervision sessions; (j) questions that emerged, aspects to think about, and things to do; (k) experiences challenging perceptions about the usefulness of music therapy; and (i) personal reflections about music therapy’s usefulness. (p. 58)

Extending self-critiquing and understanding was rooted in the reflection upon the descriptive writing with questions, supervision, insights from reading literature about music therapy,

speaking with other music therapists, and personal experiences. This step led to a new understanding of implications for clinical practice.

Integration of new insights into practice evolved from self-critiquing, which resulted in a better understanding of self as therapist and guided future music therapy practice. Additionally, the music therapy student learned how to creatively introduce music therapy to clients. Reflexive evaluation described patients, families, and staff members' reactions.

Barry and O'Callaghan (2008) reflected on the option of a handwritten or computer written journal. At the time of this study, handwritten journals allowed entries to be made close to the clinical experience and also provided easy access to previous notes. Journals can be written in one of four ways: process recordings, which include session memories written longitudinally; free associations, which are any memories, thoughts, and feelings related to the event; debriefing, which emphasizes feelings related to the event; and focused entries, which are selected events, thoughts, and feelings associated with events that are described in detail for a specific purpose. Furthermore, the type and purpose of the journal chosen depends on the time and energy of the student, intern or professional. Students self-reported that they do not engage in journal writing at times because it is a time-consuming process.

The music therapy student in Barry and O'Callaghan (2008)'s study revisited and reflected on their 5-month reflexive journal, 3 months following their clinical placement. New insights and memories came from reviewing the journal. Five benefits of the journal were "understanding contextual influences on practice, connecting theory and practice, self-evaluation and supervision, practice development, and understanding the usefulness of music therapy" (Barry & O'Callaghan, 2008, p. 59–62).

The importance of developing a personal reflexive practice becomes evident through the development of a personal reflexive practice itself. The benefits are as unique and meaningful as each individual. Overall findings included the development of an identity as a music therapist and professionalism in clinical experiences, which in turn allowed more creative approaches to develop and make contributions back to music therapy literature. The practice of reflexive journal writing helped the student to acknowledge personal life experiences, which shaped their music therapy clinical experiences (Barry & O'Callaghan, 2008).

Barry and O'Callaghan (2008) suggested allowing the supervisees to censor journals and determine which entries they share with the supervisor. The authors acknowledged the potential for the students to monitor or filter their writing, leading to a lack of genuineness and authenticity. Supervisors must also consider the ethical issue of patient information in the journals. Pseudonyms are encouraged to be used and the journal kept in a safe and private place.

Drawing. Drawing facilitates communication; provides a visual for what is difficult to verbalize; offers suggestions for personal needs, such as working through anxiety; and may propose alternate ideas for clinical cases, such as goals and solutions. Drawing can also help to move the supervision process forward where a supervisee may be stuck (Casado-Kehoe & Ybañez, 2011). Rosen and Atkins (2014) added that drawing followed by journaling reaches beyond psychological and emotional defenses for clients. Because of the parallel processes between counselor and client and supervisor and supervisee, drawing followed by journaling may facilitate a similar psychological and emotional opening for supervisees.

Lahad (2000) asserted that colors, shapes, and lines may be used to explore a client's relationships from the perspective of the supervisee. Drawing may also be used for problem solving where the supervisee draws three pictures depicting the current problem, the problem solved, and what happens before the resolution. The drawings that result, as well as the process of drawing itself, changes the perspective of the problem and new solutions may evolve (Lahad, 2000). Often, a problem is overwhelming for a supervisee to manage, but the perspective shift through drawing may enable the supervisee to identify strengths and needs of their own mental health and behaviors of the clients (Casado-Kehoe & Ybañez, 2011).

Personal growth can also be examined through drawing for the supervisee. Fall and Sutton (2004) suggested drawing a picture of where the supervisee sees themselves now, at midterm evaluation, and final evaluation, in relation to becoming a professional music therapist. At the final evaluation, the supervisors reported learning more about the supervisees through their drawings as the supervisees described their process rather than engaging in a verbal discussion alone. More importantly, the students gained insight into their own process, reporting connection and truth that evolved from the creative arts experience in group supervision.

The supervisor can use the drawings to reflect back to the supervisee what they are hearing and understanding. Drawing may also be used to describe a balanced career during times of emotional stress and facilitate exploration of tension between clinical and administrative responsibilities of clinical work (Fall & Sutton, 2004).

Mandalas. Mandala is a Sanskrit word that means “whole world” or “healing circle” (Jackson, Muro, Yuch-Ting, & DeOrnellas, 2008, p. 203). Carl Jung (1973), a Swiss psychiatrist, defined mandala as “magic circle” and described it as “a self-representation of a

psychic process of centering” (p. 396). Jung implemented the use of mandalas in his work with clients as a tool for making the unconscious conscious (Jackson et al., 2008). He viewed the appearance of mandalas as evidence of the process of individuation and integrating the self and ego (Fincher, 1991). The use of the creative arts brings unconscious material into the conscious mind, which facilitates verbal processing. In supervision, the use of mandalas can integrate supervisees’ unconscious material into conceptualizing clinical cases (Jackson et al., 2008).

Mandalas can utilize multiple forms of media, including crayons, markers, oil pastels, paper, sand trays, or marbles. In a study by Jackson et al. (2008), supervisors instructed students to begin by closing their eyes and reflecting on an issue in supervision that had been discussed verbally. The supervisees were guided to breathe deeply and encouraged to let images, colors, and forms come to mind. Quiet music was played during drawing; however, Jackson et al. (2008) specified no other parameters for the music. Guiding questions included the following:

What is happening between you and this client? Who do you want to be with this client? Who do you want to be as a counselor? In 5 years where do you want this client to be as a result of having been in counseling with you? What does this issue in supervision say about your reputation as a counselor? (p. 204)

Following the guiding questions, supervisees were instructed to open their eyes and bring color, shapes, and forms to the circle in front of them. The supervisees were given 30 minutes to draw with background music. Mandalas were shared, but supervisees refrained from interpretation, rather noting what they saw and felt, and any personal associations. Similarly, when processing in a group supervision, observations from peers offered feedback, but the supervisees personal meaning was always honored (Jackson et al., 2008).

The supervisor must have an open and contemplative state of mind and refrain from evaluating the supervisee's art. The supervisor is not in the role of interpreter of the mandala; however, the supervisor may guide the supervisee to identify colors, numbers, and shapes and to title the mandala (Jackson et al., 2008). In addition, Kellogg (1978) reflected upon drawing an imaginary horizontal line, which divides the mandala in half. Material above the horizontal line may be in the conscious realm while material below the horizontal line may be further from conscious awareness. The drawing of the mandala itself begins to bring unconscious material to the conscious mind, which is beneficial in and of itself. The interpreting and processing, which is done by the supervisee, provides further opportunities for self-exploration, including recognizing resistances, exploring impasses, acknowledging successes, and feeling touched by clinical experiences.

Jackson et al. (2008) noted that as a result of engaging in the mandala process supervisees became aware of their feelings through self-exploration and experienced these feelings more deeply. They (a) processed emotions in a positive way, (b) developed a greater understanding of issues in supervision, (c) discovered possible alternatives for clinical situations, and (e) came to a resolution for themselves. They claimed that this self-nourishment developed an inner wisdom that was communicated and expressed through the external art process. Additionally, there was a shift from external concerns to inwardly connecting with the self that energized supervision. Furthermore, there was a possibility for supervisors to engage in the mandala process and explore possible transferences. The authors emphasized the importance of a supervisor's skills in facilitating the creative process as well as group processing. Mandalas may also be used in self-supervision, but do not replace clinical supervision (Jackson et al., 2008).

Dance or movement. Panhofer et al. (2011) reported a study in which the participants wrote about a significant moment from their clinical work followed by improvised movement based on the initial writing. Then, they developed choreography from the movement sequence. The movement was followed with further writing via an expressive response from free association.

The five stages to this experience were (a) identifying the presenting problem, (b) warming up, (c) allowing the movement to emerge, (d) composing a final narrative, and (e) evaluation and contemplation (Panhofer et al., 2011). The initial writing experience was identifying the presenting problem, while composing a final narrative was the written response from the movement. Warming up developed personal connections with the supervisees' bodies and allowed the movement to emerge through free association to create a movement sequence. In the final stage, the participant reflected on the material and the experience. Similar to Jackson et al. (2008), this experience can also be done in self-reflection, but should not replace supervision.

The five stages of this experience contained both conscious and unconscious aspects and both active and receptive elements. The mixed modalities of writing and movement reached the core being of the participants, effected self-regulation, and deepened personal insight. They felt more connected to their own thoughts and emotions, stating the change from an "aloof observer to engaged participant" (p. 11). They became engaged with their whole selves, specifically becoming aware of emotional attitudes toward their clients, which brought an awareness and connection to personal countertransference. Writing evolved as technical and factual prior to the movement, to emotional and expressive following the

movement. Writing alone did not bring attention to personal feelings; connecting the mind with the body brought awareness to somatic sensations.

Role play. The use of drama helps to facilitate communication and understand individual roles (Gladding, 2016). Role playing, a form of drama, allows the supervisee to try new behaviors and explore “hidden aspects” of themselves as a counselor and those aspects of the client that may have been unseen. Through role playing, there is an increased awareness of the clinical situation and how the supervisee may be understood by the clients. There is also a greater sense of awareness to the supervisee’s feelings within and outside of the session, especially negative feelings toward the client or clinical situation (Casado-Kehoe & Ybañez, 2011). Casado-Kehoe and Ybañez reflected on the intervention of role playing from a Gestalt perspective and Perl’s empty chair technique. This technique helps to bring up an awareness of feelings, explore what is happening in the session, and possibilities for the future. When role playing is used during group supervision, supervisees have the opportunity to receive feedback from their peers.

Clay. In addition to the use of drama in supervision, Gladding (2016) discussed the use of clay within the visual arts. He stated that clay is not used as often as other arts mediums due to its difficulty to manipulate and messiness; however, he recognized the many advantages of clay, including self-expression in its concrete form. Bratton et al. (2008) suggested Play-Doh or model magic as an alternative to clay. The modeling of clay provides an opportunity for expression in the process of squeezing and pounding the clay, as well as in the creation of symbols that represent thoughts, emotions, expectations, and needs. Holding and manipulating the clay in one’s hands may also elicit feelings of empowerment and control (Gladding, 2016). Contrarily, Bratton et al. reflected on wet clay/wet sand as one of

the arts mediums in which the supervisee has the least control over his thoughts, feelings, and emotions during the creative arts experience.

LEAST CONTROL
Wet Clay/Wet Sand
Oil Pastels/ Watercolors
Dry Sand and Miniature Figures
Miniature Figures (used without sand)
Puppets/Drama/Storytelling
Collage-type Activities
Model Magic/Modeling Clay
Crayons/Thick Felt Markers
Colored Pencils
Lead Pencils
MOST CONTROL (p. 216)

Bratton et al. (2008) suggested an experience where the supervisee creates a creature or an animal that represents them from the clay. The supervisor follows up the creation of the creature or animal with verbal processing questions about the creature or animal. Other examples of working with clay given by Malchiodi (2005) are to have the supervisee create a sculpture of themselves as the counselor, to create the part of the supervisee that is anxious, to create a wall that is felt between the supervisee and client, or to create representations of the client's family that the supervisee is working with to explore family dynamics. The sensory experience of clay may lead to a cathartic release of feelings, reduce anxiety, and bring new insights (Malchiodi, 2005).

Guided Imagery and Music (GIM). Mårtenson-Blom (2003) discussed the application of Guided Imagery and Music (GIM) to supervision and professional development through a series of eight group GIM sessions with social workers who worked in the Swedish equivalent of Child Protective Services. GIM facilitated a deepening of the supervision process, providing supervisees the opportunity to explore within a musical container the dynamics with a particular client in order to process difficult feelings and

nourishment in the working environment. Music was recognized as having the ability to “open doors between the personal and the professional” (p. 105). The group members became more aware of the connection between personal and professional issues; however, boundaries were established between the personal and professional worlds through an acknowledgement of pedagogic and self-development purposes of the group.

The group GIM sessions began with verbal sharing. The supervisor chose an induction, and selected music based on the supervisees’ sharing during the check-in. After a short relaxation and focusing, one 3- to 7-minute selection of music was played. Following the session, the supervisor took notes. These ideas were utilized for the next session and incorporated with the needs of the present day. Another check-in was utilized at the end of each session. The supervisor moderated sharing and the group dynamics and connected personal and professional insights among individuals (Mårtenson-Blom, 2003).

The supervisor also determined the musical container provided a structure and frame through the chosen music to create a safe environment for the supervisees to be vulnerable (Mårtenson-Blom, 2003). The supervisor chose music that facilitated the supervisees’ exploration, movement, and searching. A feeling of group cohesion evolved that also strengthened individual boundaries. Supervisees shared that the music deepened conversation, slowed themselves down to be present in the moment, and provided a holding space for difficult feelings rarely expressed in their work (Mårtenson-Blom, 2003).

Individual clinical cases were brought forward by two supervisees and focused on by the whole group with the intent of feeling and expressing yet containing difficult feelings. The supervisees verbally expressed in sharing that it was helpful to have a space for feelings

in a situation that they could not change. Additionally, they developed compassion and found hope as a group and developed empathy as a team (Mårtenson-Blom, 2003).

