

What Guides Internship Supervision? A Survey of Music Therapy Internship Supervisors

JESSICA RUSHING, MM, MT-BC
LORI F. GOODING, PHD, MT-BC
PHILIP WESTGATE, PHD

University of Kentucky
Florida State University
University of Kentucky

ABSTRACT: In the United States, intern supervision plays a pivotal role in the pre-professional development of music therapists. While various supervision resources are available, there is limited information on factors that impact supervision practices. A survey was distributed to investigate supervision practices used by music therapy internship directors and supervisors practicing under the American Music Therapy Association guidelines. Survey questions explored the use of supervision approaches or models, factors that influence supervision style (e.g., training), and competency placement/ideal competency placement across internship stages. Seventy-two complete responses were collected. Thirteen respondents reported using specific guidelines for intern supervision. Use of guidelines was influenced by training factors and experience. Supervision style was most influenced by respondents' own supervisor. Differences existed between ideal and actual competency focus across the internship training experience. Results suggest that use of a model of supervision that allows for adaptation of individual developmental needs may be valued by music therapy supervisors and increase satisfaction with supervision.

Keywords: *Competency-based education; supervision; music therapy; internship.*

Introduction

Clinical supervision is a vital component in the ongoing development of music therapists at both the student and professional levels. Students are first exposed to supervision during clinical coursework, and there is a sizeable body of literature that focuses on both the experiences and concerns of students during music therapy clinical training as well as pre-professional supervision practices (Daveson & Kennelly, 2011). However, there have been calls for a deeper understanding of the supervisory experience to improve supervision practice guidelines and explore its impact on clinical and professional outcomes (Kennelly, Daveson, & Baker, 2015). Likewise, Daveson and Kennelly (2011) have suggested that it is also important to consider how supervisors are supported in their development as supervisors.

In the United States, the majority of pre-professional clinical supervision occurs during the music therapy internship.

The supervised internship, which lasts a minimum of 900 hours (American Music Therapy Association, 2014b), serves as the final stage of pre-professional music therapy training and must be successfully completed prior to eligibility for the board certification exam. Internships are supervised by music therapy clinicians with appropriate professional credentials or designations, the majority of whom are board-certified music therapists. These supervisors are held to AMTA's Standards of Clinical Practice, which include (a) maintaining a current knowledge base of music therapy and supervision, (b) holding themselves and their supervisee accountable to the AMTA Standards of Clinical Practice, (c) following documentation standards, and (d) maintaining confidentiality (American Music Therapy Association, 2015b). Furthermore, the AMTA Code of Ethics tasks supervisors to be exemplary role models for ethical conduct and promote high standards of professional competence (American Music Therapy Association, 2015a).

Currently, there are two types of music therapy internships in the United States: national roster and university affiliated. National roster internships have been approved by the Association Internship Approval Committee of AMTA, and national roster internship directors (NRIDs) are required to take a five-hour continuing education course or other documented supervision training prior to serving as internship director (American Music Therapy Association, 2014b). University-affiliated internships are reviewed along with other curricular components by the Academic Program Approval Committee of AMTA, and directors are not required to document supervision training prior to directing an internship. University-affiliated directors must, however, meet all AMTA Standards for the Clinical Training Component. Likewise, clinical supervisors, be they national roster internship directors, university-affiliated internship directors, or other music therapists responsible for intern supervision, must meet all qualifications for clinical supervisors (American Music Therapy Association, 2014c). For those who do not complete the required training for national roster directors, exposure to styles, models, and approaches of supervision is either self-directed or gained through avenues such as mentorship, continuing or graduate education, and pre-professional experiences.

Styles, Models, and Approaches to Internship Supervision

Music therapy supervision is a complex task influenced by both personal and professional factors (Edwards & Daveson, 2004). To navigate all aspects of intern training, supervisors must develop their own style or seek the assistance of existing approaches and/or models. Style is influenced by the supervisor's personality, level of expertise, and confidence

Jessica Rushing is a doctoral candidate in Rehabilitation Sciences at the University of Kentucky and will be an Assistant Professor of Music Therapy at the University of Louisville. Lori F. Gooding is an Assistant Professor of Music Therapy at Florida State University. Philip Westgate is an Associate Professor in the Department of Biostatistics at the University of Kentucky.

Address correspondence concerning this article to Jessica Rushing, MM, MT-BC, School of Music, University of Louisville, Louisville, KY 40292. E-mail: Jessy.rushing@uky.edu.

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with stage of internship, as well as the intern's style of learning (Salmon, 2013). Music therapy scholars have identified various approaches or overarching sets of beliefs or principles related to supervision used within the field, but also encourage supervisors to develop their own unique style of supervision (Salmon, 2013). Salmon (2013) outlined three different styles of supervision: expert, mentor, and collaborator, while Memory, Unkefer, and Smeltekop (1987) identified three primary management styles during internship: teacher, counselor, and colleague. Cawood (1999) argued that mentoring is an important component of the supervisor/intern relationship. Ultimately, the style used is implemented at the discretion of each individual internship director and supervisor.

