SELF-CARE FOR STUDENTS: A PILOT STUDY ON SELF-CARE EDUCATION FOR THE PREINTERNSHIP MUSIC THERAPY STUDENT

A Thesis
by
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Abstract

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The purpose of this study was to explore the effects of a short-term, music and expressive arts-based session series on the perceived resiliency and self-care habits of preinternship music therapy practicum students. Participants in this study were recruited from a public university in the Southeast. The researcher advertised a 6-week series of multimodal workshops that would introduce an experiential approach to learning about mindfulness and self-care practices, the use of which has been suggested to minimize the potential effects of burnout (Chang, 2014; Clements-Cortes, 2013; Oppenheim 1987). The process and planning of these sessions were informed by theoretical foundations of both music therapy and expressive arts therapy, and a board-certified music therapist facilitated each session. Effects were measured by administering a pre and posttest survey that utilized the *Skovholt Practitioner Professional Resiliency and Self-Care Inventory* (Skovholt, 2010). While

no significant effect was found, emerging themes such as self-awareness, access to education, and attendance barriers were exposed through narrative responses from the participants. Many participants showed an increase in self-awareness, as well as practical understanding of self-care strategies including mindfulness and self-compassion. Limitations of the study include a lack of generalizability due to small sample size, inability to require attendance within the group, and time constraints due to the workload of the students. Future considerations include the integration of this series within a class structure, as well as offering a similar group format in a longer-term experience in order to increase student reflection and personal growth over time.

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Finally, I would like to acknowledge and thank the music therapy and expressive arts therapy faculty at Appalachian State University. Each one of you has planted a little seed, which has helped to create a garden.

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CHAPTER 1

Introduction

The American Music Therapy Association (AMTA) requires a comprehensive training protocol for music therapists. This training includes functional knowledge regarding musical skills, theory, history, specific client populations, treatment planning, implementation, research, and ethics. Despite this extensive knowledge base, some practitioners report a lack of practical education regarding self-care strategies and explore and develop these vital strategies while they are in the midst of full-time clinical work (Chang, 2014). This added responsibility on new clinicians could have negative implications to the field in the long run, such as low retention due to burnout, which is cited as the primary reason for music therapists leaving the field (Decuir & Vega, 2010). Through this current study, a creative educational approach to self-care and wellness strategies will be examined. By exploring students' experiences in this setting, there may be an opportunity to expand on the existing preinternship training structure to promote a more complete education of skills required of a full-time clinical therapist.

The aim of this study was to examine the effects of a short-term, music and expressive arts-based sessions on the perceived resiliency and self-care habits of preinternship music therapy students. These sessions were educational and experiential in nature, including experiences that encourage reflection, self-awareness, skill acquisition, and personal growth. The sessions were voluntary, and all participants were recruited based on

interest and availability at a large public university in the Southeast Region. There was no compensation offered to participants.

Definitions

Music Therapy

Music therapy, as defined by the American Music Therapy Association (AMTA), is "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program" (AMTA, 2016, p. 2). Built on empirical research, it is a field that is constantly changing and evolving in order to ensure the highest quality of care. Training includes coursework in psychology, biological, social and behavioral sciences, music theory, music history, aural skills, training on a primary instrument, instruction on functional music skills of piano, voice, guitar, and percussion, as well as clinical training skills acquired through classroom learning, practicum experience, and a full-time internship. Throughout a music therapist's career a variety of continuing education credits must be earned in order to remain board certified. Music therapists currently provide services in a variety of settings, including, but not limited to healthcare settings, private and public education, private practice, community centers, rehabilitation, and mental health facilities.

Burnout/Compassion Fatigue

Skovholt and Trotter-Mathison (2011) have likened the term 'burnout' to a "hemorrhaging of the self" (p. 146) to the point to which a practitioner becomes emotionally depleted. They also clarified that there are two separate types of burnout: meaning and caring. Meaning burnout refers to the phenomenon when a call for a caregiver to fulfill the needs of an individual, such as counseling or teaching, is no longer as valuable or necessary

as it once was and the individual feels that the meaning or purpose of their work has been lost. Caring burnout has become the most popular way to define burnout, as it relates to the relationship between the caregiver and the care receiver, specifically the attachment-separation cycle (Skovholt, 2011). Compassion fatigue is a more recent term, which is compared to the specific burnout of the emotional self. Caring and helping professionals are typically more highly susceptible to compassion fatigue due to the possibility of frequent secondary trauma (Chang, 2014; Skovholt, 2011). Burnout and compassion fatigue have been cited as both serious and very current issues for practicing music therapists and other individuals in the helping professions (Chang, 2014; Clements-Cortes, 2013; Decuir & Vega, 2010; Dileo, 2000). For the purposes of this study, burnout is defined as a state of mental and/or emotional exhaustion as a result of clinical and educational work.

Self-Compassion

According to Germer and Neff (2013), self-compassion is the utilization of a combination of mindfulness, humanity, and kindness to self over the more commonly used over-identification, isolation, and self-judgment, respectively. Active practices include admitting that avoidance and denial are futile, that the human condition is inherently imperfect and universal, and that being kinder to ourselves when we suffer is more effective than inflicting negative self-talk and judgment. By increasing awareness of these factors, an individual can practice active self-compassion, which Germer and Neff have associated with happiness, optimism, and curiosity, as well as emotional wellness and intelligence. For the purposes of this study, self-compassion is defined as the active practice of considering one's personal mental and emotional health needs within the context of music therapy training, with a specific focus on non-judgmental awareness of these needs as they arise.

Expressive Arts Therapy

The field of expressive arts began in the 1970s and has continued to find footing in therapeutic fields since then (Eberhart & Atkins, 2014). As defined by Eberhart and Atkins, expressive arts is "a field of professional theory and practice dedicated to using any or all of the arts together in an interdisciplinary and integrated way in the service of enhancing quality of life" (p. 25). Unlike other fields that may employ art as a vehicle to use within the context of a therapy session, expressive arts therapists utilize the art as a therapeutic medium in and of itself, focusing on both the personal process involved in the art-making experience, as well as the product of this experience. Modalities that are used can include drawing, painting, collage, clay, poetry, movement, music, mask-making, free writing, and building. Individuals with limited resources (Perryman, Moss & Cochran, 2015), individuals overcoming substance abuse (Snyder, 2016), and within supervision of therapists-in-training (Purswell & Stulmaker, 2015), among many others, access services provided by a Registered Expressive Arts Therapist (REAT). During this study, expressive arts modalities and principles are incorporated in order to best support the potential for growth within the music therapy student (MTS) participants.

Mindfulness

The use of mindfulness within music therapy has been explored in the context of clinical practice (Medcalf, 2015) yielding results such as higher practitioner awareness and a sense of empowerment. Defining mindfulness is a difficult task, as it refers to a state of being through a self-orienting phenomenon (Harvey, 2000), a social phenomenon, or a spiritual phenomenon (Nilsson & Kazemi, 2016). The core elements of mindfulness include attention, awareness, focus on the present, centered-ness, external events and the individual's

attention and reaction to them, as well as the personal cultivation of this method (Nilsson & Kazemi, 2016). Mindfulness is cited as one basic affiliation with the salutogenic model in that it has the potential to increase self-awareness, acceptance, and resilience (Vossler, 2012). In this study, mindfulness is explored through the purposeful use of movement, arts modalities, and music in order increase awareness of the group members and their experience both within and outside of the group.