Similarly, the whole group focused on the presentation of one difficult case in another session. The focus image given by the supervisor was to find themselves on a shore. In the imagery, the group members were walking along the shore with the supervisee that presented the case. The music was chosen to help with reconciliation and reflecting was used in processing as the supervisor and supervisee that presented the case dialogued while the rest of the group listened (Mårtenson-Blom, 2003).

At the conclusion of eight sessions, supervisees felt that they had become more effective in their clinical practice, as they reported a new meaning in their work. Concerns were expressed for not enough time to talk and discuss their experiences. Other reflections were the need to engage in supervision utilizing GIM more often to get familiar with listening and imaging. Some supervisees shared that they opened up, felt more connected to relationships and a deepened sense of relaxation, developed relationships with colleagues, and the GIM sessions provided energy from tiredness, which facilitated a shift in their relationships with clients, including an increased sense of empathy, care, and love toward clients and themselves. The use of GIM in supervision was not just helpful in clinical work, but the supervisees reported finding healing for themselves as professionals by slowing down, deepening felt experiences, and having a space to feel (Mårtenson-Blom, 2003, p. 113).

Music improvisation. Bunt and Hoskyns (2002) stated the benefit of musical and improvisational knowledge in supervision as follows: “We are fortunate as musicians in being able to explore a musical solution to a psychological or therapeutic obstacle” (p. 264).

Examples of musical role play and improvisation in supervision included the supervisee improvising feelings around a particular client or stage in the relationship, musically exploring what it feels like to be the client while the supervisor plays the role of the therapist, shifting roles from client to therapist and depicting typical music from each role to gain insight and perspective, and musically exploring alternatives to personal dynamics or clinical responses within the relationship. Music improvisation allows for supervisees to musically engage with personal and clinical problems, facilitating a greater understanding of the clinical process (Bunt & Hoskyns, 2002).

Summary of Creative Arts in Music Therapy Supervision

The creative arts have been used in clinical supervision to facilitate the supervisee's understanding of clinical cases and increase self-awareness, which bring personal insights that impact professional growth and clinical work (Bratton et al., 2008). Creative supervision allows the supervisee to experience the therapeutic power of engaging in the art itself, whether that be drama, movement, music, visual arts or writing (Berger, 2017). Although there is literature that outlines the benefits of the creative arts in clinical supervision, there is limited research that demonstrates the use of the creative arts in music therapy supervision. Bunt and Hoskyns (2016) and Mårtensson-Blom (2003) discussed the use of music in music therapy supervision, in the forms of music improvisation and GIM, respectively, and Shulman-Fagen (2001) suggested the use of other arts experiences to be used in group supervision with music therapy interns; yet, there is limited research that describes, supports, and advocates for the use of the creative arts in music therapy supervision.

Statement of Purpose and Research Questions

The purpose of this study is to determine if, when, and how music therapy supervisors use the creative arts in music therapy supervision when supervising music therapy students, interns, or professionals, and other creative arts therapy professionals. The researcher proposed the following questions:

1. When and how do music therapists use the creative arts in music therapy supervision?
2. What are the advantages or benefits of using the creative arts in music therapy supervision?
3. What are the disadvantages or challenges of using the creative arts in music therapy supervision?

Chapter 3

Method

This chapter will describe the research design, participants, and data collection to be used for collecting data that address the research questions. The procedure and data analysis will also be discussed and outlined.

Research Design

The study employed a sequential explanatory mixed methods design (Creswell & Plano, 2011), a commonly used mixed methods design in music therapy research (Burns & Masko, 2016, p. 601). In this research design, the two strands of research occurred sequentially. The quantitative data were gathered via the survey, and then the qualitative data were collected via interviews to expand upon, explain, and clarify the quantitative results (Burns & Masko, 2016). The qualitative data from the interviews sought to explain the initial quantitative results from the survey (Creswell & Plano, 2011).

Participants

The researcher invited participation in the survey via email from music therapists certified by the Certification Board for Music Therapists (CBMT) at the time of the study. Email addresses for 7,424 music therapists were purchased from CBMT. Music therapists who supervise music therapy students, interns, or professionals, and other creative arts therapy professionals were invited to participate in the survey. A total of 816 survey responses were recorded. Of the 816 recorded responses, 737 respondents completed and

submitted the survey and 79 respondents partially completed the survey. All responses were included in the analysis.

There were 81 survey respondents who stated they utilize the creative arts in music therapy supervision and who were willing to be interviewed. Of the 81 interview volunteers, the researcher selected and interviewed five respondents about their use of the creative arts in music therapy supervision. The researcher based the selection on the volunteers' self-described experience of using the creative arts in music therapy supervision.

Data Collection

There were no pre-existing surveys in regard to the use of the creative arts in music therapy supervision. A researcher-designed instrument, *Supervision in Music Therapy Survey* (see Appendix A), addressed the use of creative arts in music therapy supervision. The survey gathered information related to music therapy supervision and the use of the creative arts in music therapy supervision as well as demographic information about the respondents and the respondents' willingness to be interviewed about their use of creative arts in music therapy supervision. Prior to distribution of the survey, the researcher piloted the survey with eight music therapy supervisors who did not participate in the final survey.

The survey was created in Qualtrics (Qualtrics, 2018), was divided into four sections, and consisted of 21 questions. Section One consisted of three questions and inquired if the respondents work or have worked in a supervisory role, whom they supervise or have supervised, and in what setting(s) the respondents are supervising or have supervised based on the provided list of settings in which music therapists work from the American Music Therapy Association (2018b). Section Two consisted of five questions relating to the use of the creative arts in music therapy supervision. Section Three consisted of 11 questions

designed to gather demographic information about each respondent. Section Four consisted of two questions about the respondents' willingness to participate in an interview about their use of creative arts in music therapy supervision.

If the participant responded that they currently work or have worked in a supervisory role in music therapy, the next portion of the survey opened. If a participant responded that they do not serve or have not served in a supervisory role in music therapy, they were acknowledged for their participation in the survey and the survey closed.

If the participant responded that they utilize the creative arts in music therapy supervision, the remainder of Section Two opened to gather information about the use of creative arts in music therapy supervision. If the participant responded that they do not utilize the creative arts in music therapy supervision, Section Three opened for demographic information followed by an acknowledgement for their participation in the survey and the survey closed.

Those respondents who use the creative arts in music therapy supervision were asked if they were willing to be interviewed about their use of the creative arts in music therapy supervision and were given the opportunity to include their name and email address. If the respondent chose to input their name and email address to indicate a willingness to be interviewed, they were informed that the rest of their survey responses were attached to their name and email address to ensure efficiency of the interview, so their responses were no longer anonymous. The participants who use the creative arts in music therapy supervision also answered demographic questions.

This researcher created *The Use of the Creative Arts in Music Therapy Supervision Interview* (see Appendix B), a template for semi-structured interviews with nine prepared,

open-ended questions. The questions were in regard to the music therapist's use of the creative arts in music therapy supervision, including when and how they use the creative arts in music therapy supervision, how they introduce the creative arts in music therapy supervision, how they incorporate the creative arts within traditional talk supervision, and their own experience(s) of receiving supervision that utilizes the creative arts. Questions also addressed the perceived benefits and challenges as well as contraindications or precautions of utilizing the creative arts in music therapy supervision. Additionally, the interviewees were asked to reflect upon the most commonly used modalities and indicators for utilizing the creative arts in music therapy supervision.

Due to the nature of a semi-structured interview, three relevant questions were added to the interview template (see Appendix B). The interviewees were invited to begin the interview by describing the nature of their supervision environment and whom they supervise to set the tone and structure for the rest of the interview. The researcher asked the interviewees to expand upon their theoretical orientation and how it impacts their use of the creative arts in music therapy supervision. In closing, the interviewees were also given the opportunity to ask any questions or add additional comments to give their voice to the research of creative arts in music therapy supervision.

Procedure

The study was submitted to the Appalachian State University Institutional Review Board and found to be exempt from further review (see Appendix D). The survey was sent via email through Qualtrics (Qualtrics, 2018) to board-certified music therapists. The body of the email included the information necessary for informed consent and a link to the survey (see Appendix C). The first page of the survey also included the consent form. All email

addresses were blind-carbon copied to protect participants' privacy and responses were anonymized so that no personal information was recorded and contact association was removed. Survey respondents' identifiers were not collected by or known to the researcher. The survey's due date was 4 weeks from the date sent by email. A reminder email was sent 2 weeks later, and a final reminder email was sent one week before the due date of the survey.

Selected interviewees were sent a consent form via email (see Appendix E). The interviewee selection process is described in Chapter 5. The interviewee signed and returned the consent form electronically prior to the interview. Interviews were scheduled according to the interviewee's and the researcher's availability, but no later than one month after the due date of the survey. Once the researcher received the consent form and the interview was scheduled, the semi-structured interview was conducted, and audio recorded using Zoom (Zoom Video Communications, 2018). The researcher transcribed the interviews, and the participants were given a copy of the transcript via email for review to confirm accuracy of the transcribed material. The interviewees added comments to address any changes they requested on their transcripts. The recordings were used as a means of capturing responses and were deleted immediately following transcription and member checking. Identifiers were collected only for the five respondents who volunteered to participate in an interview, but the identifiers were kept separately from the data, and the file with the interviewees' identifiers was destroyed following member checking of the transcripts. All data were kept in the researcher's possession in a password-protected laptop.

Data Analysis

The data were analyzed in three phases including the analysis of the initial quantitative data from the survey, a thematic analysis of the transcribed interviews, and

merging of the two previous analyses according to the research questions as to how the qualitative data helped explain the quantitative data (Creswell & Plano, 2011). The researcher used Qualtrics (Qualtrics, 2018) to gather the survey data and created spreadsheets via Excel to compute descriptive statistics on the survey data. The recordings of the interviews were transcribed, and the researcher coded the transcriptions for themes and subthemes based on the research questions. Themes from all interviews were compared. Then, the findings from the interviews were merged with the survey responses.

Chapter 4

Survey Results

This chapter will report the results from the 21-item *Supervision in Music Therapy Survey*. The participants' characteristics will be presented along with other demographic information followed by the remaining sections of the survey: music therapy supervision, creative arts in music therapy supervision, and interview.

Participants' Characteristics

A total of 816 board-certified music therapists, out of the 7,424 solicited, responded to the survey. Of the 816 recorded responses, 737 respondents completed and submitted the survey, and 79 respondents partially completed the survey. All responses were included in the results; however, the total number of respondents (n) for each survey question was lower than the total number of participants that completed or partially completed the survey because not all questions were required to answer in order to proceed to the next question. Questions such as whether or not the participants supervise or have supervised and whether or not they use or have used the creative arts in music therapy supervision were required responses before proceeding to the next section of the survey. Because not every question forced a response in order to proceed to the next question, the researcher did not collect data from every respondent on every question; hence the varying total number of respondents (n) per question.

The majority of respondents identified as female (see Table 1). Under the “not listed” category, five responses were given. The highest percentage of respondents were between the age of 30–39 years old followed by 20–29 years old. Music therapists 20–39 years old comprised more than half of participants. The number of participants in the survey decreased as the age range increased from 40–49 years old through 70–79 years old, respectively (see Table 2), likely representing the age distribution of board-certified music therapists (American Music Therapy Association, 2017).

Table 1

Frequencies and Percentages of Gender Identities of Respondents (n = 433)

Gender Identity	Frequency	Percentage
Female	371	86%
Male	50	12%
Prefer not to answer	7	2%
Gender creative	4	1%
Not listed	1	<1%
Transgender	0	0%

Almost half of the respondents identified the highest degree in music therapy that they had obtained was a master’s degree in music therapy (see Table 3). Additionally, out of the 426 participants that identified the decade in which they received their highest degree in music therapy, a little over half of the respondents selected 2010s (see Table 4).

Table 2

Frequencies and Percentages of Ages of Respondents (n = 421)

Age	Frequency	Percentage
20–29 years old	104	25%
30–39 years old	141	33%
40–49 years old	75	18%
50–59 years old	51	12%
60–69 years old	44	10%
70–79 years old	6	1%

Table 3

Frequencies and Percentages of Highest Degree in Music Therapy of Respondents (n = 434)

Highest Degree in Music Therapy	Frequency	Percentage
Master’s degree in music therapy	207	48%
Bachelor’s degree in music therapy	173	40%
Music therapy equivalency	32	7%
Doctoral degree in music therapy	22	5%

Table 4

Frequencies and Percentages of Decade in Which Respondents Received Highest Degree in Music Therapy (n = 426)

Decade	Frequency	Percentage
1970s	16	4%
1980s	32	8%
1990s	51	12%
2000s	108	25%
2010s	219	51%

Furthermore, over half of the respondents had received their highest degree in music therapy in the past 8 years. Decades prior to the 1970s were omitted from Table 4 since there were zero respondents for those decades.

The Mid-Atlantic region was identified as the region or location where the largest number of music therapists had received their highest degree in music therapy, followed by the Great Lakes, Southeastern, and Midwestern regions (see Table 5). During categorization of survey data, Canada was added as a category to capture four out of the six responses under “Other.” The “other” category was removed and replaced with “prefer not to answer” to reflect text entries of “prefer not to answer” and “Christian,” which alluded to the fact that the respondent misread the question as religion instead of region.