Models of music therapy supervision outline systematic and comprehensive methods for handling supervision based on theoretical principles. Early music therapy supervision research focused on the advantages and disadvantages of both apprenticeship and structured models of internship supervision (Southard, 1973). For example, Bruscia (2001) presented a model of supervision derived from an apprenticeship training approach that included three stages of readiness and related interventions. Other models, like the one proposed by Feiner (2001), were developmental in nature. This model, which applied Chazan's (1990) psychoanalytic model to music therapy intern supervision, focused on the intern-supervisor relationship and emphasized a developmental phase approach. A more recent model theory was put forth by the first author, aligning music therapy professional competencies with internship stages based on self-determination theory (Rushing & Capilouto, 2016). Stages included in this model are relatedness, competency, and autonomy.

Despite available published literature on approaches and/or models of supervision, Tanguay (2008) suggested that the strongest influences on style and supervision practice has been "experiences as a supervisor/learning as I go" followed by "role models/my own supervisors." All other factors reported in her survey research were far less influential (Tanguay, 2008). Therefore, it is unclear whether supervisors utilize supervision-specific resources. Researchers do suggest, however, that most internship directors feel confident in their supervisory role and highly enjoy the responsibilities it entails (Hsiao, 2014; Tanguay, 2008). For more information on music therapy models and approaches, see Table 1.

Competency Placement

Though there has been some focus on supervision style and approach within the field of music therapy, it is still unclear when supervisors focus on the myriad of competencies that must be demonstrated by an intern. However, literature does provide suggestions for when competencies could be addressed during an internship. Farnan (2001) stated that it was not only important to identify competencies learned during internship and coordinate supervisor methods, but also important to consider intern development. She developed a *competency-based approach* to music therapy intern supervision that took into account competencies learned during each stage of internship. This approach was built in part on the results from two surveys that identified competencies learned during the music therapy internship, including

communicating with clients, verbal techniques, and implementing therapy, among others (Maranto & Bruscia, 1988; NAMT, 1997). This approach, which included the stages of dependency, autonomy, and independence, was the first music therapy-specific approach to align discrete professional competencies with stages of internship. It is also consistent with earlier calls for the use of a systematic progression when teaching competencies during pre-practica, practica, and internship experiences (Wright, 1992). Another example of a competency-based approach can be found in self-determination theory framework proposed by Rushing and Capilouto (2016). This model called for matching time, emotional needs, psychological needs, and transitional roles with music therapy competencies to promote optimal learning during the music therapy internship.

To date there has been no evaluation of intern supervisors' use of specific supervision approaches or models, influences on supervision style, or investigation of when competencies are addressed across the internship. The purpose of this study was to investigate supervision practices used by music therapists within the AMTA model of student training during the music therapy internship. We sought to identify factors that influence supervision style and to determine at what stage internship directors and supervisors address, and would ideally address, specific professional competencies.

The research questions were:

1. Do internship directors and supervisors use a specific approach or model to direct their internship supervision practice?
2. What factors influence supervision style?
3. During what stage (beginning, middle, or end) do internship directors and supervisors spend the most time addressing each professional competency?
4. During what stage (beginning, middle, or end) would internship directors and supervisors ideally spend the most time addressing each professional competency?

Definitions

For the purpose of this research, supervisor was defined as a music therapy clinician who provides face-to-face counsel and guidance to an intern. Internship director was defined as the clinician who must sign off on an intern's final evaluation.

Method

Participants

Approval to conduct this research was obtained from the University Institutional Review Board at the University of Kentucky. Potential respondents included internship directors and supervisors from 178 American Music Therapy Association (AMTA)-approved national roster internship sites as well as internship directors from 75 university-affiliated internship sites. To get a representative sample of current internship supervision practices, individuals were excluded if they had not supervised interns in the past five years. There were 72 respondents. Respondents ranged in age from 27 to 64 ($M = 42.12$, $SD = 9.99$). Females represented 90.3% of

the sample. Eighty-seven percent (87.3%) of respondents were Caucasian/white. See [Table 2](#) for respondent characteristics.

Instrument

An online survey was developed to capture models used by internship directors and supervisors, to identify factors that influence supervision style, and to determine actual and ideal

timing of competency focus across stages of internship. The survey consisted of 75 items divided into three sections.

