**Aalborg Universitet**



# The Music Therapy Supervisor

*Developmental Perspectives*

Goodman, Karen

*Publication date:*
2023

*Document Version*
Publisher's PDF, also known as Version of record

[Link to publication from Aalborg University](#)

# THE MUSIC THERAPY SUPERVISOR: DEVELOPMENTAL PERSPECTIVES

## A QUALITATIVE STUDY INCLUDING SYSTEMATIC REVIEWS AND INTERVIEW STUDY UTILIZING INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

### BY
### KAREN D. GOODMAN

DISSERTATION SUBMITTED 2023

**AALBORG UNIVERSITY**
DENMARK

# THE MUSIC THERAPY SUPERVISOR: DEVELOPMENTAL PERSPECTIVES

A Qualitative Study Including Systematic Reviews and Interview Study
Utilizing Interpretative Phenomenological Analysis



**AALBORG UNIVERSITET**

BY

Karen D. Goodman

Professor Emerita, Montclair State University

Montclair, New Jersey, USA

A thesis submitted for degree of Doctor of Philosophy, Aalborg University

**CV**

Karen D. Goodman, Professor Emerita, Music Therapy, Montclair State University, Montclair, New Jersey, served as a full-time educator, administrator and clinical supervisor (1978-2018). She is an author (2007. 2011), book editor (2015, 2023) and frequent conference presenter for the American Music Therapy Association, European Music Therapy Confederation and World Federation of Music Therapy. Born in New York, New York, she is qualified as a music therapist, a licensed creative arts therapist (State of New York), a certified special educator in the States of New Jersey and New York, a developmental specialist in early intervention with the State of New Jersey and a provider of DIR (Developmental, Individual and Relationship-based) services. She has worked at multiple facilities and in private practice serving child and adult psychiatric populations as a music therapist since 1976.

Former Editor of *Music Therapy- Journal of the American Association for Music Therapy*, she currently serves as an Associate Editor, *Psychology of Music,* and on the editorial boards of *The International Journal of Clinical Medicine* and *Higher Education* and *Teaching and Learning.* She provides clinical supervision in music therapy and educational outreach services.

# SOLEMN DECLARATION

Name of PhD student: Karen D. Goodman

Department name: Communication and Psychology

I hereby solemnly declare that my submitted thesis with the title:

## The Music Therapy Supervisor: Developmental Perspectives

A Qualitative Study Including Systematic Reviews and Interview Study
Utilizing Interpretative Phenomenological Analysis"

has not been subject to any previous assessment.

**Declaration of Compliance with Good Scientific Practice**

By signing this declaration, I confirm that the PhD thesis submitted by
me was done, to the best of my belief, in accordance with good
scientific practice (according to the ministerial guidelines
http://ufm.dk/publikationer/2014/the-danish-code-of-conduct-for-
research-integrity).

Date / Dato

March 1, 2023                           Signature / Underskrif

# ABSTRACT

**Background**

Matching supervisee needs to responsive supervisor interventions through a developmental stage model is a neglected yet important topic in clinical music therapy supervision. Developmental stage models for guiding trainee supervision are few and lack specificity in terms of using music; models for guiding supervision by and for professionals may fairly be called nonexistent. This thesis seeks to address this need by investigating (and wherever possible demonstrating) developmental stage models in clinical music therapy supervision and considering the possibilities for creating a lifespan model.

**Objective**

The aim of this study is to research and identify considerations for a lifespan developmental stage model in music therapy supervision. These considerations are based on the interrelationship of systematic comparative literature reviews on the developmental stage models in counseling and music therapy supervision and an interview study (Interpretative Phenomenological Analysis) with music therapy supervisors. This research process represents a combination of theoretical and empirical knowledge. The research is guided by a theoretical framework which metaphorically represents developmental processes in supervision (i.e., Mahler; Erikson).

**Methods**

The results of a systematic literature review on developmental stage models in counseling supervision provide a theoretical and operational definition to search the literature for developmental stage models in music therapy supervision. Both literature reviews utilize narrative synthesis and thematic analysis. The results of the reviews are compared.

The interview study, providing a different methodology (triangulation), is used to further inform the topic of developmental stage models in music therapy supervision; the results are analyzed based on the coding, emergent themes and formation of superordinate themes per the Interpretative Phenomenological Analysis, IPA. The results of both theoretical and empirical data are interrelated and discussed.

# Results

The systematic literature review for developmental stage models in counseling supervision led to the identification and analysis of seventeen developmental stage models (1953-2019), each of which identified a minimum of three trainee stages (note: stages including supervisee behaviors and supervisor interventions) and two of which included one to three professional stages. The systematic literature reviews for developmental stage models in music therapy supervision led to the identification and analysis of four models (Farnan, 2001; Thomas, 2001; Scheiby, 2001; Bruscia, 2001), all utilized in training stages but not in professional stages. All data in the literature reviews was analyzed to identify overlapping characteristics and themes. The interview study with seven experienced music therapy supervisors, analyzed through Interpretative Phenomenological Analysis, identified six different superordinate themes (based on sixty codes), all of which informed a prospective lifespan developmental stage model for music therapy supervision developmental stages in different ways. For example, one theme recognized elements the researcher identified as  associated with both trainee and professional developmental stages in supervision; a second theme identified "levels/stages" the researcher associated with both trainee and professional stages in supervision; a third theme described music and creative arts therapy supervisory strategies for both individual and group supervision, albeit not connected to "stages/levels"; a fourth theme supported follow up and openness to interdisciplinary literature. Although there is reference to 'stages' and 'levels' in both the theoretical and empirical findings, the term 'developmental stage model' is not used. The results of the interview study as empirical data are interrelated with the results of the comparative literature reviews as theoretical data. This interrelationship suggests the following: 1) the trainee developmental stages in music therapy supervision and counseling supervision are compatible; 2) both trainee and potential professional developmental stages for music therapy supervision are in need of identified music therapy interventions in context of stages; 3) while the identification of professional developmental stages for music therapy supervision is absent, its presence is suggested by the results of the interview study; further, it can be inspired by a lifespan developmental stage model in counseling supervision.

# Discussion

The discussion included the variable nature of the developmental stage in supervision models as well as the challenges of arriving at a lifespan developmental stage model for music therapy supervision through the interrelationship of the theoretical and empirical research results.

In an affirmative sense, there was an overlap in the descriptive characteristics of supervisee behaviors/needs and responsive supervisor strategies in the trainee developmental stage models of both counseling (note: field-tested) and music therapy which was supported by empirical results. Further, the music therapy trainee developmental stage models included, albeit limited, music therapy strategies. However, there was no demonstration of applied professional developmental stages in the theoretical music therapy results and limited results regarding descriptions of supervisee behaviors suggesting professional developmental stages in the interview study (empirical results).. Clinical vignettes in the interview study largely described professional behaviors in music therapy supervision that were at a trainee developmental stage level and music intervention material in both the empirical and theoretical results (i.e., Scheiby, 2001) were not identified in context of a developmental stage. Further discussion includes the following: 1) theoretical framework of metaphorical separation-individuation and psychosexual development, demonstrated in both empirical and theoretical results; 2) the role of contextual thinking in music therapy theory; and 3) the possible inclusion of reflexive theory relating to the use of music in supervisory strategy. .

## Recommendations

Recommendations for follow -up inquiry regarding identified considerations for a lifespan developmental stage model in clinical music therapy supervision include: 1) solicit input from professional supervisors of music therapy in response to proposed considerations from this study for a lifespan developmental stage model, including inquiry for music specific strategies; 2) refinement and  field-testing of a lifespan developmental stage model and 3) continuing education in music therapy supervision workshops and in masters and doctoral level music therapy programs regarding the developmental stage model.

Keywords: music therapy, music therapy supervision, counseling, developmental stage model, clinical supervision.

# DANSK RESUME

Baggrund

Udviklingsmodeller til afstemning mellem supervisanders behov og supervisorers respons er et forsømt emne i klinisk musikterapi-supervision. Der eksisterer kun få udviklingsmodeller til at guide supervision og særligt modeller specifikt rettet mod anvendelsen af musik og supervision på professionelt niveau er rent ud sagt ikke-eksisterende. Dette problem er blevet identificeret (Kennelly, 2013, 2023). Nærværende afhandling søger at adressere behovet via undersøgelse (samt når det er muligt demonstration) af udviklingsmodeller i klinisk musikterapi-supervision og overveje etablering af en model med lang levetid.

Formål

Formålet med dette studie er at undersøge det teoretiske og empiriske rationale for en livstidsmodel for udviklingsstadier i musikterapi-supervision baseret på sammenhæng mellem en systematisk, komparativ litteraturgennemgang af udviklingsmodeller i councelling og musikterapi-supervision og en interviewundersøgelse (fortolkende fænomenologisk analyse) med musikterapi-supervisorer.Denne forskningsproces repræsenterer en kombination af teoretisk og empirisk viden. Undersøgelsen understøttes af en teoretisk ramme som metaforisk repræsenterer udviklingsprocesser i supervision (dvs. Mahler; Erikson).

Metode

Resultaterne af en systematisk litteraturgennemgang af udviklingsmodeller i councelling-supervision giver en teoretisk og operationel baggrund for at gennemsøge litteraturen omhandlende udviklingsmodeller i musikterapi-supervision. Begge litteratursøgninger anvender narrativ syntese og tematisk analyse. Resultaterne af undersøgelserne sammenlignes.

Via en trianguleret design metode, bruges interviewstudiet til at adressere emnet udviklingsmodeller i musikterapi-supervision; og de tilvejebragte resultater bliver analyseret på basis af kodning, opståede temaer og identifikation af overordnede temaer via den fortolkende fænomenologiske analyse (Interpretative Phenomenological Analysis – IPA). Resultaterne af både de teoretiske og empiriske data sammenholdes og diskuteres.

Resultater

Den systematiske litteraturgennemgang af udviklingsmodeller i councelling-supervision leder til identifikation og analyse af 17 udviklingsmodeller (1953-2019), som hver indeholder minimum tre præprofessionelle stadier (bemærk: stadier som inkluderer supervisand-adfærd og supervisor intervention) og to af disse som omfatter 1-3 professionelle stadier. De systematiske litteraturgennemgange vedrørende udviklingsmodeller i musikterapi leder til identifikation og analyse af fire modeller (Farnan, 2001; Thomas,2001; Scheiby,2001; Bruscia, 2001), som alle benyttes i uddannelsesstadier men ikke i professionelle stadier. Alle data fra litteraturgennemgangene bliver analyseret for at identificere overlappende karakteristika og temaer. Gennem fortolkende fænomenologisk analyse af interviews med syv erfarne musikterapisupervisorer bliver seks forskellige underordnede temaer identificeret (baseret på 60 koder) som alle på forskellige vis leder mod en mulig livstids-udviklingsmodel til brug i musikterapi-supervision.

For eksempel gengiver et tema elementer som forskeren identificerer som associeret med både præ-professonelle og professionelle udviklingsstadier i supervision. Et andet tema identificerer "niveauer/stadier" som forskeren associerer med både præ-professionelle og professionelle supervisionsstadier. Et tredje tema beskriver musik og kunstsupervisions-strategier for både individuel- og gruppesupervision – dog ikke relateret til "stadier/niveauer". Et fjerde tema understøtter opfølgning og åbenhed overfor interdisciplinær litteratur. På trods af, at der en reference til "stadier" og "niveauer" i både de teoretiske såvel som empiriske fund, bruges ordet 'udviklingsmodel' ikke hvilket indikerer at dette essentielle koncept synes at være ikke-eksisterende i litteratur om emnet.

Resultaterne af interviewstudiet som empirisk data bliver sammenlignet med resultaterne af det komparative litteraturstudie som teoretisk data. Dette indbyrdes forfold leder til følgende: 1) de præ-professionelle stadier i musikterapi-supervision og councelling-supervision er sammenlignelige; 2) både præ-professionelle og potentielle professionelle udviklingsstadier i musikterapisupervision har behov for en identifikation af stadier i musikterapiinterventioner; 3) selvom de professionelle udviklingsstadier for musikterapi-supervision ikke forefindes, antydes deres eksistens af resultaterne fra interviewstudierne. Desuden giver en livstids-udviklingsmodel fra counselling-supervision yderligere inspiration.

Diskussion

Diskussionen omfatter udviklingsstadiernes varierende karakter i supervisionsmodellerne såvel som udfordringerne ved at nå frem til en livstids-udviklingsmodel for musikterapi-supervision via relationen mellem de teoretiske og empiriske forskningsresultater. De empiriske resultater viser et overlap mellem supervisandernes adfærd/behov og supervisorens responsstrategier i præ-professionelle udviklingsstadier i både councelling (bemærk: feltafprøvet) og musikterapi. De præ-professionelle udviklingsmodeller i musikterapi inkluderer, om end i begrænset omfang, musikterapistrategier. Der var dog ingen påvist anvendelse af professionelle udviklingsstadier i de teoretiske musikterapiresultater og kun begrænsede beskrivelser af supervisandadfærd, der antyder professionelle udviklingsstadier i interviewstudiet. Kliniske vignetter i interview-studiet beskrev i vid udstrækning professionel adfærd i musikterapisupervision på et præ-professionelt udviklingsniveau og musikterapeutisk interventionsmateriale i relation til udviklingsstadier blev ikke identificeret i hverken de teoretiske eller empiriske resultater (i.e., Scheiby, 2001). Yderligere diskussion omfatter følgende: 1) teoretisk ramme for metaforisk separation – individuation og psykosexuel udvikling, som demonstreret i både de empiriske og teoretiske resultater; 2) den kontekstuelle tankegangs rolle i musikterapiteori, og; 3) den mulige inklusion af refleksiv teori relateret til brugen af musik i supervisionsstrategi.

## Anbefalinger

Anbefalingerne til yderligere undersøgelse af identificerede overvejelser omkring en livstids udviklinsmodel i klinisk musikterapi-supervision inkluderer: 1) indhentning af input fra professionelle musikterapi-supervisorer i forhold til dette studies forslag til livstids-udviklingsmodeller, inkl. fokus på specifikke strategier rettet mod musik; 2) videreudvikling og praksisafprøvning af en udviklingsmodel; 3) videreuddannelse i forhold til udviklingsmodellen på musikterapisupervisions-workshops såvel som i musikterapiuddannelser på kandidat- og ph.d.-niveau.

Nøgleord: musikterapi, musikterapisupervision, councelling, udviklingsstadiemodel, klinisk supervision.

# ACKNOWLEDGEMENTS

# TABLE OF CONTENTS

# LIST OF TABLES

# TABLE OF FIGURES

# CHAPTER 1. INTRODUCTION

## 1.1 INTRODUCTION

This chapter introduces the reader to key elements of the research study that will lead into the research questions, theoretical framework, philosophical assumptions and inductive stance of the researcher posed in chapter two. The chapter includes the context of the study, the problem description, relevant terminology used in the writing, the personal motivation for the study, the purpose of the study and the overview of forthcoming chapters.

## 1.2 CONTEXT

In the larger sense, this study is written within the context of the field of music therapy as a clinical practice in order to investigate a developmental stage model tool for clinical supervision that will enhance not only trainee practice but also professional practice. Music therapy has formally existed as a discipline since 1950 and provides a creative means of helping all those in need of social-emotional, cognitive, physical and communication support through the complementary vehicle of music and interpersonal relationship(s).
(https://www.musictherapy.org/about/music_therapy_historical_review/)

Secondarily, the study is written within the context of clinical supervision which Milne (2014) identifies as a relationship-based education and training process that is intended to manage, support, develop and evaluate clinical work. Different from mentoring or therapy, it incorporates an evaluative component; in some cases it may be obligatory (note: further objectives of supervision are outlined under terminology in this chapter). This clinical supervision context is made more specific with its focus on the current and potential state of the developmental stage model in music therapy supervision, a model which defines the developmental stage of the supervisee and suggests clinically responsive supervisor interventions for music therapy.

## 1.3 PROBLEM DESCRIPTION

The need for this initial study toward a potential lifespan developmental stage model for music therapy supervision logically stems from the following

issues: 1) Clinical supervision of music therapy practice is required on the trainee level and recommended by accrediting agencies for music therapy on the professional level (see 1.4.1); 2) Low levels of engagement in professional supervision are noted (see 1.4.2); 3) Training for music therapy supervisors is limited in terms of ongoing academic resources (Kennelly, 2013), university programs (Goodman, 2011) and continuing education (see 1.4.3); 4) In a general sense, there is a reported need for theoretical material to inform music therapy supervision and in a specific sense, there is a reported need for developmental models that would support music therapy supervisor training and consequently inform both supervisee and supervisor (see 1.4.4). Therefore, in response to the latter item four, this thesis is the first investigation of considerations toward a lifespan developmental stage model for music therapy. Background information in regard to each of the stated issues leading up to the aim for the thesis follows here.

Background information is admittedly informed by a preponderance of information from the United States as the demographic of music therapists in the USA, 9,500 (J. Schneck, personal communication, January 2023) is the largest in the world and dedicated international studies regarding the issues for the professional supervision, although encouraged (Kennelly, 2013), have not taken place.

## 1.4 BACKGROUND INFORMATION

### 1.4.1 Requirements and/or recommendations for engagement in clinical supervision

Literature in music therapy suggests that trainee and professional clinical supervision are considered important for the music therapist. Music therapy supervisors may be supervising undergraduate and graduate students, post-graduate students in institute, professional music therapists and supervisors of supervisees. Supervision aids the support, monitoring and development of the music therapy supervisee's professional skills and insight (Forinash, 2001, 2019, Odell-Miller & Richards, 2009), clarifies the intention of practice (Lee & Khare, 2019, Oldfield, 2009) and enhances competency, accountability, and ethical practice (Murphy, 2019). In their general suggestions for a supervision framework which outlines the importance of the supervisory relationship, guiding principles and components for effective supervision, Kennelly, Bates & Dun (2023) suggest the following outcomes of supervision: "personal and professional empowerment, Improved skills, knowledge and practice and new insights and shifts in awareness, improving

practice" (p. 212). Given this, one would expect that there would be requirements and/or recommendations for music therapists to engage in professional supervision. Requirements and/or recommendations for engagement in clinical supervision are, for the most part, anecdotally reported (Austria, Israel, Spain, The Netherlands, UK). There is only one survey on this topic (Jackson, 2008). Two examples of recommendations regarding professional supervision in the United States and the United Kingdom are cited here.

In the United States, there is a difference between required and recommended engagement in supervision. Widespread requirements for clinical supervision are, at this time, restricted to trainee level. Clinical supervision is required for both undergraduates (https://www.musictherapy.org/members/edctstan/; see 3.2, clinical training component, 1200 hours) and graduate students (4.1.2, Advanced clinical skills; https://www.musictherapy.org/members/edctstan/) in 90 academic programs (personal communication, J. Creagan, December 2022, American Music Therapy Association.)

Recommendations regarding engagement in (8.1) professional supervision are detailed in the below standards for clinical practice. These standards initially present in a general category and then are repeated in context of ten clinical categories. https://www.musictherapy.org/about/standards/). Note that it is considered a 'responsibility' (8.1) for professional therapists to engage in supervision, the details of which relate to types of supervision (8.1.1) including music-based supervision and who might provide those services (8.1.2). The music therapist assuming responsibility to supervise is charged with the 'responsibility' of knowledge-based practice (8.2); this item is addressed in the need for a developmental stage model (1.4.4). Professional therapists obligated to engage in continuing music therapy education credits (CMTE) in the United States are not given an option to gain these credits by participating in professional supervision.

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.
8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music-based supervision.
8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists,

drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses

In the UK, as a notable example of public endorsement of provision of professional supervision and subsequent engagement in professional supervision, the HCPC, Health & Care Professions Council of the UK, regulating 15 health and care professions in the UK, highlights the advantages of  professional supervision and maintains a registry for arts therapists which includes music therapists (https://www.hcpc-uk.org/about-us/who-we-regulate/the-professions). The HCPC suggests the following benefits and outcomes of effective supervision:



Figure 1.1 Benefits and outcomes of effective supervision: HCPC: UK

(reference: https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/the-benefits-and-outcomes-of-effective-supervision/)

### 1.4.2 Low levels of engagement in professional supervision

The only published survey reporting levels of engagement in professional supervision was in 2008 (Jackson, 2008) indicating that 37% of 677 (survey sent to 2,000) professional music therapists in the United States were participating in professional supervision. In response to Daveson & Kennelly reporting the results of the Jackson study, Richards (2011) responds:" This is startling. It appears that of 677 respondents, only one third were in receipt

of regular supervision from another music therapist. Of the remainder, a further two thirds were receiving no supervision at all, and the rest were in supervision with a clinician from a different, though broadly related, clinical background" (Richards, 2011, p. 35).

While close to half of the respondents in the Jackson survey (2008) said there was no access to supervision, those electing supervision cited the following reasons, in order of their percentages, for their participation: "better understand clinical responses and relationships, process puzzling or difficult things, get help with ideas, develop better understanding of clients and have a sounding board, keep my practice creative, rule out personal or ethical issues impacting my work, work through transferences, required" (p. 201). While those therapists with the greatest number of years of both education and experience cited that their motivation for professional supervision was to examine transference/countertransference as well as possible personal or ethical issues, fewer than 2% of the respondents practiced within a psychodynamic orientation; the majority identified as behavioral or person-centered practitioners. This stands in contrast to the European tradition (Wallius, 2015).

Most recently, in 2021, an unpublished survey distributed to practicing music therapists (n=9,800) throughout the United States indicated that of 875 respondents, (fewer than four percent return), 339 (39%) of professional music therapists were taking part in professional music therapy supervision (MacRae, 2021, unpublished). Although the Jackson study had a far greater return of therapists reporting engagement in professional supervision (677 vs 132), the percentages were similar (37% and 39%). In Australia, where advocacy is widespread, (Kennelly 2013), 58% of professional music therapists reported participation in professional supervision.

Overall, the question of who is receiving clinical supervision and from whom remains a difficult question to answer. Again, while trainee (i.e., practicums and internship) clinical supervision remains an important component of student training both in the United States, Europe, and Australia (Goodman, 2011), professional supervision appears to be an inconsistent requirement for professionals.

**1.4.3 Training for music therapy supervisors is limited in terms of ongoing academic resources, university programs (Goodman, 2011) and continuing education**

A problem related to the low percentage of therapists engaging in supervision is the number of professional music therapy supervisors that are sought out and their training. Silverman & Hairston (2005) and Silverman (2007, 2014) report that up to 90.6% of those that do receive clinical supervision receive it from a professional other than a music therapist.

In the MacRae survey (2021, unpublished), 231 participants, 68%, reported being supervised by a music therapist, a relatively promising number. Anecdotal information on social media (i.e., Facebook: Music Therapy Supervision Forums) indicates that supervision is discussed only by internship and practicum directors in the United States and that requests for clinical advice from beginning or intermediate level therapists who might benefit from clinical supervision are frequently solicited on social media (i.e., Facebook: Music Therapists Unite).

While the standards of the American Music Therapy Association regarding supervision recommend engagement in professional supervision, they also present guidelines for prospective supervisors. The overarching standard specifies: "8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general." (Note: again, these standards initially present in a general category and then are repeated in context of ten clinical categories. https://www.musictherapy.org/about/standards/)). This standard seems to presume that "research, theory and techniques in music therapy supervision" are developing and available. Regrettably, this is not the case. Kennelly (2013) cites only five evidence-based articles related to professional supervision; there appears to be no research on music therapy supervision and the techniques presented in the second edition (Forinash, 2019) of a 2001 text (Forinash, 2001), for the most part, repeat themselves. Not only does the standard imply that developments are ongoing but further the standard implies that knowledge as well as training are readily available for music therapy supervisors.

In terms of training for music therapy, the American Music Therapy Association identifies nine competencies under advanced competencies (https://www.musictherapy.org/members/advancedcomp/) related to the development of clinical supervision skills during graduate school. The intention, when written, was to utilize these in training for masters students and presumably to have those graduate students, upon graduation, engage in and/or utilize their supervision training for others, both students and

professionals. These competencies promote the use of music (2.2., 2.6), call for evaluation of supervisory strategy (2.5, 2.8; 2.9), suggest multi-cultural awareness (2.7) and encourage multiple ways of understanding the session (2.5). Yet, despite the strength of the advanced competencies for graduate training in music therapy supervision, the reality is that there are few required graduate courses in music therapy in the United States. According to a 2011 analysis of course content in 32 graduate programs in the United States (Goodman, 2011) single courses in graduate programs in the United States that included training in supervision numbered 14 of 266 (5.26 percent).

Further there are few reported training courses in music therapy beyond graduate school. Known to this researcher, there is an online module for music therapy internship supervisors offered by the American Music Therapy Association (https://amta-u.thinkific.com/courses/supervising-the-music-therapy-intern) in need of academic references, an online course for internship supervisors in Canada (CAMT),a course in the UK  (Warner, personal communication, January 2023), and a course in Australia (Jack, personal communication, December, 2023). In many situations, music therapists may seek out training to become a supervisor in programs training other mental health practitioners (see chapter six, interview study).

**1.4.4 There is a reported need for developmental models that would support music therapy supervisor training.**

Fifteen years ago, Jackson (2008), the author of the published professional supervision survey writes: "Applying a theoretical structure to professional supervision can help in understanding its complex nature". She cites a model from Bruscia (2001), which was written for apprenticeship experiences of graduate music therapy students (see chapter five in this thesis) and has not been updated in terms of scope or content (Bruscia, 2019). No other models are cited.

More recently, literature identifying the potential interest in and value of developmental needs have surfaced. Related to clinical supervision, Eyre, suggests that "The role of the supervisor will vary according to the stage of developmental needs of the supervisee" (Eyre, 2019, p. 9). In the same year, Rushing, Gooding and Westgate (2019) report that survey results from internship directors in the United States indicate that only 2 of 72 respondents reported using an adequate developmental model for supervision; they 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" (Rushing, et al, 2019, p. 3). More specific reference to developmental stages is reported in terms of identity formation where a December 2022 article by two music therapy educators (Meadows and Byers, 2022), cite the lifespan developmental stage model written by Ronnestad and Skovholt (2013) as their theoretical foundation for an interview study with early career music therapists. Their interview study utilizes the interview questions Ronnestad and his colleagues provided as related to their study of identity formation (Ronnestad, et al, 2019) in order to outline thematic feedback from 15 early career music therapists. The outcomes are discussed within one stage of the five-stage model; they are not related to clinical supervision. Although not related to identity formation and not utilizing a theoretical framework, Dvorak and her colleagues (2017) used grounded theory to analyze interviews with 15 students, suggesting that student development proceeds in six stages: "Personal Connection, Turning Point, Adjusting Relationship with Music, Growth and Development, Evolution, and Empowerment" (Dvorak, et al, 2017, p. 196); further they suggest that as students transition into their professional life, additional interviews might determine if the cyclical process they identify with as students might be repeated.(Dvorak, 2017, p. 13).