The majority of respondents began practicing in the past 10 – 20 years. Decades prior to 1970 were omitted from Table 6, since there were zero respondents for those decades. Similar to the regions or locations in which music therapists received their highest degree in

Table 5

Frequencies and Percentages of Region/Location in Which Respondents Received Highest Degree in Music Therapy (n = 432)

Region/Location	Frequency	Percentage
Mid-Atlantic	117	27%
Great Lakes	78	18%
Southeastern	70	16%
Midwestern	69	16%
Western	45	10%
Southwestern	26	6%
New England	21	5%
Canada	4	1%
Prefer not to answer	2	<1%

Table 6

Frequencies and Percentages of Decade in Which Respondents Began Practicing as a Music Therapist (n = 423)

Decade	Frequency	Percentage
1970s	19	4%
1980s	45	11%
1990s	57	13%
2000s	119	28%
2010s	183	43%

music therapy, the Mid-Atlantic, Great Lakes, and Southeastern regions were identified as the regions with the highest frequency of respondents currently practicing as music therapists (see Table 7). Responses such as “don’t,” “none,” “N/A,” “not practicing,” or “retired” were categorized as “not practicing/retired.” Additionally, a category of “Outside USA” was created to capture “other” responses where music therapy professionals were practicing beyond the United States.

Participants were asked to identify and select any and all other degrees, licensures, certificates etc. received. Two categories were added to the list to reflect some of the respondents’ training as a Neonatal Intensive Care Unit Music Therapist or a Hospice and Palliative Care Music Therapist. Advanced vocal psychotherapy and yoga instructor were the most commonly listed other degrees, licensures, or certificates under the 42 “other” responses (see Table 8).

There were 11 respondents with doctoral degrees in a related field, each with a different focus area. Of the 51 master’s degrees in a related field, the most common major area was education/special education (see Table 9).

The most common theoretical orientations utilized by respondents were humanistic followed by cognitive-behavioral (see Table 10). Other theoretical orientations indicated were behavioral, psychodynamic, and systems/family systems. The following categories were added in categorizing the survey data to reflect theoretical orientations listed by participants: “biomedical,” “biopsychosocial,” “developmental,” “holistic,” “humanistic,” “music-centered,” “neurologic,” “psychodynamic,” “trauma-informed,” and “other.”

Table 7

Frequencies and Percentages of Region/Location in Which Respondents Currently Practice as a Music Therapist (n = 429)

Region/Location	Frequency	Percentage
Mid-Atlantic	104	24%
Great Lakes	86	20%
Southeastern	75	17%
Western	63	15%
Midwestern	38	9%
Southwestern	28	7%
New England	17	4%
Outside USA	12	3%
Not practicing/Retired	6	1%

Gestalt and Person-Centered were combined with Humanistic (see Table 10). Similarly, Jungian and psychoanalytic were combined with psychodynamic. Those respondents that stated it “depends on client and need,” “mixed/multiple perspectives,” “variety,” or “combination of approaches” were added to the eclectic category. This survey question asked for the participants to select one response; however, survey respondents identified more than one theoretical orientation via text entries. Thus, the researcher sorted these responses into corresponding categories. Only those respondents that entered “eclectic” or “integrative” in the text entry remained in those respective categories. Responses remained under “other” that did not fit in the listed categories.

Table 8

Frequencies and Percentages of Other Degrees, Licensures, Certificates etc. of Respondents

(*n* = 384)

Other degrees, licensures, certificates etc.	Frequency	Percentage
Neurologic Music Therapist (NMT)	102	27%
Master's degree in a related field	51	13%
Licensed educator	47	12%
Other	42	11%
Licensed Creative Arts Therapist (LCAT)	34	9%
Licensed Professional Counselor (LPC)	26	7%
Neonatal Intensive Care Unit Music Therapist (NICU-MT)	23	6%
Fellow of the Association for Music and Imagery (AMI)	16	4%
Doctoral degree in a related field	11	3%
Hospice & Palliative Care Music Therapist (HPMT)	11	3%
Nordoff-Robbins Music Therapist (NRMT)	10	3%
Orff Schulwerk Level III Certificate of Completion	5	1%
Analytical Music Therapist (AMT)	3	1%
Licensed in an allied health profession (OT, PT, RT, SLP)	3	1%

The most commonly selected setting of primary practice for music therapy by the respondents were private practice, medical hospital, university, and schools (see Table 11). “Other” settings include correctional facilities, psychiatric facilities, senior centers, halfway

Table 9

Frequencies and Percentages of Master's Degree in a Related Field of Respondents (n = 51)

Related Field	Frequency	Percentage
Education/Special Education	17	33%
Counseling	8	16%
Music Education	4	8%
Social Work	4	8%
Music Performance/Composition	3	6%
Psychology	3	6%
Business Administration	2	4%
Communicative Disorders	2	4%
Divinity/Spirituality	2	4%
Health Administration/Management	2	4%
Marriage & Family Therapy	2	4%
Human Services	1	2%
Master's in a non-related field	1	2%

houses, and substance abuse programs. When asked to identify and select all additional music therapy practice settings, private practice was also the most frequent location of practice, followed by agencies serving persons with developmental disabilities (see Table 12).

Table 10

Frequencies and Percentages of Theoretical Orientation of Respondents (n = 591)

Theoretical Orientation	Frequency	Percentage
Humanistic	205	35%
Cognitive-Behavioral	110	19%
Behavioral	43	7%
Psychodynamic	41	7%
Eclectic	35	6%
Systems/family systems	21	4%
Music-Centered	16	3%
Neurologic	16	3%
Resource-oriented	16	3%
Other	16	3%
Existential	14	2%
Feminist	12	2%
Community	10	2%
Interpersonal	9	2%
Holistic	7	1%
Biomedical	6	1%
Developmental	5	1%
Integrative	5	1%
Trauma-informed	4	1%

Table 11

Frequencies and Percentages of Music Therapy Primary Practice Settings of Respondents

(*n* = 370)

Primary Practice Settings	Frequency	Percentage
Private practice	82	22%
Medical hospital	50	14%
University	44	12%
Schools	42	11%
Older adult settings (Assisted living, Skilled nursing, Senior living)	36	10%
Hospice program	33	9%
Agencies serving persons with developmental disabilities	29	8%
Community setting	15	4%
None or Retired	9	2%
Rehabilitative facility	8	2%
Other	8	2%
Outpatient clinic	6	2%
Community mental health center	5	1%
Day care treatment center	3	1%

Table 12

*Frequencies and Percentages of Additional Music Therapy Practice Settings of Respondents**(n = 608)*

Additional Practice Settings	Frequency	Percentage
Private practice	92	15%
Agencies serving persons with developmental disabilities	67	11%
Schools	57	9%
Older adult settings (Assisted living, Skilled nursing, Senior living)	51	8%
University	45	7%
Hospice program	40	7%
Senior center	35	6%
Medical hospital	34	6%
Rehabilitative facility	30	5%
Outpatient clinic	29	5%
Community mental health center	28	5%
Psychiatric facility	24	4%
Day care treatment center	20	3%
Substance abuse program	20	3%
Community setting	13	2%
None, Retired, or Other	17	3%
Correctional facility	6	1%

Section One: Music Therapy Supervision

Section One consisted of three questions and inquired if the respondents work or have worked in a supervisory role, whom they supervise or have supervised, and in what setting(s) the respondents are supervising or have supervised based on the provided list of settings in which music therapists work from the American Music Therapy Association (2018b).

Of the 808 respondents who answered the question about whether or not they work or have worked in a supervisory role, 500 or 62% of participants indicated that they did work in a supervisory role. Respondents were asked to select all that apply for whom they supervise or have supervised. While most music therapists report supervising music therapy students or interns, some music therapists supervise music therapy professionals and other creative arts therapy professionals (see Table 13).

Table 13

Frequencies and Percentages of Categories of Current Supervisees (n = 905)

Supervisees	Frequency	Percentage
Music therapy students	354	39%
Music therapy interns	321	35%
Music therapy professionals	150	17%
Other creative arts therapy professionals	80	9%

The survey asked the participants to select all settings in which they supervise. The list of settings in which music therapists work was from the American Music Therapy Association (2018b); however, changes to the list of settings were made in categorizing survey data to account for the number of write-in responses. For example “community

setting” was added as a supervision setting to account for the variety and diversity of community music therapy practice. Additionally, “nursing homes” was changed to “older adult settings,” which included assisted living, skilled nursing, and senior living to accommodate all types of older adults’ facilities. “Agencies serving persons with developmental disabilities,” “schools,” “older adult settings,” and “private practice” were the most frequently reported supervision settings in which the respondents supervised or have supervised music therapy students, interns, professionals, or other creative arts therapy professionals (see Table 14).

Section Two: Creative Arts in Music Therapy Supervision

Section Two consisted of five questions relating to the use of the creative arts in music therapy supervision. This section included whether the respondent utilized the creative arts in music therapy supervision, what modalities were used in music therapy supervision, in what percentage of music therapy supervision sessions were the creative arts employed, what led to the respondents’ use of the creative arts in music therapy supervision, and what have been the indicators for the use of creative arts in music therapy supervision.

Of the 484 participants who answered the question, 332 or 67% of the respondents indicated that they utilized the creative arts in music therapy supervision (see Table 15).

The creative arts was defined by the researcher as the expression of something created utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing. This definition was given at the beginning of the question.

When asked which modalities the respondents used in music therapy supervision, music, writing, visual art, and movement were identified as most frequently used to least

Table 14

Frequencies and Percentages of Settings in Which Respondents Supervise (n = 1248)

Supervision Settings	Frequency	Percentage
Agencies serving persons with developmental disabilities	159	13%
Schools	139	11%
Older adult settings (Assisted living, Skilled nursing, Senior living)	135	11%
Private practice	121	10%
University	118	9%
Medical hospital	106	8%
Psychiatric facility	104	8%
Hospice program	75	6%
Senior center	53	4%
Community mental health center	47	4%
Day care treatment center	47	4%
Rehabilitative facility	43	3%
Outpatient clinic	28	2%
Substance abuse program	24	2%
Community setting	23	2%
Correctional facility	16	1%
Halfway house	6	<1%
Other	4	<1%

frequently implemented, respectively. Drama was the least frequently used modality of the five modalities listed. “Other” responses included play therapy, multi-media, and the use of narrative.

The survey asked the participants to identify the percentage range of supervision sessions in which the creative arts are employed (see Table 16). The highest frequency occurred in the 10–19% of supervision sessions range with the lowest frequency in the 60–69% range. The frequency of respondents is highest at the lower end of the percentage ranges and lowest at the 60–69% range; however, the frequencies increase from the 70–79% range through 100%.

Table 15

Frequencies and Percentages of Modalities Respondents Utilize in Music Therapy

Supervision

(*n* = 780)

Modalities	Frequency	Percentage
Music	283	36%
Writing	181	23%
Visual Art	156	20%
Movement	118	15%
Drama	39	5%
Other	3	<1%

Table 16

Frequencies and Percentages of Supervision Sessions in Which Respondents Utilize Creative Arts (n = 293)

Percentage of Supervision Sessions	Frequency	Percentage
Less than 10%	52	18%
10–19%	55	19%
20–29%	38	13%
30–39%	27	9%
40–49%	14	5%
50–59%	27	9%
60–69%	9	3%
70–79%	11	4%
80–89%	18	6%
90–99%	21	7%
100%	21	7%

In terms of what led to music therapists’ use of the creative arts in music therapy supervision, the top chosen response was “The creative arts have been important to me in my own personal process” followed by “My supervisor has used the creative arts in my music therapy supervision” (see Table 17). Four new categories were created from the collated “Other” responses, including, “I collaborate with other creative arts disciplines and peers,” “The use of the creative arts is at the core of what I do and who I am as a music therapist,”

“The use of creative arts developed out of a need and as an effective tool for learning,” and
“The use of creative arts is a requirement in my employment or curriculum.”

The following are example statements provided by the participants that reflect the concept of collaboration with other creative arts disciplines and peers.

- “I am part of a creative arts therapies department, and we utilize each other’s expertise during peer supervision”
- “After hearing about the work that some of my colleagues were doing in their supervision, I decided to incorporate more active creation in my supervision sessions.”

Sample responses from survey respondents are given below that reflect the category of “The use of the creative arts is at the core of what I do and who I am as a music therapist.”

- “It is what we DO! We believe it helps our clients to process so should also help us process as well!”
- “We use music for all it has to offer, including ability to process non-verbally and this should be occurring in our supervision too”

Below are example survey responses that support the idea of developing the use of creative arts in music therapy supervision out of a need and implementing the creative arts in music therapy supervision as an effective tool for learning.

- “It is part of the experience of teaching/learning music therapy and development of self-awareness”
- “Efficient use of limited supervision time over didactic or conversation alone”

The following are “other” example statements provided by the participants.

