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Music therapy student supervision: considering aspects of resistance and parallel processes in the supervisory relationship with students in final clinical placement

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Introduction

As part of music therapy study and as part of the requirements for entry to the profession, music therapy students must complete and successfully pass clinical training study components, usually assessed through student participation in clinical placement experiences, supervised by a qualified practitioner. At the completion of their final clinical placement, students must have consistently demonstrated the skills required for competency in independent music therapy practice.

While the majority of students enrolled in music therapy programs are able to demonstrate some of the skills required for professional practice even earlier than the final placement, in the experience of the authors, some capable students manifest extreme difficulty with final placement competence, and accordingly are jeopardised in their capacity to fulfil the clinical training requirements of their course. This situation can lead to the development of a particularly difficult relationship between the student and supervisor. Some of the characteristics of this relationship are explored in this paper and suggestions for potentially effective responses are discussed.

Music therapy supervision

Supervision has been described as a complex task influenced by personal and professional factors (Brown, 1997; Hawkins & Shohet, 1989; Itzhaky & Ribner, 1998). Brown (1997)

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highlighted several factors that impact upon supervision including the supervisor's level of professional development, training background, and the preferred therapy and supervision model of the supervisor and supervisee. *Itzhaky and Ribner (1998)* described supervision as a learning process that requires involvement of the whole self, and also a process that tends to be personal and directed toward self-awareness. Since personal and professional role reflection, change, and subsequent integration inevitably occur during supervision, many difficult feelings and consequent adaptive responses may be evoked that can be productively used throughout the supervisory relationship with the student who is attending final clinical placement.

It is important to note the distinct power differential between the supervisor and student in the supervisory relationship that is somewhat different to the professional supervisory relationship. That is, in final student placement the person providing supervision to the student is responsible for deciding all or part of the final placement grade awarded to the student. As *Feiner (2001)*, the Associate Director of Music Therapy at New York University proposed:

A student can become confused and perceive conflict between the supervisor's varying roles. "This is an educator who judges me, an administrator who is my boss. How open can I be during supervision? Will I be penalized for my weaknesses and vulnerabilities? This person can fail me."(p. 104)

Itzhaky and Ribner (1998) suggested that during supervision a relationship is created that has the potential to cause conflict and tension. The student is aware that the supervisor is assessing their work, the supervisor is obliged to maintain standards within the profession and within the workplace so it is necessary to give feedback where student behaviour does not meet these standards, and the student in learner role may experience feelings of helplessness, "not knowing" and confusion that have not yet been integrated for use as part of professional therapeutic contact with clients.

While part of the supervisory relationship in final placement is given over to management of this potential confusion, in the case that a student is struggling with placement requirements, if the issue of assessment is not attended to carefully in supervision, the student may potentially use unhelpful and self-defeating responses to deal with their lack of satisfactory progress. Ideally, the supervisor's clear feedback to the student about their progress and areas of difficulty can help the student to work towards overcoming their learning challenges. Sometimes student's responses to feedback are problematic and require careful thought from the supervisor, in consultation with the relevant university staff when necessary.

Resistance

Itzhaky and Ribner (1998) suggested that in the relating between clinical supervisor and student, the student may manifest resistance. Resistance in this circumstance could be conceptualised as a way that the student defends against the anxiety evoked by the realisation that he or she is not progressing as required, and the potentially alarming consequences of that lack of progress (*Freud, cited in Itzhaky & Ribner, 1998*). Therefore, it is proposed

that if an awareness of the function of resistance for the student can be highlighted in the supervisory relationship, this can offer an opportunity to assist the student in fulfilling requirements of the final clinical placement.

Hawkins and Shohet (1989) described that during social work supervision resistance should be expected. They explained that this is due to the level of self-involvement required from the student coupled with the tendency for supervision to be directed at self-awareness. When students experience anxiety as a response to the realisation of what they may still have to learn, or in response to feelings of being overwhelmed by the needs of their clients, resistance can be manifested.

Similarly to the social work student, the music therapy student may experience resistance while completing clinical training. While this is usefully conceptualised as a normal response commonly experienced as a regular part of clinical training, in some situations high levels of resistance can inhibit the personal and professional growth required in the acquisition of clinical skills, and can lead to difficulty for the student in demonstrating the required clinical competence (Daveson & Edwards, 1999).