Based on their systematic review of the literature on professional music therapy supervision, Kennelly, Daveson & Baker (2015) cite the need for an in-depth understanding of the supervisory experience, thereby inviting further inquiry. Further, the need for a lifespan developmental model, particularly to encourage and support professional supervision, has been recognized by Kennelly, Jack & Dun (2023) who include mention of this researcher's research in their suggested advocacy efforts: "Education for supervisors about developmental staging, including models which use music-based strategies, may provide clarity and understanding on best use of approaches to support supervisee needs throughout their career trajectory" (p. 221).

### 1.4.5 The need for a lifespan developmental stage model.

Why do we need a lifespan developmental stage model? The concept of the *developmental stage model* in supervision is to recognize changes in the readiness of the supervisee in order to respond to varying stages of intervention as individual abilities develop (see Terminology, chapter one; see related theoretical underpinnings in chapter two and further discussion throughout chapters four, five, six and seven). These stages are presented

most simply as behaviors of the supervisee at a particular stage and appropriate supervisor interventions. The stages range from a minimum of three in a trainee model to six in a lifespan professional model. Simply put, this type of a model would help the supervisee recognize the level and/or stage of readiness for intervention and help the supervisor recognize the level and/or stage of intervention for the supervisor. This type of a model would therefore help avoid both the supervisee and the supervisor from randomly and/or aimlessly moving too slowly or too quickly in supervision as well as exploring intervention strategies that are developmentally inappropriate. It would support both trainee and professional needs in supervision.

The initial suggestion for a stage in professional supervision started with the work of Stoltenberg (1981), who presented a counseling model with an open-ended professional stage. This inquiry grew more specialized with the publication of the 'lifespan' model for supervision in counseling in 1985 and continues to develop (Ronnestad & Skovholt, 2013, Ronnestad et al, 2019); it was born out of the realization that a lifespan tool was mandatory in order to respond to the supervisee needs of the counseling psychologist beyond training (Personal communication, Ronnestad, December 13, 2022). Longitudinal field-testing of the Ronnestad & Skovholt tool has demonstrated its efficacy and value (Ronnestad et al, 2019).

Since both trainee and professional supervision are considered important to the growth of a music therapist and professional supervision is underutilized, professional advocacy for clinical supervision, supervisor training and tools to support supervision will be essential for the profession. In order to enhance supervisor training, a tool for a lifespan developmental stage model would be an important contribution to the field of music therapy. An investigation into and suggestions for a lifespan developmental stage model for clinical supervision as a tool could support the provision of clinical supervision as well as potential training of music therapy supervisors (Kennelly, et al, 2023), thereby responding to a gap in the field.

In systematically paving the way to an understanding of developmental stage models in music therapy and in order to consider details for a lifespan developmental stage model to inform the supervision process, the research question and secondary questions in this thesis will aim to fill this identified gap in the field of music therapy (see chapter two). Figure 1.1 below provides a visual image of the issues discussed.

Figure 1.2 Concerns in clinical supervision: Filling a gap.
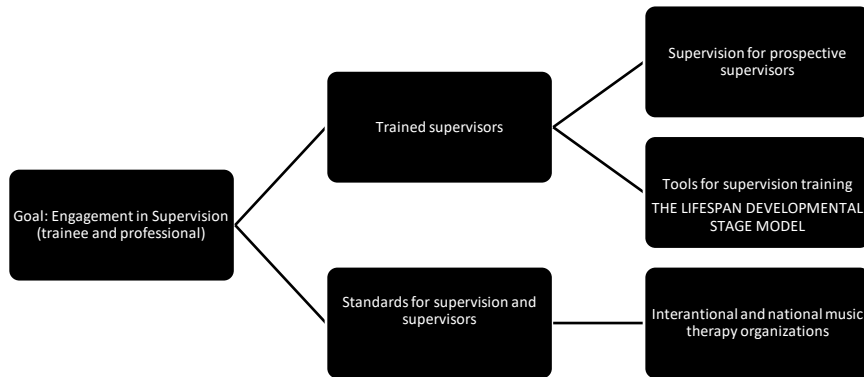


## 1.5 TERMINOLOGY

The following terminology is frequently used in the thesis. Defining terminology is a requirement for the Aalborg thesis. It is either paraphrased, taken verbatim from the Oxford English Dictionary or Merriam-Webster or cited from an identified reference. Where necessary, the terminology is defined in terms of its use in this thesis (note: an accepted practice in Aalborg University music therapy theses). Terminology related to methodology is located in chapter three, Methods.

1) *Music Therapy:* The American Music Therapy Association defines music therapy as follows (https://www.musictherapy.org/about/musictherapy/): "Music Therapy is the clinical & 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. Music therapy interventions can address a variety of healthcare & educational goals (i.e., promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, promote physical rehabilitation)"

2) *Counseling: a* profession that started in 1909 (Hartung & Blustein, 2002), counselors has developed into many subspecialties including but not delimited to psychodynamic or psychoanalytic, behavioral, humanistic, counselors, constructionist, systemic, behavioral disorder, marriage and

family and school counsellors. In general, a counselor is considered a professional who assists those in need of emotional support, including those with relationship, career, lifestyle, and personal issues. As used in this thesis and, more specifically, in the literature search, counselors and the training of counselors are allied with supporting those with emotional difficulties but does not specify clinical orientation. The definition of counseling, defined by the Oxford English Dictionary is "the provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties, especially by a professional".

This definition serves as a good basis as it departs from any theoretical orientations. However, the general nature of this definition may be problematic with respect to this thesis, as the literature search in chapter four excluded counseling supervision literature in rehabilitation or school counseling. Further, the definition above does not include the word 'psychotherapy', a word used in the literature to subsume not only the work of counselors, but also psychiatrists, psychologists, and social workers who wrote the developmental stage models for supervision described in this chapter. Another term that is used to refer to a counsellor is 'psychotherapist'.

3) *Psychotherapy*
Per the American Psychological Association, psychotherapy is a reference to *"*any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behavior patterns". It may be provided on an individual, couples, family, or group basis. Although the term generally refers to a psychologist, psychiatrist, counselor, social worker, or psychiatric nurse, in the United States, many music therapists advertise their services as psychotherapy.

4) *Psychotherapist: "*a person who treats mental disorders by psychological rather than medical means" (Oxford English Dictionary)

5) *Psychodynamic*: "the interrelation of conscious and unconscious processes and emotions that determine personality and motivation." (Merriam-Webster)

6) *Supervision:* The definition of supervision, as well as its methods, can vary, largely based on context. For example, supervision can be administrative, supportive, or clinical (also considered educational), in all

cases guided by a supervisor. In the context of this thesis, the term is referred to as clinical supervision (see below).

7) *Clinical supervision:* Milne (2014) "The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and *evaluates* the work of colleagues. It therefore differs from related activities, such as mentoring and therapy, by incorporating an evaluative component and by being *obligatory*. The main methods that supervisors use are the corrective *feedback* on the supervisees' performance, teaching, and collaborative goal setting. The objectives of supervision are *"normative"* (i.e., case management and quality control issues), "*restorative"* (i.e., encouraging emotional experiencing and processing, to aid coping and recovery), and "*formative"* (i.e., maintaining and facilitating the supervisees' competence, capability, and general effectiveness)." Key terms in this definition have been italicized. This definition is critical to this thesis because the evaluative component of it precludes peer supervision. Further, the normative, restorative, and formative functions of supervision serve, in a sense, to protect the client from harm. The word obligatory refers to the trainee rather than the professional supervisee.

Also see the definition by Bernard & Goodyear (1992, p. 7): "Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to (the) clients and serving as a gatekeeper for those who are to enter the particular profession". Although clinical supervision is initially thought of with respect to the trainee within a profession, in this thesis, the term is considered with respect to students and professionals seeking guidance and support in their clinical work.

8) *Supervisor:* See Milne (2014) regarding the clinical functions of the supervisor. The conventional definition *(*"an administrative officer in charge of a business, government, or school unit or operation") is not relevant.

According to Stoltenberg & McNeil (2010), the tasks of the supervisor include the following domains: intervention skills competence, assessment, interpersonal assessment, client conceptualization/diagnosis, attention to

individual differences in client work, theoretical orientation, treatment plans and goals and professional ethics.

9) *Supervisee:* Related to the definition of a supervisor, the word supervisee means the individual receiving supervision from the supervisor, regardless of the setting. In this thesis, the word refers to the clinician in need of support and guidance in the clinical context.

10) *Clinical music therapy supervision:* Although clinical supervision is initially thought of with respect to the trainee within a profession, in this thesis, the term is considered with respect to both pre-professionals (undergraduate and graduate students), institute trainees in post-graduate training, and professionals (including professional music therapists at all levels and supervisors supervising other music therapy supervisors) seeking guidance and support in their clinical work. The theoretical orientation of the supervisor is not specified.

11) *Individual supervision:* In this thesis, the term is used with respect to an individual, either pre-professional or professional, seeking guidance and support in their clinical work.

12) *Group supervision:* made up of three or more supervisees (usually up to no more than six per group) and led by an experienced group clinical supervisor.

13) *Music therapy Institute supervision (i.e., AMT, NMT, CMT, GIM):* In this thesis, institute supervision may refer to supervision for any of the following methods in music therapy: Analytic Music Therapy, AMT; Neurologic Music Therapy, NMT; Creative Music Therapy, CMT, based on the Nordoff-Robbins method; Guided Imagery in Music Therapy, GMT.

14) *Developmental:* Technically a noun referring to the process of being developed or developing, this term, used throughout the thesis in one form or another, simply refers to a process creating change, generally considered growth or progress but, in this thesis, not necessarily a positive change, just a change. In this thesis, the term is used to refer to development that may be circular and/or fluid rather than linear. Chapter two provides further context for theories of development that support a framework for this thesis. In the context of clinical supervision, the supervisor and the supervisee will change and develop. See related terms below.

15) *Developmental psychology:* In an effort to explain how one changes over time, developmental psychology focuses on cognitive development, physical development and social-emotional development.

16) *Developmental stages, stage theory:* a period of development during which specific abilities, characteristics, or behavior patterns appear (https://dictionary.apa.org/developmental-stage).

This definition, relatively simplistic, allows the reader to reduce the term to a basic understanding. The concept of the developmental stage, as described in various contexts (see chapter two, theoretical framework for thesis) is demonstrated through developmental frameworks such as those deriving from the work of seminal authors, namely Freud (1953), Piaget (1964), and Erikson (1950). Although developmental stages can be considered in different ways (i.e., cumulative, successive, interdependent) dependent upon context, in this thesis, stages are considered nonlinear wherein the person may progress, regress, or remain in the same stage (plateau). Another name associated with a stage in the literature on developmental stage models is level (McNeil & Stolenberg, 2010) or phase (Ronnestad & Skovholt, 2013). Watkins (1993, p. 60) writes:  Developmental stage as a defined period in one's growth in which particular issues emerge for the individual to confront'' This thesis places the developmental stage in context of the developing supervisee and in context of responsive supervisor interventions.

The term developmental stage is not to be confused with stages of supervision presented in the writing of Carroll (2014) which include assessment, contracting, engaging, evaluating, and terminating or the stages of the supervisor: teacher, guide, gatekeeper, consultant (Taibbi, 2022, https://www.psychotherapynetworker.org/article/4-stages-supervision).

17) *Developmental stage model in clinical supervision:*. In the context of counseling (no definition found in music therapy), the words "stage model", "process model" and/or "life span model" are used to describe different developmental stage models. In this thesis stages are not considered linear (Ronnestad & Skovholt, 2013), meaning that an individual can return to an earlier stage (regress). As defined in this thesis, the developmental stage model in clinical supervision includes a minimum of three developmental stages with reference to the characteristic needs and behaviors of the supervisee and the responsive actions and interventions of the supervisor. One key purpose of the developmental stage models is to appropriately

identify the stage of the supervisee in order to provide supervisor interventions at that stage.

18) *Phenomenology:* This term, used in context of the Interpretative Phenomenological Analysis, IPA, achieved through interviews, refers to the meanings one ascribes to conscious experiences. These experiences can include, according to the Stanford Encyclopedia of Philosophy, those based on perception, thought, memory, imagination, emotion. In this thesis, these experiences were shared in the Interpretative Phenomenological Analysis achieved through interviews with eight supervisors, where interviewees shared their perceptions of their firsthand experiences in receiving and providing clinical music therapy supervision, all of which entailed thought, memory, emotion, and imagination about the intentions of these experiences and their prospective meaning.
https://plato.stanford.edu/entries/phenomenology/

Key elements of IPA that appear to set it apart from other methods of phenomenological inquiry, appear to be the detailed procedure for coding, development of superordinate themes and procedures for enhanced validity by interviewee transcription review and possible input about the researcher's analysis. In the United States, the word interpretative is spelled as interpretative. For purposes of clarity in this thesis, the word will be spelled as interpretative. Also see *phenomenology,* the related noun*.*

19) *Transference.* The American Psychological Association (https://dictionary.apa.org/transference) defines transference as follows: "a patient's displacement or projection onto the analyst of those unconscious feelings and wishes originally directed toward important individuals, such as parents, in the patient's childhood. It is posited that this process brings repressed material to the surface where it can be reexperienced, studied, and worked through to discover the sources of a patient's current neurotic difficulties and to alleviate their harmful effects. Although the theoretical aspects of the term are specific to psychoanalysis, transference has a recognized role in various other types of therapeutic encounter, including counseling and short-term dynamic psychotherapy. The term's broader meaning—*an unconscious repetition of earlier behaviors and their projection onto new subjects*—is acknowledged as applying to all human interactions. See also analysis of transference; countertransference; negative transference; positive transference." In this thesis, the term's broader meaning is referred to in the context of the supervisor helping the supervisee clarify and understand the possible transference of the patient to the

therapist. These are generally discussed in an advanced stage of supervision (see chapters four, five).

20) Countertransference. The American Psychological Association (https://dictionary.apa.org/countertransference) defines countertransference as follows: "the therapist's unconscious (and often conscious) reactions to the patient and to the patient's transference. These thoughts and feelings are based on the therapist's own psychological needs and conflicts and may be unexpressed or revealed through conscious responses to patient behavior. The term was originally used to describe this process in psychoanalysis but has since become part of the *common lexicon in other forms of psychodynamic psychotherapy and in other therapies*. In classical psychoanalysis, countertransference was viewed as a hindrance to the analyst's understanding of the patient, but to modern analysts and therapists, it *may serve as a source of insight into the patient's effect on other people.* In either case, the analyst or therapist must be aware of, and analyze, countertransference so that it can be used productively within the therapeutic process. See also control analysis."

In this thesis, the term is referred to in the context of the supervisor helping the supervisee clarify and understand the possible countertransference of the therapist to the patient. This are generally discussed in an advanced stage of supervision (see chapters four, five). This is not to be confused with supervision countertransference when the supervisor responds to the supervisee in the same manner that the supervisee (therapist) responds to the client.

21) *Parallel Process* is a phenomenon noted in clinical supervision, refers to an unintentional situation whereby the therapist recreates, or parallels, the client's problems by way of relating to the supervisor. Aigen (2013) presents examples of this in the music therapy literature.

## 1.6 PERSONAL MOTIVATION OF THE RESEARCHER

The motivation to do this study has evolved over my many years of conducting supervision, teaching supervision, my study of developmental stages as they relate to clinical work and teaching (Goodman, 2007, 2011), recognizing the current issues in clinical supervision of music therapy (see problem description), and a conviction that developmental stages applied to music therapy supervision is of value. Related information follows here.

*Conducting supervision*

I began supervising students in 1977, did so for 41 years, and continue supervising professionals in my own private practice . My skills as a supervisor were based on my supervision with psychiatrists and my ongoing readings about supervision in my field and in psychology. I framed these limitations as a consequence of my being a relative pioneer in the field of music therapy. Just as there was no training to be an educator, there was no training to be a supervisor. I received no clinical supervision in my practicums; the only supervisor I had in my training was during my internship. She had no formal music therapy training and had been grandfathered into the profession. In order to learn more, I pursued graduate training in special education, developmental psychology, and psychodynamic process. In order to receive professional supervision in the course of my clinical work in adult and child psychiatry, I sought out psychiatrists who were familiar with creative arts therapy (Shale Brownstein, MD, Cynthia Pfeffer, MD, Judith Kestenberg, MD). They were able to help me sort out transferences and countertransferences in order for me to creatively move forward as a therapist at, for example, both a hospital (New York Hospital-Cornell Medical Center) and a creative arts community center (Creative Arts Rehabilitation Center, NYC).

*Teaching supervision and supervising students*

In directing an academic program for both undergraduates and graduate students at Montclair State University, I offered students six progressive practicums (four are required by the national association) with focus on integrating the material from the primary coursework and practicum seminar to the onsite clinical work. In the on-site supervision visits I was conducting, I made efforts to connect my feedback to the music therapy theory that we had discussed in class. I encouraged other on-site and off-site supervisors to do this as well. While I realize there are many components to the practice of clinical supervision, I think it is important that students come from a place of thinking, feeling, and acting. Students went on to carefully supervised internships, with several of these created as university affiliations with major teaching hospitals in New York City.

In 1998, in the process of developing a Master's program in music therapy at Montclair State University, I developed a course for music therapy supervision and education. I taught this for twenty years, with the goal of sparking an interest in both academic and experiential training in

supervision. My students were paired with freshman practicum students in order to support their training. I regard supervision as intrinsic to one's training as a music therapist.

*Study of developmental stages as related to clinical work and teaching*

My particular interest in the developmental stage model for supervision was piqued after reading a chapter (Pedersen, 2009) that presented and applied components of the Integrated Developmental Model (Stoltenberg, et al, 2012), a developmental stage model in the counseling literature, and its use in supervising a trainee as well as a model for prospective supervisors of students (Pedersen, 2015). I had not come across the term 'developmental stage model' in music therapy. I have always been interested in developmental stages and models, in reference to both clinical work (Goodman,1982,1983,1999,2007) and to teaching (Goodman, 2005, 2008.2009. 2011). My projects related to developmental stages had been stimulated by professional training with key psychiatrists  in infant, child development and adult psychiatry as well as participation as a faculty mentor at the Research Academy for University Learning, Montclair State University. From these vantage points, I came to view my clinical work in adult and child psychiatry as developmentally based, my teaching as developmentally based and, albeit intuitively, my supervision as developmentally based. Yet, in terms of clinical supervision, I had no academic sources in music therapy for identifying it as developmentally based.

*Summary*

Supervision in the field of music therapy, personally and professionally important, has been and continues to be in need of further attention (see problem statement). My study of and experience with developmental stages have been a basis for my clinical work, publication and presentations in child and adult psychiatry as well as teaching.

In terms of this particular research study, my ongoing interest in developmental stages and commitment to music therapy supervision create a natural impetus for me to pursue this current study: investigation into a developmental stage model to both strengthen trainee supervision in music therapy supervision and extend clinical supervision for the professional. This research project is an extension of my ongoing professional interests. As such, it is approached with purpose and industry in order to make a contribution to the field of music therapy.

## 1.7 THE PURPOSE OF THE STUDY

The purpose of this study is to provide current and prospective music therapy supervisees and supervisors with research that considers a lifespan developmental stage model in music therapy for clinical supervision. The developmental model will include a minimum of six stages generically referred to as beginning, middle and advanced for the trainee and beginning, middle and advanced for the professional, each detailing the presenting behaviors of the supervisee and the responsive supervisor interventions. Such a model will help both the supervisee and supervisor in ascertaining their level and appropriate interventions in both receiving and providing supervision.

In order to achieve the purpose, a systematic review for developmental models in clinical supervision, first in counseling and then in music therapy will investigate the presence of developmental stage models in the literature and provide context for an Interpretative Phenomenological Analysis, achieved through an interview study with music therapy supervisors. The results of these three tasks and their synthesis will lead to suggestions for a developmental model for music therapy supervision.

## 1.8 OVERVIEW OF THE STUDY

The study takes on a progressive research process. 1) The primary research question is posed as a successive investigation which includes four secondary research questions which will lead to considerations for the formation of a lifespan developmental stage model for clinical supervision in music therapy. 2) The researcher suggests a theoretical framework for the investigation of the developmental stage model for clinical supervision (chapter two) as a inductive, reflective, exploratory process contextualized in complementary ontology and epistemology premises; 3) The researcher suggests the methods that may lead this investigation: a systematic literature review of developmental stage models in an allied but further developed and older discipline which is counseling; a systematic literature review of developmental stage models in music therapy based on the theoretical formulation/operational definition of a developmental stage model posited at the end of the first literature review; the segue to an interview study (IPA) with seven seasoned music therapy supervisors. Methods utilized within these research tasks include narrative synthesis, thematic analysis and interpretative phenomenological inquiry; discussions are

intended to further contextualize results in comparative and reflective ways, reflecting both theoretical and metatheoretical contributions.

Therefore, the chapters presented in this thesis are intended as a successive series of readings (note: specifications are based upon the stated Aalborg requirements for the PhD thesis in music therapy) which build upon each other and respond to the secondary research questions (see chapter two). All of the information in the thesis either provides contextual background for or information directly related to responding to the research questions.

Chapter one presents the problem description and related background information, overview, terminology used in the writing, personal motivation of the researcher and purpose of the thesis. Chapter two moves forward with the research question and four secondary research questions, theoretical backdrop, philosophical stance, and inductive position of the researcher.

Chapter three outlines the methods and rationale for the methods utilized in the thesis (systematic literature reviews, narrative synthesis, thematic analysis, Interpretative Phenomenological Analysis). Chapter four, the systematic literature review on developmental stage models in counseling supervision, provides a theoretical basis for the developmental stage models described in chapter five (secondary research question one), the music therapy literature. Chapter five systematically investigates the literature on developmental stages in music therapy clinical supervision and provides a comparative discussion on the two literature reviews (secondary research question two) in order to provide a logical transition to chapter six. Chapter six describes an Interpretative Phenomenological Analysis, IPA (Smith, Larkin, Flowers, 2009) achieved through interviews with seven music therapy supervisors to investigate and analyze how their contributions inform considerations for a lifespan developmental stage model in music therapy (secondary research question three). Chapter seven opens with the summary responses to four secondary research questions, followed by integration of the theoretical and empirical findings in order to respond to the primary research question, considerations for a  lifespan developmental model for clinical supervision in music therapy. Chapter seven also suggests a synthesis of information for the developmental stages, inclusion of the empirical data in light of the synthesis and implications for further possibilities regarding the lifespan developmental stage model in music therapy supervision. The chapter closes with limitations of the study, reflections on the research process, research credibility, recommendations,

future research, and conclusion. The intent of the researcher is to provide systematic and reflective inquiry regarding the developmental stage model in clinical supervision and suggest filling a gap in the music therapy field.

# CHAPTER 2. RESEARCH QUESTIONS, THEORY, AND PHILOSOPHY

## 2.1 INTRODUCTION

This chapter presents the primary and secondary research questions, the interrelationship of the questions, the theoretical framework of the thesis, explanation regarding ontology and epistemology of the thesis and the inductive stance of the researcher.

The following research question and related secondary questions have been written in order to guide the methodology toward an answer and subsume the analysis and discussions. In order to effectively guide the reader, the chapters which address the answers to the primary research question and secondary research questions are written in parentheses below and also identified in the table of contents.

## 2.2 PRIMARY RESEARCH QUESTION (chapter seven)

What are the considerations for a lifespan developmental stage model in music therapy supervision based on the interrelationship of comparative literature reviews on the developmental stage models in counseling and music therapy supervision and an interview study (IPA) with music therapy supervisors?

### 2.2.1 Secondary research question one (chapter four)

1) What does a review of developmental stage models in counseling suggest in terms of a theoretical basis for developmental stage models in ongoing clinical supervision (supervisee behaviors and supervisor interventions)?

### 2.2.2. Secondary research question two  (chapter five)

2) Using the literature review of developmental stage models in counseling supervision as a theoretical basis for further review in the music therapy literature, what are the similarities and differences in the view of developmental stage models between counseling and any existing models in music therapy?

### 2.2.3  Secondary research question three (chapter six)

3) Based on phenomenological analysis, how does interview data from seven experienced music therapy supervisors inform the development of a lifespan stage model in music therapy?

### 2.2.4 Secondary research question four (chapter six)

4)What is the interrelationship between results from literature reviews and phenomenological results from the interview (IPA) study regarding considerations for a lifespan developmental stage model?

## 2.3 RELATIONSHIP OF SECONDARY RESEARCH QUESTIONS TO PRIMARY RESEARCH QUESTION

The trajectory of the secondary research questions one, two, three, four leads the researcher  to the primary research question. Prior to the investigation for results regarding a developmental stage model in clinical supervision for music therapy, outcomes were unknown. The ongoing search for, analysis of and comparative information regarding such a model is conducted through both literature reviews in counseling supervision and music therapy supervision as well as interview data with supervisors. The aim of identifying information that would inform considerations for a lifespan developmental stage supervision model encourages the possibility of a prospective tool for professional supervision, a need in the field of music therapy (see chapter one, problem statement). The questions are answered in chapters four, five, six and seven as identified in the table of contents.

## 2.4 THEORETICAL FRAMEWORK

The theoretical framework presented in this thesis is based on developmental stage theory in ego psychology that extends to the developmental stage model in clinical supervision. The reader is initially introduced to the nature of the developmental stage and developmental stage model in clinical supervision, then to developmental stage theory and then to the application of developmental stage theory (i.e., Mahler, et al, 1975; Erikson, 1950) with reference to a developmental stage model for clinical supervision.

### 2.4.1 The developmental stage; the developmental stage model

The developmental stage (note: as referred to in the developmental stage model for clinical supervision in this thesis) is defined as a "period of

development during which specific abilities, characteristics, or behavior patterns appear" (https://dictionary.apa.org/developmental-stage).