Salutogenesis

Western medicine has long been considered as a pathogenic process, where issues and illnesses are diagnosed and then treated accordingly. Salutogenesis, which is instead based in maintaining a simultaneous sick and health balance at all times, is an entirely holistic approach to wellness (Vossler, 2012). Sickness and negative emotions are seen as a normal part of life that are to be accepted as an integral portion of the human experience that should be approached and dealt with in a balanced way. Health is not something that an individual inherently possesses, but something that must be built and cultivated throughout life. In the expressive arts field, this model is being more widely accepted, as shown by its presence in recent research (Snyder, 2016). Within the context of this study, salutogenesis refers to the individual's awareness and ability to maintain consistent self-care as a preventative and wellness-based practice, as opposed to as a reconstructive measure.

Preinternship Clinical Experience

Undergraduate and equivalency training in music therapy include several opportunities for on-site clinical experience within a range of populations across a variety of ages. These experiences are structured and supervised and allow the students to explore methods and personal approaches to music therapy clinical work in order to gain skills

necessary for internship and entry-level professional competencies (AMTA, 2016). While there is very little literature regarding the concerns and personal perspectives of students during this experience, Wheeler (2002) offered suggestions regarding the flexible inclusion of specific student needs and unique personal struggles much like a typical client is approached.

Statement of Purpose

The possibilities of burnout and compassion fatigue are especially prevalent in music therapy clinical work due to the complexity of client interactions. Factors contributing to burnout and fatigue can include high levels of stress, lack of self-awareness of needs, prolonged exposure to trauma, and lack of time or opportunities to focus personal development, which could manifest in physical symptoms such as exhaustion and depression (Oppenheim, 1987). Compassion fatigue and burnout, if not prevented, can cause a clinician to become ineffective and ultimately leave their helping profession (Clements-Cortes, 2013). Research has pointed to a lack of specific prevention education in the preinternship curriculum that could contribute to a beginning clinician's awareness of these possible hazards (Chang, 2014; Clements-Cortes, 2013; Wyatt & Furioso, 2000). This study seeks to explore the effects of an experiential approach to wellness education in music therapy students at the preinternship level by introducing mindfulness and self-care related practices through a series of multimodal workshops.

CHAPTER 2

Literature Review

In the following section, a variety of research is presented regarding the training of counselors, expressive arts therapists, and music therapists. Following this brief overview, common causes of burnout are compared across disciplines, with a specific focus on music therapists, as this is the population that will be studied. Commonly used and suggested strategies for increasing self-care in the handling of burnout and compassion fatigue are explored, as well as a possible solution for combating this trend.

Practitioner Training

In order to better understand self-care strategies and the potential stressors of the entry-level music therapist, it is necessary to examine literature pertaining to complementary disciplines. In the following section, a variety of relevant disciplines are discussed in order to compare and contrast the training strengths and needs of these areas. It is helpful to start with a related field, such as professional counseling.

Counseling training. According to the American Counseling Association (ACA), all counselors must successfully graduate from an approved master's level program in a specific counseling discipline in order to be eligible to apply for licensure. Each state may have also individual licensing requirements, as well as additional certificates that may be acquired in order to achieve a level of specialization within the field (American Counseling Association, 2016). Governing bodies such as the Council for Accreditation of Counseling and Related

Educational Programs (CACREP) and the Council for Rehabilitation Education (CORE) regularly edit and publish standards of educational programs that are available to the public. These documents include standards regarding the learning environment, the counseling foundational curriculum, program evaluation, professional practice, and a variety of specialization areas. Among the academic guidelines of all counseling programs, requirements related to self-care and direct student involvement in a small group activity in the realm of group counseling and group work are specifically stated (Council for Accreditation of Counseling and Related Educational Professions, 2016). The inclusion of the exploration of self-care and experiential group work show the governing body's understanding of the students' need to expand upon their knowledge of personal wellness before entering the professional field.

Expressive arts therapy training. One component of some counseling training programs includes the potential for expressive arts therapy training, culminating in a certificate in expressive arts therapy. However, educational programs in expressive arts therapy are specialized and rare, with 10 certificate programs, one Bachelor of Arts, six master's degree, and two doctoral degree programs offered within the United States (International Expressive Arts Therapy Association, 2014). While the field of expressive arts therapy is in its infancy, it has strong roots in certain areas of the world, and is being expanded through the professional organization, the International Expressive Arts Therapy Association (IEATA). While IEATA does not provide a formal curriculum for Expressive Arts training, what it does offer is a network within which a Registered Expressive Arts Therapist (REAT) and/or Registered Expressive Arts Consultant/Educator (REACE) can seek out connections, resources, and educational opportunities within the international

expressive arts community. In order to gain these credentials, the individual must have completed an accredited master's degree program covering professional competencies including expressive arts therapy foundations, group work, individual work, general therapy foundations, and studies in the arts (IEATA, 2014).

According to Knill, Levine & Levine (2005), due to the nuances involved in sensitive therapeutic training, many students have difficulty drawing a line between their own personal therapy and their training, stating that it is a delicate balance between these two realms. Levine discussed the students' parallel creative process within therapy and training, stating that students should be expected to undergo their own psychotherapy, preferably with an expressive arts realm, in conjunction with their training program.

McNiff (1986) also discussed training, noting that many academic programs lack focus on the individual student as a full person who is undergoing personal growth and artistic development as an integral part of the educational experience. To him, the training and practice of expressive arts therapy and the trainee's personal and artistic growth and development go hand in hand, and must be nurtured as one body, as opposed to separate entities.

Music therapy training. Music therapy (MT) clinicians must adhere to a specific training protocol in order to become credentialed and begin working in the field. While undergraduate training programs are guided by clinical competencies that an entry-level practitioner must acquire through training, there is only one mention of self-awareness (within the specific context of identifying strengths and weaknesses) and no competencies related to self-care practices (AMTA, 2016). In accordance with these competencies, preinternship education includes educating music therapy students in musical skills, theory,

practice, implementation, research, and ethics. Previous research has suggested that most attributes that are more highly regarded are developed before entrance into the clinical field, such as emotional maturity (Brookins, 1984). By that standard, students are expected to display and maintain emotional stability and other higher level competencies within a setting they have not yet encountered, with a toolbox full of resources developed within classroom learning.

In an increasingly technology-based society, it is also important to take into consideration that music therapy online and distance education programs are similarly on the rise (LaGasse & Hickle, 2015). With distance learners, it is often difficult to communicate in real-time and in person with supervisors, classmates and advisors, which could contribute to decreased feelings of community and could have an effect on the music therapy curriculum as a whole. The Online Conference for Music Therapy (2011) has been aware of this risk. One of its goals includes a desire to help decrease the feelings of isolation among music therapists by increasing accessibility to knowledge and education through technology. LaGasse and Hickle (2015) explored this possibility through a narrative response survey, and determined that participating in a distance-learning course within a music therapy program did indeed affect the distance learners' perceptions of connectedness to the community. The study suggested alterations to the course to include more real-time lab and workshops to help increase perception of the distance learning experience and potentially impact overall retention in the music therapy field.

Music therapy internship. A 6- to 9-month internship experience with a minimum of 900 hours is a required portion of music therapy clinical training (AMTA, 2016). This internship follows all other coursework and must be completed before the student may take

the board certification exam. As interns move forward through the internship experience they are expected not only to gain the clinical skills necessary to guide them in the field, but to mature as individuals and cultivate professional communication skills (Brookins, 1984). Due to this period of expected growth, it is typical for the intern to experience several emotional stages as they progress (Grant & McCarty, 1990). These emotional stages, identified by Grant and McCarty in their survey of music therapy interns, can include preentry anxiety and preparation, finding identity as a participant within the new setting, finding personal identity as an intern, differentiating fluctuating roles, the cultivation and emergence of the professional identity through the experience, and closure.