To assess for validity, a pilot phase of instrument development was completed. The researchers distributed the survey in its entirety to five experts identified by the first author who had extensive experience in either related research and/or internship supervision. Experts were contacted via e-mail and asked

Table 1
Music Therapy Intern Supervision Specific Literature with Stages or Phases

Author	Coined as a:	Focus	Author stage/phase descriptors		
			1	2	3
Hanser (2001)	Systems analysis approach	Data-based (practicum)	Entry-level competencies	Identification of specialty area	Development of personal style
Farnan (2001)	Approach	Competency-based	Dependency	Autonomy	Independence
Bruscia (2001)	Model	Supervision (not intern specific)	Technique	Relationship	Internalization
Feiner (2001)	Developmental	Supervisor-intern relationship	The creation of space	Structure building	Reciprocity and well-being
Field & Rushing (2014)	Not defined	Medical	Student to client focused	Novice to therapist	Student to professional
Rushing & Capilouto (2016)	Model	Competency & well-being	Relatedness	Competency	Autonomy

Note. See original sources for details regarding strategies and guidelines for supervision

Table 2
Respondent Characteristics

		Frequency	Percentage
Gender	Female	65	90.3
	Male	7	9.7
	Total	72	
Ethnicity	African American/Black	2	2.8
	Asian/Asian American	1	1.4
	Caucasian/White	62	87.3
	Hispanic/Latino/Spanish	2	2.8
	Multiracial	2	2.8
	Other	2	2.8
	Total	71	
Age	27–36	25	37.3
	37–46	19	28.3
	47–56	18	26.9
	57–64	5	7.5
	Total	67	
Education	Bachelor's	35	48.6
	Master's	35	48.6
	Doctoral	2	2.8
	Total	72	
Experience	0–5	4	5.6
	6–10	16	22.2
	11–15	15	20.8
	15–20	14	19.4
	21+	23	32.19
	Total	72	
MT-BC	Yes	72	100

to complete the survey and provide feedback they felt would be beneficial to supporting the validity of the research. All five experts provided feedback via e-mail. Feedback was reviewed and integrated into the final survey.

The first section of the survey consisted of 10 items related to demographics, education, music therapy approach, and work setting. Demographic and work setting items mirrored that of the 2014 AMTA Member Survey & Work Force Analysis (American Music Therapy Association, 2014a). The second section included internship site logistics and respondent supervision influences. For example, respondents rated the extent to which seven items influenced their supervision style. Items were rated on a five-point Likert scale from “not at all influential” to “extremely influential.” Respondents were also asked to identify additional influential items not listed on the survey.

The final section evaluated use of, and satisfaction with, styles/models of supervision as well as supervision approach to the timeline of addressing professional competencies. For example, respondents were asked to select the internship stage in which they spend the most time addressing each professional competency and when they would ideally address each. Stage was defined as beginning, middle, and end, with each considered to last approximately one-third of the length of an internship. Respondents were provided with a portable document format (PDF) of the AMTA professional competencies for further reference if desired. The AMTA professional competencies under *Music Foundations* were not included for survey. Competencies under *Clinical Foundations* and *Music Therapy* were included. Music foundations were not included because it has been argued that they are best addressed during the academic development of the music therapy student (Jenkins, 2013) and are only subsequently addressed as they impact other competencies across the internship (Rushing & Capilouto, 2016). No feedback from pilot reviewers indicated the need to reevaluate inclusion of music foundations.

In a final open-ended question, respondents were invited to provide any additional information they wished to share based on their needs or intern needs as they relate to models and approaches to music therapy intern supervision. It should be noted that we did not explicitly define approach, style, or model within the survey. We elected to leave these open for interpretation, primarily because these terms have been used interchangeably in the music therapy literature.

Procedure

Prospective respondents were contacted via e-mail explaining the nature and purpose of the research and were provided with a link to complete the survey. E-mail information was obtained through an approved e-mail list acquired from the AMTA database of 178 NRIDs. Study information was also sent to contacts from 75 music therapy degree program listings. Because there are many music therapists who supervise interns who are not national roster internship directors, university contacts were asked to forward the invitation to any internship director and/or supervisor that has a university-affiliated internship with their program. Similarly, as not all supervising music therapists at national roster sites are also internship directors, all NRIDs were invited to forward the invitation to other credentialed music therapists who supervise music therapy interns.

The survey was designed and administered using REDCap, a secure web application for building online surveys and databases. REDCap data was collected in a non-identifying format and stored on a secure web server. REDCap data is stored behind a university network firewall with an investigator-specific password required for access. Respondents who elected to provide an e-mail address after the survey were not linked to any identifying information, as recruitment of respondents involved no identifying information. E-mails were optional and collected if respondents were willing to be contacted for future research. The initial e-mail and cover letter redistributed two weeks after the initial recruitment period were intended to serve as a reminder for those individuals who had yet to respond and to thank those who completed the survey for their participation. Data collection ran for a total of four weeks.

Data Analysis

Descriptive statistics, Wilcoxon two-sample tests, and Fisher's exact tests were used to evaluate use of supervision models and influence on style. Comparisons were drawn between respondents who reported using a specific model of supervision ($n = 13$) and those who did not ($n = 59$). All tests were two-sided, and statistical significance was set at $P \leq .05$. Bowker's (1948) test for symmetry was used for analyses of addressing competencies based on stage of internship, as interest was in the difference of a three-level outcome between the most time spent and the ideal time. The significance level for Bowker's test was set at $P \leq .1$ due to the exploratory nature of these tests. Analyses were conducted in SAS version 9.4 (SAS Institute, Cary, NC).