Brown (1997) described that while aiming to assist the music therapy student in developing their own 'internal supervision' (Casement, 1985), the student may experience anxiety, feelings of insecurity, resentment, and anger. These feelings may be further exacerbated by the constant challenge of separating their personal from professional roles and responses (Fox, 1998). Brown explained that when students are placed in a situation of "not knowing," they may need to review the basis of their own self-esteem and identity. This is a challenging process for both the student and the supervisory relationship since it may be necessary for a student to identify aspects of her past experience that impact on their current practice experiences and to seek out further support and help outside of the supervisory relationship, such as that offered in ongoing psychotherapy.

As an example of how this might emerge, it is often the case that a student who is an excellent classical musician begins music therapy training. As part of music therapy training the student is required to develop an understanding of and the ability to use music as part of a therapeutic process with people who may have little musical training or experience. This necessitates developing music therapy skills that enable one to present music flexibly and use it for therapeutic gain in a potentially challenging context. At times, self image as a competent musician may be challenged as the student begins to learn how to use music functionally, and often in spontaneous ways, with specific client groups. As the clinical context is the testing ground for the student's therapeutic skills, it is suggested that difficult feelings can be evoked that are associated with the process of "unlearning" previous ways of playing to allow therapeutic musical play to be used freely. The student may resist this process of adaptation to a new musical role.

Example 1. *A student using song material in regular sessions with a patient diagnosed with depression began to present descriptions of sessions in supervision where no songs had been sung. Through gentle probing from the supervisor, the student began to be more aware of her responses to the patient's musical contributions and acknowledge that she disliked the patient's vocal timbre and found it irritating that the patient had consistent difficulty with singing in tune. This had led to the student rejecting the musical wishes of the patient and unconsciously orienting the musical interaction to that which she found more*

tolerable. The student was able to recognise the occurrence of this process and redirect the clinical process back to one that was better focused on the needs and interests of the patient.

The journey of the student from learner role to professional practitioner role requires them to develop a realisation of the various ways that therapy relationships can impact upon them, especially as the final placement in the programs with which the authors are experienced has usually required the student to work within the framework of “insight music therapy with reeducative goals, and insight music therapy with reconstructive goals” (Wheeler, 1983, p. 8). As the final placement can be one of the first times the student is required to exercise clinical judgement without the benefit of a co-therapist or close supervisory directive, there is a dual learning process occurring for the students about demands of clinical work and the demands of self-knowledge which can be a challenging learning point, potentially compromising their ability to complete training successfully if they cannot rise to these demands. Resistance can be an inevitable response of the potentially overwhelmed student at this challenging point of training.

Itzhaky and Ribner (1998) described the importance of supervisors trying to distinguish between the resistance that is a natural outgrowth of the supervisory process and other negative feelings and reactions that are problematic. Effective identification and management of resistance can assist students to develop effective relations and a professional identity, while ineffective management may lead to aggression, alienation, and hostility. When exploring the role of resistance in improvisational music therapy McClelland (1999) wrote that if the therapist is unable to use their own reactions to help understand the client, then the value of their intervention is limited. In a similar way the supervisor must be able to use his or her own feelings evoked during the supervisory process. This awareness can also contribute to enhancement of the supervisory relationship.

It is also considered by the authors that familiarity with the concept of stage models (e.g., Chazan as cited in Feiner, 2001; Edwards, 1998; Farnan, 2001; Fox, 1998) is one way that supervisors can be supported to understand the status of the student in the learning cycle and to keep focused on the end goal of the final placement; that is, readiness for professional practice. Stage models propose a frame for the learning steps a student takes in their development and maturation in becoming clinically adept. These models can assist the supervisor to hold a broader picture of development in their mind with the student who may be having difficulties. Stage models are not necessarily useful to prescribe student development within clinical practicum. That is, it is not possible to show that each stage is evident within every student’s development, nor should students be *required* to demonstrate involvement in each of the stages, however, it is argued that such models offer a frame for thinking about student progress and readiness for practice.

In 1994, the National Association of Music Therapy, Clinical Training Committee in the USA suggested five stages of student progress through final internship (Farnan, 2001). These are:

- Dependency stage
- Autonomy stage

- Conditional dependency stage
- Fourth month blues stage
- Independence stage

These stages suggest that a student might appear to go through a period of low affect and lack of enthusiasm for the work as part of a normal development in the final placement process.