Also regarding the emotional needs and well-being of music therapy interns, Fox and McKinney (2015) conducted a survey of previous interns who had engaged in a series of Bonny Method of Guided Imagery and Music (BMGIM) sessions during their internship experience. Themes that arose included increased awareness of personal issues and a greater understanding of the importance of personal growth, to which 50% of respondents answered they had experienced "in a profound way" (p. 93). The investigators concluded that "personal therapy is highly beneficial to the personal and professional growth of music therapy students and interns" (p. 97). They recommended the use of personal therapy for both music therapy students *and* interns in order to become more aware of and to better understand personal struggles, to deepen an appreciation for the effects of music, and to develop self-care practices.

Music therapy board certification. Following successful completion of the internship experience, the individual is eligible to take the exam, administered by the Certification Board for Music Therapists (CBMT). Successful completion of the exam

grants the credential of Music Therapist-Board Certified (MT-BC). The professional must also gain continuing music therapy education (CMTE) credits in order to maintain the MT-BC credential. This exam covers all areas that are addressed in the undergraduate/equivalency curriculum and internship as outlined by the Board Certification Domains (The Certification Board for Music Therapists, 2011). These domains include referral, assessment, treatment planning, treatment implementation, termination, documentation, evaluation, safety, professional development, and professional responsibilities. Professional development and professional responsibilities refer to items such as practicing within your scope of training, serving as an advocate, maintaining confidentiality, seeking out supervision and/or consultation, and expanding music skills. There is no mention in this document or in the AMTA Professional Competencies of knowledge of the individual's responsibility to personal care in regards to maintaining general health and well-being as a clinician. There are several statements within the AMTA Advanced Competencies (AMTA, 2016) that address personal growth and self-care; however considering the fact that music therapy continues to be a bachelor's level entry field, the Advanced Competencies do not apply to preprofessional education and training

Job Satisfaction in Music Therapy

According to the American Music Therapy Association's website, music therapists are currently employed in settings including, but not limited to: schools, medical hospitals, day care facilities, residential homes, outpatient programs, hospice programs, schools, community centers, and private practice (AMTA, 2016). Relatively recent studies have noted that the average longevity of a music therapist is 13 to 14 years (Cohen & Behrens, 2002), which, when compared to other professions, appears quite short. Additionally, music

therapy is one of the few therapeutic modalities that has yet to move to a master's or higher level entry within the field. In order to address this topic Cohen and Behrens (2002) and Wyatt and Furioso (2000) have completed recent survey studies exploring the connection between job satisfaction and degree of education received.

Wyatt and Furioso (2000) conducted a study in which the reasons for completing a higher degree were explored. Nearly a quarter of respondents replied "neutral," "disagree," or "strongly disagree" that their undergraduate music therapy training had prepared them for a job in the field. Other significant findings include that 31% of respondents acquired the advanced degree primarily in order to gain further clinical skills, and 40% finished the degree because it was offered concurrently with their equivalency degree. It is necessary to state that concurrent master's/equivalency degrees have been revised and are no longer permitted by AMTA. Considering almost 25% of the individuals surveyed felt their undergraduate music therapy training was not sufficient to prepare them for clinical work, there may be cause for alarm, and further, for a thorough survey and re-evaluation of the undergraduate music therapy curriculum at the time that the survey was administered in regards to not only competencies but for professional expectations of a full time therapist. A limitation of this study is the consideration of the time the survey was administered, as the respondents were mostly educated before the competencies were developed and could have an effect on responses. It was suspected that feeling underprepared for full time clinical work can lead to early burnout and make an individual more susceptible to compassion fatigue, making it more likely that they may leave the field early, or continue providing services despite being ineffective as a clinician.

Cohen and Behrens (2002) compared the type of music therapy degree to job

satisfaction, job longevity, job responsibilities, level of promotion, and other factors. A total of 49% of respondents had received a bachelor's degree in music therapy, 17.4% received a master's degree in music therapy, 12.8% attained a master's degree in a related field, and only 5.5% who had earned a doctoral degree. Of all respondents, more than 75% had been in the field for 9 years or less, and reported that they were 'fairly' satisfied with their work. The researchers also noted that the survey could not be distributed to individuals who had left the field, and that possibly would have affected results.

Burnout and Compassion Fatigue in Helping Professions.

The prevalence of burnout and compassion fatigue in helping professions is on the rise (Chang, 2014; Clements-Cortes, 2013; Dileo, 2000; Skovholt, 2011; Wardle & Mayorga, 2016). Several studies published within the past decade have pointed to an increased need for caregivers to be actively aware of the possibilities of over-taxing their personal resources and becoming ineffective in their field (Chang, 2014; Clements-Cortes, 2013; Vega, 2010; Wardle & Mayorga, 2016).

Hazards of burnout include emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Chang, 2014) as well as negative outlook, cynicism, and decreased self-efficacy (Clements-Cortes, 2013). This combination of negative attributes not only affects the quality of care being offered, but potentially could contribute to the low rate of long-term retention in the field of music therapy. As described earlier, increased education in self-care practices could benefit therapeutic fields in that it may increase an individual's readiness and ability to perform up to the standards of their field without the personal and emotional repercussions that accompany burnout.

Despite a self-care protocol being advocated by the ACA as a portion of the required

counseling training, the rising relevance of burnout in the counseling field has led to research related to prevention of early burnout in future professional counselors (Wardle & Mayorga, 2016). According to survey responses of current counseling students, using a tool with concepts drawn from the *Freudenberger Burnout Scale*, over 85% of the respondents showed evidence that burnout was a possibility once they entered the profession, or that they were already exhibiting signs of burnout during their training. This percentage was determined by analyzing behaviors and responses that have been shown to lead to burnout.

When exploring longevity trends among professional music therapists, Vega (2010) found that while the level of burnout reported by responders was 'average' in relation to the music therapy field, music therapists are "more emotionally exhausted than the average mental health worker is" (p. 171). Vega also determined that anxiety, sensitivity, and tension are the top personality traits predictive of emotional exhaustion among music therapy clinicians. These findings further support the need for increased self-awareness and wellness education for beginning clinicians, so they may better predict and prevent this trend from continuing.

Educational needs. Chang (2014) explored the experience of burnout as described by music therapists in particular. While it was determined that not all participants considered themselves to be 'burnt out,' several of them reported a lack of self-awareness regarding their personal needs in self-care. These individuals also reported that they did not gain the necessary awareness of these needs until they had been practicing in the field for some time. All of the participants noted that not only was there minimal focus on self-care practices during their training, but there was also minimal mention of the possibility of burnout or related prevention methods. Other critical findings included several reports of the clinician

feeling unable to explore emotional material with their clients and being unable to provide the appropriate or adequate emotional support during difficult times with clients. The study closed with a recommendation to include more information about self-care and burnout to students, citing that the respondents did not feel equipped, even after their internship experience, to handle the stressors of full time music therapy clinical work.

Many individuals in music therapy training may be inherently compassionate. Once entering clinical work, new clinicians may become disimpassioned and lose their motivation to continue in music therapy clinical work. It is possible that this often-unanticipated lack of specific rewards and feelings of inadequacy can contribute to job-related anxiety and stress, contributing to the high burnout rate in the field. As stated briefly by Chang (2014), "If more attention were placed on burnout and self-care during music therapy training, future music therapists might know how to better respond to burnout" (p. 79). Including conversations and education regarding self-care and burnout within the preinternship curriculum could benefit the field in that it may better help prepare students to recognize the initial signs of burnout and compassion fatigue, thereby increasing the likelihood of a longer career in the field (Chang, 2014; Clements-Cortes, 2013; Oppenheim, 1987). These findings are especially relevant, as the voice of the student/intern does not seem frequently researched in regards to educational and training experience.