A stage may be considered discontinuous or continuous. In a continuous context, learning is gradual and ongoing. In a discontinuous context (Piaget, 1968; Freud, 1953; Erikson, 1950), there are distinct stages of development. Similar to the these latter theories, the stages set forth in the developmental stage models for clinical supervision are discontinuous. However, as in the case of the well-known counselor psychology Integrative Developmental Model, IDM (Stoltenberg & McNeil, 2010), "their conceptualization allows for temporary lapses and returns to familiar territory" (Ronnestad & Skovholt, 2013,p. 24). Similarly, the work of Loganbill, Delworth and Hardy (1982) was written for trainees but could conceivably proceed throughout one's professional life if considered as one where a counselor "may cycle and recycle through these various stages at increasingly deeper levels." (Loganbill, et al, 1982, p 17). Halloway (1987) identifies the work of Loganbill and her colleagues as a model which has characteristics similar to developmental models of maturation (distinct, sequential, and hierarchical stages) and similar to pluralistic life-span development theories (continuous recycling of stages on various tasks, not all of which may be executed at the same developmental level)" (Baltes, 1983, p. 211).

This consideration of the developmental stages in clinical supervision considers them nonlinear. Alternative terms used for stage include phase (Ronnestad & Skovholt, 2013; Chazan, 1990; Thomas, 2001), level (Stoltenberg & McNeil, 2010) or levels/stages (Hogan, 1964; Bruscia, 2001). The Oxford English dictionary defines phase as "a stage in a process of change or development."

The term developmental stage model, introduced through the counseling supervision literature (Worthington, 1987), achieved familiarity in the 70s and 80s (Watkins, 1995) even though the first developmental stage model was identified in 1953 (Worthington, 1987). In contrast, the term developmental stage model was not identified in the music therapy literature outside of reference to a counseling model, the Integrative Developmental Model, IDM (Stoltenberg, 1981; McNiel & Stoltenberg, 2016), and was, at that point, placed in context of music therapy supervision by Pedersen (2009). Rather than referring to a developmental stage model, the term used to refer to a change or shift in functioning within trainee music therapy supervision has

been stage (Farnan, 2011), phase (Thomas, 2001, Feiner, 2001), level (Pedersen, 2009, Pedersen et al, 2022) or levels/stages (Bruscia, 2001).

The review of literature on *developmental stage models* for music therapy supervision in this thesis (chapter five) is operationally based on a theoretical definition from the counseling literature describing the developmental stage model (see chapter four).

In this thesis, the perspectives about the developmental stage model in clinical supervision present as both variable and/or overlapping: 1) The developmental stages of the trainee and/or professional supervision process are considered within the context of the supervisee needs and the supervisor interventions; 2) Depending upon the theorist, the developmental stage model is described within the trainee context (primarily internship) or within both the trainee and professional contexts; 3) Depending upon the theorist, the developmental stage model may suggest a theoretical orientation. However, given that the developmental stage model is a megamodel (model within a model) this is not the norm. Depending upon the use of the developmental stage model for clinical supervision within a given field, the strategies will include only verbal process (i.e., counseling) and/or both verbal and music/creative arts strategies (i.e., music therapy).

## 2.4.2 Developmental stage theory

Developmental stage theory (Heyslip, Neumann, et al, 2006) as well as the notion of a developmental stage is familiar to many readers in the context of notable theorists and, as aforementioned, rests on the larger premise that developmental stages may be continuous (gradual and ongoing changes with earlier behaviors as a basis for later behaviors) or discontinuous (stages are distinct and separate with different kinds of behavior ascribed to each stage). The context of developmental stage theory is variable and in this thesis the context is clinical supervision as opposed to ego-psychology. Nevertheless, basic principles of developmental stage theory are relevant and, for that reason, are presented here and present in the work of counseling psychologists relative to developmental stage models in supervision.

Within the context of personality development, known theories include, for example, the work of Freud, Erikson, and Jung. With reference to these developmental stage theories in ego psychology, Heyslip and his associates (2006) define developmental theories as metamodels (a model of a model)

sharing common characteristics: "Stage-specific functioning rests upon that in previous stages and is preparatory for the subsequent stage; stages are qualitatively different from one another differentiated by distinct organizing principles; organization of the individual's functional structures integrates previous structures that were preparatory, the sequence of stages is universal and not subject to substantial individual variability, except to the extent that the tempo/timing of each stage may vary across persons" (Heyslipp, et al, 2006, p. 115-116). Freud (1953) writes about developmental stages in psycho-sexual development wherein five stages proceed initially through puberty and the final stage through to the end of life. Margaret Mahler and her associates (1975) extend the literature in ego-psychology by describing the three phases of separation-individuation in the child. Jean Piaget (1968) writes about developmental stages in cognitive development where he outlines four qualitatively different stages with one stage laying the foundation for the next and each individual going through the stages in the same order. Erikson (1950) describes four childhood and four adult stages characterized by psychosocial development stages. In any of these contexts, the hallmark of developmental theory is the developmental stage.

### 2.4.3 Developmental stage theory, as utilized in this thesis

The aim of this study is to consider a lifespan developmental context for supervisors of music therapy supervision in their efforts to serve supervisees with different needs. What is the extension of the developmental metaphor in reference to clinical supervision?

Watkins (1993), in a discussion of psychodynamic practice and supervision states: "The developmental metaphor, as applied in supervision, can be summarily captured in three fundamental tenets: (1) those in supervised training, be they therapy or supervision trainees, pass through a series of different, definable stages－proceeding from a beginning stance of limited experience and skill, heightened anxiety, insecurity, and vulnerability, and dependence to a concluding stance of greater experience and skill, security and confidence, and independence in one＇s functioning; (2) each stage of development carries with it certain crises and issues that must be confronted and resolved for favorable, forward movement to progress; (3) supervisors, be they supervising therapists or supervisor trainees, would be best served by considering the developmental level of their supervisees and structuring the training experience accordingly." (Watkins, 1993, p. 60).

For purposes of this thesis, the work of both Margaret Mahler (Mahler, et al, 1975) and Erik Erikson (1950), are used metaphorically. Its suggested relevance to the thesis is presented here; further, this theoretical work will be referred to in the discussion of the literature reviews on development stage models for both counseling (chapter four) and music therapy (chapter five) as well as the discussion of the interview study (chapter six) and the concluding chapter responding to the overall research question (chapter seven).

### 2.4.3.1 Ego-psychology: Margaret Mahler: Separation Individuation

In the analysis of the developmental stage models identified in the literature reviews for both counseling and music therapy (chapters four, five), and the common characteristics of the stages, one can trace the separation-individuation process of the developing supervisee.

The metaphors of the separation-individuation literature coined by Margaret Mahler (Mahler, Bergman, Pine, 1975) have been identified by Watkins (1990b) as theory related to the developmental stage theory in counseling supervision. They are presented here as they relate to developmental stages in clinical supervision. It is critically important to delineate the *literal* work of Mahler and her colleagues in the context of childhood ego development from the characteristics of the supervision stages.

1) Symbiosis: At this stage, the supervisee is described as dependent. This dependency can be related through a sense of confusion, anxiety and need for orientation. Lacking insight and confidence, the supervisee may tend to idealize the supervisor, in a sense 'fusing' with the supervisor, in the very sense of the word, symbiotic. The supervisor, accordingly, provides orientation through guidance, advice, and direction. In this sense, the supervisor is providing a holding environment which by being a nurturing and emphatic provider. These ways of holding the supervisee, including ground rules for structure, will support further confidence, expectations for step-by-step learning, trust.

2) Differentiation: At this stage, rather than being totally focused on the self, the supervisee is increasingly turning attention toward both the client and the supervisor. Rather than considering the supervisor as a role model, there may be a sense of more discriminating perception; the image of the supervisor is more defined yet open to criticism on the part of the supervisee. The supervisee is very motivated to become a therapist, demonstrating both

excitement and curiosity. The supervisor serves as a model for clinical behavior using 'emphatic, concrete, supportive and reaffirming interventions as appropriate' (Watkins, 1990b, p 203). This may include not only modeling but also the use of role playing. The emphasis in this stage is on the supervisee-client relationship as well as the supervisee-supervisor relationship.

3) Practicing: At this stage, the supervisee is open to trial as well as experimentation. The supervisee is demonstrating independence, creative development, an increase in confidence and the basic elements of a therapist identify. Although this is still a period characterized by hesitance and doubt, the increase in confidence may be inflated. The supervisor continues to provide encouragement while the supervisee is practicing beginning clinician skills, even sharing self-disclosure as necessary for support. In this sense, the supervisor is now an alter ego who can provide a reality check at the same time as orienting the supervisee in practice. Two words used during this supervision stage are synthetic and integrative (Watkins, 1990b).

4) Rapprochement: In this stage, the supervisee may actually experience feelings of being overwhelmed in conducting therapy. This suggests that not only has the caseload possibly become larger and more intense but the realization of more feelings in connection with the clinical process (i.e., transference, countertransference) that need to be sorted out in supervision lead to an increased need for the supervisor. This can create an ambivalence about the supervisor. Where, in earlier stages, the supervisee was comfortable with dependency and then the inflated confidence associated with practicing, now there is more of a 'back and forth'. This can result in both regressive as well as progressive behaviors.
In this stage it is the responsibility of the supervisor to recognize the fragile ego of the supervisor and support the supervisee. Accordingly, there is a recognition as well as a reinforcement of the gains that supervisee has made. In order to do this, it is also necessary for the supervisor to deal with the ambivalence the supervisee may demonstrate along with related behaviors of progress vs regression. This will require both structure (presumably less than the beginning stage) along with interpretation in supervision.

5) Transition to Object constancy: In this stage, the supervisee is able to relate to the supervisor on a more collegial level, regarding the supervisor in

a more integrated fashion (i.e., with both strengths and weaknesses). There is a greater sense of the self as a therapist wherein letting go of the supervisor is possible. The metaphor of object constancy implies that the supervisee has been able to internalize the guidance of the supervisor. Given this, the supervisor is able to, as referred to earlier, operate as more collaborative and egalitarian. This lends to the feeling of supervision as an increasingly mutual endeavor and suggests that the agenda is supervisee led.
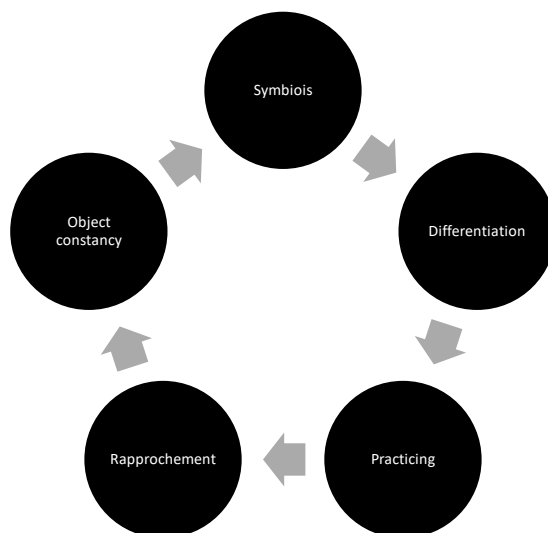
Figure 2.1 Separation-Individuation (Mahler, et al, 1975).

### 2.4.3.2  Psychosexual stages: Erik Erikson (1950)

In his eight stages of psychosexual development, Erikson (1950) proposes age related psychosocial crises that an individual may pass through albeit with varying degrees of success. They are as follows: 1) Infancy: Trust vs mistrust; 2) Toddler: Autonomy vs Shame/Doubt; 3) Early childhood (ages 3-6): Initiative vs Guilt; 4) Late childhood (7-10): Industry vs Inferiority; 5) Adolescence (11-19): Identity vs Role Confusion; 6) Early adulthood (20-44) Intimacy vs Isolation; 7) Middle Adulthood (44-64) Generativity vs Stagnation; 8) Late Adulthood (65 and above) Ego integrity vs despair.
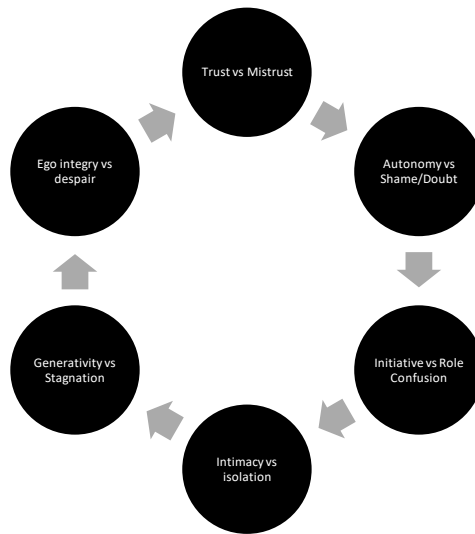
Figure 2.2 Erikson, psycho-social stages of development (1950)

The above stages (1-8) represent both metaphorical relevance (stages 1-4) and in time relevance (stages 5-8) to developmental stages of supervision. The researcher suggests that the ability to trust (stage 1) is intrinsic to the relationship between the supervisor and the supervisee while the ability to separate and presume autonomy (stage 2) allows the supervisee to depart from dependency on the supervisor in the beginning stage of training. This separation permits the supervisee to take initiative (stage 3) and assume industry (stage 4) in working toward the development of professional identity (stage 5). While going through the advanced stages of internship (stage 6) the supervisee is about to embark upon a professional career and achieve not only personal intimacy but also a growing awareness of self and others in clinical work (i.e., discussion of transferences/countertransferences) that may feel very intimate (stage 6). The ongoing capacity to feel productive and ensure a sense of personal and professional growth (stage 7) will ultimately allow the professional to experience ego integrity (stage 8).

Other theorists in the area of developmental stage models suggest that while Erikson's 1950s work does outline potential crises, these, in context of developmental stages in clinical supervision, can be considered, in a more positive sense, as turning points. Turning points mark" 'not a threat of catastrophe but a turning point, a crucial period of increased vulnerability and heightened potential" (Erikson, 1950, p. 210). Turning points might be

considered as the effort of the supervisee to" assimilate and integrate the range of knowledge and skills which the role of psychotherapist demands…. crisis to indicate that which challenges or taxes the competencies of the developing therapist require a significant shift in the therapist's view of his or her purpose, are accompanied by a degree of anxiety, and depends upon new discovery and reintegration of previous learning" (Friedlander, et al, 1984, p. 194). Similarly, Ronnestad & Skovholt (2013) consider that the four stages of adult related tasks, individuation, intimacy, generality, and ego integrity, are relevant to developmental outcomes;" autonomy vs shame and doubt; initiative vs guilt, generativity vs stagnation and ego integrity vs despair. (Ronnestad & Skovholt, p. 13).

## 2.5 EPISTEMOLOGICAL AND ONTOLOGICAL CONSIDERATIONS

Both the ontological and epistemological questions related to the thesis are described here. They are important in terms of directing research goals and outcomes, honoring the scope of the researcher's training and experience, and serving as a basis for evaluative criteria for research related decisions (Creswell & Poth, 2018). Research inquiry paradigms consider ontology as the nature of reality, epistemology as an achievement of knowing within this reality and methodology, the methods used to generate knowledge (Guba & Lincoln, 1994, 105-117).

Described another way, ontology considers the nature of reality and views reality through many lenses. One implication of this practice in terms of qualitative research is the researcher reporting different perspectives as the themes develop in the RESULTS. What is the intersection of the ontology with that of epistemology? Epistemology poses vital questions: "What counts as knowledge? How are knowledge claims justified? What is the relationship between the research and that being researched?" (Creswell & Poth, p. 20). Figure 2.3 below visually relays the process of researcher, philosophy, interpretative framework, and methods.
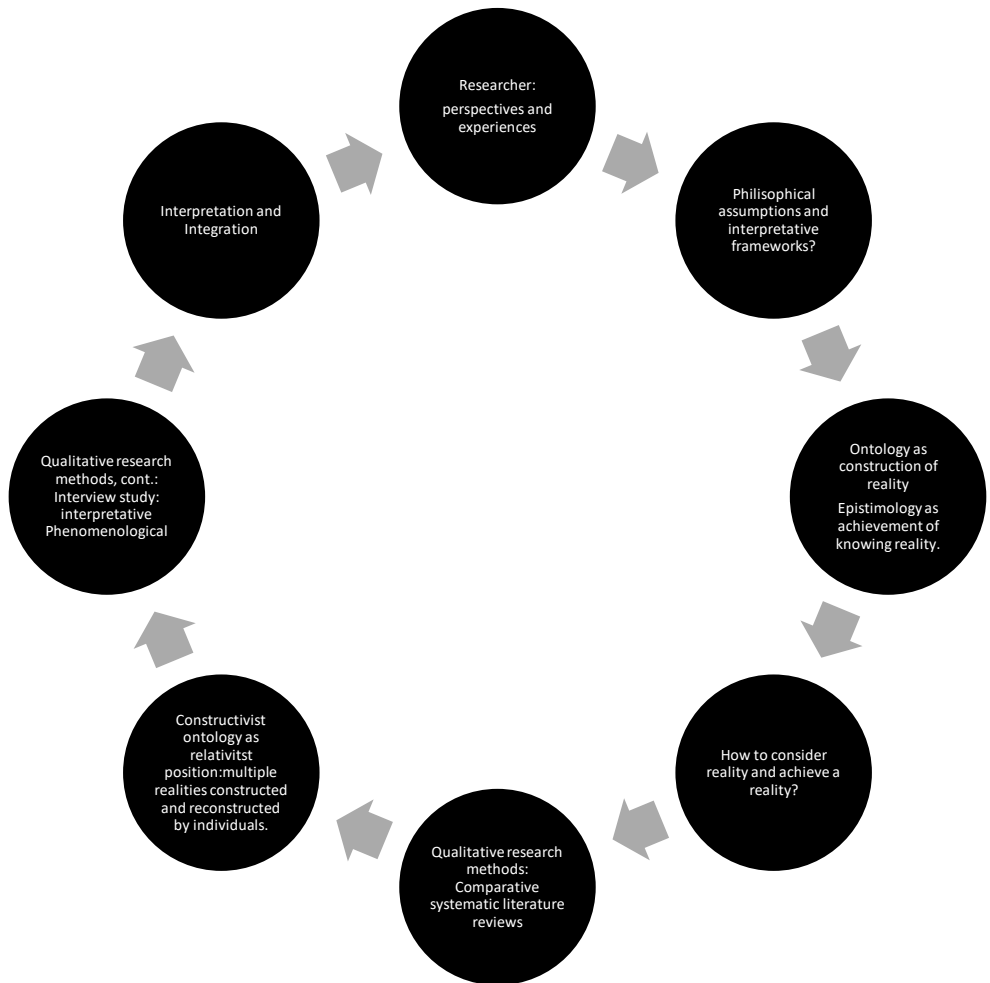
Figure 2.3 The Researcher, Philosophy, Interpretative Framework and Methods

In this thesis, the researcher, despite extensive experience in clinical supervision and professional experience in researching multiple topics related to development (see motivation for study), maintains an inductive posture (see Inductive stance of researcher) in order to investigate the incidence of, nature of and potential value of a lifespan developmental stage model in clinical supervision for music therapy; this view of reality is

investigated through qualitative research. Therefore, the philosophical assumptions and interpretative framework are considered by efforts to construct reality in such a way that it can be reasonably achieved. The qualitative research employs both systematic and comparative (counseling, music therapy) literature reviews on the subject of the developmental stage model in clinical supervision and an interview study employing the IPA, Interpretative Phenomenological Analysis (i.e., phenomenology). These means are considered as" inductive, emerging and shaped by the researcher's experience in collecting and analyzing the data" (Creswell & Poth, p. 21).

*Use of the literature reviews in order to consider reality*

In their review of fourteen types of literature reviews, Grant and Booth (2009) describe such reviews in terms of label, search methodology, appraisal, synthesis and analysis. With the preponderance of the literature from both counseling and music therapy developmental stage models reviews in this thesis considered qualitative, a 'Qualitative systematic review/qualitative evidence synthesis' is used as the descriptive term to describe the type of literature review employed. it provides a "method for integrating or comparing the RESULTS from qualitative studies" (Grant & Booth, 2009, p. 94), looking for 'themes' or 'constructs' that lie in or across individual qualitative studies. The qualitative systematic review details a strict systematic review process in order to collect articles, and then a qualitative approach, such as narrative synthesis (synthesis) and/or thematic analysis (analysis), in order to assess them.

*Use of the interview study, Interpretative Phenomenological Analysis, in order to consider reality.*

As an example of a qualitative research method, the interview study in this thesis, analyzed through the lens of the IPA, provides a means for the researcher to rely on quotes (see chapter six) as evidence from the interviewee for the recurring and superordinate themes which contribute to knowledge. The authors of IPA identify the origins of their work as "key areas of the philosophy of knowledge: phenomenology, hermeneutics and ideography" (Smith, et al, 2009).

Underpinning the IPA is a paradigm (interpretative framework) of *constructivist* ontology. This is alternatively referred to as social constructivism or interpretivism where subjective meanings are developed by

the inductive researcher (Creswell & Poth, 2018). The reality of the interviews is both systematically and subjectively determined by sorting out codes, recurring themes, and superordinate themes, all of which are analyzed with samples from the transcriptions and then discussed. This constitutes an interpretative framework within phenomenology, where the reality of the interviewee must transfer to knowledge on the part of the researcher.

Qualitative research has been linked to an inductive stance on the part of the researcher whereby the realities, the ontology, are multiple, constructed, generating different meanings depending upon the individual and dependent upon the researcher lens in interpretating information. The inductive stance of the researcher follows here.

## 2.6 INDUCTIVE STANCE OF THE RESEARCHER

As an additional component of research credibility, the stance of the researcher is critically important in not imposing personal bias into the research process.

In this thesis, the systematic screening of, reporting of, analysis of and subsequent discussions provide an investigation into the topic of the developmental stage model for clinical supervision, first in counseling, an older and more established field for psychotherapy and then in music therapy. In so doing, the researcher can create a comparative basis for the topic at large (see similarities and differences in the developmental stage model for clinical supervision, chapter five). The interview study provides another source of information, first-hand, from seven seasoned music therapy supervisors in order to inform the trajectory which is considerations for a lifespan developmental stage model in music therapy. The information in the research tasks is systematically reported while the analysis and discussion is interrelated with other academic citations. Every effort is made to avoid bias, both in terms of academic experience and lived experience.

# CHAPTER 3. METHODS

## 3.1 INTRODUCTION

This chapter presents the methodology of the researcher in carrying out two systematic and comparative literature reviews investigating the developmental stage model in clinical supervision, firstly in counseling and then in music therapy. The theoretical formulation regarding a developmental stage model, in answer to secondary research question one, is presented at the close of the first literature review (chapter four) in order to define what will follow in the music therapy literature review. The results and discussions of the literature reviews are compared, in answer to secondary research question two, in order to provide more information (chapter five) prior to proceeding into the interview study with seven music therapy supervisors which is analyzed and discussed, in answer to secondary research question three, through the interpretative phenomenological analysis (chapter six). The interrelationship of the three research studies, in answer to secondary research question four (chapter six), paves the way to considerations for a lifespan developmental stage model, answer to overall research question, in chapter seven. The theoretical framework of the research study tracks the metaphorical significance of counseling themes (i.e., see Thematic Analysis, chapters four, five; see superordinate themes, chapter six) related to separation-individuation (Mahler, 1975) and psycho-sexual stages (Erikson, 1950). Definitions related to methodology as well as rationale for choice of methods are included in this chapter.

## 3.2 METHODOLOGICAL APPROACHES

As a qualitative study considered from an interpretivist perspective where knowledge is constructed (Wheeler & Murphy, 2016), this study favors an exploratory and inductive approach in order to inform considerations for a lifespan developmental stage model in music therapy supervision (see research question and components of research question, chapter two). Identification of and analysis of developmental stage models and the concepts related to them proceed throughout the thesis.

Methodologically, the study will initially aim to identify how developmental stage models in clinical supervision literature in counseling (n=17) create a hermeneutic that leads to operational definitions for the review of developmental stage models in clinical supervision in music therapy (n=7).

Each literature review includes narrative synthesis and conclude with thematic analysis (Braun & Clarke, 2006), While the analysis of the results (identified developmental stage models) overlap in order to provide a comparison, an important distinction between the two is the fact that they are distinctly different professions and the supervisor interventions in music therapy add the dimension of music.

Following a comparison of the two systematic literature reviews (see closing discussion, 5), the study shifts to a Interpretative Phenomenological Analysis, IPA (Smith, Larkin, Flowers, 2009), achieved through a series of semi-structured interviews. Thus, first-hand information from seven seasoned music therapy supervisors is provided to share information that might inform a lifespan developmental stage model in music therapy. Coded concepts are linked to recurrent themes, clustered and result in six superordinate themes with related transcript content.

This may also be considered an effort to *triangulate* various data sources (systematic review 1, systematic review 2, Interpretative Phenomenological Analysis) wherein multiple sources of themes and perspectives serve as a process to add strength to the study (Creswell & Poth, 2018).

Terms relevant to methods are defined in 1:3. The primary  tasks in the study and their sub-components are pictured in the figure at the close of this chapter.

## 3.3 SYSTEMATIC LITERATURE REVIEWS

The possibilities for different types of literature searches and reviews have grown exponentially over the years, possibly due to the greater accessibility of literature through curated databases as well as research bases where researchers (note: who can identify through Orcid, Research ID, Scopus Author ID etc.) store and disseminate their publication (i.e., Research Gate). Grant and Booth (2009) report their analysis of methodology associated with 14 review types, one of which is described as a "qualitative systematic review/qualitative evidence synthesis" (Grant and Booth, 2009, p. 94)

In the music therapy literature, one sees several types of literature reviews. Only one, the narrative review, is described in the most recent edition of *Music Therapy Research* (2016). The most frequently used types in music therapy include the following: 1) Cochrane reviews, for example, Aalbers et al (2017), a type of systematic review following the methodology of The

Cochrane Handbook; 2) scoping reviews, for example, Gooding and Langston 2019, which carry a broader scope than systematic reviews and more expansive inclusion criteria in order to map broader topics (Pham, et al 2014); 3) the commonly used systematic review, for example, Mercadal-Brotons & Alcantara (2019), which frequently employs PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analysis (http://www.prisma-statement.org/), screens literature through defined criteria and then evaluates and/or interprets it. This is recognized in the Grant and Booth typology as a qualitative literature review(2009, p. 94), utilizing narrative synthesis, for example.

In this thesis, two systematic literature reviews are completed in order to answer the first two secondary research questions in the study. An initial scoping review was investigated in 2015 (see 7.7, Reflections on Research) and determined to be too general for the purposes of answering my research questions. The use of more specific terms in conjunction with Boolean operators are typical of the systematic review.

The purpose of the first literature review is to find literature related to developmental staging in an allied but significantly more developed mental health field (See chapter four). Therefore, the literature review is on counseling (counseling/psychotherapy) developmental models. Myers (2017) suggests that this training can enhance the field of music therapy practice. Unlike counseling, other creative arts therapy fields are more recently established and smaller in scope.