Fox (1998) highlighted six interrelated processes of internalisation that can occur during clinical supervision. He suggested that ongoing problematic resistance prevent a student from moving through these six processes to a final stage of independence. The six interrelated processes of internalisation begin with intellectual learning. During this stage the supervisor is required to provide the student with guidance, concrete assistance in clinical situations and knowledge enhancement opportunities. Skills of self-appraisal and self-criticism are focused on and developed during this stage.

Stage two is characterised by a process of imitation (Fox, 1998). During this stage the supervisor aims to continue to provide the student with many opportunities for clinical and workplace observation. Feiner (2001) has advised supervisors in this early stage to “Alleviate the pressure new interns have of immediately developing their own greeting songs, their own repertoire, their own improvisational styles. Let them take yours and go from there, using your own methods and activities as a foundation.” (p. 110)

During stage three, termed “introjection,” the supervisor’s management of the supervisory relationship comes into play. It is during this stage that a mutual reflection on dyadic exchange commences. Fox (1998) stated that discussion of emergent transference may be helpful at this time with the supervisor initiating open discussion about the interaction between themselves and the student. He did not highlight resistance as a response that may emerge during this stage, however, it is suggested that if open discussion is facilitated during this stage resistance may also be experienced as students may defend against their fantasies that if they discuss their reservations or feelings of disappointment about aspects of the work, they will be open to criticism from the supervisor who, as previously acknowledged, has the power to award the final placement grade.

Resistance may also emerge during stage four, identification. This stage involves the supervisor becoming “tuned” into the student’s experiences, anxieties and confusion. This stage can be characterised by interest, empathy, tact, maturity, and a firm belief in the ability to help. Fox (1998) maintained that during this stage in the supervisory process students learn about positive regard and about the art of “holding.” The fifth stage is idealisation and mirroring. Fox suggested that this occurs unconsciously for students. During this stage the student may overcome feelings of self-doubt while also experiencing increased levels of confidence and helper identity. The final stage is independence. During this stage the student will experience an intertwined sense of professional development and personal individuation.

When student resistance in the supervisory context has been identified as adaptive, it can be legitimised and valued by the supervisor. This can be achieved through discussion of the phenomenon with the student, hence encouraging further growth through a process of reflection, integration, and subsequent change. For some students, however, resistance becomes a self-limiting response affecting their capacity to demonstrate required competencies.

The non-progressing student

Itzhaky and Ribner (1998) suggested that it is important for the supervisor to distinguish between resistance that is a natural outgrowth of the supervisory process and negative feelings and reactions that are problematic. Some of the indicators of problematic resistance in this context may include the student demonstrating one or more of the following:

- A rigidity in response to challenging clinical situations or supervisory suggestions particularly when change is required
- Under-developed insight into his or her behaviours and feelings
- A lack of either readiness or ability to integrate supervisory feedback into clinical practice
- A hostile or aggressive response to supervisory feedback including trying to engage the supervisor in arguments
- Negative and illogical attacks on any of the following; therapy work, supervision process, supervisor, clients, and or other workplace peers

In the experience of the authors, for the student who may be having difficulty there can also be a discrepancy between the supervisor's and student's perception of the amount of time and support provided to the student, as well as discrepancies between the supervisor's account of student behaviour within the clinical sessions and the student's account of the behaviour. The clinical supervisor must manage all these interactions sensitively, given that there are potentially serious ramifications for the student in not being able to fulfil final placement requirements.

Edwards (1996) wrote that often the student who is not progressing will experience difficulties in more than one area of the placement and sometimes this can be used as a guide for supervisors in considering whether students are having difficulties within what might be considered the regular realm of learning responses, or whether their difficulties require the supervisor to make the difficult decision to terminate the placement prematurely or to give a fail grade on completion of the placement.

Booy and Lawson (1986) maintained that the ability to provide assessments that are based on written materials about the student's interaction and behaviour is important since universities have well-established mechanisms for student appeal against assessment decisions, and without adequate written support for supervisor assessment decisions, student appeals against final placement grades can be successful. Unfortunately, this outcome does not lead to completion of the work necessary for student's to have achieved what is needed in order to be ready for practice and arguably can compromise the professional standards of the program. Through consistent documentation of general observations along with specific, concrete examples of behaviours and responses demonstrated during placement in both clinical interactions and in supervision, the supervisor can support the decision to fail the student or to advise the university program that the student is not ready for professional practice.