Realizing the needs of students within the counseling curriculum, Meany-Walen, Davis-Gage, and Lindo (2016) sought to determine the impact of a wellness-based supervision protocol for mental health counseling students. This study involved four master's level counseling students who were completing clinical work at a practicum site and who received supervision from a faculty member. The goals of the wellness-based

supervision interventions included increasing the students' self-awareness of their personal wellness capabilities and improving overall student wellness in a way that was appropriate to them. Results of this study showed that 3 out of the 4 students showed moderate to significant changes in wellness both during and following the intervention (Meany-Walen et al., 2016). This has relevance and significance because while it may be common for individuals to undergo stressful situations during clinical work, the coping skills used may not necessarily relate to the general wellness and capabilities of the individual outside the session. These results that show that the individuals reported a higher level of wellness upon follow-up support the inclusion of wellness-based supervision interventions within the counseling curriculum to increase capabilities of the student counselors.

Suggested strategies. Seeking professional help and supervision as a trainee in a therapeutic or helping profession is widely accepted and encouraged (Chang, 2014; Clements-Cortes, 2011; Daw & Joseph, 2007; Rake & Paley, 2009; Skovholt, 2011); one source stating that it is an ethical duty to maintain mental and emotional wellness in order to properly serve clients (Dileo, 2000). Journaling for processing purposes and music-listening (Chang, 2014) have also been suggested specifically for clinicians in order to process and unwind following sessions.

Self-compassion and mindfulness. The ancient practices of mindfulness and mindfulness meditation have roots in Buddhism and can be defined most simply as living in the here and now (Sharf, 2015). The term *mindfulness* comes from a Sanskrit word which means "to recollect" or "to bear in mind" (p. 473). In traditional Buddhist practice, the individual undergoes a gradual transformation, ultimately reaching a sense of self, following active engagement with the Buddhist doctrine. The modern interpretation of this attentive

practice, while more fleeting, stills offers a valuable contribution as it encourages the individual to engage in a modified meditation practice, which can lead to higher awareness, relaxation, and increased wellness.

The utilization of mindfulness and self-compassion during clinical practice can be an extremely powerful tool in maintaining grounding and a personal clinical identity. Patsipoulos and Buchanan (2011) interviewed a variety of experienced counselors on personal uses of self-compassion within clinical practice, and several themes emerged. Most notably, these practitioners self-reported having a high ability to find balance through personal self-care strategies due to the heightened self-awareness brought on by their active self-compassion during sessions. Other significant trends included helping the therapists to lower their unrealistic self-expectations, to engage more proactively in self-care strategies, and to connect more wholly to their clients through an active approach from the heart, instead of keeping the process in a logical and calculated space. The responders noted that it was a responsibility to us as well as our clients to develop this practice.

Mindfulness training has begun to be included in the training of helping professionals and may be attributed to assisting students in learning a higher level of clinical awareness and skills (Gockel, 2013). By introducing a 10-minute mindfulness meditation into a core curriculum class comprised of mainly social work students, effects such as improvement in counseling self-efficacy, confidence, and an adoption of a long-term personal mindfulness protocol were reported.

A study of nine graduate counseling psychology students combining a 15-minute mindfulness meditation followed by a gratitude journaling experience yielded similar trends, as the students reported positive overall impacts of the experience (Chlebak, et al., 2013).

Trends that emerged from the personal journals included life-enhancing moments, positive relationships, and routine and structure. The researchers recommended the idea of inclusion of mindfulness training within the counseling curriculum to further develop the use of gratitude and mindfulness based experiences. This could have implications in music therapy training, as there is no mention of encouragement of mindfulness within the undergraduate curriculum guidelines.

In professional settings, mindfulness at work has been connected to higher job satisfaction and may help to prevent burnout and emotional exhaustion in helping professionals (Hülsheger, Alberts, Feinholdt, & Lang, 2013). Two studies were conducted by this team, the first of which distributed journal booklets to interested service workers in settings such as psychiatric hospitals, schools, and nursing homes. The participants were involved in a short mindfulness protocol at work and were prompted to journal at specific times during their day. These writings were then collected and analyzed for several themes including surface acting, job satisfaction, emotional exhaustion, and mindfulness level. The results of the first study confirmed through narrative analysis that job satisfaction and emotional exhaustion were related to mindfulness. In a second study, which was also experimental in nature, the mindfulness protocol specificity, as well as the overall study length, were increased. The participants showed behaviors that were consistent with the results of the previous study, which include that mindfulness can decrease surface acting behaviors, and increase general perceptions of self and work while in the professional setting. These results supported the inclusion of a short mindfulness practice during the work day to positively affect mood, increase general wellness, increase job satisfaction and decrease the overall likelihood of burnout due to emotional exhaustion.

Arts-based approaches to wellness. Considering the creative nature of musicianship and music therapy, it is interesting that more creative self-care methods have not been explored. It has been widely accepted that personal creativity for creative arts therapists is "essential" for both personal and professional development (Iliya, 2014, p. 114). Statements made by McNiff (1986) have agreed, stating that the development of the clinical self is dependent on the continued development of the creative personal self as well. Additionally, utilizing a variety of expressive and artistic modalities within self-care could potentially increase the meaningfulness of the activity for the individual, as it is fully engaging creative potential and offering opportunities to further one's own creative process.

McCaffrey (2013) analyzed the therapist's awareness during clinical music improvisation and determined that engaging in improvisation with the client supported benefits such as personal fulfillment, flexibility, and "balancing the professional and musical self" (p. 310). Narrative therapist responses yielded rich information, such as immense feelings of joy during specific client interactions within the music and an overall feeling of enjoyment during the session. Considering the enjoyment that a therapist has in improvising with a client, it is feasible to assume that the same enjoyment is possible when improvising with peers within the context of a group experience.

Hesser (2001) asserted that experiencing the transformative power of music therapy is a vital portion of understanding the client experience. Not only is it the responsibility of the therapist to seek out these opportunities, but also it is important for the continued clinical and personal growth of the therapist. Hesser stated that experiencing personal change through music making is the only way to maintain full presence within the session. She also discussed the distinction between personal creativity and professional creativity, and music therapists

may rely too fully on the music made with clients instead of seeking out their own personal means of expression. Music therapists have a responsibility to engage in creative music-making in order to continue to grow and develop.

With particular focus on the stressors of a music therapy intern, Fox and McKinney (2016) surveyed former music therapy interns who had received The Bonny Method of Guided Imagery and Music (BMGIM) sessions during internship. All respondents recommended that internships include a personal growth component, reporting a variety of positive effects including increased self-awareness of personal issues, and increased self-care, as well as a better awareness of the perspective of the client. It was ultimately recommended that music therapy interns seek out personal therapy in the form of GIM during internship.

In a comparative study of dance movement therapy and a progressive muscle relaxation therapy protocol, Chouhan and Kumar (2011) found that both systems were effective in reducing overall stress in college students. The students recruited for this study had to have moderate to high levels of stress that manifested in physical symptoms such as headaches, insomnia, and fatigue, as well as attributes such as low motivation and negative attitude. This study could be generalized to include music therapy students considering the stressors of the undergraduate music therapy curriculum and their potential effect on mental and emotional health.

Insights from music therapy students participating in a short-term series of music therapy group sessions have also contributed interesting insights on the effects of participation in therapeutic activities during training. Facilitated by Jackson and Gardstrom (2012), a group of students from several university programs volunteered to participate in

three separate improvisational therapy group sessions throughout one semester. Following the experience, students were asked to submit journals from which themes were noted. Through this creative and experiential learning, these student therapists reported key learning outcomes from the experience: increased self-awareness, greater empathy, professional identity, positive feelings toward emotional release through creativity, and validation.