Table 17

Frequencies and Percentages of Respondents' Knowledge of Creative Arts in Supervision (n = 622)

Knowledge	Frequency	Percentage
The creative arts have been important in my own personal process.	234	38%
My supervisor has used the creative arts in my music therapy supervision.	135	22%
It was suggested to me by another supervisor or colleague.	77	12%
I read a chapter or article about the use of the creative arts in music therapy supervision.	65	10%
I attended a conference session/training/class on the use of the creative arts in music therapy supervision.	65	10%
I collaborate with other creative arts disciplines and peers.	12	2%
The use of the creative arts developed out of a need and as an effective tool for learning.	12	2%
The use of the creative arts is at the core of what I do and who I am as a music therapist.	11	2%
Other	7	1%
The use of the creative arts is a requirement in my employment or curriculum.	4	1%

- “In order to engage musically you have to develop musically. Music therapists should experience their own collaborative dynamics within learning and supervision settings. Often the value is just as important for the supervisor.”

- “I believe that creative arts allow for insights that traditional verbal processing does not offer. Also, if we are asking our clients to express and process through the arts, we also need to be adept and comfortable at doing so.”

Similar to the question regarding what led to music therapists use of the creative arts in music therapy supervision, the participants were asked to identify indicators for the use of creative arts in music therapy supervision. The most frequent indicators identified for the use of creative arts in music therapy supervision were “to address clinical issues,” “to address personal issues relevant to clinical work,” and “when the supervisee needs to see the case from the client’s perspective” (see Table 18).

Three additional categories were created in categorizing survey data responses. These were “to support the supervisee’s professional growth through insight and reflection,” “to address difficult processing and problem solving,” and “to address the supervisee’s clinical and musical skills development.” Five responses remained categorized under “Other” and related to the timing of supervision sessions, the supervisory relationship, a perspective of the creative arts as imperative to therapy, relevance to the client, and “various other ways.”

Some survey respondents discussed the use of creative arts “to support the supervisee’s professional growth through insight and reflection” as demonstrated in the following examples.

- “...to explore the intern’s identity, philosophy of therapy, professional growth and self-awareness as a therapist.”
- “...to develop the supervisee’s ability to engage in self-supervision”

The example statements below were provided by the participants and reflect the use of creative arts “to address difficult processing and problem solving.”

Table 18

Frequencies and Percentages of Respondents' Indicators for the Use of Creative Arts in

Supervision (n = 938)

Indicators	Frequency	Percentage
...To address clinical issues.	209	22%
...To address personal issues relevant to clinical work.	153	16%
...When the supervisee needs to see the case from the client's perspective.	138	15%
...Based on the supervisee's developmental readiness.	102	11%
...For the supervisee's exploration of countertransference.	101	11%
...Based on the supervisee's level of training.	82	9%
...Based on the supervisee's level of interest in the arts.	69	7%
...In all music therapy supervision sessions.	61	7%
...To support the supervisee's professional growth through insight and reflection.	7	1%
...To address difficult processing and problem solving.	6	1%
...To address the supervisee's clinical and musical skills development	5	1%
Other	5	1%

- "...when the supervisee is having a hard time processing something or struggling to put something into words."
- "...based on need, i.e. when traditional supervision is not effective to produce change/comprehension."

Survey respondents address the supervisee's clinical and musical skills develop through the use of the creative arts in music therapy supervision as noted by the sample responses given here.

- "... (music specifically) to support development of clinical musicianship"
- "...to address clinical skills development, specifically clinical improvisation"

The following "other" statements were provided by participants in the survey to identify indicators for using the creative arts in music therapy supervision.

- "...when I have enough time to do so. Much of the supervision I provide is on the fly between sessions and by nature has to be verbally focused. When we can dedicate a separate time that is longer to process, I use the creative arts in supervision."
- "...to enhance the supervisory relationship."

Section Three: Demographic Information

Section Three consisted of 11 questions designed to gather demographic information about each respondent, including gender identity and age. Responses to these questions are given at the beginning of the present chapter.

Section Four: Interview

Section Four consisted of two questions about the respondents' willingness to participate in an interview about the use of creative arts in music therapy supervision. If the respondents indicated their willingness to participate in an interview, they were asked to enter their name and email address for contact information.

Of the 285 survey participants that responded to the question about their willingness to be interviewed about their use of the creative arts in music therapy supervision, 81 or 28%

responded yes. Of the 81 respondents that stated yes, 79 participants provided their name and email address to be contacted for an interview.

Chapter 5

Interview Results

This chapter will report the results of the thematic analysis of five interviews conducted with board-certified music therapists who supervise music therapy students, interns, professionals and/or other creative arts therapy professionals and who indicated on the *Supervision in Music Therapy Survey* that they were willing to be interviewed about their use of the creative arts in music therapy supervision. Four interviewees chose to have their names disclosed in this study. A pseudonym has been used for the remaining interviewee.

Interviewee Selection Process

The interviewee selection process began with choosing from those volunteers who responded to the survey indicating that they utilize the creative arts between 40–80% of music therapy supervision sessions. The interview volunteers were organized in a spreadsheet based on decade, with five volunteers in the 40–49% range, three volunteers in the 50–59% range, zero volunteers in the 60–69% range, five volunteers in the 70–79% range, and 10 volunteers in the 80–89% range.

The researcher evaluated and selected interview volunteers who supervised music therapy students, interns, professionals and other creative arts therapy professionals, when possible. In this way, the interviewee was able to differentiate using the creative arts in music therapy supervision with varying education levels and experiences. Additional considerations

included regional representation of music therapy education and current primary practice setting. Varying supervision settings were considered as well.

Gender, education level, and the age range of volunteers were reviewed so that the interviewees were thoroughly representative of the field of music therapy. Creative arts modalities used in music therapy supervision as well as the theoretical orientation of the supervisor also were assessed. “Other” statements were noted from the survey in regard to the questions about the music therapist’s knowledge of and indicators for the use of creative arts in music therapy supervision.

Interviewees’ Characteristics

Out of 10 respondents that were invited to participate in the interviews, five interviewees participated in *The Use of the Creative Arts in Music Therapy Supervision Interview*. Identifiers were collected from the survey for the five interviewees that volunteered to participate in the interview. The survey data collected for the five interviewees are reported in Table 19a and Table 19b to capture the interviewees’ characteristics and relationship to creative arts in music therapy supervision.

All five interviewees reported that their knowledge of the creative arts in supervision comes from the use of the creative arts in their own personal process. Additionally, Veronica, Doug, and LeeAnn cited reading a chapter or article about the use of the creative arts in supervision. Veronica, Doug, and Damian stated that they attended a conference session on the use of creative arts in music therapy supervision. For Doug and LeeAnn, utilizing the creative arts in music therapy supervision was suggested by another supervisor or colleague. LeeAnn also commented that her engagement in music-centered work led her to naturally use music-centered supervision. Doug and Damian shared the experience of their own supervisor

Table 19a

Interviewees' Survey Results

Interviewee	Theoretical Orientation	Highest Music Therapy Degree	Other Degrees, Licensures, Trainings etc.	Supervisees	Supervisory Settings
Marial Biard	Person-centered, integrative, family-centered	Master's degree in music therapy	Neurologic music therapist	Music therapy students, interns, professionals & other creative arts therapy professionals	Medical hospital
Veronica Butler	Integrative	Bachelor's degree in music therapy	Master's degree in education; licensed educator, neurologic music therapist	Music therapy students, interns, professionals & other creative arts therapy professionals	Schools
Doug Johnson	Music-centered, psychoanalytic, humanist	Master's degree in music therapy	Doctoral degree in music composition	Music therapy professionals	Private practice
Damian May	Eclectic: humanistic, person-centered, psychoanalytic, Jungian, cognitive-behavioral	Master's degree in music therapy		Music therapy students and interns	Psychiatric hospital
LeeAnn Richards	Music-centered w/ integration of psychodynamic elements	Bachelor's degree in music therapy		Music therapy students, interns, professionals & other creative arts therapy professionals	Agencies serving persons with developmental disabilities, day care treatment centers & schools

Table 19b

Interviewees' Survey Results

Interviewee	Modalities	% of sessions employing creative arts	Knowledge of Creative Arts in Supervision	Other Knowledge	Indicators for Creative Arts in Supervision	Other Indicators
Marial Biard	Music, visual art, writing	70–79%	Importance of creative arts in personal process		Based on the supervisee's level of training; based on supervisee's interest in the arts; to address clinical issues; to address personal issues relevant to clinical work	
Veronica Butler	Drama, movement, music, visual art	40–49%	Reading a chapter or article; attending a conference session; importance of creative arts in personal process		Based on the supervisee's level of training; based on the supervisee's interest in the arts; to address clinical issues	
Doug Johnson	Movement, music, visual art	80–89%	Suggestion by another supervisor or colleague; supervisor's use of the creative arts in supervision, reading a chapter or article, attending a conference session; importance of creative arts in personal process	“Arts-centered supervision is at the core of my practice.”	To address clinical issues; to address personal issues relevant to clinical work; to see the case from the client's perspective; supervisee's exploration of countertransference	

Table 19b (continued)

Interviewees' Survey Results

Interviewee	Modalities	% of sessions employing creative arts	Knowledge of Creative Arts in Supervision	Other Knowledge	Indicators for Creative Arts in Supervision	Other Indicators
Damian May	Music, visual art, writing	80–89%	Supervisor's use of the creative arts in supervision; attending a conference session; importance of creative arts in personal process		Based on the supervisee's level of training; based on the supervisee's developmental readiness; to see the case from the client's perspective; to address personal issues relevant to clinical work	
LeeAnn Richards	Drama, movement, music, visual art, writing	70–79%	Suggestion by another supervisor or colleague; reading a chapter or article; importance of creative arts in personal process	"Engagement in music-centered work led me naturally music-centered supervision"	Based on the supervisee's developmental readiness; to address clinical issues; to address personal issues relevant to clinical work; supervisee's exploration of countertransference	"I use the creative arts in supervision to reflect, extend, and celebrate the clinical/professional growth of the supervisee/trainee (like I would in session work)."

using the creative arts in supervision. Doug reflected, “Arts-centered supervision is at the core of my practice.”

Marial, Veronica, and Damian indicated on the survey that they use the creative arts in music therapy supervision based on the supervisee’s level of training. In the interview, when Marial was asked to explore indicators for the use of creative arts in music therapy supervision, she asked the interviewer if she should explore indicators with colleagues or students as well. Marial described the creative arts in supervision with colleagues to explore team building, team work, a unified presence as a cohort, and patient specific examples and she discussed the creative arts in supervision with students to examine work vs. life balance and first experiences. Although Veronica and Damian indicated on the survey that they use the creative arts in supervision based on the supervisee’s level of training, Veronica described supervisory experiences with other creative arts therapy professionals and Damian identified his current position a music therapy internship supervisor was his first supervisory role in “official capacity.” Thus, these two interviewees did not differentiate how the supervisee’s level of training affected their decisions in utilizing the creative arts.

Marial and Veronica responded that they use of the creative arts based on the supervisee’s interest in the arts. Damian and LeeAnn noted on the survey that the use of creative arts in music therapy supervision is based on the supervisee’s developmental readiness. In the interview, Damian described using the creative arts in hands-on experientials or verbal discussions in sessions or through assignments outside of sessions depending on the readiness of the supervisee based on educational background, clinical experiences, and personal maturity. LeeAnn defined readiness as the supervisees’ willingness to share with the supervisor. In the interview, she noted, “supervision mirrors the life of a

therapeutic relationship. It's very fluid and it can change and regress and move forward and explore and end unexpectedly because it's a relationship so both people have to be there and be present."

Four out of the five interviewees, Marial, Veronica, Doug, and LeeAnn stated they use the creative arts to address clinical issues. Doug and Damian utilize the creative arts to aid in seeing the case from the client's perspective. Doug and LeeAnn implement the creative arts in supervision for the supervisee's exploration of countertransference. Four out of the five interviewees, Marial, Doug, Damian, and LeeAnn, use the creative arts to address personal issues relevant to clinical work to explore thoughts and feelings and facilitate insight, self-awareness and self-expression. LeeAnn summarized, "I use the creative arts in supervision to reflect, extend, and celebrate the clinical/professional growth of the supervisee/trainee (like I would in session work)."

When and How to Use the Creative Arts in Music Therapy Supervision

The first research question assessed when and how music therapists use the creative arts in music therapy supervision. Several interview questions addressed this research question, including when the interviewee uses the creative arts in music therapy supervision, how the creative arts are introduced in music therapy supervision, how the creative arts are incorporated within traditional talk supervision, what are the indicators for the use of creative arts in music therapy supervision, and what modalities are most often utilized in implementing the creative arts in supervision. Moreover, the researcher invited the interviewees to reflect upon their own personal experience of receiving supervision that utilizes the creative arts as well as their theoretical orientation and how this impacts their use of creative arts in music therapy supervision.

LeeAnn, Doug, and Marial reported the use of the creative arts in music therapy supervision when there is imagery and/or metaphor present as well as the use of creative arts in music therapy supervision being born out of a need and reality. LeeAnn stated that imagery and/or metaphor may arise in the discussion of two opposing forces or living in two different camps, and Doug gave the example of a music improvisation experience that leads to a further creative arts experience through the modality of visual art. Marial spoke to the totem pole metaphor. LeeAnn discussed the need to respond in a genuine way when there are no words left at the end of the week, whereas Doug described the physical need to use the creative arts to free up arm gestures. Marial stated, “I always like to address what have been your greatest clinical needs, what have been your greatest musical needs, and what have been your greatest therapeutic needs. I think that as music therapists we have to have all three of those present at every time.”