The purpose of the second literature review is to find literature related to developmental staging in music therapy clinical supervision. Together, the literature reviews can be comparative (see chapter seven).

## 3.4 SYSTEMATIC LITERATURE REVIEW ONE: DEVELOPMENTAL STAGE MODELS IN COUNSELING CLINICAL SUPERVISION

The systematic music therapy supervision literature review on developmental staging in clinical supervision, described in chapter four of this thesis, answers the first secondary research question in this thesis:

1) What does a review of developmental stage models in counseling suggest in terms of a theoretical basis for developmental stage models in ongoing clinical supervision (supervisee behaviors and supervisor interventions)?

### 3.4.1. Search strategy and inclusion criteria

Searches for literature describing developmental models in counseling (also referred to as psychotherapy) supervision were initially based on the use of curated databases (see below) as well as articles/books sent to my attention from personal communications (Watkins, February 2022; Ronnestad, February 2022; Watkins, August 2022).

Inclusion criteria, based on the stated definition of the developmental model (Chapter one, Terminology, #), included material that named a minimum of three stages describing supervisee behaviors and supervisor interventions either in counseling and/or psychotherapy, and in individual or group supervision. Exclusion criteria included reference to school counseling, rehabilitation counseling, peer supervision, fewer than three stages in a developmental stage model for counseling and/or psychotherapy, stages without supervisor interventions (note, for this reason, the five models including supervisor stages of development without interventions from a superior supervisor, were not included in results analysis), not in the English language, no primary source material available.

Resources included the use of data bases, incidental material found in the bibliographies of key articles, incidental material from personal recommendations and peer reviewed journal articles..

See n=63, records removed for other reasons is a reference to material meeting exclusion criteria.,

Searches were initially based on the use of curated databases and then supplemented with articles and books sent to my attention from contacting researchers in the field (i.e., Watkins, Ronnestad); reference lists within key articles (Watkins, 1995; Worthington, 1987) were used to return to primary source literature.

The databases used to confirm the general literature in music therapy and clinical supervision included *Psych Info* and *ProQuest* as interdisciplinary inventories. Initial Boolean operators, Counseling (and) Supervision were then changed, with quotation marks, to "Counseling" (and) "Supervision". Following those terms, the word development: "Counseling" (and) Supervision (and) Development was added in order to follow the protocol of the systematic review. These were the results of both the broad and the more inclusive searches:

Table 3.1 Search, Systematic Literature Review One, Counseling
Developmental Stage Models in Supervision

| Database | Search terms | Yield | Meet inclusion criteria for developmental staging in counseling supervision. | Notes: Includes number of references used for background information. |
|---|---|---|---|---|
| Psych Info | Counselor training (and) Supervision | 464 | 0 | This number not used in Prisma (2015) |
| | Counselor training (and) Supervision (and) Developmental Model | 63 | 1 | Yield after eliminating duplicates, book reviews and material unrelated to developmental staging. Eighteen offer supplementary, general, or secondary information, much of which is related to one reference, Stoltenberg, 1981. |
| ProQuest | Counselor training (and) Supervision (and) Developmental Model | 20 | 0 | Duplicates, book reviews and material unrelated to developmental staging, |
| Academic Search Complete | Counselor training (and) Supervision (and) Developmental Model | 23 | 0 | All duplicates from Psych Info search. |
| Books/book chapters, incidental | | 5* | 2 | 1- Ronnestad et al, 2019<br><br>2- McNeill & Stoltenberg, 2016<br><br>3- Bernard and Goodyear, 2009, reference<br><br>4- Hawkins & Shohet, 2000, reference<br><br>5- Watkin (Eds.), 2014, reference |

| | | | | |
|---|---|---|---|---|
| Articles, incidental | | 18 | 18 | Watkins, 1995: yielded another five primary sources articles.<br><br>Worthington, 1987*: yielded another eleven primary source articles. |

## Incidental

Personal communication (Watkins, January 2022; Ronnestad, January 2022; August 2022), led to 2 more relevant articles (Worthington, 1987; Watkins, 1995) yielding, in total 16 primary sources, and two related reference books (Ronnestad et al, 2019; Watkins & Milne, 2014). Where an author presented multiple versions of a developmental model that became progressively more complex the recent version was used in RESULTS and DISCUSSION and counted only once.

The PRISMA flowchart below includes the articles and/or book chapters, N=21, included in the analysis of material that specifically responds to the topic and ultimately used in the systematic review of literature analysis in Chapter four. The chart does not include the many articles and books used as supplementary information on the topic.

Figure 3.1, PRISMA CHART, COUNSELING SEARCH, DEVELOPMENTAL STAGES IN COUNSELING CLINICAL SUPERVISION
**PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources**

**Identification of studies via databases and registers**

**Identification of studies via other methods**

**Identification**

Records identified from*:
Databases (n =106 )
Registers (n =23 )
☐ Manual search, books (5).
☐ Incidental articles (n=18)

Records removed *before screening*:
Duplicate records removed (n =43 )
Records marked as ineligible by automation tools (n =0 )
Records removed for other reasons (n =63 )

Records identified from:
Websites (n =0 )
Organisations (n =0 )
Citation searching (n =0 )
etc.

**Screening**

Records screened (n =23 )

Records excluded** (n =0 )

Reports sought for retrieval (n =23 )

Reports not retrieved (n =2 )

Reports assessed for eligibility (n =21 )

Reports excluded: 0
.

Reports sought for retrieval (n =0 )

Reports assessed for eligibility (n =0 )

Reports not retrieved (n = )

Reports excluded:
Reason 1 (n = )
Reason 2 (n = )
Reason 3 (n = )
etc.

**Included**

Sources included in review (n =21 )

*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

*From:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

### 3.4.2 Data extraction and management

The results of the identified developmental stage models with a minimum of three stages that include presenting supervisee behaviors and corresponding supervisor interventions are formatted in the body of the thesis (vs. table format) for easier reading.

### 3.4.3 Results

Results list seventeen developmental stage models in counseling supervision in order of their development. The dates used reflect the most recent development of a model. Results include the author(s) of the model and the stages of the model, minimally beginning, middle and advanced for trainee level and, in the case of the lifespan model (Ronnestad & Skovholt, 2013), additional beginning, middle and advanced for professional levels. In cases where there were more than three stages in the trainee model, the generic identification of these stages was broken down within categories, informed by the discussion of common descriptions of the supervisee level and the supervisor interventions. Similarly, In the case of the Lifespan Model, the intermediate and advanced trainee levels were merged based on common descriptions of the supervisee level and the supervisor interventions.

### 3.4.4 Narrative synthesis

"Narrative' synthesis refers to an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis" (Popay et al 2006, p. 5).

Discussion of results related to seventeen models, delineating beginning, intermediate and advanced stages of supervisee behavior and supervisor interventions on both the trainee levels (3) and the professional levels (3) include *narrative synthesis* at the end of each stage. In their recommendations related to the use of narrative synthesis Popay and her associates (2006) suggest that a key element of a systematic review is a synthesis, a process which can bring together key findings in order to suggest conclusions. While a quantitative approach to this would be statistical pooling, a qualitative approach would be narrative synthesis. This same process is applied for the second systematic literature review for music therapy developmental stage models in supervision (see

### 3.4.5 Thematic analysis

Thematic analysis (see terminology, chapter one) is a recognized research method in psychology (Braun & Clarke, 2006) where the researcher reviews the qualitative data to recognize patterns, topics, and themes. In this thesis, there is further use of narrative synthesis in the analysis of results to arrive at Thematic Analysis.

### Table 4.1 Themes in Counseling Developmental Stage Models

| Theme | Demonstration of Theme |
|-------|------------------------|
|       |                        |

## 3.5 SYSTEMATIC LITERATURE REVIEW TWO: DEVELOPMENTAL STAGE MODELS IN MUSIC THERAPY CLINICAL SUPERVISION

The systematic music therapy supervision literature review on developmental staging in clinical supervision, described in chapter five of this thesis, answers secondary research question two in this thesis:

2 - Using the literature review of developmental stage models in counseling supervision as a theoretical basis for further review in the music therapy literature, what are the similarities and differences in the view of developmental stage models between counseling and music therapy?

### 3.5.1. Search strategy and inclusion criteria

The search for literature includes the use of databases and incidental material (see PRISMA, Figure 3.2). The number of resources (book chapters, articles) refers to the items that were analyzed in terms of developmental staging in music therapy supervision as opposed to other resources related to music therapy clinical supervision cited in the thesis but used for background information.

Inclusion criteria for literature directly or implicitly related to developmental stages in music therapy clinical supervision are based upon the outcomes identified in the first literature search on developmental stage models for counseling supervision. Resources include the following: peer reviewed

journal articles, theses and book chapters in the English language that specifically present or suggest a minimum of three developmental stages in either individual or group music therapy supervision (see 1:3, operational definition of developmental stages). Conversely *exclusion criteria* include articles that were not in peer reviewed journals, any material that was not in the English language, duplicates, book reviews, material related to peer supervision and material unrelated or only implicitly to developmental staging in music therapy supervision.

Searches were initially based on the use of curated databases and supplemented (incidental) with articles sent to my attention from following researchers on Research Gate, alerts from journals, ongoing reading of books and journals *(Approaches*, *Music Therapy Perspectives*, *Journal of Music Therapy*, *Nordic Journal of Music Therapy*, *Canadian Journal of Music Therapy*, *Australian Music Therapy Association*, *British Journal of Music Therapy, Voices)* in the field of music therapy and incidental results (Kennelly, 2013). The databases used to confirm the general literature in music therapy and clinical supervision included *Music Periodicals Database* as a music-based inventory and *Psych Info* and *ProQuest* as interdisciplinary inventories. These were the results of both the broad and the more inclusive searches. Table 3.2 summarizes the results of each source and also includes the number of materials used in background literature. PRISMA specifies the results of literature used only in the analysis of literature.

Table 3.2 Search, Systematic Literature Review Two, Music Therapy Developmental Stage Models in Supervision

| Database | Search terms | Yield | Notes: Includes number of references used for background information. | Meet inclusion criteria for developmental staging in music therapy supervision. |
|---|---|---|---|---|
| Music Periodical Database | Music Therapy (and) Supervision | 20 | 5 duplicates; 1 in French: 15, *no developmental staging* | 0 |
| Psych Info | Music Therapy (and) Supervision | 237 | 9 after closer reading of 23 book chapters and 32 articles were reviewed further; *29 chapters/articles used for background information not analysis.* | 9 |

| | "Music Therapy" (and) Supervision (and) Development | (27) | 8 bk chapters, 18 articles, 3 theses, N=29, were _duplicates of previous RESULTS._ | (9) |
|---|---|---|---|---|
| ProQuest | See above | 20 | 1, duplicate; others redundant in terms of the Psych Info search | 0 |
| Book chapters, incidental | | 48 | Additional selected content | 8 |
| Articles, incidental | | 1 | Edwards & Daveson, 2004 | 1 |

The PRISMA flowchart below includes the articles and/or book chapters included in the analysis of material that **only** specifically responds to the topic and ultimately used in the literature analysis in chapter five. Where the material was _directly related to developmental staging_ in music therapy, I looked for descriptive terms assigned to generically labeled stages (i.e., early, middle, advanced).

Figure 3.2, PRISMA CHART, MUSIC THERAPY SEARCH, DEVELOPMENTAL STAGES IN MUSIC THERAPY CLINICAL SUPERVISION

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



**Identification of studies via databases and registers**

**Identification**

Records identified from*:
Databases (n =277 )
Registers (n =0* )
Incidental (n=1)

Records removed before screening:
Duplicate records removed (n =1 )
Records marked as ineligible by automation tools (n =0 )
Records removed for other reasons (n =12 )

**Screening**

Records screened
(n =265 )

Records excluded**
(n =264 )

Reports sought for retrieval
(n =1 )

Reports not retrieved
(n =0 )

Reports assessed for eligibility
(n =1 )

Reports excluded: 1
Reason: Didn't meet inclusion criteria for developmental stage model

**Included**

Sources included in review
(n =4 )

**Identification of studies via other methods**

Records identified from:
Websites (n =0 )
Organisations (n =0 )
Citation searching (n =0 )
Manual search, book chapters (n=48)

Reports sought for retrieval
(n =48 )

Reports not retrieved
(n =0 )

Reports assessed for eligibility
(n =48)

Reports excluded:
Reason: Didn't meet inclusion criteria for developmental stage model
(n =44 )

*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

*From:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

### 3.5.2 Data extraction and management

A total of 264 references from data bases and forty-eight book chapters were initially screened. Of these, nine references were further screened; four satisfied the criteria for the developmental stage models in accordance with the theoretical formulation suggested in chapter four. The results of the identified developmental stage models with a minimum of three stages that include presenting supervisee behaviors and corresponding supervisor interventions are formatted in the body of the thesis (vs. table format) for easier reading..

### 3.5.3 Results

The four models are presented in terms of author(s), clinical context (i.e., practicum, internship), stages and, within the stages, supervisee presenting behaviors and supervisor strategies. Where there were more than one stage, the characteristics typifying each generic beginning, middle and advanced stage were used to break down the stages into a and b.

### 3.5.4 Narrative synthesis

Discussion of all results, delineating beginning, intermediate and advanced stages of supervisee behavior and supervisor interventions include *narrative synthesis* at the end of each stage, previously defined as "an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis (Popay et al, 2006, p. 5)"

### 3.5.5. Thematic Analysis

Thematic analysis (see 1:3) is a recognized research method in psychology (Braun & Clarke 2006; Nowell, et al, 2017) whereby the researcher reviews the qualitative data to recognize patterns, topics, and themes. A sample of the table format for thematic analysis in this thesis (Tables 4.1; 5.1) is shown below:

| Topic Area (6) | Themes (10) |
|---|---|
|  |  |
|  |  |

## 3.6 INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS, IPA

The interview study with seven seasoned music therapists is described in chapter six. It employs the Interpretative Phenomenological Analysis, IPA, described below to respond to secondary research question three: "Based on phenomenological analysis, how does interview data from seven music therapy supervisors inform the development of a lifespan developmental stage model in music therapy?"

### 3.6.1 About the IPA

Written by Smith, Larkins, and Flowers (2009), the Interpretative Phenomenological Analysis, IPA, rests on three vital words. *Interpretative* allows the researcher the responsibility of understanding and decoding the language that the participant shares in a first-hand experience (i.e., The most used tool is the interview), *phenomenological,* the adjective, is in reference to the noun, phenomenology, a philosophical mindset from the early years of the 20th century, which seeks to gain knowledge about consciousness from a first-person point of view. Phenomenological inquiry aims to make sense of the lived inquiry of the participant, in this case, in the IPA study. This represents a two-stage process since "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world". (Smith & Shinebourne, 2012, p. 53). The results of the inquiry, the analysis, lead to the identification of superordinate themes. This type of qualitative inquiry stands in contrast to an objective statement of experience.

The use of IPA has become more popular in music therapy qualitative research. For example, Pothoulaki, MacDonald and Flowers (2012) write about their interviews with nine middle aged patients taking music therapy group as a part of their cancer care; the results support emotional healing. What is useful here is the IPA methodology from one of three of the original IPA authors. Wei-Hsuan Tu (Tu, 2018) utilizes the IPA to interview seven music therapy supervisors of undergraduate students in clinical practicums with twenty-three questions. Even though this study was disqualified from closer scrutiny in the music therapy literature review because it does not discuss developmental staging, this is an instructive study regarding

superordinate themes related to supervision of undergraduate students in practicum.

The work of IPA is specific in terms of its *protocol* (Smith, Larkins & Flowers, 2009; Smith & Shinebourne, 2012): Arrive at a research question; consider a small homogeneous purposive sample. Collect data through the semi-structured interview, which allows the researcher to establish a rapport with the interviewee and then, subject to the pace and content of the interview, pose questions accordingly and follow up on related information. The questions are initially organized in a logical manner to investigate the research question at hand. Related techniques in the interview include prompting, funneling (moving from the general to the more specific related questions), pacing, one question at a time, observe effect of the question on the interviewee. Clarifying, extending, summarizing, and modelling were also utilized in the interviews. Taping and transcribing follow. Take careful steps to interpret the interview transcription with the understanding that some parts of the transcription will invite more focus and commentary: "It is not required to divide the text into meaning units and assign a comment for each unit." (Smith & Shinebourne, 2012, p. 67). Researcher comments, generally placed in comments to the right or left of the transcript page, can include summary, paraphrasing, associations, preliminary interpretations, nonverbal observations, similarities, differences, echoes, and even contradictions. The interviewer returns to these comments to suggest simple themes. The transcription now constitutes qualitative data. The order of the themes becomes chronological. The researcher looks for connections between the themes from the transcripts and may arrive at an initial list of themes, clustering of themes ('as the clustering develops, so the extract material can be moved, condensed and edited, p. 72'), also referred to as recurrent themes (Pothoulaki, 2012) and, in the final analysis, result in superordinate themes, demonstrated further by data from the transcriptions (see Results). The above notes will intersect with the methods described in general in chapter three, including figure 3 and more specifically in this chapter prior to results.

### 3.6.2 Rationale for the IPA

In order to provide the important element of triangulation in the study, thereby offering a different perspective on the study of developmental staging in music therapy supervision, the study segues from the two systematic literature reviews to an Interpretative Phenomenological Analysis, IPA (Smith, Larkins & Flowers, 2009) using the tool of the interviews and

described in chapter six (also see 1:3). This format allows the researcher to discover additional first-hand information regarding developmental staging for supervisees and supervisors during pre-professional and/or professional supervision in the field of music therapy. The results of the IPA study will be relevant to secondary research question three.



Figure 3.3 Triangulation

### 3.6.3 Institutional Review Board

In order to get permission to begin the study, the researcher updated her institutional training in research ethics (CITI) and an application was submitted to   the Institutional Review Board, IRB at Montclair State University; the process is described in 3.7 under ETHICS.

### 3.6.4 Participants: Logistics

Following IRB approval through Montclair State University, Montclair, New Jersey, USA, the researcher relied upon knowledge of those who were publishing on the topic of clinical music therapy supervision along with suggestions from academic advisors and colleagues to consider participants. Inquiries were sent to nine individuals, eight of whom were available to participate in the study (see Appendix A for inquiry email). The inquiry supplied very general information on the study; the researcher was asked by the Montclair State University IRB not to disclose the fact that the

study was related to an academic thesis. In order to find seasoned supervisors of music therapy, the following inclusion criteria were used: minimum 10 years of supervision to professionals and a minimum of 6 months duration with a client, English speaking. One candidate did not meet this criterion and excused himself. Further, the researcher considered that an international representation would add further interest to the study given that music therapy is a global discipline and supervision may be considered differently given cultural norms and practices within a given country. Hence the criteria for participant selection are considered purposive.

Following an email back from the seven supervisors invited to the study, consent forms (see Appendix F) and scheduling information for the interview were emailed. Each supervisor was scheduled for a 1.5-hour interview with full knowledge that the interview would be recorded and transcribed by zoom but could be interrupted at will. In order to assure anonymity, demographic details are presented as aggregate data and only one or two letters associated with a participant are used in transcription examples.

### 3.6.5 Organizing the semi-structured interview

The tools used to conduct the IPA, the interviews were, per the guidelines of the Interpretative Phenomenological Analysis, IPA (Smith, Larkin & Flowers, 2009), semi-structured. Twenty-eight questions for the interview also allowed for related thoughts and tangents. The questions were composed with the same themes that had been identified in the systematic literature reviews, namely awareness of developmental staging on the parts of both supervisor and supervisee and the changes and strategies in supervision that might have been responsive to developmental levels. The demographics and education were included in order to provide perspective on who was in the Interpretative Phenomenological Analysis.

In summary, the questions, included in table 6.1, chapter six of this thesis, were largely based on the organization of the data (supervisee behaviors and supervisor interventions in developmental stages) in chapters four and five  and organized in terms of demographics (1, 2,3: country of origin, age, gender), education and training including supervisee experiences and any training to supervise (4,5,6,7) clinical and supervisor background, personal experience as a supervisee (10, 11, 12, 13), experience as a supervisor (16, 17, 18, 19) and, last but key to the answer for research question three, reflections on developmental stages in supervision (24, 25, 26, 27, 28). Examples of questions include the following: 1) How were you or are you

aware of changes in the supervisee (at levels of practicum, internship, professional) that effect the supervision strategies you use? If so, can you give some examples? 2) Do you find yourself changing as the supervisee changes? If so, can you give some examples? 3) How do you think your supervision practices might have changed over the course of time with different clients?

**Table 6.1 Questions for Semi-Structured Interviews with Music Therapy Supervisors.**

| Demographics | Education and training | Clinical and Supervisor Background | Personal experiences as a supervisor | Experience as a supervisor | Developmental stages in supervision |
|---|---|---|---|---|---|
|  |  |  |  |  |  |

### 3.6.6 Conducting the initial interview: considerations, process

Interview techniques in qualitative research (Kvale & Brinkmann, 2015; Smith & Shinebourne, 2012). included many verbal strategies used in both teaching and clinical work: prompting, clarifying, reflecting, affirming, and offering examples. In three of the eight interviews, the interview was previously known; the other five interviewees were not previously known. The opening of the interview included an orientation to the interview procedure (what to expect, guidelines for leaving the interview if necessary) and questions and a 'warm up' period where the interviewee was allowed to freely converse. In all cases, the prepared questions proceeded and allowed the interviewee to expand ideas spontaneously. This process is explained in further detail in chapter six.

### 3.6.7 Interviewee transcription, editing and review, ITR, steps

Following the interview, the seven transcriptions were downloaded from zoom. The inadequate zoom transcription (Disconnected sentences, illegible words, missing words, misspellings, inappropriate punctuation.) led to a procedure of editing each transcription a minimum of three times before sending it back to each interviewee for their review, acknowledgment of contents and return to the researcher. This process is referred to as ITR, interview transcription review and is another step in the IPA process. After

extraneous information was removed, each transcript was, on average, thirty-eight pages.

### 3.6.8 Data extraction and management

In accordance with the IPA, the researcher underlined the comments that most closely added to thematic content. These comments were reviewed, commented on in each transcription through Microsoft word, given a preliminary code, compared from one transcript to another in order to find patterns and recurrent themes and then formulated into superordinate themes (Smith, Larkin & Flowers, 2009).

The process of the data extractions and management is demonstrated with three tables in chapter six.

6.2 Analysis – Interview extract with explanatory codes, example (Pothoulaki et al, 2012)

| Interview extract | Explanatory codes | |
|---|---|---|
| | | |

6.3 Identifying emergent themes with interview extract and explanatory code- example (Pothoulaki et al, 2012)

| Emergent themes | Interview extract | Explanatory codes |
|---|---|---|
| | | |

6.4 Identifying superordinate themes, recurrent themes (initially identified above as emergent theme), descriptive codes(identified above as explanatory code) (Pothoulaki et al,2012).

| Superordinate theme | Recurrent theme | Descriptive Code |
|---|---|---|
| | | |

### 3.6.9 Results: Superordinate themes, IPA

This information constituted the results, demonstrated by several key examples related to recurrent themes that constituted the superordinate theme.

### 3.6.10 Feedback from interviewees

Analysis of the superordinate themes was referred to the interviewees for their feedback and incorporation into Discussion for chapter six.

## 3.7 ETHICS

### 3.7.1 General

According to the American Psychological Society (https://www.apa.org/monitor/jan03/principles), the subject of research ethics is multi-faceted and the following issues, some of which are not relevant to this thesis, must be considered: 1) authorship of work; 2) multiple roles (i.e., are the supervisors, doctoral faculty and/or interviewee participants involved in any other roles in the researcher's life that could be considered a conflict of interest? Impair my work? Harm others?); 3) inform-consent guidelines must be followed (note: inform participant about purpose of study, any possible benefit, or any possible harm, right to decline participation during any point in the Interpretative Phenomenological Analysis, use of data, storage of data, disposal of data, confidentiality, head of Institutional Review Board at Montclair State University, Montclair, New Jersey, USA as contact for foreseeable questions); 4) Confidentiality and privacy.

Items one and two are not considered relevant to this thesis. Items three and four, in reference to the IPA study in this thesis and concerning informed consent, confidentiality and privacy, are covered through the application, related documents and acceptance of the research proposal (see Appendices C, D) from the Institutional Review Board of Montclair State University, where the researcher is a Professor Emerita, Music therapy.

In the case of the Interpretative Phenomenological Analysis, the information on both the transcript and in the anonymous, presents each named interviewee, based on their consent, by the letter of their first name. In one

case, the interviewee asked for a different letter and that was agreed up usage. Other disclosed information in the transcripts (i.e., reference to geographical vicinity or education) which may present as identifiable to a reader of this thesis, was agreed upon when the interviewee reviewed and signed off on the edited transcript (see ITR). In cases where the first name letter of the interviewee was the same, a second letter was added.

## 3.7.2 Institutional Review Board

The process of review for the Institutional Review Board at Montclair State University application is summarized here. The complete application has been moved to Appendix B. The application took approximately one month, beginning in September 2021 and included the following primary elements: Personnel (1), Activity (1), Assurances (1), Study information (2), Study population (6), Study design (21), Study procedures (4), funding, possible conflict of interest, attached documents (screening tools, recruitment materials). To ensure proper ethical standards: (1) Participants were asked to sign informed consent forms; (2) Participants were assured complete anonymity; (3) Participants were explicitly told they could leave the study at any point and that this would be perfectly understood and respected. Attached materials to the Institutional Review Board application included the recruitment letter, consent form and interview questions (Appendices C, D)

It took one month for approval as there were two separate reviews. The IRB process is online, and documents related to the application there are in the system as well as in the appendices (B, C, D) in this thesis. In accordance with the IRB there was agreement with the safeguarding of information in the researcher's  password protected computer for 5 years, assured anonymity for the participants (note: their interest in forming a special interest group after this thesis is published will be separate from the Interpretative Phenomenological Analysis process). To apply, researcher credentials in the Collaborative Institutional Training, CITI, a research, ethics, and compliance training that is taken every five years by principal investigators connected with Montclair State University were updated. The IRB application and related documents are included in Appendix B, C, and D.

# CHAPTER 4. LITERATURE REVIEW ONE: DEVELOPMENTAL STAGE MODELS IN COUNSELING SUPERVISION

## 4.1 INTRODUCTION

In answer to the primary research question, "How could a model for both trainee and professional clinical supervision in the profession of music therapy be suggested through comparative literature analyses of developmental stage models in counseling and music therapy supervision and an interview study with supervisors?" the first secondary question of the primary research question is addressed in this chapter: " 1) What does a review of developmental stage models in counseling suggest in terms of a theoretical basis for developmental stage models in ongoing clinical supervision (supervisee behaviors and supervisor interventions)?"