Statement of the Problem

It is evident in the literature that self-care, mindfulness, and wellness are topics of interest to professional clinicians and are not fully and appropriately introduced before entry into the professional field (Chang, 2014; Clements-Cortes 2013; Dileo, 2000; Oppenheim, 1987; Skovholt 2011). It is also evident that arts- and mindfulness-based experiences yield positive results in a variety of student and preprofessional populations (Chleback et al., 2013; Chouhan & Kumar, 2011; Fox & McKinney, 2016; Gockel, 2013; Jackson & Gardstrom, 2002; Meany et al., 2016).

Research question: How will participation in a series of music and expressive art therapy workshops have an effect on perceptions of self-care and overall wellness in preinternship music therapy students? It is predicted that the participants will report increased self-awareness, improvements in overall wellness, and increased knowledge regarding arts-based self-care strategies.

CHAPTER 3

Method

Design

This research is a pilot study that used a pre/posttest measure for practitioner resiliency. The purpose of this study was to determine an effective protocol for supporting self-care. Participants served as their own controls.

Participants

Participants were recruited on a volunteer basis at a public university in the Southeast by advertising a series of free music and expressive arts therapy workshops. The investigator initially recruited nine participants, all of which were eligible for this study. The inclusion criteria were as follows: participants must be (a) a preinternship music therapy student, (b) currently in a clinical practicum experience, (c) must attend 5 out of 6 sessions within the series, and (d) must complete a pre and posttest survey. The group fluctuated between six and nine members each week, and the final number of participants who remained eligible for data collection was eight.

The mean age of the participants was 20.75 years (n = 8, SD = 1.58), with the class distribution of three sophomores (37.5%), three juniors (37.5%), one senior (12.5%) and one equivalency student (12.5%). Students reported having completed between zero and four clinical practicum cycles, with three students having completed one site (37.5%), two students reporting having completed three sites (25%), and one student each reporting having

completed zero, two, and four sites. Out of the eight participants, one was currently enrolled in two clinical practicum sites (12.5%) while the remaining seven (87.5%) reported currently being enrolled in one practicum site. Employment responses varied between unemployment (5, 62.5%) with three students reporting holding part-time employment up to 35 hours per week, with zero participants reporting having full-time employment.

Researcher

The researcher was a Board Certified Music Therapist (MT-BC) who was completing the Master of Music Therapy degree at the university where the study took place. She was concurrently working to earn an Expressive Arts Certificate in conjunction with the degree. For the comfort of the group members, she adopted the label of facilitator, or group leader, for the duration of the study.

Recruitment

Participation in the study was advertised by a verbal announcement during the practicum orientation meeting. An electronic announcement was also sent out by the course instructor via the online course management website. Following the announcement, interested individuals were invited to an introductory meeting. During this meeting students were invited to ask questions about the study and indicate their availability for the six treatment sessions. Details included a general overview of the sessions for the participants, scheduling, and distribution of initial informational materials.

Setting

The sessions took place in a classroom in the music building. Sessions were held once a week for 1.5- to 2-hours for 6 consecutive weeks on Sunday evenings as agreed upon by the group as a whole. The time and day were determined based on availability of the

participants and remained consistent for the duration of the study with the exception of one day that was rescheduled in order to accommodate participant schedules. A variety of art supplies, music instruments, movement materials, seating chairs and pillows, and media players were made available within the room. The size and location of the treatment room offered privacy, as the location does not have windows into the adjoining hallway, and safety, as it is within a classroom building on campus and is located within proximity to a variety of resources. Upon the first meeting, participants read and signed a confidentiality agreement. All activities and discussions that occurred during the sessions were to be maintained in complete confidentiality by the researcher and participants unless there was evidence of activity that was deemed potentially harmful to or by a participant. This includes but is not limited to mention of personal threats, suicidal ideation, aggression towards another individual, self-harm, or illegal activities.

Equipment

Materials included a variety of musical instruments, art supplies, and materials to be used for movement. Musical instruments included piano, acoustic guitar, hand drums, gathering drums, djembes, ashikos, paddle drums, small handheld percussion including egg shakers, claves, rainsticks, and an ocean drum, Orff instruments, mallets, wind chimes, and recorded music to be provided from the computer housed within the room. Art supplies included paint, cardstock paper, oil pastels, beads, string, twine, glue, stones, wire, and colored pencils. Materials to facilitate movement included scarves, wooden dowels, and a large piece of fabric. The music therapist provided all craft and art supplies, musical instruments, and materials for movement.

Procedure

Each session included music therapy and expressive arts therapy-based interventions such as music improvisation, movement, singing, writing, drumming, discussion, art-making, meditation, or relaxation. Music improvisation, as defined within this study, included the use of spontaneous and uncomposed music with free association or with the aid of a reference or theme. Singing and drumming were incorporated within music improvisation and were explored by performing songs written by the group and by using either of these mediums for spontaneous expression. Movement was facilitated in a variety of ways in order to encourage expression, to create connection among group members, to release bodily tensions as explored by Halprin (2003), and to assist the mover to become more aware of their own somatic experiences. Relaxation and the use of practices to encourage mindfulness were used as an induction into the group, as a closing following an art-making experience, and as an educational tool for the group members to utilize independently outside of the group. Music-assisted relaxation, a physical check-in utilizing mindful breathing, and meditation were used to facilitate awareness and build skills toward mindful awareness. Art-making experiences were process-oriented and judgment of the aesthetic of the product was not a priority, which is aligned with expressive arts therapy foundations (McNiff, 1986). By engaging with the art-making mediums in a mindful way, the individuals were invited to increase their awareness of their own presence within the experience of creating.

It is consistent with expressive arts foundations to maintain complete presence with the participant, and meet the individual(s) where they are from a person-centered perspective (Eberhart & Atkins, 2014; Knill & Levine, 2005). Because of these personal theoretical foundations, and for the welfare of the participants, the group included flexibility to address

unique participant needs as they arose. Priority and focus were placed on the exploration of self-care practices, mindfulness, awareness, and resource building through both experiential and educational means over the 6-week period.

The planned format for each session was as follows:

1. Introduction with music, art, movement, or verbal check-in (5-10 minutes)
2. Music or art-making experience based on check-in material (20-35 minutes)
3. Verbal processing of experience (15-20 minutes)
4. A short period of free time for additional artistic response (15-20 minutes)
5. Independent art-making according to participant needs (20-25 minutes)
6. Mindfulness meditation and closing (5-10 minutes)

Due to the experiential nature of the sessions, this format allowed for flexibility in order to meet the needs of the participants.

Data Collection

Demographics. Demographic information was collected from the students at the initial meeting. This information included age, educational class rank, including undergraduate or equivalency status, number of practicum site experiences successfully completed, and current number of practicum sites.

Measures. The pre and posttest measurement was the *Skovholt Practitioner Professional Resiliency and Self-care Inventory* (Skovholt, 2010). This inventory is a 38-item measurement in which each item is ranked on a 5-point Likert scale, with 1 being *Strongly Disagree* the lowest and 5 being *Strongly Agree*. The inventory is intended to measure four specific domains, being Professional Vitality, Personal Vitality, Professional Stress, and Personal Stress. Following the 38-item measurement, three open-ended questions were asked

in order to encourage self-reflection of the experience as a whole. This inventory has been used as a self-assessment in a workbook addressing personal compassion fatigue (Teater & Ludgate, 2014) and as an educational tool in textbooks for advanced students and practitioners of all levels of experience (Skovholt & Trotter-Mathison, 2011).