Four out of the five interviewees responded that they use creative arts in music therapy supervision to further the personal growth of the supervisee. Doug reflected the importance of experiencing emotions as a primary experience, which is accessed through the creative arts to engage in conscious and unconscious material. Damian stressed the importance of supervisees exploring their own thoughts, emotions, and feelings “as a means of trying to process that and raise awareness and emotional insight...” Furthermore, he cited the creative arts as a tool in “stressful situations, or more targeted circumstances and/or dealing with specific emotions” in addition to “enjoyment” and to “express life in general.” Veronica reflected on the personal growth of the supervisee via the permission to play, which can lead to an emotional release and letting go of barriers. Marial described the creative arts as an opportunity for supervisees to show who they are others. The creative arts also aid in

addressing “first” experiences and finding balance as Marial stated, “There are components and qualities of music that are incredibly useful for rehabilitation of our bodies, but there are also other components of music that are useful for the rehabilitation of our hearts, minds, and relationships.”

Marial, Damian, and LeeAnn shared that the creative arts may be used in self-supervision. LeeAnn defined self-supervision as “reflective practice.” Marial and Damian defined the use of creative arts in self-supervision as “self-care.” Furthermore, Marial commented on the importance of incorporating coping and healing into the supervisee’s own practice just as the clients are asked to cope and establish positive healing techniques. Developing a connection with the creative arts and with oneself was also noted by the interviewees as when to use the creative arts in music therapy supervision. Damian reflected upon the personal use of creative arts to establish a connection to the music. Veronica noted the importance of the creative arts in trusting and listening to the body to develop a connection with oneself. Moreover, Marial uses the creative arts, specifically the use of the voice, to connect what is happening on the inside to the outside. She reflected that engagement in the creative arts is telling of oneself; it either expresses alignment or misalignment within oneself.

The creative arts are utilized in music therapy supervision to address personal issues related to the client. According to Damian, “If one has spent time exploring the arts and their own interpersonal relationship with them, they would (hopefully) be more sensitive to the potential depth to which engaging in and relating to music experiences can take a person.” Additionally, he identified the use of creative arts to provide different perspectives for the supervisor and supervisee to work through personal issues related to clinical work. Marial

agreed with Damian as she commented on the creative arts to allow supervisees to do what they are asking their clients to do. Marial said, “We need to be able to communicate and interpret for our patients what is happening within their creative processing and we need to be able to do that for ourselves as well.” LeeAnn acknowledged how the creative arts allow supervisees to be present in their own bodies to do the work and be authentic with clients. Doug noticed that when a supervisee presents a client and situation where there is difficulty, there is usually something inside the supervisee that has “its own emotional content flavor.”

Thus, the creative arts in music therapy supervision may be used to work through clinical issues and address questions that may arise related to clinical work. LeeAnn stated, “To work out a problem without directly facing the problem can lend itself really well to expressive work in supervision.” She also responded with using the embodied experiences to ask questions even when they are not yet formed. The creative arts may assist in formulating fuller questions, even if they do not yet have answers. Marial described the use of creative arts in processing patient-specific examples as Doug also identified using the creative arts to explore difficult client situations surrounded by a theme or a mode.

The creative arts, such as the example given by LeeAnn of passing art journals in group music therapy supervision, address group dynamics. Veronica and Marial described the use of creative arts in team building. According to Veronica, nonverbal communication is facilitated by the essence of creative arts modalities. Additionally, the creative arts can be used to enhance group cohesion through team work, establish a unified presence, and define roles within a cohort, as reported by Marial.

Three out of the five interviewees discussed the use of the creative arts either at the beginning of the supervision session, within the supervision session, or at the close of the

session. Doug spoke of using the creative arts at the beginning of the supervision session as an icebreaker. He said, “it can be the centering thing.” If the supervisee has something they have brought to the supervision, it may be appropriate to immediately move into the creative arts to explore the issue. If there is unease or uncertainty upon entering the supervision session, Doug shared that he may invite the supervisee into the supervision space with, “well, why don’t we start with music?”. Marial also supported the use of the creative arts to initiate sessions. She stated, “Sometimes we use the creative arts at the beginning to get things flowing and going, to get them to open up and grab them in the space.” She also noted the creative arts at the beginning of a supervision session may facilitate conversation. LeeAnn gave the example of placing instruments in reach of the supervisees as a way to check-in.

Within the supervision session, the creative arts may be used as a container or holding space. Both Doug and Marial stated that the creative arts hold the space and supervisees’ emotions succinctly within the supervision session. Marial reflected upon a music assisted relaxation experience or a singing bowl sound bath to close the supervision session.

Other themes discussed for when and how to use the creative arts in music therapy supervision are to address specific skills, such as musicality, as stated by Damian. LeeAnn commented on following her own gut or sense of resonating with a situation as an indicator for using the creative arts. The creative arts also help her to formulate her own questions and topics in facilitating music therapy supervision.

Benefits of Using the Creative Arts in Music Therapy Supervision

The second research question asked for the advantages or benefits of using the creative arts in music therapy supervision. The interview question, “What benefits do you

perceive of utilizing the creative arts in music therapy supervision?” directly addressed this research question.

Marial, Doug, and LeeAnn recognized the inherent qualities of music as a benefit to utilizing the creative arts in music therapy supervision. Marial spoke of music as grounding, thus creating an environment in which it is easier to share verbally with others, especially when there is worry, stress, shame, or unknowingness. LeeAnn added music as truth and music as a holding container as advantages to the creative arts in supervision. She said, “If I can do something in music, I can do it. So if my music tells you its truth about me, then that truth is true.” LeeAnn compared the role of music as a container in session work: “Even if it’s sharp or kind of ugly or hard to hold, the music holds it so I believe that that’s possible in supervision too.” Doug described a flowing essence of music to move around verbal resistances. He stated, “Because [creative arts] flows around all our verbal resistances. It acknowledges them, they’re there, but it flows around them like water.” Doug identified safety in music and other creative arts modalities. Moreover, he reflected, “We are never not in music... To me, everything is music....”

The use of creative arts in music therapy supervision appears to ensure ethical clinical practice. LeeAnn stated, “If my music isn’t healthy, then my strongest point of connection in therapy, music, if that’s not healthy, then I am meeting clients in a way that isn’t ethical.” Marial reflected on the manifestation of the creative arts in both practice and workspace. Damian identified qualities of presence, space, comfortability and genuineness in music with clients that result from finding one’s own connection to the music and thus, the resulting benefit from the supervisee to the client. Veronica commented on the use of creative arts adds “more tools to the toolbox” to “reach different people in different ways.”

A benefit of utilizing the creative arts in music therapy supervision is the opportunity to engage in intrapersonal work. LeeAnn described this intrapersonal work: “The greatest benefit to using creative process in supervision is we explore our own willingness to do what we are asking clients to do...feeling, embodying firsthand.” As previously mentioned by Doug in addressing personal issues related to clinical work, the creative arts address problems within supervisees brought up by the client-therapist relationship. For Damian, the creative arts facilitate introspective creativity and the examination of emotions by engaging in music. He said, “So I think these experiences and the creative arts can elicit those situations and those spaces that create opportunities for growth and insight into oneself, looking inwards as well as looking outward.” He discussed music as a tool, not only for others, but supervisees themselves. Through the creative arts, supervisees can learn how to hold their own modality, their tool, for themselves, he expressed. Veronica spoke specifically the modality of movement, which allows the supervisee to know their body better, improve communication, and release tension.

Creative arts are at the core of music therapy clinical practice, according to three out of the five interviewees. Doug stated, “I think people that don’t use it (the creative arts) are passing up the very thing that makes our work truly different from all other work.” Marial said:

The biggest benefit to using creative art within a supervision setting is the many ways in which you truly get to see those you are in supervision with. The visual and verbal and musical reflection for who they are and how they process everything.

The creative arts are not only at the core of what music therapists do; the creative arts are at the core of who music therapists are. Damian remarked, in regard to engaging in the creative arts in supervision, “...whatever that skill is that we are fostering in the people that we

supervise, that's a benefit to have that and keep...another way to put it is just to keep the humanity and the creativity in what we do.”

The creative arts in music therapy supervision are beneficial because the creative arts provide interpersonal connections as the supervisor learns about the supervisee and the supervisor and supervisee learn new ways of thinking and being through various perspective shifts. Damian stated,

I often, through these different experiences, get exposed to different ways of thinking, of listening, of being and hearing. I get something out of it. So I guess the benefit, I learn something new, see things from a different perspective.

Veronica recognized the use of creative arts to help learn something new on the spot. The creative arts in group supervision provide insight and connection to peers, according to Marial.

Challenges of Using the Creative Arts in Music Therapy Supervision

The third research question asked for the disadvantages or challenges of using the creative arts in music therapy supervision. The interview question, “What challenges do you perceive of utilizing the creative arts in music therapy supervision?” directly addressed this research question.

Three interviewees, LeeAnn, Doug, and Damian discussed the challenge of boundaries in utilizing the creative arts in music therapy supervision. It is important for supervisors to know their role and distinguish between supervisor versus therapist. LeeAnn responded,

My challenge has been inviting people into that space and still keeping the boundaries really clear. My role is not to be the therapist of that group. My role is to be a guide and a group member and someone who can stay grounded and also model authenticity so that has been one kind of difficulty...

Doug reflected upon the psychotherapeutic aspect of supervision:

...supervision does have a psychotherapeutic aspect to it. And it needs to be approached, so you're not that person's therapist, but that doesn't mean that you are both not therapists and don't know the mode of being and interbeing and helping being.

Damian commented that the very nature of the creative arts can lead to muddying the boundaries between supervisor and therapist:

There's the potential, while I like it to go deeper, there's also the potential to muddy the boundary just by the nature of the creative arts modality...I think maybe a vulnerability, that is desired in supervision, yet also ethically needs to be handled appropriately and cautiously and with utmost awareness.

He expressed that being aware of the boundaries, the roles, and the gray area is important while still making sure the need is met.

Another challenge in utilizing the creative arts in music therapy supervision is the supervisor's and supervisee's own personal issues. Damian shared his own discomfort and unfamiliarity at times in using the creative arts in supervision. He also commented on the possibility of a supervisee's discomfort in engaging in the creative arts. Damian shared,

One of the challenges could be for the person that's being asked to do something and there also could be a challenge for me if I'm feeling uncomfortable or I'm not familiar...then I have to challenge myself or call myself out on it and say, okay I'm not really comfortable with this and let me explore it and I'll do that for myself or explore that in my own supervision.

LeeAnn spoke of getting in the way of herself:

I have my own pieces of things that creep in that say, I hope that they think this is important and valid and worth their time and they respect me and they understand my leadership style through this...so there are those issues of identity and self-worth and knowing the real thing and understanding the work in a way that is respectable by your colleagues.

Veronica noted that supervisees can have precinct ideas about themselves, which can get in the way of allowing the supervisees to engage fully in the creative arts in supervision.

Expectations were also identified as a challenge in utilizing the creative arts in music therapy supervision. Clear expectations from the supervisor and the expectations one has for oneself were described by Damian. The societal expectations felt from others were outlined by Doug. He said, “‘supposed to’ and ‘should be,’ those kinds of rigid ideas that we bring with us everywhere about how things ought to be and maybe what’s expected.”

A disadvantage to utilizing the creative arts in music therapy supervision may be the lack of a healthy environment. Both LeeAnn and Marial verbalized the importance of trust in the supervision space. Marial commented upon the importance of a team that is open and accepting as well as trusting of one another to create a safe space where supervisees can engage in the creative arts, which is often a vulnerable experience. LeeAnn identified challenges and resistances that may be silly or positive, in a “profound, trusting, loving, and spacious way” bring the team closer, which also has clinical implications.

Other topics that arose from the interviews about disadvantages or challenges of utilizing the creative arts in music therapy supervision include available resources and money. Marial stated that she does not think there should be any limits. She also added that if she were to incorporate other colleagues outside of the art disciplines in supervision that utilizes the creative arts, that she would face “difficulty” and “a lack of willingness, maybe.” Veronica discussed the importance of language when inviting supervisees to participate in a creative arts experience, such as asking supervisees to “move” rather than “dance” due to prior associations with “dance.”

Summary of Interviews

The five interviewees discussed when and how to use the creative arts in music therapy supervision. Four out of the five interviewees evaluated using the creative arts to

address personal growth and personal issues related to clinical work. Three out of the five interviewees described use of the creative arts to address clinical issues. The creative arts in music therapy supervision may also support a self-supervision or reflective practice and self-care routine, as mentioned by three out of the five interviewees. The interviewees utilize the creative arts throughout a supervision session, as an icebreaker or check-in at the beginning of the session, as a container or holding space within the session, or as closure to the supervision session. The creative arts help to establish group dynamics, to explore imagery and metaphor, and to facilitate a supervisee's connection with the arts. According to three out of the five interviewees, the creative arts in music therapy supervision may be born out of a need and reality. The interviewees highlighted the use of creative arts for supervisees to develop a connection to their art form, specifically music.