Osborn and Davis (1996) suggest that the development of a contract between the student and supervisor is essential for clinical training. It assists both parties throughout the supervisory process in a number of ways including the clarification of methods, goals, and expectations; encouraging professional collaboration; upholding ethical principals; and documentation of services to be provided. Arguably, it can be considered that the supervisor has entered into two contracts; one with the client (not always written directly with the client

but based on workplace expectations and often legislation) and one with the student, with best practice experience requiring that this be in written form.

In the places where the authors have worked, the duty of care contract is a legally binding document and forms part of a complete assurance that clients will be provided with adequate services and will not be placed in potentially harmful situations. It is the supervisor's role to assist the student in providing these services while also allowing for a period of safe trial, error, and discovery as part of the natural learning trajectory for the student in clinical training.

The duty of care contract can also be a useful document for use with all placement students but it can be especially helpful with students who are having difficulties with the requirements of their final placement. It can be used to support the argument that if a student is unable to demonstrate awareness or insight into their own behaviour and the effects of their behaviour on others, she may be unable to accurately assess the impact of their music therapy intervention in a clinical context. As this under-developed insight may potentially place the client in a harmful position; this situation is required to be avoided.

It has also been the authors' experience that students having difficulty with final placement may not have an understanding of the distress they may be experiencing as a result of feeling inadequate in their performance in clinical interactions, or any awareness of the helplessness they may feel following particular interventions where the client was not necessarily shown to benefit from interaction with the student in a music therapy session.¹ The supervisor might also experience this helplessness in what has been termed a "parallel process,"² and so careful attention to the feelings and experiences of the supervisor can be helpful in unravelling and facing the challenges for the student.

Parallel processes

Parallel processes can be described as a common phenomenon where the dynamics in supervision replicate those that occurred in the student's music therapy sessions. More specifically it is when the student unconsciously presents him or herself to the supervisor as the client has presented to the student (Tosone, 1997). McNeill and Worthen (1989) have provided empirical support for the view that these parallel processes can occur between the work of therapy sessions and the supervision session.

Example 2. *A student was referred a five-year-old boy receiving care in a hospital who was experiencing high levels of anxiety about his circumstances. When she met with the boy, she observed that he had difficulty concentrating, as observed by his tendency to frequently change tasks, and his tendency to forget, mid-song, the song he had started singing. Later that week the student attended supervision. Partway during the session she confided that she was having difficulty remembering what they were talking about and that she was feeling*

¹ It is important to point out that it is not an expectation of music therapy that clients will necessarily benefit from work undertaken in a single session. This example is used as the case where a student can feel demoralised if their expectations about change following a single session are unrealistic.

² The authors would like to thank Elaine Streeter for prompting some of their thoughts on this topic in her presentation to music therapist in Brisbane in 1996.

quite anxious. Work that she had agreed to prepare for supervision was incomplete. Since this was unusual behaviour for this student, the supervisor used the opportunity to consider the potential parallel processes between the student's behaviour and her experiences in the music therapy session with the client.

This example illustrates how it might be useful to consider whether the boy's feelings had been transferred to the student and were now emerging as part of the dynamics within supervision. Ekstein and Wallerstein (1972) maintained that in this situation if the supervisor adopts an authoritative style focusing on providing information, parallel patterns would be missed. It is suggested that this supervision style may accordingly decrease the likelihood of the student working innovatively and independently. Rather, the student needs to be supported to gain insight into the feelings that he or she had experienced as a result of clinical interaction and also how that insight might be used to gauge aspects of the client's feelings.

This example also demonstrates how important it is that the supervisor is aware of clinical aspects of the student's caseload, so that the feelings and behaviours of the student can be processed in close relation to the clinical work. Through discussion and observation the supervisor and student can consider the possibility that the feelings may, in part, be experienced as a reflection of the relationship between the student and client.

This parallel process can also be manifest in other ways. For example, this can occur when the student adopts the supervisor's attitudes and behaviours when relating to the client. This can also be seen when the clinical placement supervisor presents him or herself to their clinical supervisor in similar ways as the student presented during his or her supervision. For example, when supervising a student who is experiencing difficulty while completing clinical training the supervisor may recount feelings of insecurity and reduced belief in their own competence during professional supervision. Parallel process is, therefore, a multi-dimensional phenomenon in music therapy supervision, as described in the following example.