Narrative response. Students were invited to respond in a narrative format in order to better inform future research in this area. The following questions were asked in the pretest and posttest:

1. What is your current understanding of self-care?
2. What mental and emotional self-care habits, if any, do you engage in on a weekly basis?
3. Where have you learned about self-care?
4. Please indicate any barriers to your participation in this group (lack of time, scheduling conflict, loss of interest, etc.) (Posttest only)
5. What factors contributed to your participation in the group? (Posttest only)
6. If this study were to be repeated, what feedback, if any, would you recommend to the researcher? (Posttest only)

Analysis

Participants' individual item scores at pre and posttest were entered into SPSS®. Each of the sub categories was compiled as well as an overall score. Means and standard deviations for each of the subcategories and final scores at pretest and posttest were determined. The group effects were measured and compared using paired samples *t*-tests for each of the dependent measures. Content analysis of the narrative responses from the posttest inventory were read and analyzed based on emerging themes both on an individual and a

group level. These responses were then compared and contrasted with the pretest responses on the individual and group level.

CHAPTER 4

Results

The purpose of this study is to explore the effects of a short-term, music and expressive arts-based session series on the perceived resiliency and self-care habits of preinternship music therapy practicum students.

Attendance

Attendance was voluntary, as compensation was not offered to participants. There was no penalty for missing sessions, and no monetary reward for attending all sessions. Out of eight participants, one participant (12.5%) attended three out of six sessions, four (50%) attended five out of six sessions, and three (37.5%) attended six out of six sessions. Reasons for missing sessions included work schedules, lack of energy or motivation, and school-related stress.

Skovholt Practitioner Inventory

Descriptive statistics were calculated for the total pre and posttest scores, as well as the changes within the four sub-categories of Professional Vitality, Personal Vitality, Professional Stress, and Personal Stress. Statistics were found using an SPSS program, which compared pre and posttest scores using paired t-tests as well as basic descriptive statistics.

The average total score of all pretest surveys, out of 195 possible points, was 145.13 (134, 169) with a standard deviation of 12.21. The possible points in each sub-category are as follows: Professional Vitality, 8-40; Personal Vitality, 10-55; Professional Stress, 8-40;

Personal Stress, 10-50. Please see Table 1 for pretest posttest means and standard deviations for each of the subscales and overall score. As is shown in Table 2, no significant difference was found between the overall pre and posttest means, as well as within sub category comparisons.

Table 1

Means and Standard Deviations of Skovholt Inventory

Category	*Pretest M (SD)*	*Posttest M(SD)*
Professional Vitality	32.75 (2.550)	32.35(2.188)
Personal Vitality	39.5(6.302)	41.75(6.798)
Professional Stress	36.88(1.458)	36.63(3.777)
Personal Stress	36(6.279)	37.25(6.628)
Total	*145.13(13.206)*	*147.88(13.485)*

Table 2

Paired samples test of total scores of pre and posttest subcategories

Pair	Upper	*T*	*Df*	*Sig. (2-tailed)*
Professional Vitality	1.682	1.000	(1,7)	.351
Personal Vitality	1.912	-1.278	(1,7)	.242
Professional Stress	3.239	.198	(1,7)	.849
Personal Stress	3.432	-.631	(1,7)	.548
Totals	*5.619*	*-.777*	*(1,7)*	*.463*

Open-ended Questions

The narrative responses from the pretest were analyzed for themes, which were then compared to posttest responses to gauge changes in overall trends. Themes that arose in the pretest analysis exposed an awareness of basic foundations of self-care, a lack of daily self-care activities, desire to learn, and limited exposure to self-care related education.

Current understanding of self-care. Three questions in the pretest inquired about the participant's current understanding of self-care, weekly practices engaged in, and where they had learned about self-care. Many pretest responses included phrases such as "healthy and happy", "taking time for yourself", and "maintaining a balance" in response to the definition of self-care. Posttest analysis of the same question yielded much more consistent responses, with six respondents utilizing the phrases "making time" and "taking time" to take care of personal needs. All eight responses included themes of daily care such as consciously allowing a moment during the day and engaging in activities to reduce stress and maintain focus.

Table 3

Open-ended Question 1 – Current understanding of self-care

Pretest	**Posttest**
Taking time for yourself, mental health.	Mental health, self-allowance
Maintaining a balance between social and school/work life - Being able to recognize when you need to step back	Taking time for yourself, even if it's five minutes. Checking in on yourself.
It is important to invest in yourself before you can give your energy to others.	Self-care is taking time to give to yourself + your needs vs. other people
Taking the time to do activities or practices that will benefit in your needs and/or keeping you happy, health, and relaxed.	That it is a current thing you must work on. It is crucial!
Looking out for your own mental/emotional well-being to reduce stress, anxiety, stay happy	Taking the time to engage in behaviors or activities that reduce stress or aid in expression of everyday anxiety + emotion.
Taking time for yourself to care for yourself. That includes taking time to eat properly, having a social life and maybe doing some extra self-care activity that you enjoy.	Doing things you enjoy. Love yourself by taking care of yourself.
I know it is the time and skills used to appropriately handle and treat one's body, mind and soul as needed to better itself	Taking time to breathe, not just a breath but whatever I need it to be and for however long I need it to be
Taking care of one’s personal needs so they can be happy focused and healthy.	Making time for yourself so you feel healthy, focused, and whole.

Current habits. In response to a question regarding types of weekly self-care related practices currently used, pretest analysis showed that four out of eight respondents reported that they engaged in self-care related activities on a weekly basis. The remaining four listed no related activities or stated that these activities were not consistent. While three participants noted utilizing various types of exercise, very few individuals engaged in self-care activities that were not necessary for general hygiene and survival, such as cooking, sleeping, or cleaning their home. Posttest responses showed an increase in daily activities relating to mental well-being, such as reaching out to family to talk, short meditations, "finding time" to take a breath or a break during the day, with one respondent stating "I have been more aware of self-care lately." In the posttest, two respondents specifically cited the group series or activities within the group as weekly a self-care activity.

Table 4

Open-ended Question 2 – Weekly mental/emotional self-care habits

Pretest	**Posttest**
Prayer, sleeping, eating/drinking, being with friends, yoga, exercise before/after a long day.	Taking a breath/break, laying in bed for a minute or hour during the day.
I really don't have any anymore-used to go to a counselor but had a really bad experience with that, so I don't see a counselor anymore. It used to be-yoga, dance, running, journaling and counseling-had the bad experience and beyond that with everything else I just haven't made it a full out habit – just once in a great while I do these things.	Drawing
Simple meditation, taking one hour a day to make sure I am organized/prepared	Expressive arts activities! (For the past 6 weeks) Simple meditation, songwriting + improvising
Sometimes I keep a small journal entry or vent to friends.	Trying to find something positive each week.
None	Besides this group, I have time to myself to watch Netflix or clean. I take time to spend time with my friends + boyfriend.
I run, watch some Netflix or YouTube videos, cook, and am with friends.	I have been more aware of self-care.
Therapy	Taking 5 minutes for myself every day.
I don't honestly…	I talk to my family more

Self-care knowledge base. In a third question, participants were prompted to explain where they had learned about self-care. Three respondents cited members of their family or a mentor, five mentioned school, with four of those citing a class specific to the music therapy program, two noted self-initiated research, two credited counseling or the wellness center, and one answered the question with a statement regarding the importance of self-care. In the posttest, 4 out of 8 respondents mentioned the session series as being a place they have learned about self-care, while two also credited classes and school-related sources. Two out of 8 respondents stated they received self-care knowledge in personal therapy, and one mentioned seeking outside sources for mindfulness, self-care and meditation. Two participants responded with short statements regarding related aspects of self-care, but did not answer the posed question.

Table 5
Open-ended question 3 – Previous self-care knowledge

Pretest	**Posttest**
Self research…my mom	It's important
Google, wellness center	Online, home, therapy
My parents, and some from music therapy classes	At school-college specifically. In MT classes.
In practicum class	It only takes a few minutes to check in with what you are feeling.
School, counseling	In passing, in this group
It's important!! And developing good habits can help improve so much in every day well-being	Very much through this group! Also other meditation/mindfulness/self-care sources.
We've talked about it some in practicum class.	GIM, some in these sessions, I wish I had come to more of them.
Music therapy class, home life, mentors	Classes, professors, here

Posttest Only Responses

A series of three questions were included only on the posttest survey. These questions asked the participants to list barriers to participation, factors contributing to participation, and feedback for the researcher in case the study were to be repeated.