The interviewees further discussed the advantages or benefits of using the creative arts in music therapy supervision. Three out of five of the interviewees acknowledged the inherent qualities of music, such as music as grounding, music as truth, music as a holding container, music as flowing, and music as safety. These inherent qualities of music create an advantage to using the creative arts, specifically music, in music therapy supervision, as they facilitate a deeper connection to and understanding of the self, and in turn, a greater potential for growth and ethical clinical work. The use of creative arts in music therapy supervision seems to support ethical clinical practice, according to four out of five of the interviewees. All interviewees shared of the importance of the creative arts in facilitating supervisees' engagement in intrapersonal work and interpersonal connections. Three of the interviewees reflected upon the essence of creative arts as part of what music therapists do and who they are.

All five interviewees were invited to consider disadvantages or challenges when utilizing the creative arts in music therapy supervision. The challenge of boundaries in the supervisory relationship, specifically the gray area between supervisor and therapist, was the most prevalent challenge when utilizing the creative arts in music therapy supervision, as stated by three of the interviewees. The supervisor or supervisee each may have their own personal issues that get in the way of the possibilities for the creative arts in supervision. These issues include discomfort, unfamiliarity, or one's own issues of identity and self-worth. Expectations of self and from society as well as unclear expectations from the supervisor, may withhold the supervisee from fully engaging in the creative arts experience. Two out of the five interviewees discussed the importance of a healthy environment when utilizing the creative arts in supervision. A healthy environment include open and accepting attitudes of team members where trust and safety have been established, so that supervisees may explore clinical and personal issues and resistances in a supportive and honest environment.

Chapter 6

Integration and Discussion

This chapter integrates the findings of the *Supervision in Music Therapy Survey* and information provided by the interviewees from *The Use of the Creative Arts in Music Therapy Supervision Interview*. It is intended to explore when and how music therapists use the creative arts in music therapy supervision and the benefits and challenges of utilizing the creative arts in music therapy supervision. Each research question will be discussed along with a review of the survey responses and insights from the interviews in relation to the current research. Recommendations and implications for clinical practice will be given followed by limitations of the study and implications for further research.

Research Question #1: When and How

Clinical issues. Results of this study indicate that survey respondents use the creative arts to address clinical issues. They identified the need to address clinical issues as the most frequent indicator for employing the creative arts in music therapy supervision. The interviews expanded upon this finding as the interviewees reported implementing the creative arts to work through clinical issues and to explore difficult client scenarios. This finding is consistent with the creative arts in music therapy supervision research from Shulman-Fagen (2001), who integrated the creative arts in music therapy supervision to work through supervisees' clinical issues during a weekly music therapy supervision group.

Clinical case from client's perspective. According to the survey responses, music therapy supervisors use the creative arts to help supervisees see clinical cases from the client's perspective. The result from this study is consistent with the findings reported by Casado-Kehoe and Ybañez (2011), who suggested the use of creative arts interventions to provide a new perspective to conceptualize and understand clinical cases. The interview results further explained the use of creative arts to shift the perspective of a problem and gain insight into new solutions while allowing the supervisee to identify strengths and needs in their own self as well as the client. This finding was identified in previous creative arts research of Lahad (2000) and Casado-Kehoe and Ybañez (2011). The present study suggests interventions such as musical role playing and music improvisation to assist in musically exploring the perspective of the client to gain insight and understanding of the clinical situation, which aligns with the research from Bunt and Hoskyns (2002).

Personal issues of the supervisee. As reflected in both the survey responses and the interviews, the participants frequently use the creative arts in music therapy supervision to address personal issues of the supervisee relevant to clinical work. These results are consistent with the findings from Forinash (2001) and Lahad (2000), who suggested the use of creative arts to address personal issues through self-awareness and self-expression. The results in this present study align with Bratton, Ceballos, and Sheely (2008)'s findings, which stated that creative art experiences provide a pathway to accessing and expressing thoughts, feelings and experiences related to personal and professional development that are not accessible in words alone. Previous literature on the creative arts and music therapy supervision indicate modalities such as drawing, music, writing, and movement allow supervisees to examine personal growth, engage with personal problems, and attend to

personal experiences affecting their clinical work at the level of their core being (Barry & O'Callaghan, 2008; Bunt & Hoskyns, 2002; Fall & Sutton, 2004; Panhofer et al., 2011).

Analysis of the interviews in this study suggested that what the supervisees are able to do for themselves, via the creative arts, directly impacts their sensitivity and awareness to the impact of engaging in the creative arts with clients.

Self-care. Interview results suggested the use of the creative arts in music therapy supervision as an opportunity for a reflective practice and/or development of self-care habits. Similar to the findings in the present study, Barry and O'Callaghan (2008) concluded that reflexive journal writing was helpful in exploring self-criticism, as an aid in professional development, and in understanding of personal life experiences and their impact on music therapy clinical experiences. Interviewees discussed the use of the creative arts in a reflective practice to sit, be with, and explore the echo of experiences with clients. Through this reflective or reflexive practice, the study indicated that supervisees are developing their own relationships with music and the creative arts to establish positive healing techniques via self-care.

Timing within supervision session. Interviewees described the use of the creative arts at various times within the supervision session. This includes using creative arts experiences as a check-in or icebreaker activity to center supervisees in the space, immediately move into an exploratory space to attend to a presented issue by the supervisee, or to meet the supervisee's needs of hesitancy and uncertainty. Additionally, incorporating the creative arts at the beginning of the session may facilitate conversation. This finding aligns with the creative arts in music therapy supervision literature. In the weekly group music therapy supervision, Shulman-Fagen (2001) stated that each session began with a

check-in, often times using creative rituals. Similarly, Mårtenson-Blom (2003) utilized a verbal check-in to evaluate the supervisees' state of being and to choose appropriate music used for a relaxation and focusing.

Interviewees described the use of creative arts in music therapy supervision not only in the beginning of the session, but also as a container or holding space where supervisees' emotions can be held within a supervision session. The interviewees in the present study stated that in the same way music serves as a container for the safe exploration of feelings for clients, it is possible for music to have a similar impact on supervisees. These findings are consistent with those of Lahad (2000), who noted the arts' ability to offer a container for safety and structure. Shulman-Fagen (2001) also outlined the container as imperative in her practice and stages of supervision. She suggested that creative arts are invaluable for exploring oneself and the therapeutic space within an environment of safety and flexibility, which is created by music's intrinsic qualities. The use of improvisation establishes internal and external connections. Mårtenson-Blom (2003) found that GIM also provided supervisees with the opportunity to explore difficult feelings in regard to client scenarios within a safe, musical container. Shulman-Fagen (2001) also reported using creative rituals to close a weekly music therapy supervision group. One interviewee shared of also using rituals, such as music assisted relaxation or a sound bowl bath, to bring closure to a supervision session.

Imagery or Metaphor. Three interviewees noted that when imagery or metaphor is observed in a supervisee's language, this is an opportunity to employ the creative arts to explore opposing forces or living in two different camps. Mårtenson-Blom (2003) discussed the use of imagery that arose during group GIM as a way to explore supervisees' experiences of clinical situations, including the client-therapist dynamics, feelings about the working

environment, and a need for nourishment. Likewise, Henderson and Gladding (1998) reported metaphor as a creative approach to supervision in counseling.

Group dynamics. This study found that the use of creative arts in music therapy supervision can be used to address and explore group dynamics, such as team work and group cohesion, as stated by the interviewees. One survey respondent also indicated the power of creative arts for music therapists to explore their own collaboration in the learning and supervisory settings. Mårtenson-Blom (2003) noted that attention must be given to group dynamics when sharing personal and professional insights among individuals in a group. Implementing the creative arts in group music therapy supervision must be done with an evaluation of supervisory group dynamics. This study suggests that the creative arts may enhance the group dynamics of a supervision group. It is important to understand not only the dynamics between a therapist and client, as discussed by Casado-Kehoe and Ybañez (2011), but the dynamics among supervisees in group supervision to ensure a healthy supervision environment.

Connection. Findings from this study suggest the importance of utilizing the creative arts in music therapy supervision to develop a supervisee's connection to oneself. Creative arts experiences establish internal and external connections (Shulman-Fagen, 2001). Interviewees noted the importance of connecting to one's own body to develop trust and listening to the self. Similarly, Panhofer et al. (2011) found that movement warm ups created an environment where supervisees found personal connections with their own bodies and from which movement naturally emerged later on in the session and Fall and Sutton (2004) reported connection and truth that evolved from creative arts experiences, which facilitated insight into supervisees' own processes. Malchiodi (2005) reported that a body-mind

connection created through hands-on experiences with art interventions facilitated increased opportunities for self-expression and active participation. Additionally, interviewees suggest the importance of supervisees' connecting with the creative arts, specifically music, to ensure healthy music therapy clinical practice. The findings in this study related to the importance of connecting to one's music are not discussed in the previous literature about the creative arts and music therapy supervision.

Need and reality. Three interviewees in this study identified the creative arts in music therapy supervision being born out of a need and reality. Lahad (2000) discussed the need to connect and communicate between the thoughts and logic of the left side of the brain with the imagination and experience of the right side of the brain. Thus, the need and desire for a more holistic being to evolve has led to a natural use of the creative arts in supervision rather than merely traditional talk supervision. Survey responses reflected this need to engage in the creative arts when there is difficult problem solving that cannot be expressed nor processed via words. Similarly, the data gathered from the interviews support the need for creative arts when traditional supervision is not effective and to shift away from a cognitive perspective and engage the emotions from the right side of the brain.

Other. A surprising finding from this study is that some music therapists are using the creative arts as a teaching tool to address musical and clinical skills development of supervisees. This was not found in the existing literature.

Research Question #2: Advantages or Benefits

Inherent qualities of music. Results from the interviews suggest four advantages or benefits to using the creative arts in music therapy supervision. Interview participants indicated that music has inherent qualities, such as music as grounding, music as truth, music

as a holding container, music as flowing, and music as safety, which make the use of music beneficial in music therapy supervision. This finding was also supported by the literature that music provides a holding space for supervisees to reflect on relational patterns, to explore dynamics and feelings regarding particular clients, to receive nourishment in the working environment, and to explore transference and countertransference (Mårtenson-Blom, 2003; Shulman-Fagen, 2001). Furthermore, Mårtenson-Blom shared that container music inherently provides allows for structure and safety for exploration and vulnerability of supervisees.

Ethical clinical practice. One finding that was not reported in previous creative arts and music therapy supervision literature is that creative arts in music therapy supervision contributes to ethical clinical practice. Interview participants reflected that music could be the point of connection between music therapists and their clients. It is the responsibility of supervisees to ensure ethical clinical practice, and the use of creative arts in music therapy supervision increases the likelihood that the music is healthy. This has not been described in previous creative arts in music therapy supervision literature.

Intrapersonal work. Interviewees reported that supervisees' engagement in intrapersonal work and interpersonal connections are a direct result of implementing the creative arts in music therapy supervision. They indicated that the creative arts facilitate intrapersonal growth through opportunities to look within, increase self-awareness and gain insight into oneself. This finding is supported by the previous literature on the use of creative arts and music therapy supervision as the creative arts provide insight and access emotions, feelings, thoughts, and experiences emotions and feelings (Bratton, Ceballos, & Sheely, 2008; Lahad 2000). Modalities such as drawing, writing, and movement, as well combining

modalities deepened personal insight, and in turn, personal growth (Fall & Sutton, 2004; Panhofer et al., 2011). Specifically, musical interactions bring insight and awareness for supervisees, consistent with the findings of McClain (2001) and Odell-Miller (2009).

Interpersonal connections. The interviewees elaborated on the interpersonal connections that come from the implementation of creative arts to enhance supervisor learning from the supervisee and the supervisee learning from the supervisor as well as other peers. This finding is not clearly supported by the previous literature on the use of creative arts and music therapy supervision; however, Bernard and Goodyear (2019) emphasized the importance of supervision being focused not only on skill development, but also on interpersonal behaviors that may interfere with professional work. This study's findings are consistent with those of Bernard and Goodyear as the interviewees emphasize the importance of a healthy relationships and interpersonal patterns among the supervisor and supervisee to implement the creative arts in music therapy supervision.

Research Question #3: Disadvantages or Challenges

Maintaining boundaries. Results from the interviews in this study described the disadvantages or challenges to using the creative arts in music therapy supervision. Maintaining boundaries in the supervisory relationship, specifically distinguishing the role between supervisor and therapist, is a challenge that is amplified when utilizing the creative arts. The creative arts, such as GIM, magnify personal and professional issues, but it is important to maintain boundaries between the personal and professional worlds by establishing purposes of the group or individual supervision (Mårtenson-Blom, 2003).

Readiness. Findings also suggested the importance of readiness for both the supervisor and supervisee to engage with the creative arts in supervision. Two interviewees

stated that the appropriateness of using the creative arts in music therapy supervision should be evaluated based on the readiness of the supervisee. Previous creative arts and music therapy supervision literature identified readiness based on developmental skill level, including education and training as well as personal openness to self-discovery and professional growth (Casado-Kehoe & Ybañez, 2011; Shulman-Fagen, 2001). Results of this study are consistent with the findings of Casado-Kehoe and Ybañez (2011) and Shulman-Fagen (2001); however, the previous literature does not discuss the readiness of the supervisor. In the present study, one interviewee described the supervisor's personal issues of discomfort and unfamiliarity with the creative arts may get in the way of creating an experience that maximizes the potential for supervisees in supervision with various modalities.