Example 3. *During supervision the clinical supervisor asked the student what she hoped to achieve with the new client with whom she had begun working. The student replied that she wasn't sure if music therapy could assist the client and was wondering if she should continue sessions with the client. The student also confided that she was having doubts about continuing with the music therapy course. Later, during the clinical supervisor's professional supervision session, she was asked what she thought could be achieved with the student while on placement. The clinical supervisor replied that she didn't think much could be achieved and that she was actually feeling at a loss as to what support and skills she could offer the student. She confided that she was wondering whether the student would benefit from receiving supervision from a different supervisor.*

Tosone (1997) maintains that parallel processes occur more dramatically when the client, student and supervisor have a juncture of blind spots. This may lead to increased levels of anxiety for both parties and lowered levels of empathy. Tosone suggested that if supervisors feel that their empathy for a student's circumstances is waning then they should engage in self-reflection about parallel processes that may potentially be present, hopefully leading to an empathic and informed response to the student's difficulties. Through the use of

professional supervision as well as self-reflection, supervisors can attend to aspects of their own participation in the process and be aware of the impact of the experience on them. This can contribute, in turn, to the effective assessment of student clinical development.

Failing final placement

If it is considered that change and development are beyond the ability of the student at the particular point of time, placement may need to be terminated prematurely and/or a final grade of fail be given at completion of the placement. *Itzhaky and Ribner (1998)* maintain that this may be required so that the supervisor fulfils duty of care responsibilities to clients where the student therapist has not been able to be effective in their work role. Depending on the circumstances, students may be provided with the opportunity to re-commence placement at a time more conducive for their learning and growth, or to undertake placement at a different site when issues surrounding the failed placement have been able to be addressed.

If a student placement is terminated, a number of different responses may be evoked. The supervisor may experience feelings of guilt, sadness, anger, reduced confidence in the supervisory role, and frustration. The student may experience feelings of disbelief, frustration, helplessness, disappointment, and anger. It is important that the supervisor continue to treat the student with respect and honesty, realising that the student has invested time and energy into his or her clinical training, probably feels upset and distressed and in most cases still desires to achieve professional competence in music therapy.

Professional supervision for the clinical supervisor is also essential to explore and support their clinical and professional judgements leading to the student's failing of the clinical placement. It is also important to give consideration to the ongoing relationship between the supervisor and the university program as sometimes the supervisor may blame the university program for aspects of the student's difficulty. Verbal debriefing, written interactions and opportunities for honest appraisal of the events leading to the student failure can be important in maintaining a good working relationship between the supervisor and the university program.

Conclusion

Students undertaking their final clinical placement in music therapy can potentially be at risk of being overwhelmed by the demands of their emerging independent professional role. This risk must be managed carefully in supervision and potential and emergent difficulties handled with respect and open communication. Students who are not able to deal with the demands of the final placement, and consequently fail provide a challenge to the placement supervisor as well as to university music therapy programs. Well thought out procedures must be in place in order to manage and support the consequent upset and distress of the student, as well as to satisfy university standards for assessment fairness and clarity.

This paper has explored the mechanisms of parallel process and resistance within the supervisory relationship as a means to support supervisors in considering that some student behaviours, while potentially problematic, might be able to be processed successfully in

supervision to manage a successful outcome. The ability to differentiate between the failing or non-progressing student and the capable student undergoing difficulties in a challenging learning process demands particular skills of the clinical supervisor, especially as the differentiation is not always as clear-cut as one would wish. With appropriate supports and good communication between the university music therapy program and the clinical placement, it is hoped that decisions are made that ultimately achieve the best outcome possible for all concerned.

Resistance and parallel processes could be viewed as potential obstacles in the supervisory relationship in final placement, preventing the student from developing the skills for professional competence. It is suggested, however, that when appreciated more fully, they can be conceptualised as a useful contribution to improving the education of students undertaking clinical training. It is agreed that “supervision . . . is no simple matter” (Brown, 1997), however, it is hoped that by using some of the ideas about these mechanisms of adaptation music therapy supervisors and students may be assisted in developing further clarity about key dynamics in their learning processes.

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