Barriers. When asked about barriers to participation, one indicated no barriers, and two participants noted scheduling conflicts. Three participants responded that time was a factor, and one of those responses indicated that mental health was also a barrier. Other responses included exhaustion, differences within the group, and anxiety as being barriers to participation. In response to a verbal discussion with several group members, the length of

the group was altered from 2 hours to 1-1.5 hours long. Despite this, a variety of responses included time as being a barrier to full participation in the sessions.

Table 6

Open-ended Question 4 – Barriers to participation

Exhaustion
One schedule conflict
It has been a fairly stressful semester – lack of time + mental health have been barriers
Sometimes the group had very different stressors/life events/outlooks than I did
None
My motivation for coming went down when I couldn't make it to one because the times were changed to a day I couldn't make it
n/a, it made me have a late day but I still wanted to come every time!
A lot of anxiety about having enough time – but I came anyway and it was so worth it.

Contributing factors. To gauge possible factors contributing to attendance and participation in the group, participants were asked "What factors contributed to your participation in this group?" Three participants noted "interest" in the subject as a contributing factor, with three participants also citing a desire to learn, and one stating they were "curious" about the group. Other contributing factors included having access to art supplies, stress relief, inclusion in a safe space, and the presence of other group members. One participant answered that they felt supported in the group, while another member stated that they felt "It was rewarding to come" and began to look forward to attending the group each week.

Table 7

Open-ended Question 5 – Factors contributing to participation

Interest. Inclusion. Stress relief.
Interest, openness to learning new ways of self-care
Kristin's presence in the group, other group members
I enjoyed having access to painting
Knowing it was a safe place to talk
Growing interest – I was curious at first, but became really into this and looked forward to it every week.
It was rewarding to come + I felt very supported when I was here
Need for a slowing down of my semester, desire to learn about self-care, I <3 Kristin!

Recommendations. Lastly, participants were presented with the question 'If this study were to be repeated what feedback, if any, would you recommend to the researcher?' Seven out of 8 participants offered suggestions to the researcher, with 4 out of 8 requesting either a longer series or to continue the group in the future. One participant suggested building on the strategies from week to week, and two responses requested more art (as opposed to music) based activities with one participant stating: "music really stresses me out."

Table 8

Open-ended Question 6 – Recommendations to researcher

More art!
I would like more not music based activities. Music really stresses me out.
Doing it for longer.
Can we make a FaceBook group so we can continue to reach out to each other? Follow up? Larger print.
If possible do something longer! Allow for building on themes/ideas/strategies week to week.
N/A
Use more weeks and offer same number of sessions to count
Keep having this group!

CHAPTER 5

Discussion

As previously stated, the research question was: How will participation in a series of music and expressive art therapy workshops have an effect on perceptions of self-care and overall wellness in preinternship music therapy students? As seen in Table 2, no significant effect was found in the overall pre and posttest means found on the Skovholt Inventory measure, or in any of the four sub-groups. Mean scores in the Professional Vitality and Professional Stress categories both decreased in the posttest, with small increases in the total scores in the Personal Vitality and Personal Stress sub-categories. These results could be affected by a variety of factors, such as changes in self-awareness and needs, varied levels of stress during the time of the semester in which the pre and posttests were administered, schedule fluctuations, ineffective experiences for the group, or factors outside of the session. Each of these potential factors will be explored below.

Despite there being no effect found using the chosen measure, analysis of the open-ended questions revealed several themes, including the students' foundational knowledge about basic self-care, a desire to learn about self-care and arts-based practices, and a need for safe spaces within which music therapy students can freely express themselves.

Foundational Knowledge

Several studies suggest that self-care strategies should be discussed in more detail during earlier stages of counselor training in order to better prepare young clinicians for clinical work (Chang 2014; Meany-Walen et al., 2016). Dileo (2000) stated that taking care

of oneself as a clinician is an ethical responsibility that each professional holds so that they may maintain the ability to properly care for their clients. The clinician's awareness of their personal issues is also cited in the AMTA Code of Ethics (AMTA, 2015) as being a responsibility of the individual. Despite these suggestions, there is no mention of self-care in the AMTA Professional Competencies. This is apparent when comparing responses from pretest Question 1, regarding the participants' current understanding of self-care. All group members reported having some knowledge on the basic foundations of self-care. This knowledge was derived from a variety of sources, including family, school, personal research, and personal counseling, among others. While responses offered concrete examples of what self-care 'looks' like, some of the activities referenced included eating, sleeping, and 'engaging in activities' which were not further specified. This points to a lack of functional, and practical knowledge about the topic, as group members seemed unaware of how to apply this basic knowledge to their own lives. It is essential for students to begin learning and experimenting with these strategies during their training so that they may have an outline for successful practice once they become full-time clinicians.

Emphasis on Daily Practice

The sessions were planned to have an emphasis on self-compassion (Patsipoulos, & Buchanan, 2011), and the Buddhist principle of mindfulness (Sharf, 2015). In pretest responses, many students indicated an understanding of the necessity of taking physical care of themselves. Responses were mainly centered on commonly understood definitions of self-care in concrete physical terms, and while many individuals cited specific examples of activities of daily living, few mentioned participating in any activity which encouraged reflection or self-awareness. While responses to open-ended questions did not conclusively

show an increase in structured self-care activities, many students reported being more aware of the need to dedicate a small amount of time each day for the benefit of their mental health and to allow themselves permission to take this time. This sentiment directly aligns with these two principles of self-compassion and mindfulness, and may show evidence of increased awareness of needs during the 6-week period. Additionally, several students included statements referencing their participation in the group as a portion of the self-care they engaged in on a weekly basis, which further supports the need for open and welcome spaces for expression of current hopes, fears, stressors, exploration of relationships, and any other current issue which may effect their learning experience. The students not only gave themselves permission to take time to attend the group, but also attributed the group to an increased self-awareness, which many members were interested in exploring further. Several students discussed their desire to have a similar group in the next semester and expressed the positive aspects of having a space to discuss current issues and explore creative expression with no judgment, grade, or expectations attached to it. This also further supports the need for an increased number of relaxed spaces for music therapy students to engage in creative processing which is not associated with a class or practicum experience.

Barriers

As outlined on the AMTA website (AMTA, 2016), the required entry-level music therapy curriculum is rich with topics including music history, music theory, music therapy clinical skills, psychology, human growth and development, special topics courses informing work with specific populations, practicum experience, training on a primary instrument, other instrument skills with focus on guitar and piano, as well as a variety of general education courses, and music electives. If a student is expected to reach acceptable competency in all of

these areas within the frame of a 4-year degree program and a 6- to 9-month internship, it is unreasonable to expect the student to have time or motivation to seek out individual opportunities for healthy and productive mental and emotional release, let alone understand the long-term implications of engaging in these activities during their primary training. It is likely that many students do not have the resources necessary to explore these skills on an individual level, therefore it is essential that this knowledge is integrated into the preinternship curriculum in order to better support students during this time of growth.

Student Needs

Several group members noted that anxiety, lack of time, and exhaustion were barriers to their participation in the group. This group was scheduled on Sunday evenings, which coincided with two due dates for major clinical assignments. This group was also scheduled in the first half of the semester, and closed the week immediately preceding spring break. In group discussions centered around barriers to taking care of the mental and emotional self, many students stated stressors which included classwork, tensions with professors, and a lack of time to explore new self-care strategies. While these stressors may be typical for that of a music therapy student, research by Chang (2014) suggested that this is an important time for students to learn about self-care so that they are less likely to burn out once they reach full-time clinical work. If this subject is not required to be actively integrated into education sequence, it is possible that students will not seek out this type of group, as it would be an added responsibility, and an added stressor on top of their regular music therapy curriculum.