Respondent comments for additional influences on supervision style and additional information they wished to share were evaluated using the following procedure: “(a) reading and re-reading all written comments to identify significant quotations and develop codes, (b) clustering similar codes into themes, and (c) providing a summary of the data” (Hsiao, 2014, p. 193). Authors one and two completed steps (a) and (b) separately, then discussed any discrepancies resulting and agreed upon themes.

Results

Seventy-two completed surveys were received. Incomplete surveys and/or respondents indicating that they had not worked with interns in the past five years were not included in analysis.

Demographics and Education

Respondents to this study were predominantly female and Caucasian. Ages ranged from 27 to 64 years ($M = 42.1$, $SD = 10.0$). The highest number of respondents were between the ages of 27–36 years. An equal number of respondents held a bachelor's or master's degree ($n = 35$), with the remaining two having a doctoral degree. In terms of professional experience, the largest proportion had 21 or more years of experience (31.9%), followed by individuals with 6–10 years of experience (22.2%). All respondents were board-certified music therapists. See Table 2 for additional details.

Work Setting and Music Therapy Approach

Data on work setting was collected using the AMTA Member Survey and Workforce Analysis categories (AMTA, 2014a). All work settings were represented, with at least 16% coming from

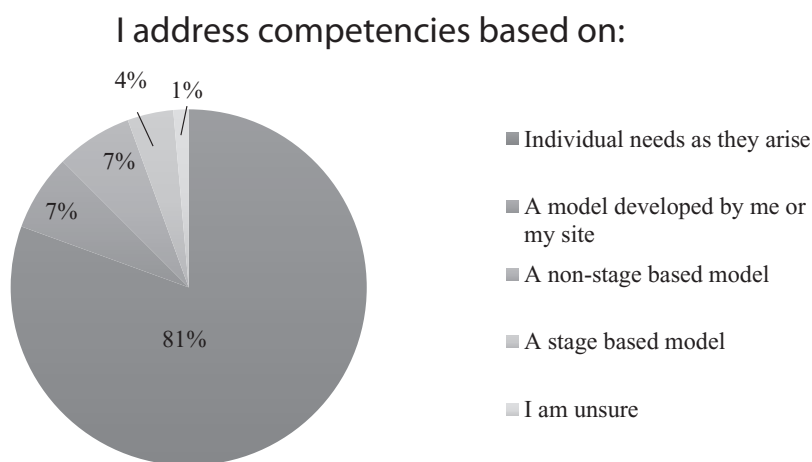


Figure 1. Use of a specific model.

each major sourcebook category. Medical was the single largest category represented, with 33.3% of respondents reporting that they worked in medical settings. In terms of approaches used, an eclectic/integrated approach to music therapy was the most reported among respondents, at 43.1%. The second most common was behavioral at 23.6%, followed by neurologic (13.9%).

Supervision Training and Internship Site

National roster directors and supervisors made up 80.6% ($n = 58$) of respondents, with university-affiliated directors and supervisors making up the remaining 19.4% ($n = 14$). Fifteen (20.9%) reported that they were directors but not supervisors, and five (6.9%) respondents were supervisors but not directors. Most respondents indicated that they serve as both the internship director and a supervisor ($n = 52$, 72.2%).

Most respondents ($n = 69$, 95.8%) reported having received supervision training from the AMTA continuing education training course. Independent learning and attending conference sessions were the next most reported ways respondents received supervision training, respectively ($n = 42$, 58.3%; $n = 43$, 59.7%). Novel free responses identified job-based leadership or supervisor trainings ($n = 4$), advanced or non-music therapy education ($n = 3$), and one mention of professional supervision as other avenues in which respondents received training in supervision.

Use of Specific Music Therapy Approaches/Models/Philosophy in Supervision

Five respondents indicated that they use a model developed by themselves or their site. Five indicated that they use a specific model of supervision, but those models did not specify when during the internship to address specific competencies. Three indicated that they do use a model of supervision that identifies when during the internship specific competencies are to be addressed, and one respondent was unsure (see Figure 1). Respondents were asked to specify which approach/model/philosophy of music therapy supervision guides them most. Two respondents indicated a developmental model. Seven other single responses were given (see all below).