In order to answer this question, the chapter presents general information about counseling, supervision and its potential relationship to the developmental stage model for clinical supervision in order to lead the reader into the systematic review of developmental models in counseling supervision. Before presentation of the purpose, methods, results and discussion of the review, this chapter introduces preliminary information. It is recommended that the reader refer back to chapter one, 1.4 terminology for questions related to definitions regarding supervision, music therapy, counseling, and the developmental stage. The definition and rationale for selecting counseling as a related discipline for a literature review on supervision, commonly used approaches in counseling supervision, the definition of a developmental stage model in supervision and the purpose of the developmental stage model in supervision follow here.

## 4.2 COUNSELING LITERATURE ON SUPERVISION

### 4.2.1 Counseling as an allied profession to music therapy

In contrast to the field of music therapy which formally began in the United States in 1950 , the counseling profession started in 1909 (Hartung & Blustein, 2002) , has developed across the board to embrace subspecialties

and theoretical approaches and is commonly considered as psychotherapy. In the United States, for example, while a client in need of verbal therapy might have only considered a psychologist or social worker in the past, there is now a possibility to receive verbal therapy from a person trained in a counseling program. A counselor can, by definition, provide emotional support for a variety of issues, including relationship, career, lifestyle and other personal issues. The discussion in this thesis regarding counselors using the developmental stage model as a supervisee excludes counselors in rehabilitation or school counseling.

The purpose of investigating developmental stage models in a discipline other than music therapy in this thesis is to provide a perspective on this topic in an older and more widespread yet allied profession, forming a comparative perspective and possible basis for the formation of a new music therapy model (note: An investigation of developmental stage models in another creative arts discipline was contraindicated for this reason). This is not to suggest that counseling is comparable to the field of music therapy. There are many important distinctions. Counseling does not typically utilize music or creative arts; it does not typically include work with clients who are severely limited in their communication abilities. Counseling is not typically considered an artistic process. Yet, in this thesis, counseling is considered allied with music therapy because it serves overlapping clientele, requires training, education, and accreditation, and serves as a complementary credential for a number of music therapists in the United States. Contrary to music therapy and the other creative arts (note: where the developmental stage model is less likely to present), the field of counseling is older (note: started in the United States in 1909 vs music therapy starting in 1950) and larger. The licensure designations, LPC, Licensed Professional Counselor and LMHC, Licensed Mental Health Counselor, are used in the USA by over 198,811 therapists vs the 9,500 board certified music therapists (https://www.cbmt.org/educators/exam-and-certificant-data/); this means that the counseling profession in the United States is 95% larger than that of music therapy. The National Board for Certified Counselors, NBCC, in the USA, administers an exam for counselors and reports that there are over 67,000 National Certified Counselors (NCCs) in more than forty countries (www.nbcc.org). In order to attain more skills in verbal therapy as well as insurance reimbursement, many 'cross-trained 'music therapists in the United States are licensed counselors (Kavaliova-Moussi, 2023). Sevcik, Jones & Myers (2017) report five master's music therapy programs in the United States leading to a degree in both music therapy and counseling and four other music therapy programs satisfying mental health counseling state

requirements. They suggest that this training, which begins at the graduate
level and is subject to licensure state by state, can enhance the field of
music therapy practice.

In Denmark, entry level to the counseling profession includes the 3-year
undergraduate degree and 2-year masters (Dixon and Hansen, 2010) and,
contrary to the United States, the professional term used is *psychologist* vs
counselor. Licensure for the counseling/psychology profession in Denmark
started in 1993 through the Ministry of Social Affairs.

Professional supervision beyond accreditation is not required and therefore
many training models focus on the student in training. Yet Ronnestad &
Skovhold (2013) report that in Denmark, 75% of psychotherapists with 20-30
years of experience participate in professional supervision.

### 4.2.2 Approaches in clinical supervision, Counseling.

Supervision proceeds within various approaches within the field of
counseling/psychotherapy and is considered primarily verbal. In contrast to
the developmental stage model (4.2.3), other types of models outlined by
Bernard & Goodyear (2009, 2018) include psychotherapy-based models
(i.e., psychodynamic supervision), person-centered supervision (i.e.,
cognitive-behavioral supervision) and social role models. There is some
limited history of the arts being used in counseling but not in counseling
supervision. Four examples are briefly introduced here (Bernard &
Goodyear, 2009).

1) Psychodynamic supervision, based on the material presented in a
session, will include emotional reactions, defense mechanisms,
transference, and countertransference. It includes patient-centered work,
which began with Freud, where the focus of the supervision is on the patient,
presumably avoiding supervisee-supervisor conflict by focusing on
interpretation of patient issues. Supervisee-centered work, originating in the
50s, invites the supervisee's resistances, anxieties and learning problems. A
supervisory-matrix centered approach adds a third layer to the supervision,
by exploring the relationship between supervisor and supervisee and
possibly including the phenomena of parallel process, "the supervisee's
interaction with the supervisor that parallels the client's behavior with the
supervisee as the therapist" (Haynes, Corey, & Moulton, 2003). As a point of
contrast, whereas the supervisory matrix centered approach in
psychodynamic supervision would, for example, include the sub-conscious

and unconscious processes in the relationship between the supervisor and the supervisee, other approaches in clinical supervision would not focus on this.

2) Cognitive-Behavioral supervision, also considered a psychotherapy-based approach, instructs the supervisee in the CBT theoretical orientation, drawing on observable cognitions and behaviors (Hayes, Corey, & Moulton, 2003). Supervisor interventions may include setting agendas, bridging from previous material, homework, and summaries from the supervisee. This type of supervision is highly structured.

3) Bernard's Discrimination model includes three components for supervision: intervention, conceptualization and personalization and considers the supervisor in terms of a teacher, counselor, and consultant (Bernard and Goodyear, 2009). Logistically, this allows for response from nine ways (i.e., Teach about a specific intervention). In responding specifically to the supervisee needs, material and approach will change within and across each session. This type of supervision is multi-faceted.

4) In the Systems Approach to supervision (Holloway, 1995), the relationship between supervisor and supervisee dictates the functions and tasks of supervision, the client, the trainee, the supervisor, and the institution. While the function and tasks of supervision create the context for interaction, the client, trainee, supervisor, and institution influence the process. This type of supervision identifies the contextual role of the institution.

### 4.2.3 The Developmental Stage Model

The developmental stage model in counseling started in 1953 and proliferated in the 70s and 80s as an effort to identify the presenting behaviors/needs of supervisees and suggest responsive behaviors on the part of supervisors. The derivation of the models demonstrates influences from previously published supervision models in counseling as well as previously published stage models from other professions (Halloway, 1987) and is discussed in the closing theoretical summary of this literature review (see 4.7).

While the stated emphasis of many supervision models (see 4.1.2.) is to respect and follow the theoretical orientation, the emphasis in the developmental approach to supervision is to accurately identify the

supervisee's current stage in order for the supervisor to provide feedback
and support appropriate to that developmental stage. Accordingly, Watkins
writes (1993, p. 60),

> "those in supervised training, be they therapy or supervision trainees,
> pass through a series of different, definable stages – proceeding from
> a beginning stance of limited experience and skill, heightened anxiety,
> insecurity, and vulnerability, and dependence to a concluding stance
> of greater experience and skill, security and confidence, and
> independence in one's functioning; (2) each stage of development
> carries with it certain crises and issues that must be confronted and
> resolved for favourable, forward movement to progress; (3)
> supervisors, be they supervising therapists or supervisor trainees,
> would be best served by considering the developmental level of their
> supervisees and structuring the training experience accordingly".

This definition, suggesting a beginning and an advanced stage also implies
an intermediary stage. Therefore, in this thesis, a minimum of three stages in
each developmental stage model is presented. The stages are generically
titled Beginning, Intermediate and Advanced. Each stage includes
descriptive information about the supervisee behaviors and the
corresponding supervisor interventions. These are detailed in results and
discussion(s).

With this basic structure and purpose, the developmental stage model does
not necessarily invite theoretical approaches (Watkins, 2014). Where the
theoretical approach has been incorporated into a developmental stage
model, this will be detailed in RESULTS (4.4). It is understood that the
supervision will facilitate the supervisee's progression to the next stage
(Littrell, Lee-Borden, & Lorenz, 1979; Loganbill, Hardy, & Delworth, 1982;
Stoltenberg & Delworth, 1987). This process relies on increasing
expectations for knowledge and skills as well as an interaction between
supervisor and supervisee to foster the development of advanced critical
thinking skills. This is not necessarily a linear process. For example, a
supervisee may be in different stages simultaneously particularly if a new
client situation creates high anxiety.

While the developmental progression of supervisees is recognized in the
literature with supervisor interventions; the developmental progression of
supervisors (Stoltenberg, 1981; Alonso, 1983; Hess, 1986; Watkins, 1993,

Rodenhauser, 1994) is extremely limited. For this reason, the results of the literature review focus on the developmental stages of the supervisee rather than the supervisor.

## 4.3 PURPOSE OF THIS LITERATURE REVIEW

The purpose of this literature review is to screen, analyze and discuss the developmental stage models for supervision that exist in the counseling literature (note: these may have had their origins in a field other than counseling such as psychology, counseling psychology, social work, psychiatry, family and marriage counseling) in order to provide a theoretical basis for developmental stage theory in clinical supervision per the first secondary research question stated in the Introduction.

Consequently, a variety of developmental stage models are organized with a minimum of three stages and information regarding the supervisee behaviors and supervisor interventions in each stage. Discussion comparing the information in the models follows. Where appropriate, discussion is analyzed through narrative synthesis in terms of comparative information. Thematic analysis of content follows.

Search strategies, data management, qualitative research methods and definitions of qualitative research methods employed for analysis of the results in this chapter are described in chapter three, methods.

## 4.4 RESULTS

A total of seventeen developmental stage models are reviewed in this literature review (note: in cases where the model has been updated, the most recent information is here, and the model is counted once). The listing presents the information in chronological order and in a generic fashion by identifying the author, the profession of the author, supervision context as specified in primary source materials (i.e., trainee-practicum, internship; professional), a minimum of three stages under three general titles as Beginning, Intermediate and Advanced (note: see Data management above; more detailed information is available in appendices where noted), each identifying the supervisee behaviors along with the supervisor responsive strategies in each stage. Models including more than three stages are noted and have been subsumed under the same titles (see method) unless they reference a professional stage. Key words in the models are underlined. Where it was necessary to use the exact terminology from the models,

quotations and page numbers are provided in reference to the primary source from the author(s) of the model. The results lead into discussion which compares and contrasts the results using *key words in italics* in order to provides ***narrative synthesis*** identified by words in ***bold italics.***

While all the developmental stage models have been or are currently being used for counselors, also known as psychotherapists, they were written for different professionals and by a variety of professionals:  psychologists (12 of the 17 models), psychiatrists (2 of the 17 models), family and marriage counsellor (1 model), social work (1 of the 17 models) and counsellors (1 of the 17 models). The stages themselves can also conceivably proceed beyond counselor training periods as they are not necessarily linear (see theoretical discussion). In the case of the Lifespan Model (Ronnestad and Skovholt, 2013) , the authors introduce named stages under 'Advanced' that are professional.

Watkins reports (1995) that publication of developmental stage models slowed down except for material responsive to previous publication (Watkins, 1995). Holloway traces the theoretical evolution of the developmental stage models (1987). More publication continues on two of the 17 models (Ronnestad & Skovholt, 2013, 2019; McNeil & Stoltenberg, 2016). The original description of the models was presented in table form (Appendix A). Please note the designation of the **supervisee** behaviors and **supervisor** interventions characteristic of each stage.

## DEVELOPMENTAL STAGE MODELS IN COUNSELOR SUPERVISION TRAINING (also known as psychotherapy)

(note: use of primary source literature will, in some cases, use same language as theorist to describe stages when not able to paraphrase; see references).

1) Fleming (1953), Psychiatrist. Trainee, Psychiatric

- *Beginning* stage trainee: In the imitative and didactic stage, the **supervisee** "identifies with the supervisor" (1953, p. 159), presenting casework in order to hear how the supervisor would respond in a similar situation. The **supervisor,** in response, is instructive. In these cases, the supervisee does not necessarily understand the reason for the interaction.
- *Intermediate* stage trainee: the **supervisee** requires less support as self-confidence is increasing. Therefore, the **supervisor** is

"corrective" (1953, p. 161) and provides less support than the beginning stage. The supervisor helps the supervisee discuss dynamics in order for the supervisee to become aware of mistakes and handicaps. The supervisee can arrive at a more accurate and precise interpretation of the client's behavior. The **supervisee** is being introduced to 'supervisory analysis', where the supervisor aids in sorting out the transference/countertransference experiences of the supervisee (note: psychiatric intern).

- *Advanced* stage trainee: Described as a stage of "creative learning" (1953, p. 166), the **supervisee** is increasing in understanding of the dynamics in interpersonal relationships in order to move toward a constructive, therapeutic experience.. The **supervisor** responds with the awareness of transference/countertransference.

2) Grotjahn (1955) Psychiatrist. Trainee, Psychiatric /psychoanalyst

- *Beginning* stage trainee: the **supervisee** is described as being in 'preparation' (1955, p. 13) mode. The **supervisor** provides help and encouragement in order to help the counsellor avoid beginning mistakes. **Supervisor** can provide direct observation. Phases (stages) overlapping rather than discreet.
- *Intermediate* stage trainee: **supervisees** report about clients without written notes (1955, p. 13). Therefore, the **supervisor** provides instructive background information and aims to support supervisee insight into client pathology. However it is not the role of the **superviso**r to be a therapist; the dynamics and transferences that are raised should be discussed and resolved in the **supervisee'**s own analysis.
- *Advanced* stage trainee: the **supervisee** is 'working through' (1955, p. 15) issues. The "psychodynamics of patient personality are discussed as well as technical and therapeutic aspects of practice" (1955, p. 15). The supervisee is expected to show, share and analyze / work through their countertransference.

3) Hogan (1964) Psychologist, Trainee, Psychotherapists

- *Beginning* stage trainee (Level 1): **supervisee** is dependent and neurosis-bound" (p. 139), method-bound, uninsightful, *imitative.* He/she is insecure but motivated. The **supervisor** teaches, interprets In order to encourage self-awareness, supports and illustrates using examples..

- *Intermediate* stage trainee (Level 2): "dependency-autonomy" (1964, p. 140): the **supervisee** is struggling between dependency, feeling overwhelmed and/or ambivalent vs efforts to remain autonomous and overly confident. The **supervisor** provides 'support, ambivalence-clarification, exemplification"(p. 140) and to a lesser extent, teaching. Either didactic or personal support from another person is recommended, possibly personal therapy.
- *Advanced* stage trainee (Level 3) "Conditional dependency" (p. 140) **Supervisee** dependency is decreasing and making space for "increased levels self-confidence" (p. 140) and insight. Motivation is stable. The **supervisor** is now responding at a peer level but is also able to confront the supervisee regarding supervision issues. At this point the **supervisee** is at a highest level, autonomous, insightful and able to handle confrontation as a mutual peer.
- *Advanced stage* Professional (Level four). Master psychologist where "personal autonomy is adequate for independent practice, insightfulness with awareness of one's limitations of insight" (p. 140), motivation, need for confrontation. Personal security is based on awareness of insecurity along with professional problems. **Supervisor:** Peer supervisor preferable to a control supervisor. Sharing, handles confrontation, mutual consultation are the techniques of choice (p. 140).

4) Ard (1973) Family and Marriage counselor. Trainee-Internship. Marriage and Family Counseling.
- *Beginning* stage trainee: both the **supervisee** and the **supervisor** are in the process of becoming oriented to each other and the supervision process. The supervisor can serve as a preceptor in which case the supervisee follows the supervisor in his work. Following this he can become an apprentice.
- *Intermediate* stage trainee: both the **supervisee** and the **supervisor** are in a process of instruction. Teach the apprentice how to deal with values, conscience, superego. Developing a professional identity.
- *Advanced* stage trainee: Peership; **Supervisor** and **supervisee** treat each other as equals. Implicit consulting relationship.

5) Littrell, Lee-Borden & Lorenz (1979) Counseling Psychology. Trainee. Counselors

- *Beginning* stage trainee: Stage One: "Relationship, Goal-Setting and Contract" (p. 131, 1979): The **supervisee** is able to attend with the potential to engage in empathic understanding, respect, be genuine and concrete. The **supervisor** is instructive in order to eventually help the supervisee reach a self-consulting role; the relationship is initiated by setting goals and agreeing on a contract for stages two and three.
- *Intermediate* stage trainee: Level Two, "Counseling and teaching models" (p. 132, 1979):  the **supervisor** plays a counseling role by focusing on interpersonal dynamics that facilitate, limit or prevent the supervisee from working effectively. The **supervisor** also plays a teaching role In helping the supervisee "conceptualize client needs and apply specific techniques and skills" (p. 132, 1979). The **supervisee** is open to counseling and teaching (note: no other characteristics are provided here).
- *Advanced stage* trainee a, Level Three, "Consulting model" (p. 132, 1979). The **supervisee** is setting the goals. The **supervisor** serves as a consultant and the relationship is cooperative. Supervisor evaluation deemphasized and supervisee is encouraged to be self-evaluative.
- *Advanced stage* trainee b. Level Four: "Self-supervising" (p. 133, 1979). Principles of behaviorism and social learning theory are employed for the **supervisee** to monitor his/her work. These intervention techniques include self-observation, self-judgments (positive or negative self-judgments as well as positive or negative self-consequences) (p. 133, 1979).

6) Yogev (1982) Psychologist. Trainee-practicum, Psychotherapists (individual and group format)

- *Beginning* stage trainee: Stage One, "Role definition" (p. 238): although anxious, the **supervisee** is motivated and ready to recognize strengths and weaknesses. The **supervisor** is instructive regarding his/her role (i.e., vis a vis excessive dependency) and the expectations in supervision. This first stage will include the supervisee recognition of the therapist role, clarification of the expectations from supervision and clarifying the means of and nature of evaluation. Set boundaries between supervision and personal therapy but realize that interpersonal moving forward does involve increasing self-awareness and sharing of that (p. 239, 1982).

Group meetings help the supervisees recognize the universality of their feelings.

- *Intermediate* stage trainee: Stage Two, "Skill acquisition" (P. 241): the **supervisee** is learning skills such as mastery of the initial interview (i.e., Simulation suggested). The **supervisor** is ready to allow supervisees to observe and possibly participate in co-therapy (with a client).
- *Advanced* stage trainee: Stage Three. "Solidification and Evaluation of Practice" (p. 242, 1982).The **supervisee**s receiving their own clients and presenting the initial interviews in supervision sessions. The **supervisor** responds to the presentation, subsuming roles presented in first stages and responding appropriately depending upon the type of client(s) case and theoretical approach the supervisee is presenting.

7) Blount (1982) Trainee

- *Beginning* stage: the **supervisee** is struggling with feelings of adequacy vs inadequacy. The **supervisor** is supportive, encouraging awareness, modelling, and providing instruction.
- *Intermediate* stage: the **supervisee** is struggling with independence vs dependence. The **supervisor** helps with integration of session dynamics and skills.
- *Advanced* stage: the **supervisee** is dealing with dependency vs individuation. The **supervisor** encourages individuation, confrontation in the supervision session when appropriate and moving toward a peer supervisee/supervision relationship. The **supervisee** is dealing with professional integrity vs personal autonomy. The **supervisor** is encouraging consultation and the supervisee is now in a position of supervising his/her self, others and mentoring.

8) Loganbill, Hardy & Delworth (1982) Counseling Psychologist with Counseling Psychology, Trainee (note: author cites issues of "competence, emotional awareness, autonomy, theoretical identify, respect for individual differences, purpose and direction, personal motivation, professional ethics", p. 17, 1982); the variable nature of the developmental stage suggests that the supervisee can cycle through different stages depending on personal and professional situations

- *Beginning* stage: Stage One, trainee, "Stagnation" (p. 18):  the **supervisee** described as <u>unaware, naïve, problem solving, lacking confidence and dependent.</u> The **supervisor** <u>can assess and evaluate the supervisee.</u> Interventions include <u>facilitating, confronting, encouraging conceptual thinking, prescribing and suggesting interventions that are a catalyst. Prescriptive interventions may be useful to satisfy temporary dependency needs.</u>
- *Intermediate* stage: Stage Two, trainee, "Confusion" (p. 18): the **supervisee** is prone to *confusion* <u>in terms of instability, conflict, feeling incompetent and instability.</u> The supervisee may experience the supervisor as <u>all-knowing vs incompetent.</u> **Supervisors** <u>are open to all interventions, especially conceptual interventions.</u> **Supervisee** should be open to<u> personal therapy.</u>
- *Advanced* stage: Stage Three, trainee. "Integration" (p.19):  the **supervisee** is experiencing<u> *integration*</u>: calm, self-acceptance, realistic perception of the **supervisor** as a person with strong and weak potential.

9) Sansbury (1982) Counseling Psychology (commentary on Loganbill, et al, 1982) Trainee, Group supervision, supervision of doctoral students supervising masters students, professionals. Unusual format:  Stages presented in context (pre-practicum, practicum, internship) of training and competency skills. Internship, described as an advanced stage here, is in reference to advanced stage of pre-professional training.

- *Beginning* stage: Prepracticum. The **supervisee** needs to develop "basic listening skills" (p. 56) and assimilate the role of being a counsellor. Prior to student on the job training, <u>the **supervisor** can provide a needs assessment and serve as a model.</u> The **supervisor** <u>can help the supervisee with "techniques, reinforcement and instruction".(p. 56).</u>
- *Intermediate* stage: Practicum, **Supervisee** needs to "develop therapeutic techniques, improves conceptualization, refine personal theory, develop competence, establish limits of responsibility for self and client".(p. 56). The **supervisor** <u>can help with counsellor/client difficulties.</u> Help supervisee <u>progress through confrontation, "role reversals, interpretation, feedback" (p. 56) and how to ask for help.</u>
- *Advanced* stage: in Internship**, Supervisee** needs to "broaden and refine understanding of clients, develop expectations about client

that are best helped, learn how to explore personal issues and
reliance on self". (p. 56).
**Supervisor** helps and/or "confronts the **supervisee"** (p.56) with
receiving talk and behavior, supports increased risk taking, help
supervisee with personal issues and assist supervisee in ability to
self-evaluate.

10) Friedlander, Dye, Costello & Kobos (1984, Psychologists,
Psychotherapy, Trainee; adaptation of Grojahn)

- *Beginning* stage: "first crisis" (p. 194, 1984) the **supervisee** is
  ambiguous. The **supervisor** tolerates and supports this ambiguity
  and supports the learning to learn.
- *Intermediate* stage: "second crisis" (p. 194, 1984) the **supervisee** is
  aware of the limitations of the therapeutic conditions. The
  **supervisor** helps sort out theory and practice, supports and clarifies
  mistakes and unanticipated client responses in the counseling
  situation, helps the supervisee deal with guilt over failures.
- *Advanced* stage: "third crisis" (p. 194, 1984) the **supervisee**
  recognizes the value of his/her counseling practice. The **supervisor**
  moves to increasing self-awareness,
  transference/countertransference, vs techniques. The supervisor is
  now eclectic, helping the supervisee with developing intervention
  repertoire as well as sensitive client assessment.

11) Hess (1986) Trainee; Stages are not linear.

- *Beginning* stage: the **supervisee** begins with confusion, feeling
  unanchored, anxious, forming an identity, moving between feelings
  of inadequacy vs inadequacy. The **supervisor** supports the
  supervisee as they develop a peer relationship in terms of trust.
- *Intermediate* stage: the **supervisee** develops skills in terms of
  theory, sorting out dependence vs independence. The **supervisor**
  encourages the supervisee to try out different techniques by
  rehearsing techniques and giving feedback.
- *Advanced* stage: the **supervisee** is trying to consolidate owned skills
  along with development of new ones. He or she is able to start
  supervising others. The **supervisor** helps student with new skills
  and encourages. The supervisee is establishing a professional
  identity, moving toward individuation. The supervisor as mentor

recognizes (implied) transference and counter transference. The developmental stages of supervision are repeated at different depths (note: not linear).