Self-awareness

Research shows that expression through arts-based means can increase awareness, as well as empathy for clients (Jackson & Gardstrom, 2012) and is essential for growth of the clinical expressive self (McNiff, 1986) which is an integral portion of clinical training. By integrating experiences such as short mindfulness meditation into preexisting classes, it is possible that self-efficacy and confidence can be improved, and students are more likely to adopt a long-term mindfulness protocol into their own life (Gockel, 2013). It has also been suggested that engaging in music as a creative process can help the clinician to maintain presence with their clients, as well as increase the connection and meaning of musical interactions with clients (Hesser, 2001). Following in the footsteps of these findings, themes explored in the group included grounding, mindfulness, awareness, de-centering, self-compassion and self-expression through artistic means, many concepts which the group expressed as new to them. Each art- and music-based experience was followed by a period of verbal processing, within which the students could ask questions, discuss their experience, and interact with other group members. A prominent topic discussed by group members included the topic of wellness as a 'moving target,' something that would always require attention and work and may never be fully achieved. This insight, brought up by the group members, is another indication of increased self-awareness, which blossomed during the course of the sessions.

Contributing Factors

According to open-ended responses, group members enjoyed participating in arts-based experiences and appreciated having access to these materials which they may not have otherwise utilized. Group members also expressed a desire to continue the group, and keep in

touch with one another following the close of the group. It is possible that the sense of community invited by the weekly group was a hidden factor, which contributed to group participation.

Access to Resources

While seeking professional supervision is widely accepted and highly suggested (Chang, 2014; Clements-Cortes, 2011; Daw & Joseph, 2007; Rake & Paley, 2009; Skovholt, 2011) some students do not have access to individual or group therapy that will be sufficient to their needs. Many universities have counseling and wellness programs, however some students feel uncomfortable seeking out help in that capacity. Based on group discussions and written responses, groups such as the one offered in this session series may encourage students to take a more active role in their wellness, as well as offer them a safe space for them to be included in an artistically expressive experience with the supervision of a qualified facilitator who is not an instructor with grading responsibilities for those students.

While student attendance was higher than expected, there were several students who showed initial interest, but did not attend any of the groups. Primary reasons for this were cited scheduling conflicts, specifically with their place of employment. Attending a 4-year university at all is a privilege that many individuals do not have, and many of these students who do have this opportunity also need to maintain employment in order to support themselves during this time. It is possible that the students who need guidance in self-awareness, self-compassion, and a safe and comfortable space to learn about their creative selves are also those students who are currently balancing these concurrent responsibilities. These same students may not have the resources in themselves, in their community, or in their families to support this need. By not making self-care programs a requirement within

the curriculum, education programs are therefore expecting students to explore these sensitive topics on their own time, which may be extremely limited. In doing this, these students are being further alienated from the very field, which they are trying to enter, as they are not being given the required support necessary to succeed.

Limitations and Suggestions

Due to the small sample size, results of this study cannot be generalized to the greater music therapy student population. There are several ways which this topic may be included in the education sequence in a follow up study. It is suggested that several groups be offered on a variety of days of the week to offer more options to the students. This may increase attendance over the course of the sessions, but could potentially alter the membership and community aspect of the group between sessions, as student availability would vary on a daily and weekly basis. As stated earlier, adding an extra responsibility may also deter participants from maintaining presence in the group. Similarly it is also suggested that a greater emphasis on self-care practices and education could be integrated into entry-level music therapy training. It is necessary that music therapy programs supplement the existing preinternship curriculum to include self-care education, wellness-based knowledge, and an increased focus on personal growth as a student and a clinician. Several ways which this could be accomplished include integrating self-care assignments into the practicum experience, including a discussion of potential emotional stressors and care skills in the instruction of population-specific courses, or requiring participation in a weekly or monthly self-care group run by a graduate student or another individual who does not have grading responsibilities for the student. Without this, incomplete and emotionally underprepared clinicians are being released into the field, and as a result, the field continues to have a high

prevalence of burnout in new practitioners.

Another limitation is the size of the class from which the participants were recruited. Out of approximately 45 students, nine participants attended initial recruitment. It is suggested that this type of group is explored in a multi-site study, at a variety of music therapy programs, in a range of regions, so that a greater wealth of data may be gathered on the effects of similar experiences.

Responsibility

Previously supported literature state that hazards of burnout, which is on the rise in helping professions (Chang, 2014; Clements-Cortes, 2013; Dileo, 2000; Skovholt, 2011; Wardle & Mayorga, 2016) include emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Chang, 2014) as well as negative outlook, cynicism, and decreased self-efficacy (Clements-Cortes, 2013). It was also determined that early burnout in the music therapy field may be avoided by including further self-care related topics in the undergraduate curriculum (Chang, 2014). These factors have the potential to cause risk to the client. Based on a number of previous publications, Dileo (2000) presented a group of 10 qualities, which are described as being 'core ethical principles' (p. 7) for those in the helping professions. Among these principles is the responsibility of nonmaleficence, which is the quality of doing no harm. This principle aims at providing the highest quality of care while simultaneously controlling for the least amount of risk to the client. Considering the prevalence, and risks of burnout symptoms in the music therapy field, it is the ethical responsibility of music therapy educators to include self-care education within the preinternship curriculum. In doing so, they are not only better preparing their students for their mental and emotional needs that will arise through their clinical experiences, but they

are ensuring that they have done their part in protecting the welfare of the clients their students may serve in the future.

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Appendix A

PreTest Questionnaire

Demographic Information

Indicate age: _____

Indicate class designation (circle one): Freshman Sophomore Junior Senior Equivalency

Indicate number of successfully completed practicum sites (circle one): 1 2 3 4 5 6

Indicate current number of active practicum sites (circle one): 1 2

Indicate employment (circle one):
currently unemployed part-time (0-35 hours per week) full-time (36+ hours/week)

Narrative Response

1. What is your current understanding of self-care?

2. What mental and emotional self-care habits, if any, do you engage in on a weekly basis?

3. Where have you learned about self-care?

Number:_____

Please circle dates which you attended the group:
January 29 February 8 February 12 February 19 February 26 March 5

Narrative Response

1. What is your current understanding of self-care?

2. What mental and emotional self-care habits, if any, do you engage in on a weekly basis?

3. Where have you learned about self-care?

4. Please indicate any barriers to your participation in this group (lack of time, scheduling conflict, loss of interest, etc.)

5. What factors contributed to your participation in this group?

6. If this study were to be repeated, what feedback, if any, would you recommend to the researcher?

Vita

Kristin Neel was born in Chester, Pennsylvania, and grew up in Kennett Square, Pennsylvania. She graduated from Unionville High School in Kennett Square, PA in June 2007. The following autumn, she entered West Chester University of Pennsylvania to study Music, and in December of 2011 was awarded the Bachelor of Music degree, with a focus in Vocal Performance and a minor in piano. In the fall of 2013, she began study toward a Bachelor's Equivalency and Master of Music Therapy degree at Appalachian State University in Boone, NC. During that time, she earned her Music Therapy Board Certification credential (MT-BC), began providing music therapy services in the public school system, and worked as a graduate teaching assistant for the music therapy department, acting as a supervisor for preinternship music therapy practicum students. The MMT degree was awarded in August 2017.

Kristin currently resides in Chapel Hill, North Carolina, and is a music and movement teacher at Christ Church Preschool in Raleigh, North Carolina.