- Feministic; Socratic; student-centered/relational
- Developmental model (x2)
- Counselor complexity model
- Nordoff-Robbins
- Hanser's data-based model
- Collaborative, accountable
- Discuss, model, observe, and give feedback
- Original schedule of addressing competencies

Influencing factors on use of specific guidelines. A secondary analysis was conducted to explore characteristics of supervisors who use specific guidelines. A significant difference was found ($Z = 2.11$, $P = .04$) in years of supervision experience for respondents who reported using specific guidelines ($Mdn = 12$, Range = 4–35) compared to respondents who did not ($Mdn = 5$, Range = 4–10). Six out of the 13 respondents who utilize specific guidelines (as opposed to eight of 58 who do not utilize specific guidelines) took a supervision-focused non-music therapy course, with analysis revealing a significant difference between the groups ($P = .02$). It is unknown if the course was taken prior to or following adoption of specific guidelines. Additionally, respondents who utilize specific guidelines placed significantly more importance on addressing specific competencies at specific stages than those who do not ($P = .02$). See Table 3 for details.

Satisfaction with style of supervision. Respondents were asked to indicate their level of satisfaction with their supervision style. About 37% indicated complete satisfaction with their current supervision style. Fifty-eight percent were somewhat satisfied. One percent indicated neither agreeing nor disagreeing, and 4% somewhat disagree that they are satisfied with their current supervision style. Respondents who reported using a model were significantly more satisfied with their supervision style than those who did not ($P = .03$). See Table 3 for details.

Influences on Supervision Style

Results for factors that influence supervision style varied. Sixty-eight percent of respondents felt that their own internship supervisor was very (31.0%) or extremely (36.6%) influential

Table 3
Supervision Satisfaction and Importance of Stage-Based Competencies

	I am satisfied with my current style of intern supervision <i>P</i> = .03		I feel that it is important to address specific competencies at specific stages during internship <i>P</i> = .02	
	No model	Model	No model	Model
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
Completely disagree	–	–	–	–
Somewhat disagree	3	1	6	1
Neither agree nor disagree	0	1	14	3
Somewhat agree	36	4	29	2
Completely agree	18	8	9	7
Total (N = 72)	57	13	58	13

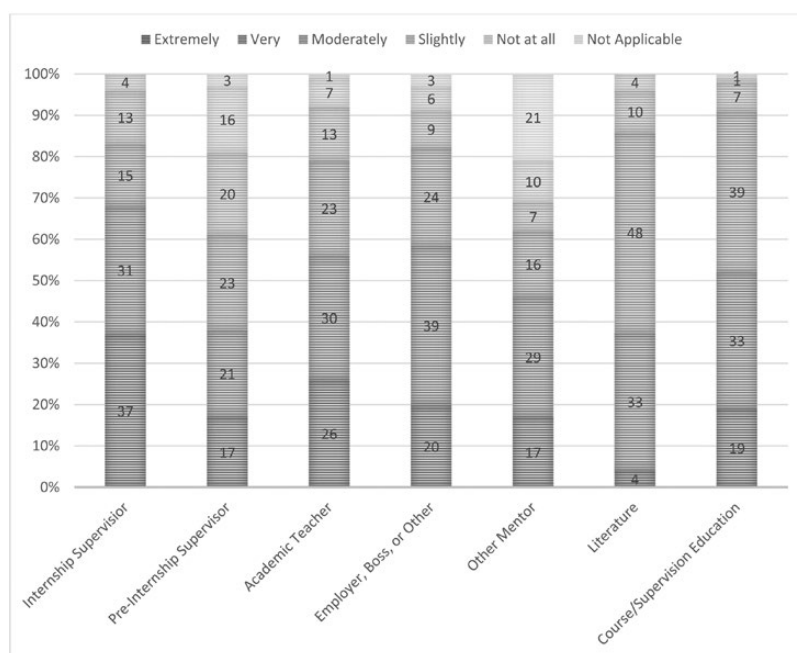


Figure 2. What influences supervision style.

in their own supervision style. Literature was deemed moderately influential by 47.8% of respondents. Complete results can be seen in Figure 2.

Other influences. Outside of provided options, respondents were asked to “list anything else that has had substantial influence on your supervision style.” Twenty-six additional comments were provided. Following the analysis process described above, three additional influences stood out. These included: (a) interaction with other professionals both in music therapy and other colleagues, (b) direct feedback from interns or information shared from interns about the internship, and (c) experience in the form of time.

Addressing Competencies in Stages

When do you most often address competencies? Of the 72 respondents, 58 (80.6%) indicated that they “address competencies based on an individual intern’s needs and do so as they

arise during the internship.” A majority (> 60%) of respondents reported that they focus on foundations & principles (76.4%) and client assessment (70.8%) during the beginning stage¹ of internship. Most respondents reported addressing therapy implementation (63.9%) and therapy evaluation (67.6%) during the middle stage of internship. Similarly, most respondents placed termination and discharge planning (76.5%) during the end stage of internship. See Table 4 for complete results.

When would you ideally address competencies? Most respondents reported that they would ideally focus on therapeutic principles (65.3%), foundations and principles (92.9%), client assessment (84.5%), treatment planning (64.8%), documentation (62.0%), and professional role and ethics (66.2%) during the beginning stage of internship. Most respondents reported that they would ideally focus on therapeutic

¹Stage was defined as approximately one-third of the length of the internship.

Table 4
When Do Supervisors Address Competencies?