12) Friedman and Kaslow (1986; Watkins, 1995, p. 651-652) Note: 6 stages.
Trainee

- *Beginning a*, "Excitement and anticipatory anxiety" (Watkins, p. 651). **Supervisee**, orientation to clinical placement; can feel overwhelming.. **Supervisor** provides "holding environment which is empathic to supervisee anxieties and vulnerabilities" (Watkins, p. 651).
- *Beginning b:* "Dependency and identification" (Watkins, p. 651) **Supervisee** feeling over-whelmed as he/she is assigned a case; **Supervisor** helps supervisor "organize and anticipate how therapy works" (Watkins, p. 651); supportive; avoid assigning particularly challenging cases.
- *Beginning c*: **"**Activity and continued dependency" (Watkins, p. 651) **Supervisee** becoming more active and less dependent (p. 651); feelings about self-fluctuate, demonstrating lack of confidence and knowledge; may idealize supervisor; presents with self-doubts and ambivalence, highly vulnerable; continuing dependency. Omnipotence anxieties, **Supervisor "**acknowledges difficulties attendant to therapist role; mirroring acceptance; limits criticisms; sets limits; affectively predictable; attentive to/accepting of supervisee needs" (Watkins, p. 651)
- *Intermediate*: **Supervisee** "exuberant and taking charge" (p. 651); self-regard as therapist, a healer; more in command professionally; "meaningfully sees connections between psychotherapy theory/ practice; can handle exploration of counter- transference issues"; theoretically able; more independent, initiating"(p. 651). **Supervisor** supportive; consultant role in order to  relinquish control
- *Advanced a*: **Supervisee** works to develop "identity and independence" (Watkins, p. 652), professional adolescence; separation phenomena evident; firmly internalized frame of reference; well aware of one's own and supervisor's strengths/weaknesses; may devalue supervisor. **Supervisor** supports therapists' autonomy yet available.
- *Advanced b*. **Supervisee** presents with "calm and collegiality" (p. 652); professional identity; autonomous, integrated, theoretically

grounded; self-doubt has decreased and affect is variable.
**Supervisor** provides <u>facilitating and consulting role,</u> challenging as
necessary and "able to focus on countertransference as supervisee
can consider it."(p. 652)

13) Chazan (1990; pp 25-28) Trainee; psychoanalytic theoretical approach
(note: metaphorical theory in terms of Mahler et al, 1975; Erikson (1950)

- *Beginning* stage:" <u>Creation of a space"</u> (p. 25) **Supervisee** is
  uncertain, <u>insecure;</u> doubting oneself and one's abilities; motivated.
  "The transference is from families of origin, personal therapies and
  professional contacts." (p. 26) **Supervisor** provides holding
  environment home base; supports supervisee.
- *Intermediate* stage: "<u>Structure building"</u> (p. 26), **Supervisee** <u>is</u>
  "<u>twinning</u>"(p. 26) with supervisor as alter ego; exploration of <u>trying</u>
  <u>out different techniques</u> in order to learn; "mistakes, injury and
  recovery are part of the process" (p. 26). Increasing independence
  can lead to opposition: "<u>differences of opinion, power struggles and</u>
  <u>tests of strength; subject to disillusionment and despair"</u> (p. 27).
  **Supervisee** resistance to change may indicate strength and/or serve
  as blockage to progress. The **supervisor** provides <u>"tact, empathy</u>
  <u>and tolerance for differences"</u> (p. 27) between supervisee and
  supervisor; serves as stable home base.
- *Advanced* stage: "<u>Reciprocity</u> and well-being" (p. 27); professional
  identification; **supervisee** is considered a member of one's
  profession; good enough". **<u>Supervisor</u>** <u>is collegial, consultative.</u>

14) Watkins (1990b; 1995) note: psychoanalytic developmental terminology
used as metaphorical language for 6 stages. Trainee

- *Beginning stage a;* "<u>Symbiosis"</u> (1995, p. 653): **Supervisee** is
  "uninsightful, anxious, dependent; idealizes supervisor; desires
  advice, direction, and guidance" (p. 653). **Supervisor** provides
  "<u>holding environment,</u> sets ground rules, structures; nurturing,
  empathic; facilitates trust, confident expectancy" (p. 653).
- *Beginning stage b:* <u>Differentiation</u>**: Supervisee** "more attentive,
  <u>discriminating;</u> somewhat more defined, has a <u>realistic image of</u>
  <u>supervisor but is still tense, anxious" (p. 653);</u> motivated. **Supervisor**
  continues to provide security" <u>empathic, supportive, affirming;</u>
  provides <u>modeling, role playing" (p. 653);</u> encouraging attention to

supervisor-supervisee relationship as a means of stimulating thinking about supervisee-client interaction.

- *Intermediate stage a*: "Early practicing" (p. 653); **Supervisee** experimenting with different techniques and interventions (note: may also adhere to a theory); confidence is increasing but " curiosity still mixed with hesitancy and doubt….need to check back with supervisor." (p. 653). **Supervisor** "provides encouragement; supervisory framework is secure; help supervisee "explore how different techniques feel; supervisor self disclosure what worked with with clients and why can be helpful.

- *Intermediate stage b*: "Practicing proper" (p. 653): **Supervisee** confidence is growing along with "feelings of exhiliration", may overestimate competence as a therapist; "therapist identity beginning to crystallize"(p. 653). **Supervisor** functions as "supervisee's alter ego, providing reality orientation when needed; serves synthetic, integrative function; reinforces supervisee strengths and learnings" (p. 653).

- *Intermediate stage c*: "Rapprochement" (p. 653): **Supervisee** can feel overwhelmed; "heightened yet ambivalent need for supervisor; regressive, progressive behaviors; conflicted; struggling to separate and individuate" (p. 653). **Supervisor**: "structures, offers ego-supportive interventions; encourages, reinforces gains; helps supervisees see their developmental progression (in becoming a therapist); interprets, validates." (p. 653).

- *Advanced Stage*: 'On the way to object constancy' (p. 653); **Supervisee,** perceiving supervisor in more whole, integrated fashion, is now a "professional with strengths and weaknesses, heightened sense of therapist identity; acceptance of self as being in process" (p. 653). **Supervisor**  is 'collaborative, collegial, provides less structure, shared responsibility, flexible, free-flowing supervision atmosphere." (p. 653)

15) Fox (1998), social work, field instruction; Internship

- *Beginning* stage a "Intellectual Learning" (p. 65)., **Supervisee**, in need of intellectual learning. **Supervisor** provides guidance, concrete assistance, assignment that can lead to "self-appraisal and self-criticism" (p. 66).

- *Beginning* stage b: "Imitation" (p. 66) **Supervisee** is in need of observing, imitating; **Supervisor** provides opportunity for supervisee

observation to imitate and assess a field instructor's abilities related
to communication, management of anxiety and problems, foster
mutuality as well as cooperation in working with others.

- *Intermediate* stage a: "Introjection" (p 66) **Supervisee** expresses
  desire for "mutual reflection on dyadic exchange" (p. 67) and
  discussion. interaction between **supervisor** and supervisee may
  lead to process of transference.

- *Intermediate* b. Identification, **Supervisee** shares experience,
  anxieties, and confusion. **Supervisor** become attuned to student
  experiences, anxieties, and confusion to support interest, empathy,
  tact, maturity, and belief in helping.

- *Intermediate* c. Idealization and mirroring: **Supervisee** is in need of
  help to overcome self-doubt. **Supervisor** recognizes idealization and
  mirroring and provides support so the supervisee can develop self-
  confidence.

- *Advanced:* Independence: **Supervisee** is developing professional
  identity, and personal individuation**. Supervisor** supports separation.

16) McNeil & Stoltenberg, (2016) 'Integrated Developmental Model', six
stages, note: originally derived from Stoltenberg, 1981. Widely used and
complex model with focus on motivation, autonomy, self/other awareness as
domains which may be interchangeable. One open ended stage for
Professionals. Authors emphasize the variable nature of the developmental
stage where the supervisee can cycle through different stages depending on
personal and professional situations. Transitional stages were detailed iin
earlier (Stoltenberg et al, 1997) versions of the model.

- *Beginning stage*:  Level 1, **Supervisee** is "highly motivated,
  dependent, needs structure, limited self-awareness (difficulty seeing
  strengths and weaknesses), performance anxiety" (p. 14)
  **Supervisor "**provides structure and keeps anxiety manageable,
  assigns clients with mild presenting problems or in need of
  maintenance" (p. 54). Supervisor" facilitates (support, encourage),
  prescribes (suggest approaches), instructive (conceptual, include
  theory)." (p. 54). Supervision approaches: "observe, skills training,
  role-play, interpret dynamics, readings, group supervision, address
  strengths/weaknesses/ambiguity, monitor clients." (p. 54)

- *Intermediate stage:*  Level 2, **Supervisee** "fluctuates between high
  and low motivation, sometimes confident and other times not" (p.

14); dependency demonstrates "autonomy conflict which is assertive vs compliant" (p. 14).More independent (i.e., may only request specific input). Focus is on client; "empathy is possible- may lead to overidentification" (p. 14). If confused, supervisee will lose effectiveness; balance is an issue. In response to the intermediate stage supervisee, the **supervisor** provides less structure, and "encourages more autonomy particularly during periods of regression or stress" (p. 54), can assign more difficult clients with more severe personality problems (i.e., personality disorders). Supervision approaches: "observation, role-play, interpret dynamics, parallel process, group supervision." (p. 54). **Supervisor** interventions: "facilitative (support, encourage), prescriptive (suggest approaches), conceptual (some, and theory),catalytic (late level I)" (p. 54).

- *Advanced stage:* Level 3, the **supervisee** experiences "stable *motivation*" (p. 14) where doubts do not immobilize; focus on, professional identity, "conditional dependency, primarily autonomous." (p. 14). Cognitive awareness includes accepting and awareness of strengths/weakness of self and client. Affective awareness includes awareness of own reactions and empathy."(p. 14). Supervisee able to facilitate own agenda;" more focus on personal and professional integration and career decisions." (p. 55). **Supervisor** interventions can include facilitating, confronting, conceptual from personal orientation or catalytic in response to blocks or stagnation. Supervisor can "suggest peer supervision and/or group supervision; Strive for integration". (p. 55).

- *Professional stage:* Level 3+(integrated). **Supervisee "**motivation is stable and professional identity is established" (p. 14)"; refocusing of practice to new areas may involve revisit levels 1 or 2 (see above); "autonomous across domains" (p. 14). Self/other awareness includes "personalized understanding which crosses domains; adjusted with experience and age" (p. 14).; can confront personal and professional issues. **Supervisor** helps supervisee integrate across domains so there is a smooth actualization from assessment through conceptualization, developing treatment goals and implementation of interventions; Facilitate, confront, conceptualize, can be catalytic. This stage is considered open-ended.

17) Ronnestad & Skovholt (2013), 'The Lifespan Model' 5 stages (phases); subject to longitudinal interviews from users. Trainee through Professional

stages. Note: the original presentation of this model included Lay helper prior to beginning student phase. Ronnestad, et al 2019 details extensive field testing through grounded theory. Authors emphasize the variable nature of the developmental stage where the supervisee can cycle through different stages depending on personal and professional situations.

- *Beginning* student  (Novice Student phase):  **Supervisee** is prone to issues with boundaries, overly involved and providing sympathy rather than empathy. The **supervisee** is dependent, anxious, vulnerable, shaky sense of self-confidence. tends to be cautious, favors imitation, conservative, and complete to do things. The **supervisor** works to create a "holding environment" (Winnicott, 1960; Ronnestad & Skovholt, 2013, p. 189) due to supervisee anxiety being at its peak.; instructional/teaching role; If necessary, communicate to the supervisee that "experiences of disillusionment and doubt in their skillfulness are common at this stage" (p. 189); encourage reflection.

- *Intermediate / Advanced student phase*-(note: In this model, the advanced student phase conforms to the characteristics described in all other models as both intermediate and advanced). At this phase the **supervisee** is described as cautious, conservative, and competent to do things. There is a "fluctuation between feeling competent and vulnerable; experiencing conditional autonomy; being more critical towards the training program; being intensely invested in supervision (conflict in supervision may be at its peak); wanting direct feedback from the supervisor; seeing therapy/counseling as more complex; searching to learn the specifics with a focus on individual differences and context as basic skills have been acquired; having high standards of performance as graduation is approaching; and finally not being risk-taking".(Ronnestad & Skovholt, 2013, p. 195). The **supervisor** provides less of a teaching role than they do with beginning supervisees. Be aware of the advanced student's need for autonomy. Supervisors continue to "introduce increasingly complex conceptual knowledge, assess both assessment and therapeutic skills, remain open to information and theory at a metalevel;  can provide feedback that is direct and honest" (2013, p. 199), communicated with sensitivity and skillfulness. Explore supervisees' mastery of "using themselves as an instrument of treatment" (2013, p. 199; this should be done with knowledge of and respect for how demanding it is to do this in an

optimal way. "Supervisors may encourage entering personal therapy" (2013, p. 200); "if applicable, awareness of parallel process may be introduced" (2013, p. 201).

- *Novice professional* phase post-graduation (note: only model where Advanced stage moves from trainee to professional, i.e., five years after graduation), **supervisee** is working to integrate sense of self in treatment; The novice professional invests much energy in confirming the usefulness and validity of training. The transition from being a student to assuming more individual responsibility and the disillusionment experienced by many novice practitioners after some time in practice, provide a particular challenge not only for the novice professional but also for the supervisor. For most novice professionals who experience disillusionment, the issue is not one of suitability as a therapist/counsellor, although many raise that question. Such experiences are common at this phase of development and should be dealt with as such. Tensions within practice institutions vary and supervisees seek supervision for diverse reasons. The **supervisor** should assist the supervisee in exploring any feelings related to disillusionment with self, training and/or the profession, communicate the normative character of such feelings and point to the potentially constructive consequences that may ensue from reflecting on the challenges encountered. Assist the supervisee in avoiding premature closure. As novice professionals typically continue to explore how personal issues impact their work and many aspire to better learn how to use themselves as instruments, the supervisor should also be mindful of the distinction between the therapy/counseling role and the supervisor role (i.e., establish possible supervision contract).The supervisor should be sensitive to any contextual circumstance (including power relationships and tension within the treatment institution), that may influence the supervisee's work, and if so to discuss this with the supervisee. The supervisor should be aware of the different intentions of the supervisee (including external reasons such as meeting requirements for licensure, obligatory part of postgraduate training or internal reasons such as to optimize one's skills, learn new therapy/counseling methods and develop professionally) and to discuss these intentions as part of forming the supervision contract.
- *Experienced professional phase* (note: only model where Advanced stage proceeds to a second level of professional level); **supervisee** developing authenticity in relation to self; able to emotionally

disengaged. Supervisee coherent and genuine in relating to clients;
"consistent values, self-concepts and theoretical conceptual models
and techniques" (Ronnestad & Skovholt, 2013, p. 122) Supervisee in
need of maintaining sense of professional growth/resiliency; avoiding
burnout and stagnation; maintain work role with professional identity;
adapt to partial or impending full retirement, adjust client load with
advisement to clients as necessary. See ongoing supervisor
strategies from Advanced 3a.

- *Senior professional phase*: with more than 25 years of experience,
  this **supervisee,** professional, quite authentic and developed, may
  feel a sense of loss as peers are not necessarily present in their own
  lives. Acceptance of limitations is coupled with positive attitude about
  work; still eager to learn and develop. Many experienced therapists
  report they still receive formal supervision (Orlinsky & Rønnestad,
  2015); more than 50% of experienced therapists have supervised
  less experienced therapists (Rønnestad, Orlinsky, Parks, & Davis,
  1997). The supervisor will support the trajectory and aims of the
  supervisee.

## 4.5 DISCUSSION

What are the overlapping as well as disparate characteristics of a
developmental stage model in counseling supervision in terms of both
supervisee behaviors and responsive supervisor interventions? How do
these characteristics allow us to consider what stage development is and
how it has presented in a developmental stage model in counseling
supervision? For purposes of this thesis the developmental stage is
presented in chapter two; it represents the mental and emotional stages a
supervisee goes through as he or she grows and matures. The reader is
reminded that it is not necessarily designed to fit a specific theoretical
approach but has accommodated specific theoretical approaches and
models. For example, models recognized as "psychoanalytic and/or
psychodynamic" (Watkins, 1995, p. 650) include the work of Chazan, 1990;
Friedman & Kaslow, 1986a, 1986b; Watkins, 1990b. Even with the presence
of a theoretical approach in these latter models, Watkins reflects on the
Worthington review of developmental stage models (1987), concluding: "The
developmental process or general model structure depicted across both
reviews is very much the same…. in content, process, outcome, and
intervention" (p. 654) and suggesting possible "refinement, revision and
consolidation". (p. 654). This type of refinement had already taken place with

the work of Stoltenberg who originally presented his work in 1981 and refined it in subsequent versions by identifying domains (awareness, motivation, autonomy/dependence) of competence and transitional stages (Stoltenberg & McNeil, 2010). Watkins also considers seventeen related research studies about the developmental stage models (1995).

With the exception of the Lifespan Model (Ronnestad & Skovholt, 2013) and Integrated Developmental Model (Stoltenberg & McNeil, 2010), the developmental stage models have been designed for trainees. The supervisor responds to the developmental stages, generically described as beginning, intermediate and advanced, which are not necessarily linear. The operational definition of a developmental stage model for clinical supervision in this thesis focuses on a minimum of three supervisee stages and responsive supervisor interventions. Developmental stage models that include more than three stages include the work of Friedman and Kaslow (1986), Watkins (1995), Stoltenberg & McNeil (2010) and Ronnestad, & Skovholt (2013). The additional stages, either subsumed within generic titles (i.e., Beginner a,b,c) or moving into professional developmental stages (Ronnestad & Skovholt, 2013; Stoltenberg & McNeil, 2010; McNeil & Stoltenberg, 2016) are included in the analyses below.

In the synthesis below, characteristic terms used to describe supervisee behaviors and supervisor interventions are italicized and *Narrative synthesis* (see Methods, chapter three, for more information) *:*A narrative synthesis, using primarily words and text to examine, summarize and explain the results) is presented in **bold italicized** remarks following the descriptive information of the stages for both supervisee and supervisor. Figure drawings follow. Key words leading to the synthesis are in *italics.*

*Beginning Stage of Training - Trainee*

Supervisee behaviors: The supervisee in the beginning stage of supervision in counseling is a trainee and, although *motivated,* is also flooded with feelings that are challenging when entering a new field and put in a position of responsibility for caring for others. Sample words used by theorists to describe the supervisee here relay that: *anxious* (Fleming, 1953; Yogev, Watkins, Stoltenberg, et al ), *limited*, in *preparation mode* (Grotjann, 1955), *dependent* (Hogan; Loganbill, Hardy and Delworth; Friedman & Kaslow; Watkins, Stoltenberg), *imitative* (Fleming, 1953, ), *insecure* (Hogan, 1964), *need to be oriented* (Ard, 1973 ), *need for boundaries,* aware of strengths and weaknesses, feeling adequate versus inadequate (Blount, 1982), in

*problem solving* mode (Loganbill, Hardy & Delworth, 1982), *limited sense of awareness*, *ambiguous* (Friedlander, Dye, Costello and Kobos, 1984), *confused* (Hess, 1986), *insecure* (Chazan, 1990), *emulates and idealizes role model* (Watkins 1990b, Stoltenberg & McNeil, 2010) and just starting to form an identity as a prospective therapist. While all these words are different, they all relay the same impression; they are not at odds with each other. ***The supervisee, described as anxious, limited, imitative, insecure, needing boundaries and confused is just starting to grapple with a variety of training needs in order to receive support and guidance from the supervisor*; there are many new and challenging client scenarios in becoming a counselor.**
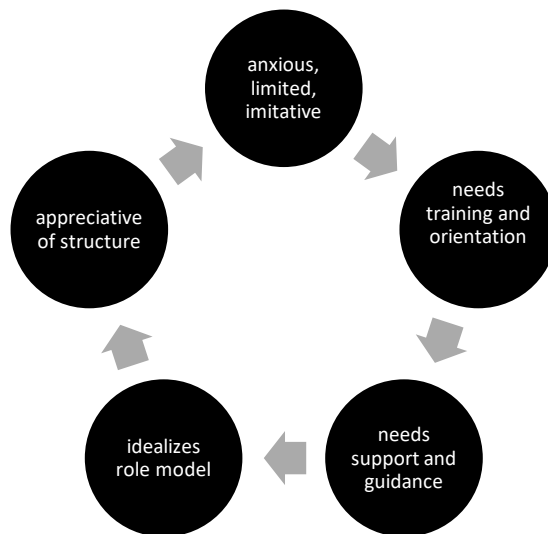


Figure 4.1 Elements in beginning supervisee behavior

Supervisor interventions: In response, the 'good enough' supervisor, reminiscent of the 'good enough mother' described by Winnicott, will accept this dependency, and strive to provide what is necessary for the student to move forward. What is proposed here in terms of supervisor response to a beginning stage of training are the following descriptors: *instructive* (Fleming, 1953; Yogev, 1982), *encouraging* (Grotjahn, 1955), *help avoid beginner mistakes*, *interpret*, *support*, *encourage awareness*, *orient*, *instruct*, *encourage autonomy and risk-taking*, *integrate theory and practice*, *encourage conceptual thinking*, offer to *observe, model, assess and evaluate*, *facilitate, confront, prescribe*, *suggest interventions that are a*

*catalyst, introduce techniques, reinforce, tolerate and support ambiguity, provide secure holding environment* (Chazan, 1990, Watkins, 1990b*), support learning to learn and build peer relationship in terms of trust.* ***Accept dependency of supervisee in order to provide uniform need for instruction and orientation; address the dependency, insecurities and need for orientation through techniques such as observing, modeling, and assessing, integrating theory and practice, tolerating ambiguity.***
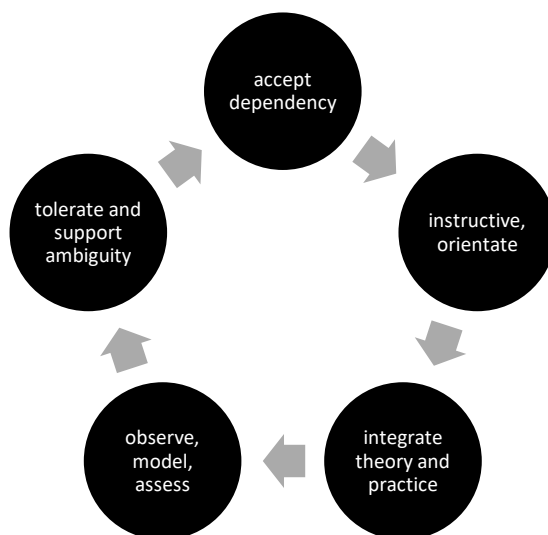


Figure 4.2 Elements in beginning supervisor intervention

*Intermediate stage of training, Trainee*

Supervisee behaviors: Moving onto the intermediate phase of training, theorists paint a picture of a student who is slowly but surely moving forward in supervised clinical work. The **supervisee** requires *less support* since self-confidence, presumably along with skills training, is increasing. At the same time, the **supervisee** needs more information about the client(s) as well as *instructive techniques* for counseling (Blout, 1982; Hess, 1986). If the student is in class while there is ongoing clinical supervision, that information should be forthcoming but perhaps the supervisor can supplement that information. Note that this item is not showing up in the descriptions for the beginning student, particularly where there is an expressed recommendation to integrate theory and practice (Stoltenberg, 1981; Stoltenberg & McNeil, 2010) and, in six of fifteen models the suggestion that the supervisor be 'instructive'. While the *supervisee is developing, continuing to learn, and*

*practicing skills*, Stoltenberg (Stoltenberg & McNeil, 2010) suggests that there may be a sense of difficulty in defining one's developing identity as a counselor that *can lead a necessary disagreement with the supervisor to individuate* (note: not dissimilar from separation issues with a very young child). This need to individuate and handle the feelings of independence vs dependence (Hess, 1986) in the process may also be reflected in the supervisee perception of the all-knowing vs incompetent (i.e., good-bad mother) supervisor (Loganbill, Hardy and Delworth, 1982). ***The supervisee is learning and practicing skills while individuating.***
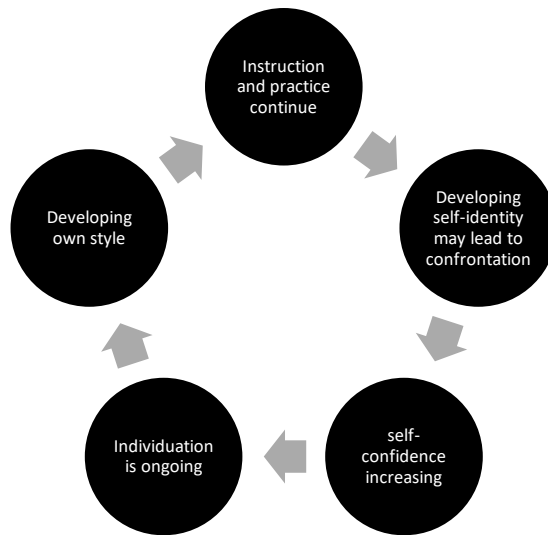


Figure 4.3 Elements in Intermediate supervisee behavior

Supervisor interventions: **Supervisors** responding to the needs of the trainee in the intermediate phase of supervision need to *remain supportive,* but likely not to the extent necessary in the beginner phase. Fleming (1953), the only psychiatrist included as an author in these models, suggests '*corrective' learning,* a part of which is the introduction of transference and countertransference. Hogan (1964) suggests that the struggle to individuate which he describes as a struggle between feeling dependent/overwhelmed and autonomy/overconfident can be met by a supervisor who is there to *clarify this struggle and be supportive*. He suggests *personal therapy,* as necessary, for the supervisee. He is the only theorist in the 80s, the decade where eight of the 14 models were published, to suggest this. His work was explored through interviews conducted in the 80s where a complex vs a simple model was lauded (Reising & Daniels, 1983). Hogan's inclusion of

anxiety/doubt, skills and methods training (see beginner), independence (see intermediate) and the validation of work and commitment, and respectful confrontation (advanced level). *The supervisee is supported in order to separate from the supervisor and develop a sense of self in the work.*
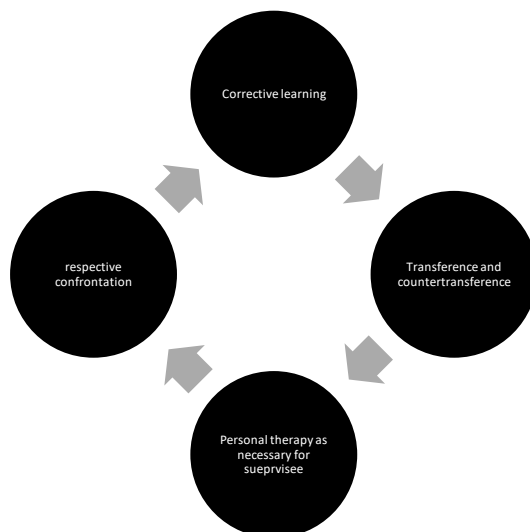


Figure 4.4 Elements in Intermediate supervisor interventions

*Advanced, Trainee*

<u>Supervisee behaviors</u>

The supervisee at the advanced stage, trainee, is variously described as one who can work through issues in the practice of counseling without the earlier complications of dependency and lack of confidence. *This 'working through' implies using the supervision session to sort out transferences and counter-transferences in the practice of counseling*, known within a psychodynamic framework, as psychotherapy. *This **level of autonomy and insight allows the advanced supervisee to further tolerate and respond to confrontation in the supervision session and move closer to a peer relationship*** with the supervisor, recognizing that the supervisor has strengths and weaknesses. The possibility of continuing an instructive mode is still possible for the supervisee, albeit at a much higher level.