Expectations. Additionally, supervisors tend to supervise in the same way that they were supervised, which often includes the lack of creative expression (Casado-Kehoe & Ybañez, 2011; Resnick & Estrup, 2000). It is the supervisor's responsibility to approach supervision in a way that meets the needs of the supervisees. The findings of this study suggest that supervisees' expectations of themselves and societal expectations may keep the supervisee from fully engaging in creative art experiences. Supervisees' expectations of themselves and unclear expectations from the supervisor for participating in creative art experiences may lead to the supervisee refraining from fully engaging in the creative arts experience, such as supervisees monitoring or filtering their journal writing as found by Barry and O'Callaghan (2008).

Healthy supervision environment. Interviewees discussed possible challenges that may arise in using the creative arts in music therapy supervision when a healthy environment

is lacking. Interviewees described a healthy environment as one with open and accepting attitudes and where trust and safety is experienced so that supervisees can explore personal and professional growth in a supportive environment. This is consistent with the findings of Casado-Kehoe and Ybañez (2011) who reflected the strength of the supervisory relationship should be considered prior to employing the creative arts in music therapy supervision.

Previous research findings support the creation of a healthy environment in supervision as supervisor's must be aware of supervisee's backgrounds, trainings, and previous associations with the arts. This awareness allows art interventions to be presented in a way that is supportive and therapeutic to the supervisee rather than discouraging and damaging (Casado-Kehoe & Ybañez, 2011).

Time. One survey respondent reported using the creative arts when they have enough time to do so. They expressed a need to dedicate a longer period of time for supervision that utilizes the creative arts for sufficient time to process what comes up from the session rather than the short periods of supervising between sessions; however, no interviewees mentioned time as a challenge.

Limitations

There were several limitations to this study. One limitation was the relatively low response rate in comparison to the number of board-certified music therapists who were contacted to complete the survey. Out of the 7,425 music therapists who were emailed the survey, 11% completed the survey. The survey was distributed to all board-certified music therapists certified by CBMT at the time of the study. There was no way to contact only those music therapists who have supervised or are currently supervising music therapy students, interns, and other creative arts therapy professionals. Also, the number of survey

responses include both those participants who indicated they do not supervise as well as those who do supervise, but do not use the creative arts in their clinical supervision practice in addition to those respondents who supervise and use the creative arts in music therapy supervision. Thus, it is unclear whether the number of participants is sufficient. Therefore, the survey results cannot be generalized to all board-certified music therapy supervisors who employ the creative arts in music therapy supervision. The topic of the survey may have also created a biased sample in that only those participants interested in learning more about the creative arts in music therapy supervision chose to complete the survey.

Another limitation was some errors on the survey itself. There were no pre-existing standardized surveys about the use of the creative arts in music therapy supervision. Although the survey was piloted with eight music therapists who did not participate in the final distribution of the survey and feedback was implemented in advance of the distribution, additional concerns were expressed by the survey respondents.

Respondents suggested that the question about theoretical orientations should have been a “check all that apply” rather than “select only one.” Survey respondents made this suggestion by typing it in the “other” text box for the question. In hindsight, the researcher recognized additional theoretical orientations that could have been listed in the survey from which the respondents could have chosen and which would have reduced the number of “other” responses requiring hand sorting. This also applies to those questions about settings of music therapy practice.

Although the researcher shared a definition of creative arts for the purpose of this study with the survey participants and interviewees in both of the consent forms and within the survey question itself when inquiring about the use of creative arts in music therapy

supervision, it is unclear whether the understanding and definition of creative arts is universal across music therapists. Furthermore, the definition, style, and approach to supervision varies across music therapists. These differences in the use of creative arts in music therapy supervision, as discovered through the survey responses and further emphasized by the varying themes gathered from the interviews, may be due to the effect of regional differences in music therapy education and clinical practice as well as a lack of a single defined approach to supervision and the creative arts. With the varying approaches as individual entities of creative arts and supervision, the varying uses of the creative arts in music therapy supervision abound when implemented together.

Recommendations and Implications

This study is the beginning of creating a research base for using the creative arts in music therapy supervision. Previous researchers have discussed the creative arts in supervision but have not specifically target the creative arts in music therapy supervision. There is a need for future research to determine further support for the creative arts in music therapy supervision and to move beyond the reasons for employing the creative arts, to exploring how to implement the creative arts in music therapy supervision and factors for making that determination. Research that focuses on clarifying the definition of creative arts and understanding its' various interpretations from person to person, location to location, and culture to culture would be beneficial in creating more generalizable research.

In response to the "other" entries provided by respondents on the survey to identify music therapy practice settings, the addition of "community settings" was added to the categories when hand sorting to account for the questions about music therapy supervision settings as well as primary and additional music therapy practice settings. This change

reflects how much more community practice there is for music therapists and the recommendation for AMTA to account for community practice in their list of settings in which music therapists are employed.

This study offered insight into individual experiences of the creative arts with varying developmental skill levels of music therapy students and interns, music therapists, and other creative arts therapy professionals across the nation. Interviewees were representative of varying genders, ages, locations, education, and practice settings. This was helpful to understand different interpretations and uses of the creative arts in music therapy supervision; but, in order to create an evidence-based research foundation, further understanding of the various uses of creative arts in supervision need to be explored. Additionally, due to the varied interview responses about when and how supervisors implement the creative arts in music therapy supervision, including creative art experiences within a supervision session, homework assignments outside of a session, or merely verbal processing about the creative arts, a more unified definition of the creative arts in music therapy supervision may need to be developed for generalizability.

Marial, one of the interviewees, spoke of the importance of supervision in the field of music therapy. She stated,

It is our responsibility as a therapeutic field to make clinical supervision mandatory for every single registered/board certified music therapist. I think that we are seeing this become more regulated and more mandatory in other allied health professions and it will discredit us and will serve as a detriment should we not continue to enhance ourselves through supervision as a field. It is a necessity, it is an amazing opportunity, and we need to be taking hold of that. How on earth are we supposed to help the people we want to serve and work for when we are not willing to do so for ourselves?

Her passionate exclamation supports the need for music therapists and other creative arts therapy professionals to engage in the work that they are asking their clients to do. There is

little to no research that explores the use of the creative arts for the clinicians as supervisees in music therapy supervision for personal and professional growth and to develop clinical skills and therapeutic awareness; however, there is an overall need revealed through the results of this study to meet the varying needs of the clients via meeting the varying needs of the supervisees. These varying needs are met through creative arts experiences and expressive arts interventions that provide a new perspective in supporting, rather than replacing, traditional talk supervision (Casado-Kehoe & Ybañez, 2011; Lahad, 2000). Another interviewee, LeeAnn, also expressed feeling affirmed through this study in her alternative approaches to supervision, such as the creative arts. She said,

The reason that I was excited to see your initial email or your invitation to the survey in my inbox is because it just seems like it's not always okay not to know, or not to be okay or like I have to be using a certain method or I have to do it in this really prescribed way, and then supervision should be quick and easy and effective and concise and I don't think that gives us space to talk about how complex the work is and how much help we really do need from our community to be ethical and grounded in our own language and just keeping the music safe and rooted and the intention of the field, which doesn't really seem very focused at times.

Thus, it is recommended that music therapists employ and embrace the creative arts in music therapy supervision. With that said, it is important to evaluate the supervisor and supervisee's readiness as well as the supervisory relationship before using the creative arts in music therapy supervision. It is also necessary for the supervisor to ensure education, training, and understanding of the creative arts and be engaged in their own personal process that employs the arts to fully understand the possibilities of what may surface for supervisees. Overall, utilizing the creative arts in music therapy supervision seems to propose more advantages than disadvantages. The findings of the present study are consistent with Berger (2017), who identified the creative arts as a means to expand the supervisor and

supervisee's toolboxes, to allow the supervisee to experience the healing power of the arts, and to increase self-awareness as both a clinician and musician.

Conclusion

This study has provided some insight into the use of creative arts in music therapy supervision. The findings outline reasons that board-certified music therapists are using the creative arts to supervise music therapy students, interns, and professionals and other creative arts therapy professionals and when during the supervision session they choose to use them. Furthermore, the results acknowledge possible advantages or benefits and disadvantages or challenges to utilizing the creative arts in music therapy supervision.

The findings in this study, along with previous findings in the creative arts and music therapy supervision literature, provide support for the use of creative arts in music therapy supervision to address clinical issues. Clinical case conceptualizations may be explored through using the arts to see the case from the client's perspective or by working through personal issues of the supervisee that may be creating an impasse in their clinical work and meeting the needs of clients. The creative arts have the ability to move into, through, and around these impasses and target the personal growth of the supervisee, which results in increased self-awareness and self-expression. Employing the creative arts in music therapy supervision allows supervisees to access the tool that they are asking clients to engage with on a daily, weekly, or monthly basis and to experience the powerful healing of an established relationship with the creative arts.

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Appendix A

Supervision in Music Therapy Survey

The purpose of this survey is to examine the use of the creative arts in music therapy supervision when supervising music therapy students, interns, or professionals, and other creative arts therapy professionals. *The creative arts are defined by the researcher as the expression of something created utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing.*

The survey consists of at most 21 questions and should not take more than 5-10 minutes to complete.

If you have any questions regarding the survey, please contact:

Amy E. Mercier, MT-BC, Principal Investigator, mercierae@appstate.edu, 413-454-5610

Dr. Cathy H. McKinney, Faculty Advisor, mckinneych@appstate.edu, 828-262-6444
Institutional Review Board at Appalachian State University, irb@appstate.edu

Section 1: Music Therapy Supervision

1. Have you worked *or* do you currently work in a supervisory role? (*If response is no, thank you and end of survey.*)
 - a. Yes
 - b. No

2. Whom have you supervised *or* whom do you currently supervise? (*Check all that apply.*)
 - a. Music therapy students
 - b. Music therapy interns
 - c. Music therapy professionals
 - d. Other creative arts therapy professionals

3. In what setting(s) have you supervised *or* do you currently supervise? (*Check all that apply.*)
 - a. Agencies serving persons with developmental disabilities
 - b. Community mental health centers
 - c. Correctional facilities
 - d. Day care treatment centers
 - e. Halfway houses
 - f. Hospice programs
 - g. Medical hospital
 - h. Nursing homes
 - i. Outpatient clinics
 - j. Private practice
 - k. Psychiatric hospital

- l. Rehabilitative facility
- m. Schools
- n. Senior centers
- o. Substance abuse programs
- p. University
- q. Other:

Section 2: Creative Arts in Music Therapy Supervision

4. Do you utilize the creative arts in music therapy supervision? *We have defined the creative arts as the expression of something created utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing.*
(If response is no, section 3: demographic information opens followed by thank you and end of survey.)
- a. Yes
 - b. No
5. What modalities do you use in music therapy supervision? *(Check all that apply.)*
- a. Drama
 - b. Movement
 - c. Music
 - d. Visual Art
 - e. Writing
 - f. Other:
6. In what percentage of music therapy supervision sessions do you employ the creative arts? *(Select one from drop down list.)*
- a. Less than 10%
 - b. 10-19%
 - c. 20-29%
 - d. 30-39%
 - e. 40-49%
 - f. 50-59%
 - g. 60-69%
 - h. 70-79%
 - i. 80-89%
 - j. 90-99%
 - k. 100%
7. What led to your use of the creative arts in music therapy supervision? *(Check all that apply.)*
- a. My supervisor has used the creative arts in my music therapy supervision.
 - b. I read a chapter or article about the use of the creative arts in music therapy supervision.
 - c. It was suggested to me by another supervisor or colleague.