Competency areas	Most often address				Ideally address				P*
	Beginning	Middle	End	n	Beginning	Middle	End	n	
Therapeutic applications	45.21	49.32	5.48	73	50.00	48.61	1.39	72	.47
Therapeutic principles	56.16	41.10	2.74	73	65.28	31.94	2.78	72	.29
Therapeutic relationship	42.47	45.21	12.33	73	56.94	34.72	8.33	72	*.02
Foundations & principles	76.39	20.83	2.78	72	92.86	5.71	1.43	70	*.02
Client assessment	70.83	26.39	2.78	72	84.51	15.49	0.00	71	*.09
Treatment planning	50.00	48.61	1.39	72	64.79	35.21	0.00	71	*.08
Therapy implementation	33.33	63.89	2.78	72	32.39	66.20	1.41	71	.94
Therapy evaluation	18.31	67.61	14.08	71	22.54	70.42	7.04	71	.32
Documentation	56.94	43.06	0.00	72	61.97	38.03	0.00	71	.51
Termination/DC planning	4.41	19.12	76.47	68	7.35	36.76	55.88	68	*.09
Professional role/ethics	54.17	26.39	19.44	72	66.20	19.72	14.08	71	*.08
Interprofessional	31.94	48.61	19.44	72	30.99	56.34	12.68	71	.56
Supervision and admin	34.29	34.29	31.43	70	30.88	38.24	30.88	68	.3
Research methods	17.46	44.44	38.10	63	20.90	38.81	40.30	67	.34

Note. Numbers are presented in percentages. Bolding indicates the highest response for each competency area. *Significance level for comparison was set at $P \leq .1$ due to the exploratory nature of this study.

implementation (66.2%) and therapy evaluation (70.4%) during the middle stage of internship. Limited emphasis was placed on ideally addressing competencies in the final stage. A comparison of proportions of when supervisors most often and ideally address competencies indicated significant differences in allocation of six competencies. See Table 4 for complete results. Significant level for comparison was set at $P \leq .10$ due to the exploratory nature of this study.

Respondents were asked if they thought it is important to address specific competencies at specific states during the internship; 9.7% somewhat disagreed, 23.6% neither agreed nor disagreed, 43.1% somewhat agreed, and 23.6% completely agreed. Respondents were asked if they thought it would be helpful to interns to use a stage- or phase-based model that provides guidelines on when to focus on what competencies. The two largest categories were somewhat agree (37.5%) and neither agree nor disagree (31.9%). Respondents were asked if they thought it would be helpful to them to use a stage- or phase-based model that provides guidelines on when to focus on specific competencies. Similar results were found, with 36.1% somewhat agreeing and 30.6% neither agreeing nor disagreeing.

Analysis of Respondent Comments

Respondents were invited to provide any additional information they wanted to share based on their needs or interns' needs as they relate to models and approaches to music therapy internship supervision. Following analysis, five themes emerged (see Table 5). Respondents often commented on the importance of the use of a specific approach, theory, or structure as a guide; therefore, *valuing guiding principles* was one of the most cited themes, with seven references made to this theme. Seven respondents also indicated that guiding principles were important as an example only, with further emphasis placed on the need for individualization. Respondents likewise acknowledged that interns have various strengths, weaknesses, skills, and learning styles, again highlighting the need for an individualized approach. A few respondents noted that

differences among university training programs also necessitated individualization.

Five respondents noted that other factors impact supervision. Factors included interest in additional training in supervision, the desire for pre-internship evaluation from the intern's academic director, and the level of musician-ship the student brings to the internship. Four respondents believed strongly that professional competencies are fluid and should be addressed throughout the internship, themed *cross-stage competency development*. Four respondents also commented specifically on the impact of program structure on supervision. For example, one respondent noted that her or his facility has a specific treatment approach that shapes the nature of the music therapy internship. Program structure was also addressed in comments regarding specific lengths of rotations, the structure of a private practice, and level of safety concerns based on the population served. A few other comments addressed concerns with survey construction ($n = 2$) and interest in academic programs assisting in funding internship supervision ($n = 1$).

Discussion

The purpose of this study was to evaluate if supervisors use a specific model, to explore factors that influence supervision style, and to explore the alignment of when supervisors address, or would like to address, competencies across the internship. Previous internship supervision studies focused on national roster internship supervisors and directors. Tanguay (2008) called for future studies to address this limitation. As a result, we elicited responses from both university-affiliated directors and supervisors. Approximately 20% of respondents to this study supervised university-affiliated sites, while 80% supervised national roster sites.