*Personal and professional circumstances can invite regression to former developmental stages. Professional stages of supervision lead*

*to integrated sense of self, authenticity which permits emotional disengagement, possible sense of loss moving into retirement.*
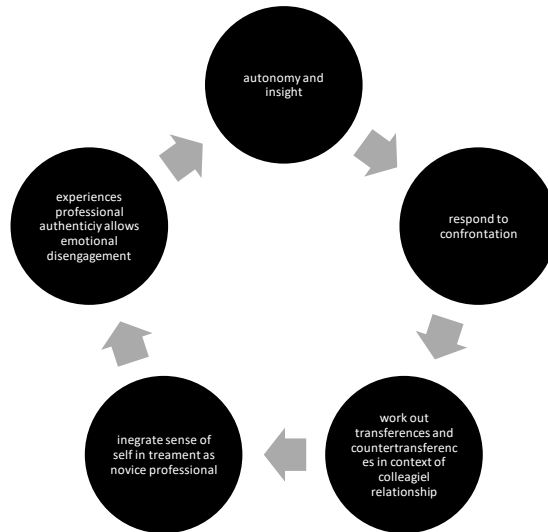


Figure 4.5 Elements in Advanced supervisee behavior

Supervisor interventions: With increases in empathy and tolerance, the supervisee may also be open to different techniques in counseling while also *considering the supervisor for consulting sessions rather than a regularly scheduled meeting.* Yet, even at the advanced level(s), Hess (1986) reminds the reader that the *developmental stages are not linear* and can be repeated given variable circumstances. In working *with a supervisee who is at an advanced level, the supervisor may enjoy the more sophisticated and more challenging process of handling further transference/countertransference*, the possibility of a peer relationship (recognized in six of the fourteen accounts above) and encouraging supervisee self-analysis/assessment in terms of both social-emotional and cognitive abilities. **The supervisee is achieving a sense of self sufficiency to process transferences and countertransferences and engage with the supervisor as a peer.** *This level suggests a senior trainee or a professional supervision* (personal communication, Watkins, 9-12-22)
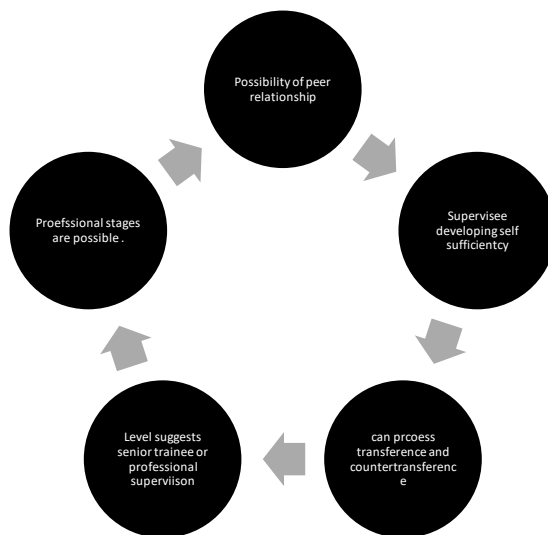
Figure 4.6 Elements in Advanced supervisor interventions

Note: The nomenclature of advanced stages.
In the advanced stage(s) of training, two of the developmental stage models include two stages of training which are considered advanced. In one case (i.e., Stoltenberg & McNeil, 2010) an advanced level implies a professional level of activity (note, acting as a supervisor to beginning counsellors) vs a student level (see Sansbury reference to the internship). With the lifespan model (Ronnestad & Skovholt, 2013), there are three levels of advanced stage, each of which is professional. In spite of professional status, developmental stages can be non-linear or circular dependent upon professional and personal circumstances. While the novice professional supervisee works to integrate a sense of self in treatment, the experienced professional will develop a sense of authenticity that allows emotional disengagement. The senior professional may feel a sense of loss as he/she moves toward retirement.

*Beginning, Professional*

Supervisee behaviors
Stoltenberg & McNeil (2010) designate one stage for professionals; it Is open-ended: *"Self/other awareness includes personalized understanding which crosses domains; adjusted with experience and age*" (McNeil & Stoltenberg, 2016, p.15) and is subsumed in the below description of the novice professional phase. Ronnestad and Skovholt describe professional

supervision in three stages, the first of which is the novice professional **supervisee (**typically 5 years after graduation) works to integrate a sense of self in treatment and, as depicted below in Figure 4.7 will set up a supervision contract in order to address the ongoing challenges in the workplace, normative disillusionment, personal issues and short-term goals related to licensure and post-graduate training. ***The beginning professional supervisee maintains self and other awareness which crosses domains of responsibilities of serving client(ele). Working to integrate a sense of self while handling challenges in the workplace, possible disillusionment, personal issues and short-term goals.***
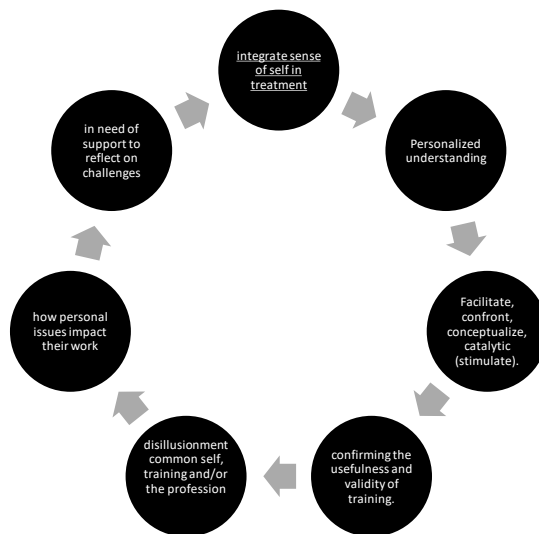


Figure 4.7 Elements in Professional novice supervisee behavior

Supervisor Interventions

The Supervisor of the Novice Professional, as depicted below in Figure 4.8 has three primary tasks which *include assisting the supervisee with normative feelings of disillusionment* (i.e., self, training, profession), *avoiding premature closure related to these topics, and formulating a contract* that includes both short term and long-term goals for supervision. Stoltenberg & McNeil (2010) suggest the following supervisory tasks: *Facilitate, confront, conceptualize, catalytic (stimulate).* ***The supervisor assists with new challenges as a professional, formulates a contract, utilizes facilitation, confronting, conceptualizing, and stimulating the dialogue as necessary.***
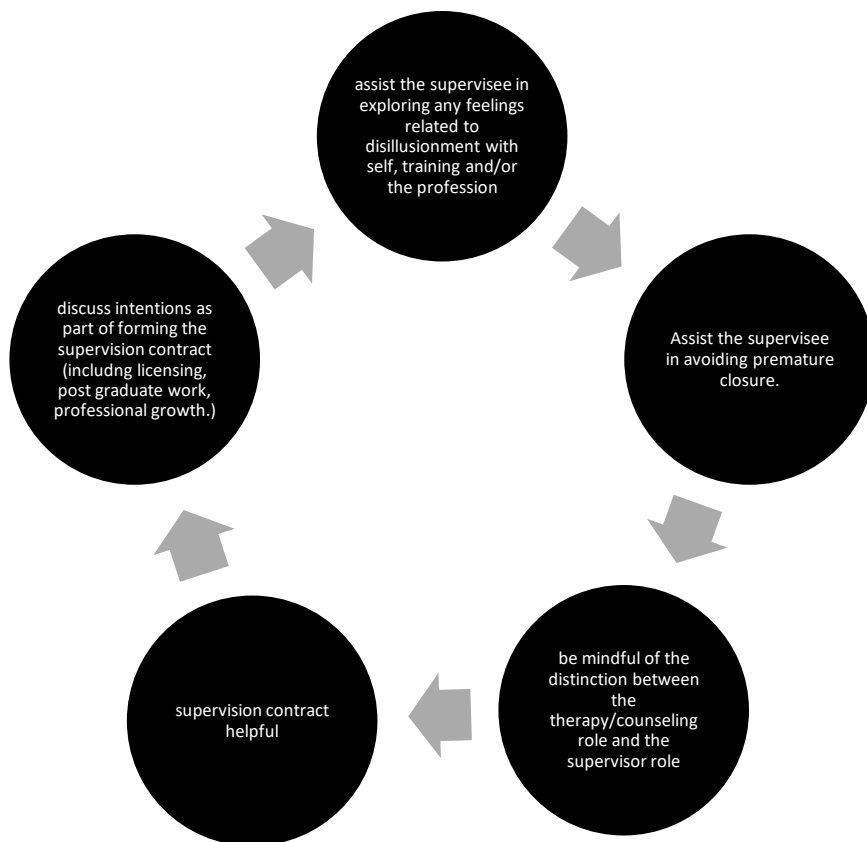
Figure 4.8 Elements in Novice Professional supervisor interventions

*Experienced Professional*

<u>Supervisee Behaviors</u>
As pictured below in Figure 4.9, the experienced professional, in the intermediate course of a professional career*, presents with a sense of authenticity that allows emotional disengagement*. This allows the supervisee to *work toward growth and resiliency in order to avoid burnout and stagnation.* The personal self and professional self-aim to become integrated and creative work is sought as a means of achieving this integration. ***The experienced professional has become more authentic and resilient in order to avoid burnout and stagnation.***
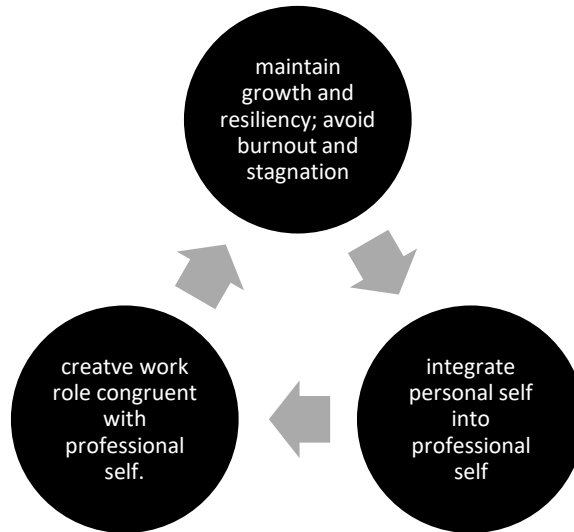
Figure 4.9 Elements in Experienced Professional supervisee behavior

Supervisor Interventions

The Supervisor of the Experienced Professional supervisee works to support the supervisee as necessary. As an experienced professional, there is generally *less antagonism in the relationship,* and it is more easily established than earlier supervisory relationships where the supervisee is not grounded. In these instances*, transference and countertransference as well as parallel process are less likely in the working relationship. New trainings and techniques may still be pursued and, in so doing, may need supports closer to previous levels (i.e., see trainee).* However, the supervisor *encourages learning at a more complex level* where possible and explores client dynamics, therapeutic attitude, and techniques for psychotherapy process with clients. ***Given less antagonism in the relationship, the supervisor of the experienced professional is able to more easily supervise; transference and countertransference is less likely. Learning more complex.***
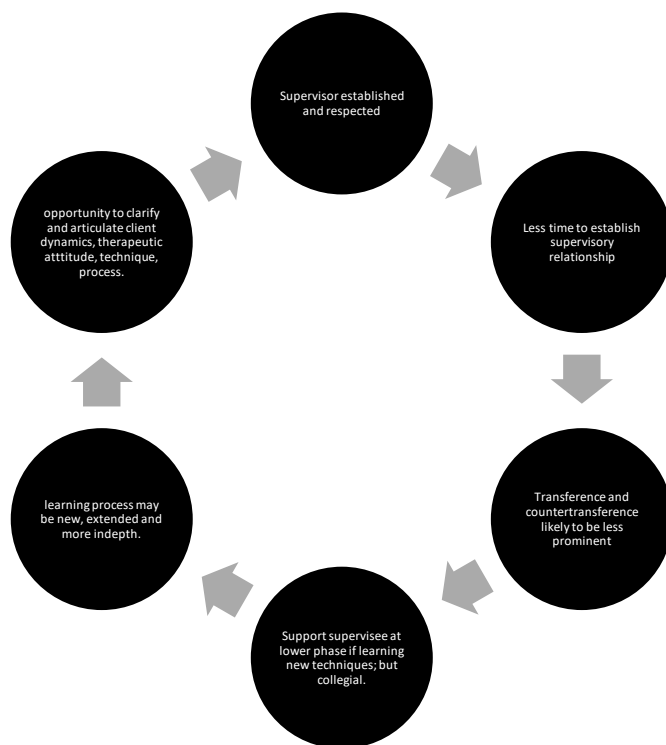
Figure 4.10 Elements in Experienced Professional supervisor interventions

*Advanced, Professional Senior*

<u>Supervisee Behaviors</u>
As described below in figure 4.11, the senior professional, generally in the 60s and 70s *may feel a sense of loss* as he/she moves towards retirement. This is a vulnerable stage of life, both personally and professionally. Nevertheless, *tasks from the experienced professional stage continue, including maintenance of professional growth and resiliency, avoiding burnout and stagnation, and integrating* the work and professional self. At this stage, there is an acceptance of personal limitations which is healthy and a need to adapt to changing circumstances in case load and use of time. ***The senior professional supervisee, moving toward retirement, continues growth and resiliency, avoidance of burnout and stagnation, professional and personal self-integration.***
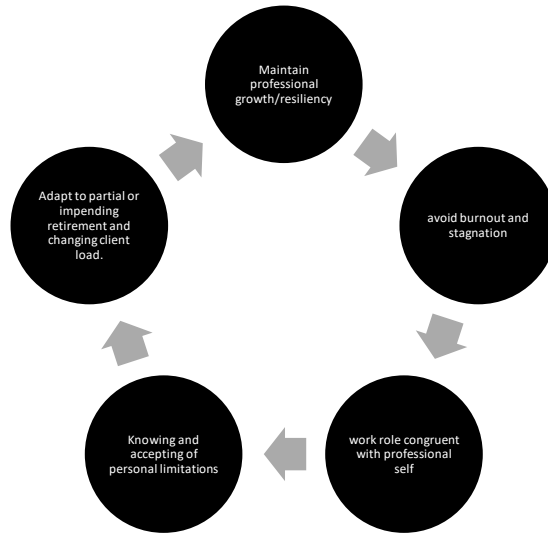
Figure 4.11 Elements in Senior Professional supervisee behavior (note continued two tasks from Experienced Professional).

Supervisor Interventions

As depicted in Figure 4.12 below, the supervisor of the Professional Senior *supports the supervisee in the transition to retirement, discussing challenging cases as necessary* and acknowledging and appreciating lifespan contributions. Although not discussing in the developmental stage models, positive cultural attitudes toward aging and work are of critical value during this period of supervision. ***The supervisor of the last stage in professional life continues to discuss challenging cases while supporting transition to retirement and acknowledging life accomplishment.***

Figure 4.12 Elements in Professional Senior supervisor interventions

## 4.6. THEMATIC ANALYSIS, COUNSELING SUPERVISION

This chapter has considered the work of theorists studying and writing about identified developmental stage models in counseling published over the years 1953-2019 (66 years). This includes both the presenting behavior/needs of the supervisee and the responsive supervisor interventions in response to the supervisee.

The minimal characteristic terms describing each stage within a developmental stage model are: 1) Beginning; 2) Intermediate; 3) Advanced. The characteristics of these stages were compared , considered and presented as *narrative synthesis* in order to arrive at six themes which represent prevalent characteristics. The specificity of the developmental stage models appears greater in the trainee level vs the professional level(s) (Ronnestad and Skovholt, 2013; Stoltenberg & McNeil, 2010). Therefore, this analysis has received greater input from trainee levels. Given personal and professional variables in professional experience, a professional supervisee may revert to trainee levels (Ronnestad & Skovholt, 2013; Stolentenberg & McNeil, 2010; Loganbill, et al, 1982). The themes below, describing changes in structure, self and other awareness, need for validation, sense of security,

separation-individuation and engagement in a changing agenda for
supervision all complement the theoretical framework of the thesis which
describes the psychological journey of the supervisee from dependency to
object constancy (Mahler et al, 1975)  and through efforts to master
developmentally logical crises (Erikson, 1950).

1) Degree of structure decreases through the stages: the degree of structure
is stated or implied in all trainee developmental stage models for the
supervisee. When the supervisee begins the work of supervision there is an
initial anxiety and/or confusion that requires orientation and results in a
greater dependency on the supervisor. In response to these needs, the
structure is greater and will decrease as the supervisee gains greater
knowledge, skills, experience, and independence. In contrast to these
trainee levels, the professional supervisee (novice, experienced, senior)
largely facilitates the agenda given increasing years of experience.

2) Ability to self-assess one's strengths and weaknesses increases through
the trainee stages: Self-evaluative abilities increase as the supervisee
becomes more objective and is able to confront transferences and
countertransference in reflective supervision. The beginning supervisee is
focused on self to the extent where it becomes difficult to assess one's
strengths and weaknesses in context of understanding both the therapist and
the client role(s) in clinical counseling. In contrast to this, the professional
supervisee (novice, experienced, senior) has an increasingly astute sense of
self and other awareness in order to manage confrontations with
disillusionment and possible burnout.

3) Need for validation decreases through the trainee stages: The need for
validation is greatest when the supervisee is insecure and dependent. With a
greater sense of objectivity and security, the supervisee may have less need.
Therefore, it is understandable that at professional stages (novice,
experienced, senior), the supervisee is largely independent and approaches
the supervisory relationship collegially. Contracts are recommended.

4) Changing sense of security increases through the trainee stages: Coupled
with the need for validation, the sense of security becomes greater as the
supervisee gains more ability in becoming a professional. In contrast, at
professional stages (novice, experienced, senior), the supervisee is
increasingly secure. However, this may falter given new clinical scenarios
and in pursuing new techniques.

5) Separation-Individuation becomes possible as the trainee supervisee advances: As the supervisee becomes less dependent on the supervisor, the ability to separate and individuate increases, allowing for working through of transferences. However, at professional stages (novice, experienced, senior), the supervisee has separated from the supervisor emotionally (see object constancy, chapter two), internalizing how to handle clinical scenarios more effectively. Ronnestad & Skovholt (2013) suggest there is less transference, countertransference, and parallel process.

6) Ability to handle the processes of supervision in terms of focus on the supervisee agenda, parallel process, and effective use of transference-countertransference increases through the stages, generally extending into the first stage of professional activity. The ability to make the most of the session will shift depending on the structure. While the beginner will require more instruction and orientation, the intermediate and advanced trainee stages as well as the novice professional stage will lead the supervisee into a place where there is a greater awareness and discussion of the psychodynamics within the sessions being discussed.

Table 4.1 Thematic Analysis, Developmental Stage Models in Counseling
Supervision

(note, See Discussion for references; see italicized remarks in narrative
synthesis within discussion)

| Theme | Theme Applied to Stages (Note: Professional stages in reference to the work of Ronnestat & Skovholt, 2013; Stoltenberg & McNeil, 2010). |
|---|---|
| 1) Degrees of structure; also linked to autonomy: decrease as the supervisee advances and gains a sense of autonomy. | 1) The beginning supervisee needs support and guidance which leads to supervisor instruction and orientation.<br><br>2) The intermediate supervisee is starting to create his/her own degree of structure in the session with a given agenda.<br><br>3) The advanced supervisee requires less structure from the supervisor in peer facilitation of the session.<br><br>4) The professional supervisee (novice, experienced, senior) largely facilitates the agenda given increasing years of experience. |
| 2) Ability to self-assess one's strengths and weaknesses; related to self and other awareness: Increases as the supervisee advances. | 1) The beginning supervisee has difficulty being objective and lacks sufficient basis for self-evaluation.<br><br>2) As the supervisee gains experience and feedback, self-assessment becomes possible.<br><br>3) The advanced supervisee is sensitive to progression and is able to self-assess strengths and weaknesses while not being afraid to confront these realities.<br><br>4) The professional supervisee (novice, experienced, senior) has an increasingly astute sense of self and other awareness while managing confrontations with disillusionment and possible burnout. |

| | |
|---|---|
| 3) Need for validation: Decreases as the supervisee advances. | 1) At the beginning stage, the supervisee tends to imitate and will profit from support and guidance in order to feel validated.<br><br>2) At the intermediate stage, the supervisee is gaining more insight and while still needing validation is able to recognize his/her own strengths and weaknesses.<br><br>3) At the advanced stage, the supervisee the need for external validation has decreased due to mastery.<br><br>4) At professional stages (novice, experienced, senior), the supervisee is largely independent and approaches the supervisory relationship collegially. Contracts are recommended. |
| 4) Changing sense of security: Increases as the supervisee advances. | 1) At the beginning stage, the supervisee is insecure and will profit from orientation.<br><br>2) At the intermediate stage, the supervisee is starting to gain a modicum of security in practicing skills.<br><br>3) At the advanced stage, the supervisee is secure in his/her role.<br><br>4) At professional stages (novice, experienced, senior), the supervisee is increasingly secure. This may falter given new clinical scenarios and in pursuing new techniques. |
| 5) Separation-Individuation: Increases at the supervisee advances. | 1) At the beginning stage, the supervisee is dependent and, as a result of this, may imitate the supervisor.<br><br>2) At the intermediate stage, the supervisee learns and practices skills while individuating from the supervisor.<br><br>3) At the advanced stage, the supervisee is able to respond to confrontation and |

|  | working through of transferences and countertransference with the supervisor.<br><br>4) At professional stages (novice, experienced, senior), the supervisee has separated from the supervisor emotionally (see object constancy, chapter two), internalizing how to handle clinical scenarios more effectively. There is less transference/countertransference and parallel process. |
| --- | --- |
| 6) Ability to handle the processes of supervision in terms of focus on the supervisee agenda, parallel process, and effective use of transference-countertransference: Increases as the supervisee advances; consider adaptive. | 1) In the beginning stage, the supervisee is concerned with the logistics of the session and demonstrates little insight.<br><br>2) In the intermediate stage the supervisee is gaining insight regarding his/her relationship with the patient and the supervisor.<br><br>3) In the advanced stages the supervisee is able to process and discuss transferences and countertransference. –<br><br>4) In the professional stages, particularly experienced and senior, there is less transference/countertransference and parallel process. |

## 4.7 THEORETICAL BASIS FOR DEVELOPMENTAL STAGE MODEL: SECONDARY RESEARCH QUESTION ONE.

The literature review from developmental stage models in counseling supervision has focused on if and how developmental stages are described. The results from this are now used as a theoretical basis in the study  and thereby provide a transition from the systematic literature review of developmental stage models in counseling supervision to that of music therapy supervision.

**Secondary research question One**

1) What does a review of developmental stage models in counseling suggest in terms of a theoretical basis for developmental stage theory in clinical supervision (supervisee behaviors and supervisor interventions)?

In order to clearly suggest an answer to this question, the researcher considers the reading of the primary source literature in various ways: derivation, training context, theorist training, field testing, theoretical framework and specificity of stages. This information is stated below and then summarized with a statement which serves as a theoretical basis for developmental stage model in the thesis. The reader will note connections between the theoretical framework described in chapter two of the thesis and theoretical constructs in connection with various developmental stage models in counseling supervision which are demonstrated in the thematic analysis.

## 4.7.1 Derivation of models

In her examination of the developmental stage models in counselling, Halloway (1987) examines the conceptual and methodology of several prominent developmental stage models, demonstrating the early stages of theorists contextualizing and/or integrating work from the same and/or related fields. This is not unlike the practice in music therapy where Rolvsjord & Stige (2013) suggest the "importance of context in relation to theory, research, and practice" (p. 2). Further, Milne (2014 points out typically, in the earlier stages of theorizing, one develops clinical supervision and developmental stage models themselves, through reasoned analogies in other related arenas. It may be the case, therefore, that the researcher cannot exclude the possibility of early-stage publication demonstrating the tenets of a developmental stage model.

While several of the theorists suggest a response to other models (Grotjahn, 1955; Gaoni & Neuman, Littrell, Lee-Borden and Lorenz, 1979, Sanbury, 1982), only one of the developmental stage models includes a systematic review of literature on supervision in social work, psychotherapy, psychoanalysis, psychiatry, counselor education and psychology with consequential overlaps and come to the conclusion that their developmental stage model is necessary to overcome what they find to be' fragmented' literature on supervision models (Loganbill, Hardy and Delworth, 1982, *p. 12).*

## 4.7.2 Theorist backgrounds

Although all are identified in summary articles (Worthington, 1987; Watkins,
1995) as developmental stage models for the counseling (also known as
psychotherapy) profession, they vary widely in important ways. The
professional identity and training of the authors/theorists include credentials
in psychiatry, marriage and family counseling, psychology and counseling
psychology.

### 4.7.3 Training context and relationship to developmental stage model

The breadth of the training context proceeds through pre-practicum
(Sansbury, 1982), practicum (Sansbury, 1982; Yogev, 1982 ), internship
(Sansbury, 1982; Ard, 1973) and professional contexts (Stoltenberg &
McNeil, 2010);  Ronnestad & Skovholt, 2013). In 12 of the 17 developmental
stage models, the reference is made to a trainee situation  (Fleming, 1953;
Grotjahn, 1959; Hogan, 1964; Littrell, Lee-Borden & Lorez, 1979; Blount,
1982; Loganbill, Hardy & Delworth, 1982; Friedlander, Dye, Costello &
Kobos, 1984; Hess, 1986; Friedman and Kaslow, 1986; Chazan, 1990,
Watkins, 1990b; Fox, 1998). In any event, all of these contexts will vary in
terms of time frame depending upon the training program and profession,
making the stages described as trainee beginning, trainee intermediate,
trainee advanced and beginning professional, intermediate professional and
advanced (senior) professional relative to their contexts.

### 4.7.4 Field Tested

There is only one field-tested tool (Ronnestad & Skovholt, 2013) with the
contents of the interviews, over a 30 year period, described in their book
(Ronnestad & Skovholt, 2013) and subsequent article (Ronnestad, et al,
2019). The first part of the field testing constituted the "Minnesota Study of
Therapist and Counsellor Development" which analyzed the qualitative
interview data of 173 professional counselor psychologists, finetuning the
stages in the model and detailing three trajectories: "continued development,
exhaustion and disengagement." (p. 1, 2019). The second part of the field
testing, the "International Study of Development of Psychotherapists" was
based on the results of a survey received internationally from 5000 therapists
(1991-2003); quantitative analysis was based on "therapists' clinical skills,
difficulties in practice, coping strategies, manner of relating to clients and in-
session feelings" (p. 1, 2019). The analysis of these factors were used as
predictors regarding levels of overall career development. The first part of
the field testing led to implications for supervision while the second part of

the field testing were "integrated in a Cyclical-Sequential Model with implications for clinical training, supervision and practice" (p. 1, 2019)

The model is the only one that extends into professional stages; the total number of stages is six, including a less referred to initial model of a layperson that precedes initial training (see Results).

### 4.7.5 Theoretical frameworks

Five of the seventeen developmental models provide theoretical references with varying degrees of specificity considering these as part of a theoretical framework for the developmental stage model the author(s) describe. All but one of the five (Watkins, 1990b), cite Erikson (1950). Three of the theoretical frameworks described in the five developmental stage models below (see Watkins, 1990b; Chazan, 2003; Loganbill, Hardy & Delworth, 1982), refer to separation-individuation (Mahler, Pine & Bergman, 1975) while Ronnestad & Skovholt (2013) refer to the influence of learning theory (Perry, 1970) on their model. The work of Mahler and her associates (1975) as well as the work of Erikson (1950) is considered as the theoretical framework for this thesis (see chapter two 2.3).