- d. I attended a conference session on the use of the creative arts in music therapy supervision.
 - e. The creative arts have been important to me in my own personal process.
 - f. Other:
8. What are the indicators for the use of the creative arts in music therapy supervision? *(Check all that apply.)*
- a. I use the creative arts in all music therapy supervision sessions.
 - b. I use the creative arts based on the supervisee's level of training.
 - c. I use the creative arts based on the supervisee's interest in the arts.
 - d. I use the creative arts based on the supervisee's developmental readiness.
 - e. I use the creative arts to address clinical issues.
 - f. I use the creative arts when the supervisee needs to see the case from the client's perspective.
 - g. I use the creative arts to address personal issues relevant to clinical work.
 - h. I use the creative arts for the supervisee's exploration of countertransference.
 - i. Other:

Section 3: Demographic Information

9. To which gender do you most identify?
- a. Female
 - b. Male
 - c. Transgender female
 - d. Transgender male
 - e. Gender creative
 - f. Not listed:
 - g. Prefer not to answer
10. What is your age? *(Select from drop down list.)*
- a. 20–29 years old
 - b. 30–39 years old
 - c. 40–49 years old
 - d. 50–51 years old
 - e. 60–69 years old
 - f. 70–79 years old
11. What is your highest degree in music therapy?
- a. Bachelor's degree in music therapy
 - b. Music therapy equivalency
 - c. Master's degree in music therapy
 - d. Doctoral degree in music therapy
12. In what decade did you obtain your highest degree in music therapy? *(Select from drop down list.)*
- a. 1940s

- b. 1950s
 - c. 1960s
 - d. 1970s
 - e. 1980s
 - f. 1990s
 - g. 2000s
 - h. 2010s
13. In what region/location did you obtain your highest degree in music therapy?
- a. Great Lakes
 - b. Mid-Atlantic
 - c. Midwestern
 - d. New England
 - e. Southeastern
 - f. Southwestern
 - g. Western
 - h. Other:
14. In what decade did you begin practicing as a music therapist? (*Select from drop down list.*)
- a. 1940s
 - b. 1950s
 - c. 1960s
 - d. 1970s
 - e. 1980s
 - f. 1990s
 - g. 2000s
 - h. 2010s
15. In what region/location do you currently practice as a music therapist?
- a. Great Lakes
 - b. Mid-Atlantic
 - c. Midwestern
 - d. New England
 - e. Southeastern
 - f. Southwestern
 - g. Western
 - h. Other:
16. Please indicate any other degrees, licensures, certificates, etc. you have received. (*Check all that apply.*)
- a. Analytical Music Therapy (AMT)
 - b. Doctoral degree in a related field (*specify*)
 - c. Fellow of the Association for Music and Imagery
 - d. Licensed creative arts therapist (LCAT)
 - e. Licensed educator

- f. Licensed in an allied health profession (OT, PT, RT, SLP)
 - g. Licensed professional counselor
 - h. Master's degree in a related field (*specify*)
 - i. Nordoff-Robbins Music Therapist (NRMT)
 - j. Orff Schulwerk Level III Certificate of Completion
 - k. Other:
17. What is your theoretical orientation? (*Select only one.*)
- a. Adlerian
 - b. Behavioral
 - c. Cognitive-behavioral
 - d. Community
 - e. Eclectic (*explain*)
 - f. Existential
 - g. Feminist
 - h. Gestalt
 - i. Integrative (*explain*)
 - j. Interpersonal
 - k. Jungian
 - l. Person-centered
 - m. Psychoanalytic
 - n. Resource-oriented
 - o. Systems/family systems
 - p. Other:
18. In what setting do you currently primarily practice as a music therapist? (*Check only one.*)
- a. Agencies serving persons with developmental disabilities
 - b. Community mental health centers
 - c. Correctional facilities
 - d. Day care treatment centers
 - e. Halfway houses
 - f. Hospice programs
 - g. Medical hospital
 - h. Nursing homes
 - i. Outpatient clinics
 - j. Private practice
 - k. Psychiatric hospital
 - l. Rehabilitative facility
 - m. Schools
 - n. Senior centers
 - o. Substance abuse programs
 - p. University
 - q. Other:

19. In what additional setting(s) do you currently practice as a music therapist? (*Check all that apply.*)
- a. Agencies serving persons with developmental disabilities
 - b. Community mental health centers
 - c. Correctional facilities
 - d. Day care treatment centers
 - e. Halfway houses
 - f. Hospice programs
 - g. Medical hospital
 - h. Nursing homes
 - i. Outpatient clinics
 - j. Private practice
 - k. Psychiatric hospital
 - l. Rehabilitative facility
 - m. Schools
 - n. Senior centers
 - o. Substance abuse programs
 - p. University
 - q. Other:

Section 4: Interview

20. Are you willing to be interviewed about your use of the creative arts in music therapy supervision? (*If response is no, thank you and end of survey.*)
- a. Yes
 - b. No
21. Please provide your name and email address to be contacted for an interview. *If you input your name and email address to indicate willingness to be interviewed, the rest of your survey responses will be attached to your name and email address to ensure efficiency of the interview. (Display this question only if response to question #20 is yes.)*

Appendix B

The Use of the Creative Arts in Music Therapy Supervision Interview

1. What is the nature of your supervision environment and who you supervise?
2. When do you use the creative arts in music therapy supervision?
3. How do you introduce the creative arts in music therapy supervision?
4. How do you incorporate the creative arts with traditional talk supervision?
5. Speak more to your theoretical orientation and how this impacts your use of the creative arts in music therapy supervision.
6. What has been your own experience of receiving supervision that utilizes the creative arts?
7. Which modalities do you find yourself most often utilizing when implementing the creative arts in music therapy supervision?
8. What benefits do you perceive of utilizing the creative arts in music therapy supervision?
9. What challenges do you perceive of utilizing the creative arts in music therapy supervision?
10. What are indicators for utilizing the creative arts in music therapy supervision?
11. What are contraindications or precautions for utilizing the creative arts in music therapy supervision?
12. Do you have questions, comments, or anything else you would like to add? This is your opportunity to give your voice to the research on the creative arts in music therapy supervision.

Appendix C

Email/Survey Consent Form

Information to Consider about this Research

The Use of Creative Arts in Music Therapy Supervision

Principal Investigator: Amy E. Mercier, MT-BC

Department: Hayes School of Music, Appalachian State University

Contact Information:

Amy E. Mercier, Principal Investigator, mercierae@appstate.edu, 413-454-5610

Cathy H. McKinney, Faculty Advisor, mckinneych@appstate.edu, 828-262-6444

You are invited to participate in a survey about the use of creative arts in music therapy supervision. *The investigator has defined the creative arts as the expression of something created utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing.* This survey is part of Amy E. Mercier's thesis research in partial fulfillment of the Master of Music Therapy degree at Appalachian State University. If you agree to be part of the research study, you will be asked to complete at most 21 questions regarding music therapy supervision and the use of creative arts in music therapy supervision. The survey should take no longer than 5–10 minutes to complete.

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to answer any survey question, decline to interview, or discontinue with your willingness to interview for any reason. Participation may not have direct benefit to you; however, the major benefit resulting from your participation in this study is to help the investigator understand the use of creative arts in music therapy supervision. There are no foreseeable risks associated with completing the survey and you will not receive any compensation.

Your contact information is being used with the permission from the Certification Board for Music Therapists, but the information you provide will remain completely anonymous. Qualtrics, the online program where the survey is located, is a secure site, and it neither stores nor tracks your email address, nor does it attach your email address to your responses. The investigator will have no access to the email addresses of those who participate or do not participate in the study, and the investigator will not have the ability to link e-mail addresses to responses. Survey respondents' identifiers will not be collected by or known to the investigator. The anonymous data will be included in the investigator's master's thesis, and the study may be submitted for publication and presentation at AMTA conferences.

Please complete the survey by September 6, 2018.

If you have questions about this research study, you may contact:

**Amy E. Mercier, Principal Investigator, mercierae@appstate.edu, 413-454-5610
Cathy H. McKinney, Faculty Advisor, mckinneych@appstate.edu, 828-262-6444
Institutional Review Board at Appalachian State University, irb@appstate.edu**

The Appalachian State University Institutional Review Board (IRB) has determined that this study is exempt from IRB oversight on August 7, 2018.

By continuing to the survey, I acknowledge that I am at least 18 years old, have read the above information, and provide my consent to participate in the study.

Thank you for your participation,

Amy E. Mercier, MT-BC
Principal Investigator
Candidate for Master of Music Therapy degree

Follow this link to the Survey:

Take the Survey

Or copy and paste the URL below into your internet browser:

https://appstate.az1.qualtrics.com/jfe/form/SV_4ZLxavJUCY9C9St?Q_DL=1XkLeUFNa0IU SCp_4ZLxavJUCY9C9St_MLRP_b91wLluNbzXXNGd&Q_CHL=email

Appendix D

IRB Exemption



INSTITUTIONAL REVIEW BOARD
Office of Research Protections
ASU Box 32068
Boone, NC 28608
828.262.2692
Web site: <http://researchprotections.appstate.edu>
Email: irb@appstate.edu
Federalwide Assurance (FWA) #00001076

To: Amy Mercier
School Of Music School of Music
CAMPUS EMAIL

From: Robin Tyndall, IRB Administrator
Date: 8/07/2018
RE: Notice of IRB Exemption
Agrants #:
Grant Title:

STUDY #: 18-0347

STUDY TITLE: The Use of Creative Arts in Music Therapy Supervision: A Sequential-Explanatory Mixed Methods Study

Exemption Category: (2) Anonymous Educational Tests; Surveys, Interviews or Observations

This study involves minimal risk and meets the exemption category cited above. In accordance with 45 CFR 46.101(b) and University policy and procedures, the research activities described in the study materials are exempt from further IRB review.

All approved documents for this study, including consent forms, can be accessed by logging into IRBIS. Use the following directions to access approved study documents.

1. Log into IRBIS
2. Click "Home" on the top toolbar
3. Click "My Studies" under the heading "All My Studies"
4. Click on the IRB number for the study you wish to access
5. Click on the reference ID for your submission
6. Click "Attachments" on the left-hand side toolbar
7. Click on the appropriate documents you wish to download

Study Change: Proposed changes to the study require further IRB review when the change involves:

- an external funding source,
- the potential for a conflict of interest,
- a change in location of the research (i.e., country, school system, off site location),
- the contact information for the Principal Investigator,
- the addition of non-Appalachian State University faculty, staff, or students to the research team, or

Appendix E

Oral Interview Consent Form

The Use of Creative Arts in Music Therapy Supervision

Principal Investigator: Amy E. Mercier, MT-BC

Department: Hayes School of Music, Appalachian State University

Contact Information:

Amy E. Mercier, Principal Investigator, mercierae@appstate.edu, 413-454-5610

Cathy H. McKinney, Faculty Advisor, mckinneych@appstate.edu, 828-262-6444

I agree to participate as an interviewee in the research project, “The Use of Creative Arts in Music Therapy Supervision: A Sequential-Explanatory Mixed Methods Study.” The research project is investigating the use of creative arts in music therapy supervision. *The investigator has defined the creative arts as the expression of something created, utilizing the imagination, through various modalities, which include but are not limited to, drama, movement, music, visual art, or writing.* The interview will take place in a location of my choosing via Zoom one time for approximately 60 minutes. I understand that my responses will be audio recorded, transcribed, and used for Amy E. Mercier’s thesis research and publication as partial fulfillment of the Master of Music Therapy degree at Appalachian State University.

I give the investigator, Amy E. Mercier, the ownership of the recording and transcript from the interview she conducts with me and that the recording and transcript will be kept in the investigator’s possession in a password-protected laptop. I understand that a copy of the transcript will be sent to me via email to review and confirm accuracy of the transcribed material. The audio recording is being used a means for capturing responses and will be deleted immediately upon transcription and member checking. Interviewee identifiers will be collected, but kept in a separate data file and destroyed upon transcription of the recording and member checking. Information or quotations from the transcript will be published. Any material from the interview will be anonymous unless I give written consent to use my name. I will not receive compensation for the interview.

I understand that there are no foreseeable risks associated with my participation in the interview. My participation in this study may benefit the investigator and field of music therapy with a greater understanding of the use of creative arts in music therapy supervision. I understand that my participation in the interview is completely voluntary and I can choose not to participate. Even if I decide to participate now, I can change my mind, stop at any time, and end the interview without consequence.

If I have any questions about this research study, I may contact:

Amy E. Mercier, Principal Investigator, mercierae@appstate.edu, 413-454-5610

Cathy H. McKinney, Faculty Advisor, mckinneych@appstate.edu, 828-262-6444

Institutional Review Board at Appalachian State University, irb@appstate.edu

The Appalachian State University Institutional Review Board (IRB) has determined that this study is exempt from IRB oversight.

- I request that my name **not** be used in connection with recordings, transcripts, or publications resulting from the interview.
- I request that my name **be used** in connection with recordings, transcripts, or publications resulting from the interview.

By signing this form, I acknowledge that I have read this consent form, have had the opportunity to ask questions about the research and receive satisfactory answers, and want to participate in the interview.

Interviewee's Name (*print*): _____

Interviewee's Signature: _____

Date: _____

Investigator's Name (*print*): _____

Investigator's Signature: _____

Date: _____

Thank you for your participation,

Amy E. Mercier, MT-BC
Principal Investigator
Candidate for Master of Music Therapy degree

Vita

Amy Elizabeth Mercier was born in Westfield, Massachusetts, to Armand and Diane Mercier. She grew up as a singer-songwriter-pianist in the community. She moved to North Carolina and attended High Point University, where she completed her Bachelor of Arts in Music Performance: Voice degree with a minor in psychology. She pursued an online Singer-Songwriter certificate from Berklee College of Music. Upon graduation in 2013 from High Point University, she worked as music director for KidShine, Inc. and as a children's ministry director for The Summit Church in Kernersville, North Carolina. She began the combined Equivalency and Master of Music Therapy degree at Appalachian State University in 2014. Amy completed her music therapy internship at Four Seasons Hospice in Hendersonville, North Carolina. Her final project focused on *Songwriting in Grief and Bereavement*.

She returned to Appalachian State in January 2017, after passing the national board certification exam and becoming a board-certified music therapist. While working on her Master of Music Therapy degree, Amy supervised pre-internship music therapy students at older adult facilities. She completed Neurologic Music Therapy training in June 2017 and pursued advanced clinical work with older adults in physical rehabilitation. Additionally, Amy provided music therapy services for adolescents with emotional and behavioral needs and children and pre-adolescents with grief and bereavement needs. She enrolled in specialty area courses with a body-mind concentration. Amy currently works as a bereavement

coordinator and the first music therapist for Medi Home Health & Hospice, based in Boone, North Carolina.

Amy will graduate with the Master of Music Therapy degree in May 2019. Upon graduating from Appalachian State University, she plans to continue to practice music therapy, combining her passions for body-mind centered therapy and Neurologic Music Therapy with individuals in hospice, children and adolescents experiencing grief and trauma, and individuals of all ages with bereavement needs. She also hopes to work in a supervisory music therapist role, implementing what she has learned from her research.