Survey respondents were overwhelmingly female and Caucasian, which is consistent with AMTA membership (American Music Therapy Association, 2014a). A sizeable proportion of respondents reported over 21 years of experience

Table 5
Analysis of Respondent Comments

Themes	<i>n</i>	Examples
Values guiding principles	7	"I believe having an understanding and acceptance of a specific professional supervision theory is important for internship directors." "...a 'Stages of Internship' model was left from the previous Internship Director and I have found that to be incredibly useful and mostly accurate."
Need for individualization	7	"I believe firmly in meeting an intern where they are...and modifying the training/supervision provided to promote individual growth and progress." "I feel that every intern has different needs and ways of learning and developing best...We cannot box in this type of education. It should be individualized."
Factors that impact supervision	5	"I would like to see academic programs...provide an evaluation of competency...For schools who provide this to me, I am more clearly able to target competencies that require immediate focus."
Cross-stage competency development	4	"I feel that all these areas can be addressed at each stage of the internship especially when different situations arise with clients."
Program structure	4	"Because we are a private practice, every internship clinical caseload is different...It would be impossible to follow a specific model-based approach to MT intern supervision..."
Other comments	3	"As a private practice owner, I think it is imperative to have colleges help fund internship programs with the students' tuition money. We spend \$13,000/year on internships."

as supervisors, with an equal amount having a bachelor's or master's degree. All clinical population settings were well represented, with at least 16% from all major categories. This differed from [Tanguay's \(2008\)](#) intern study, in which almost half of her respondents worked with individuals with developmental disabilities.

Models Used

Thirteen respondents reported use of specific guidelines or models of intern supervision. Results from the secondary analyses suggest that those who had supervised longer were more likely to use models and those who used models were more satisfied with the experience. Additionally, those who took a non-music therapy supervision-focused training course were more likely to use a model. [Dileo \(2001\)](#) suggested that there is a need for more formal and precise training in music therapy supervision, but results from this study suggest that non-music therapy training influenced the use of specific models. Perhaps this is because supervision training outside the field of music therapy is more developed. For example, the Association for Counselor Education and Supervision published standards for supervision in 1990, which led to the development of best practices in clinical supervision in 2011. These practices outline required training based on a developmental approach that includes models of supervision ([Borders et al., 2014](#)). It is feasible that the development of specific standards, guidelines, best practices, and/or required training components for all supervising music therapists would increase the use of supervision models within the field of music therapy. It is also possible that enhanced supervision practices may alleviate pre-professionals' fear of what is expected of them ([Feiner, 2001](#); [Knight, 2008](#)) and facilitate adjustment ([Grant & McCarty, 1990](#)), better preparing future music therapists for clinical practice and thereby increasing the quality of services provided. Moreover, enhanced supervision practices may also be applied to professional supervision in music therapy, further enhancing the quality of services provided by music therapy clinicians.

Factors That Influence Supervision

Current findings corresponded with [Tanguay's \(2008\)](#) findings that formal training was largely represented by the AMTA continuing music therapy education (CMTE) course followed by attending conference sessions. However, not all respondents had attended the AMTA supervision continuing education training. This may reflect the inclusion of non-director national roster supervisors and directors and supervisors from university-affiliated internship sites who are not required to complete the training. While individuals may certainly have valuable on-the-job supervision training or experience, a subset of this study (5%) may not have had any training specific to music therapy supervision. Given our competency-based approach and the unique skills required for music therapy practice, it may be beneficial to participate in training specific to our field. More research is needed to better understand the impact of music therapy-specific supervision training.

Results from this study suggest that the single greatest influencer on supervision style was one's own supervisor(s). Experience in the form of time was the third most represented free response, with interactions with other professionals and feedback from interns also cited as influential. [Edwards \(2015\)](#) identified interaction with peers as a strategy when training challenges arise, and [Tanguay \(2008\)](#) found that NRIDs were most influenced by their own experiences and role models. If music therapists are most influenced by their own supervisors, then it is important to recognize that supervision results in both personal and professional change, role reflection, and integration ([Edwards & Daveson, 2004](#)), and to understand how clinicians view the supervision process, relationship, and outcomes ([Kennelly, Baker & Daveson, 2017](#)).

Satisfaction

Respondents indicated that they were satisfied or somewhat satisfied with their current supervision style, which is

consistent with previous research (Tanguay, 2008). However, faculty have previously reported concerns regarding quality internship sites (Groene & Pembroke, 2000) and national roster internship directors have reported that they believe directors should receive more training (Tanguay, 2008). Just over 15% of respondents chose to take the AMTA continuing education course even though it was not required, and nearly 60% of respondents chose to attend conference sessions related to supervision. These findings may suggest that supervisors, though satisfied, also desire additional training. Future research should explore if satisfaction and the desire for training are correlated.

Competency Placement

An overwhelming majority of respondents reported that they address competencies based on individual intern needs and do so as they arise during the internship. Thus, supervisors elect to use an individualized approach. Music therapy scholars support individualizing supervision within the student-supervisor dyad, stating that each supervisory dyad must find its own unique path (Feiner, 2001; Memory et al., 1987). For example, Farnan (2001) suggested individualizing training based on the competencies and considering what, how, and when the intern needs to learn. Developmental approaches, which would be compatible with an individualized approach, have been proposed in the music therapy literature (Dileo, 2001; Feiner, 2001), and stage models are not uncommon (Bruscia, 2001; Farnan, 2001; Feiner, 2001; Hanser, 2001; Rushing & Capilouto, 2016). However, some comments indicated that stage-based models challenge cross-competency learning due to overlap in skill development across the internship. When supervisors were asked to identify when across the internship they focus on specific competencies, responses indicated that almost all competencies were likely to be targeted equally in the beginning and middle stages, leaving focus on termination and discharge planning for the final stage. Yet results indicated that supervisors would ideally focus on most competencies in the initial stage of internship. This difference between actual and ideal competency focus suggests that supervision is a complex task where ideal does not necessarily equate to reality.

Published competency-based approaches (Farnan, 2001; Rushing & Capilouto, 2016) place professional roles/ethics and interdisciplinary collaboration in the final stage of internship. Most respondents ideally placed professional role/ethics in the beginning stage and interdisciplinary collaboration in the middle stage. Knight (2008) found a significant discrepancy in the level of importance that internship supervisors and pre-intern students place on these two areas, with internship supervisors placing significantly more importance on them. Specifically, differences were found in communicating with facility staff and maintaining client confidentiality (Knight, 2008). Perhaps this indicates that early stage interns are not ready to understand or integrate the importance of these competencies.

To improve music therapy pre-professional supervision, Tanguay (2008) has argued for increased academic institutional involvement. Respondents to the current study commented on the desire for increased interaction with academic institutes, specifically in the form of intern evaluations prior

to the student beginning internship. This is consistent with previous calls for procedures that help supervisors manage challenges and developmental distress and improve communication with academic institutions (Dileo, 2001; Edwards & Daveson, 2004). One possible strategy to manage challenges and developmental distress is the use of a *map* to mitigate the complex and sometimes unpredictable demands of intern supervision. Farnan (2001) provided a competency-based stage map outlining specific competencies to focus on in the beginning, middle, and final stages of internship. Farnan's approach addressed competencies in the order in which they are presented by AMTA (American Music Therapy Association, 2013), placing an overwhelming emphasis on the middle or *autonomy* stage. Rushing and Capilouto (2016) also provided a competency-based approach that addresses specific competencies across all three stages. Though Rushing and Capilouto's theory did not line up exactly with the findings here, it is more reflective of the current findings related to actual and ideal practices.

Limitations

This study elicited responses from national roster internship directors (NRIDs) and supervisors and university-affiliated internship directors and supervisors. Capturing responses from all possible internship supervisors is unique, as related research often only captures NRIDs responses. However, this also means that the exact number of potential respondents is unknown.

This survey clearly defined supervisor and internship director; however, it would be important in future research to clarify words appearing in survey items such as *approach*, *style*, and *model of supervision*. This is more difficult because existing music therapy literature uses these terms interchangeably and/or does not necessarily provide readers with a clear definition. Unfortunately, the current research followed suit. It is imperative for future research to separate such concepts.

Discourse about music foundations was explicitly left out of the survey, as the literature argues that it is best addressed during the academic development of the music therapy student (Jenkins, 2013) and subsequently addressed as it impacts other competencies across the internship (Rushing & Capilouto, 2016). No feedback from pilot reviewers indicated the need to reevaluate inclusion of music foundations, and no respondents commented on the lack of inclusion of music foundations in the survey. One respondent stated that "students who come in with a greater level of musicianship can spend the internship focused on therapy skills; often I find we need to spend the first couple of months just focused on foundational musicianship." Future research may want to consider asking participants if specific competency areas impact intern supervision more than others.

Conclusion and Recommendations

Training in music therapy supervision is evolving, particularly with respect to the clinical expectations of the twenty-first century (Edwards & Gilbertson, 2015) and increased interest in professional supervision (Daveson & Kennelly, 2011). To these ends, it is important to consider how music therapy supervisors elect to supervise. Results from this study suggest that a clearly delineated model of supervision that allows for

adaptation of individual developmental needs may enhance music therapy supervision. Such a model may be best presented to future supervisors during their own internship. This is supported by findings that music therapy supervisors who use a specific model have more experience and satisfaction as supervisors. Findings also suggest that one's own internship supervisor is the most influential factor in one's subsequent supervision style. Therefore, it may be important to include explicit supervision strategies for interns as a model for their own future supervision practices. Results from this study further showed a discrepancy between actual and ideal competency placement during the internship.

No model currently exists that reflects actual practice of music therapy internship supervisors, but findings from the presented survey may provide information for the development of such a model and further research. Future research could include experimental design testing of commonly used models and/or introduction of a new model. Researchers may also consider asking what avenue of training supervisors are most likely to use, thus determining the best platform for such a model. Finally, respondents indicated in their free response comments that their own experiences, both positive and negative, influenced their supervision style. Future research should explore how we measure the success of a music therapy internship supervisor.

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