The reader is reminded that all supervisees are different ages, come from different backgrounds, have varying levels of maturity and ability. All these factors will play a part in how they plateau, move forward or regress in their development as clinicians (Loganbill, et al, 1982).

1) Loganbill, Hardy and Delworth, (1982) (p. 14 ff)

Impacted by the developmental stage theory of Erik Erikson (1950) and Mahler (Mahler, Pine and Bergman, 1975), Loganbill, Hardy and Delworth, generalize this theory to the work of developing therapists in supervision, also noting the developmental work of Chickering. With reference to Erikson's 1950s work, the authors cite 'optimism and trust in adaptation (1982, p. 14) and the potential of a crisis in the developmental process sparking 'not a threat of catastrophe but a turning point, a crucial period of increased vulnerability and heightened potential (1982, p. 14; Erikson (1950, p.210);. Loganbill et al, cite their Level 2, intermediate, developmental stage of confusion as an example of a stage of crisis. They go further to suggest that Erikson (1950) formation of identity in overall development links to the aim of their developmental stage model for the supervisee. The work of Mahler, Pine and Bergman (1975) in reference to autonomy is cited as

another factor in the development of the Loganbill, Hardy and Delworth
model; "Mahler described intrapsychic development as running along two
parallel but different tracks…separation and individuation. The authors of this
model suggest that, as a metaphor to Mahler's work, the supervisee learns
to stand alone without the mentor and differentiate one's responses from
another. This fundamental life cycle will reoccur situationally: "In such a form
the individual again moves from dependency to autonomous functioning,
from a hazy, undifferentiated position to one of clarity and separateness (p.
15). Hence the Loganbill, et al model relies on four assumptions related to
development: 1) Concepts in developmental theory are applicable to those of
the counsellor/therapist. Learning to be a professional is a cognitively and
behaviorally complex task; 2) Distinct stages in the developing therapist
exist. 3) While developmental stages are sequential, the contents may
present at different developmental stages; 4) Growth within and between
developmental stages assumes sequential experience and reflection.

2) Friedlander, Dye, Costello & Kobos (1984)

Framing their model for teaching and learning in psychotherapy supervision,
Friedlander, et al (1984), psychologists, cite the complexity of supervision
and its possible connections to the work of the developing psychotherapist.
They note two goals which may be conflictual, one supporting the
supervisee's educational development and the other providing an evaluative
role in order to protect the client. They suggest that the fact that supervision
involves the supervisee, the supervisor and the client, a three-way street
even though the client is obviously not present. As a supervisory process
that is often delivered to psychotherapy students, 'parallel processes' may
also become a concern in supervision (note: no examples are provided in
their writing but will be presented in chapter five relevant to music therapy).
They cite the work of Erik Erikson (1950) as relevant to crisis typically
experienced by the developing supervisee who seek to " assimilate and
integrate the range of knowledge and skills which the role of psychotherapist
demands….crisis to indicate that which challenges or taxes the
competencies of the developing therapist; requires a significant shift in the
therapist's view of his or her purpose; is accompanied by a degree of
anxiety; and  depends upon new discovery and reintegration of previous
learning (Friedlander, et al, 1984, p. 194)". In conjunction with the work of
Erikson (1950) they consider a theory of motivation for competence (White,
1960) in order to moderate therapist anxiety. Unfortunately, the citation of
the Erikson (1950) theory is not more specific. However, the detail regarding
possible crisis is. There is a reference to crisis in the supervisory situation

related to the following (note: these are identified in the results chart for this model): 1) wide-ranging tolerance for ambiguity; 2) accepting limits on the supervisee's capacity to provide treatment; 3) acknowledging therapy as communication; 4) emergence of conceptual solutions.

3) Watkins, 1990b

As described in his stage model (see #14, chapter four) Watkins (1990) employs the metaphors of separation-individuation to describe the stages of the developing supervisor. Accordingly, he uses the stages that Mahler, Pine, and Bergman (1975) coined in the child development literature: symbiosis, differentiation, early practicing, practicing proper, rapprochement and movement toward object constancy. While these are not literally similar to the terms in reference to child development, they stand appropriately as ways to describe the developing supervisor

4) Chazan, 1990

This stage model has a fleeting reference to Winnicott (1971) where he suggests the 'creation of a space' for playing in the beginning stage of her three-stage model. 'It is a focal point to which he or she will repeatedly turn in exploration and experimentation, while learning his/her craft. It is a space where work and play are fused as one, as personal and professional identity become closely bonded (Chazan, 1990, p. 26)." Chazan presents her stage two, structure building through 'twinning' in the context of Mahler, Pine & Bergman (1975) where the supervisor functions like an alter ego. The supervisee is free to try on new practice, returning to home base for feedback, engaging in both negative and positive ways with the supervisor. Opposition may lead to a conflict of wills which resolves in order to reach new understanding. The third stage in Chazan's model is presented in light of Erik Erikson's work (1950) where 'intimacy, generativity and integrity' (Chazan, p. 27) lead to reciprocity, the goal of the supervisee-supervisor relationship. "Struggles and expressions of difference now take the form of organizational forums, intellectual debates, and political issues. The space has widened beyond the dyad to an ongoing reaching out beyond and within the self to the definition of boundaries of professional identity (Chazan, p. 28).

5) Ronnestad & Skovholt, (1985-2019)

Ronnestad & Skovholt (2013) consider several models of psychological development which may be reflected in their developmental stage model. Similarly to other models, they cite the work of Erik Erikson (1950). The four stages of adult related tasks, individuation, intimacy, generality and ego integrity, are relevant to developmental outcomes;" autonomy vs shame and doubt; initiative vs guilt, generativity vs stagnation and ego integrity vs despair".(Ronnestad & Skovholt, p. 13). However, there is no connection in their writing that directly links this work to their developmental stage model. Similarly, Ronnestad and Skovholt also mention of Perry (1970) and his four-stage model of learning. Dualism leads to multiplicity, leading to relativity and committed relativity, again without connecting thoughts.

In context of Perry's work, Goodman (2011) suggested the following: 1) Dualism purports that all questions have correct answers;  this can be linked to imitation of supervisees in beginning stage); 2) Multiplicity suggests questioning of authority (i.e., supervisor) in an effort to develop one's own thinking; 3) Relativity may lead to insecurity, self-doubt and anger as the supervisee continues to question situational conflicts; 4) committed relativity appreciates ambiguity and entertains different solutions to problems.

### 4.7.6. Theoretical Approach

In most cases, the developmental stage models in counseling are considered as a megamodel (Watkins, 1995) for inclusion of various theoretical approaches. In contrast, two of the music therapy developmental stage models present as competency-based (Farnan, 2001; Thomas, 2001); a third one presents as based on psychoanalytic theory associated with the practice of Analytic Music Therapy (Scheiby, 2001) and the fourth one (Bruscia, 2001, 2019) presents a top level which is considered psychodynamic. Eyre (2019) suggests that the Integrative Developmental Model in counseling as well as the work of Bruscia in music therapy (2001) can incorporate a variety of theoretical approaches; she presents brief preliminary examples related to this. Both Fox and Chazan present a psychodynamic approach.

### 4.7.7. Specificity of Stages

Of the seventeen models, the theorists providing the greatest degree of specificity are Loganbill, et al (1982), Watkins (1990b), Ronnestad & Skovholt (2013) and McNeil and Skovholt (2010). The number of stages in each model varies from 3-6 and the specificity of the supervisee behaviors

and the supervisor interventions is quite varied (note: most detailed include the work of Loganbill, Hardy and Delworth, 1982, Stoltenberg & McNeil, 2010 and Ronnestad & Skovholt, 2013).

### 4.7.8 Conclusion: Secondary research question one

Typically, a theoretical basis is based on the theory concerning the topic. While many of the developmental stage models presented in this chapter were impacted by other theorists, their common denominator is the developmental stage as the component of developmental theory. As presented in the theoretical framework of this thesis (chapter two), the developmental theory is further elaborated through the work of Erikson (1950) and Mahler (Mahler, Pine & Bergman, 1975) and, according to Ronnestad & Skovholt, the cognitive stages described by Perry (1970). The common theoretical basis in the literature of developmental stage models in counseling is the presumption that supervisees will pass through a minimum of beginning, middle and advanced developmental stages which are marked by the presence of identifiable behaviors in the supervisee (see Discussion in this chapter) and, consequently, supervisor responses/interventions to the supervisee. These stages are not necessarily linear and, in the case of both trainee and professional stages ( Stoltenberg & McNeil, 2010; Ronnestad & Skovholt, 2013; Loganbill et al, 1982), can allow for recycling through stages (i.e., regression). The developmental models include great variation in the number of stages, the professional identity of the theorist(s), the specificity used to describe the supervisee behaviors and supervisor interventions, the presence of a theoretical approach (i.e., Chazan, 1990) vs the more common metamodel which invites a variety of theoretical models and approaches (Stoltenberg & McNeil, 2010; Watkins, 1995; Ronnestad & Skovholt, 2013) and associated literature reviews. Thematic analysis suggests that the developmental stage models in counseling follow progressive levels in terms of structure, self and other awareness, need for validation, changing sense of security, separation-individuation, facilitation of supervisee agenda and interpersonal processing. These themes support the metaphors of separation-individual presented by Mahler (Mahler et al, 1975) as well as the psychosexual stages presented by Erikson (1950); see chapter two). Yet  all models agree on the fundamental developmental processes that the supervisee is going through and the necessity of the supervisor to support these stages. It is critically important to note that although these descriptive terms can be used to identify developmental stage models in music therapy, what they do not include is the use of music as a strategy. The inclusion of

music as a strategy for supervision offers a unique and necessary element
(see 5.2.7, inclusion of music in supervision).

# CHAPTER 5. LITERATURE REVIEW TWO: DEVELOPMENTAL STAGE MODELS IN MUSIC THERAPY SUPERVISION

## 5.1 INTRODUCTION

Leading toward the answer to the primary research question, "How could a model for both trainee and professional clinical supervision in the profession of music therapy be suggested through comparative literature analyses of developmental stage models in counseling and music therapy supervision and an interview study with supervisors?", the secondary question number two addressed in this chapter is the following: "Using the literature review of developmental stage models in counseling supervision as a basis for further review in the music therapy literature, what are the similarities and differences in the view of developmental stage models in supervision?"

In order to answer this question, the chapter presents general information about music therapy clinical supervision and its potential relationship to the developmental stage literature in order to provide a backdrop for leading the reader into the systematic review of developmental models in music therapy clinical supervision. The theoretical basis for a developmental stage model in supervision was established through chapter four, literature review one: Developmental stage models for clinical supervision in counseling. However, it is noted that the additional element of music as a strategy is not included in developmental stage models for counseling and is of importance for the music therapy profession. Developmental stage models in the music therapy field selected for analysis include a minimum of three developmental stages with supervisee behaviors and appropriate supervisor interventions. Each of these will be presented in results and then discussed, as in chapter four, utilizing narrative synthesis and thematic analysis. Again, the discussion on the developmental stage models in music therapy includes particular attention to the use of music as a supervisory strategy.

## 5.2 MUSIC THERAPY LITERATURE ON SUPERVISION

Edited books on music therapy supervision (Forinash, 2001, 2019; Odell-Miller & Richards, 2009) as well as periodical literature (Kennelly, 2013)

include multiple aspects of supervision and clinical vignettes. This information includes the value of the supervisor-supervisee relationship (i.e., including possible parallel process and awareness of boundaries), theoretical contexts (including unique perspectives such as feminism), cultural sensitivity, structure, and handling of issues during the trainee experience, ethical issues, methods in supervision (i.e., including use of the arts and music) and the uniqueness of group supervision. The literature suggests that supervision is an important avenue for self-growth as a clinician in music therapy, providing multiple perspectives on how supervision has been incorporated into different clinical contexts and approaches. This wealth of information is summarized here as a means of informing the reader about the many subjects that have been introduced in the music therapy supervision literature,  and, although beyond the scope of this thesis, could possibly be incorporated into various levels of a developmental stage model. Yet, as the results of the systematic literature search for developmental stage models in music therapy will indicate (see RESULTS), the presence of developmental stage models in music therapy supervision is quite limited.

### 5.2.1 The value of the supervisor-supervisee relationship

In their recent review of music therapy supervision with professionals, addressing both clinical outcomes and therapist competency, Kennelly, Daveson and Baker (2015) identify the supervisor relationship as "fundamental to the process" (Kennelly et al., 2015, p. 15) and deserving of further attention in terms of the following: supervisor/ supervisee relationship (Brooks, 2002), accessibility to supervisors, understanding of music therapy from non-music therapy supervisors (Jackson, 2008), shared reflective experience  (Kang, 2007; Kim, 2008; O Callaghan, Petering, Thomas & Crappsley, 2009), effective support and guidance of the therapist  (Brooks, 2002; Kang, 2007; Kim, 2008), acknowledging and managing counter-transference issues (Brooks, 2002) and handling power dynamics (Kim, 2008).

The identification and recognition of the developmental stage model does not necessarily follow the dictate of a theoretical approach and, in that sense, does not provide focus on the supervisor-supervisee relationship as, for example, a psychoanalytic model might. However, the supervisor interventions (see chapter four) allude to the changing relationship between supervisor and supervisee as it unfolds (see thematic analysis, chapter four): didactic, dependent vs independent, changing degrees of structure, unfolding transference and countertransference at advanced and

professional levels. This literature will be useful in considering a unique
developmental stage model for music therapy (see chapter seven).

## 5.2.2 Theoretical approaches, specific populations, multiculturalism

In addition to identifying a range of supervision strategies and approaches,
the literature includes an educational perspective on supervising students
(Goodman, 2011), supervision in a variety of theoretical contexts (Dvorkin,
1999; Frohne-Hagemann, 1999, 2001; Hanser, 2001; Lee & Khare, 2001;
Pedersen, 2009; Scheiby, 2001; Turry, 2019), emphasis on those working
with specific populations (Glyn, 2009; Odell-Miller & Krueckeberg, 2009;
Oldfield, 2009; Lang et al, 2002 ), and sensitivity to multiculturalism (Estrella,
2001; Kim, 2008; Young, 2009).

In her chapter on "Theoretical approaches to supervision", Eyre (2019)
describes the word model as a 'comprehensive approach that includes
theoretical orientations, goals, methods, procedures and techniques" (Eyre,
2019, p. 9). She describes a competency based music therapy model
(Farnan, 2001) in context of The Integrative Developmental Model, IDM (see
chapter four:Stoltenberg & McNeil, 2010;  McNeil & Stoltenberg, 2016); then
she describes a behavioral  model (Hanser, 2000, pp. 99-117), cognitive
model, humanistic and/or client-centered model and psychodynamic model
(Bruscia, 1998; Priestley, 1975). Eyre suggests supervisor responsibilities in
connection with each of these models and makes reference to the
apprenticeship model published by Bruscia (2001) in these contexts.
Although Eyre considers that one's choice of supervision approach may
reflect their training and education, the population being discussed in
supervision, supervisee needs and, interestingly, 'developmental level', there
is no further explanation regarding the developmental level of the supervisee
or its possible application to a theoretical model or approach. She closes
with the remark that "they are not specifically for preprofessional or
advanced supervision but may be used to provide a framework for
supervisory responses in any model" (Eyre, 2019, p. 21).

It is noteworthy that the literature on supervision from early educators and
clinicians in the United States utilized competency-based and behavioral
models and approaches (Goodman, 2011), later shifting into psychodynamic
practice. Yet psychodynamic practice has always been prevalent in Europe.
Wallius, in describing supervision at the Royal College of Music in
Stockholm, writes: "The introduction of supervision was influenced mainly by
educational programmmes for psychotherapists that are based on a

psychoanalytical tradition" (Wallius, 2015). This is borne out by reviewing the theory of the training courses associated with 14 EMTC member countries (Nöcker-Ribaupierre, 2015, p. 24).

In her review of literature on publication on professional supervision, Kennelly considers these chapters as descriptive rather than the five research-based articles on the subject identified in her doctoral thesis (Kennelly, 2013).

The content in Forinash (2001, 2019) as well as Odell-Miller & Richards (2009) provides further information related to some of these and other approaches: Multicultural Approaches (Estrella, 2011; Whitehead-Pleaux, 2019; Swamy & Kim, 2019), Systems Analysis (Hanser, 2001),Competency based (Farnan, 2001), Integrative (Frohne-Hagemann, 2001), Aesthetic Music Therapy (Lee & Khare, 2001), Psychodynamics (Jahn-Langenberg, 2001), Analytical Music Therapy (Scheiby, 2001; Kim, 2019), Guided Imagery and Music (Ventre, 2001; Grocke, 2019), Nordoff Robbins (Turry, 2019) and Feminist Approaches (Hahna & Forinash, 2019; Forinash & Hahna,2006).

These all represent music therapy approaches and models which may be applied within the context of a developmental stage model rather than constitute a developmental stage model. It will be incumbent upon the supervisee and the supervisor to define which approaches and/or models are appropriate for a given clinical situation and use the dictates of those approaches and models to lead the supervisee .

### 5.2.3  Practicum, internship, peer supervision.

Overlapping case study material and related commentary suggests levels of supervision for the beginning practicum student (Hiller, 2019; Summer 2001), successive teaching suggestions for practicum (Hanser, 2001) and the use of music experientials for group class supervision (Zanders, 2020). Further discussed in this thesis, publication suggests stages of  student internship (Farnan, 2001; Feiner, 2001; Thomas, 2001) and the use of a social science model applied to internship supervision (Feiner, 2001; Edwards & Daveson, 2004; Pedersen, Holck, Ridder, 2023). Publication also includes discussion and clinical material regarding peer supervision amongst new professionals. (Baratta, Bertolami, Hunnad, McDonald, Spragg, 2001) and seasoned professionals (Austin & Dvorkin, 2001; Bird, Merrill, Mohan, Summers, & Woodward, 1999). Peer supervision, frequently mentioned on social media

and of great value to those who participate in it, does not technically qualify
as supervision since it does not assume an evaluative element (see
Supervision, Terminology).

### 5.2.4  Ethical issues, use of the arts, parallel process, naivete, boundaries, group supervision, community music therapy, feminist issues, musical identity

Other issues discussed in music therapy literature on supervision include
ethical issues (Dileo, 2001), the use of the arts (Pedersen, 2015; Mercier.
2019; Weymann, 2016) which includes an emphasis on drama (Berger,
2017; Lahad, 2000), the use of music in parallel process (Aigen, 2013),
naiveté (Stige, 2001), boundary issues (Brown, 2009; Davies & Sloboda,
2009), resistance (Edwards & Daveson, 2004), group music therapy
supervision models (Frohne-Hagemann, 2001; Langdon, 2001; Shulman-
Fagan, 2001; Summer, 2001; Ahonen, 2003), feminist attitudes in providing
supervision (Forinash, 2006 ), and an interview study of four supervisors,
regarding their musical stance (Sutton & DeBacker, 2014) relative to both
students and professionals.

Within the field of counseling psychology, the developmental stage model
has been defined in both individual and group contexts (see chapter four).
However, despite the fact that group therapy is common in music therapy
training (six models cited above), it does not appear as a developmental
stage model.

### 5.2.5 Expressed needs in working in psychiatric care

Further, periodical literature on clinical supervision informs us about areas of
expressed need (i.e., self-care, boundaries, music and music therapy and
transference or countertransference) in supervision for the music therapist
working in psychiatric care in the United States (Silverman, 2014) and yet a
lack of research evidence that might yield information regarding professional
clinical competency (Kennelly, Daveson, Baker, 2015; Kennelly, 2013). Not
surprisingly and relevant to this latter study, the supervision process, as "a
shared experience between supervisor and supervisee" (Kennelly, et al.,
2015, p. 1) is critical.

As music therapy supervision literature lends to clinical vignettes, the
changing clinical approaches will vary with the many populations music
therapists service (i.e., autism, learning disabilities, multiply handicapped,

psychiatric, substance abuse, etc.). This includes psychiatry, where the approach will vary considerably based on training and culture. Again, the developmental stage model can serve as a container for the theoretical approach.

### 5.2.6 Methods in music therapy supervision

Some of the practices related to supervisory approaches/models (Eyre, 2019) are detailed further. Common practices in music therapy supervision can include faculty supervisor modeling while observing the music therapy session (Anderson, 1982), verbal and written feedback, reflective journaling (Barry & O'Callaghan, 2008), analysis of videotapes (Alley, 1978; Hanser & Furman, 1980), audio-cuing for immediate feedback (Adamek, 1994) interpersonal process recall (IPR), aiding in reflective recall, modeling, simulation (Ten Eyck, 1985) and role-play (Summer, 2001), multiple arts based experiences (Pedersen, 2015; Mercier, 2019; Shulman-Fagan, 2001) and, in a group, peer feedback. The use of music in music therapy supervision deserves a separate heading; see below, 5.2.7. This subject becomes a key concern in considering a developmental stage model in music therapy supervision.

### 5.2.7 The use of music in music therapy supervision

Eyre (2019) suggests that "there are many opportunities to use music in supervision" (p. 23) and a key advantage of using music in supervision "allows the supervisee to experience the client-therapist relationship nonverbally" (p. 23). Yet, in context of all the music therapy literature on supervision, the mention of music therapy strategies is limited, particularly in the context of developmental stage models and will be further reviewed in this chapter when analyzing the content of the developmental stage literature on music therapy supervision. Similarly, this important subject will be considered in the interview study (IPA), chapter six and in the considerations for a lifespan developmental stage model, chapter seven.

Examples of the ways in which supervision uses music in music therapy supervision (both individual and group) are mentioned largely in the context of trainee supervision and include the following: 1) music improvisation during group supervision (Langdon, 2001) where the supervisee can use music improvisation to depict the client's clinical process or supervisee clinical process; 2) playing the client and/or analyzing the music of the client (Bruscia, 1987); 3) Instructional use of music for intervention practice

(Farnan, 2001; Thomas, 2001); 4) Roleplay practice in order to consider
relationship music/clinical choices (Jantz, 2020); 5) Session
Analysis/Indexing (Turry, 2019); 6) Sharing songs that are either shared or
spontaneous in order to relate to client situations (Jantz, 2020); 7)
Improvising songs for purposes of self-expression, awareness and to gain
insight regarding therapeutic relationship and/or supervisory relationship
(Baker & Viega, 2019); 8) review of video clips for purposeful listening,
processing, analyzing, discussing (Jantz, 2020); 9) Music for self-care in
supervision (Jantz, 2020); 10) clinical listening, evaluation, interpretation and
judgment (Lee & Khare, 2019); 11) role playing to explore what happened in
a clinical session, group improvisation in response to case presentation,
practicing music skills in order to consider alternative approaches in meeting
client needs after viewing video tapes  improvisation between supervisor and
supervisee (Pedersen, Holck, Ridder, 2023; Feiner, 2001; Wallius, 2015);
12) self-disclosure, the use of music to symbolize or emulate the
experiences in the session or feelings experienced after the session
(Richards, 2009; Aigen, 2013; Brooks, 2019; Weymann,2016; Amir, 2010).
For those trainee programs informed from a psychodynamic perspective, the
use of music in supervision takes on a prominent role (Forinash, 2001;
Lahad, 2000; Odell-Miller, 2009, and Pedersen, 2015). Oscarsson,
interviewed about the use of music in supervisory trainee work at the Royal
College of Music in Stockholm, remarks:

> "Being able to stay in a symbolic, emotional and bodily perception of
> music is very helpful when processing countertransference and
> parallel processes. This way, the emotional and musical material from
> the therapist can be brought back to the therapy situation with new
> meaning and energy. With the help of music, parallel processes can
> be turned into a therapeutic tool and I feel that this is unique in music
> therapy. This also stresses the importance of making the student
> aware of his or her personal relationship to music. In my opinion this is
> essential for a music therapist, and implies that becoming a music
> therapist is not only about adding a method or a technique to already
> existing theories or professions."(Wallius, 2015, p. 70).

All of these approaches and strategies from the literature will be relevant
when considering supervisor strategies for a developmental stage model in
music therapy supervision and determining their appropriateness for both the
developmental stage and individual skillset of the supervisee (see chapter
seven). Creating a developmental stage model for music therapy could

conceivably lead to a greater need for more specific and a greater number of music therapy supervision strategies.

## 5.2.8 Developmental perspectives relative to clinical supervision in music therapy

There are limited developmental stage models on clinical music therapy supervision. Those identified in the results section of this literature review are detailed. Other perspectives, although very valuable in their own right, were not included for analysis because, in the writing, there were implicit suggestions regarding developmental staging, unidentified stages or fewer than three stages (see answer to secondary research question one, 4.7) in the writing (Richards, 2009; Odell-Miller & Krueckeberg, 2009; Odell-Miller, 2012; Ventre, 2001; Amir, 2001; Langdon, 2001; Jahn-Langenberg, 2001; Brown, 2009; Oldfield, 2009; Lang, 2002; Levinge, 2002), assumed the format of a casework presentation (Lee & Khare,, 2001; Frohne-Hagemann, 2001), presumed to be for all creative arts (Shulman-Fagan, 2001) or constituted an interview (Sutton & DeBacker, 2014).

Other publications of critical mention are those which applied and/or incorporated the use of a previously identified developmental stage model from the counseling supervision literature (see chapter four).The suggestion to apply and/or contextualize (see chapter seven) developmental stage related work from another field for music therapy supervision is suggested by Brown (2009) who cites the work of Hawkins & Shohet (2000) " which advocates a gradual and monitored approach through definable developmental stages" (Brown, 2009, p. 121). The initial application of an existing developmental stage models for music therapy supervision is noted in the use of the developmental stage model by Chazan (1990), applied with graduate students during internship within the context of a psychodynamic model for music therapy supervision (Feiner, 2001). Next, the use of the developmental stage model by Fox (1998), applied with a music therapy intern, again within the context of a psychodynamic model for music therapy supervision is noted. (Edwards & Daveson, 2004). Notably, Pedersen applied three stages of the Integrative Developmental Model (Stoltenberg & McNeill, 2010) in music therapy supervision, both with students (2009), with training supervisors (2015), and most recently, with her peers (Pederson, Holck, Ridder, 2022). All of these materials could be potentially valuable as examples of early-stage work toward the development of a unique music therapy model (see 7.5.2, contextual usage).

Therefore, as suggested further by Bernard & Goodyear (2009, 2018) from the counseling profession, the task in developmental model supervision is to identify a supervisee's current stage to provide supervision strategies appropriate to that developmental stage, while also paving the way for transition to the next stage. As originally stated in the introduction to this thesis, the recognition of this developmental progression leads to changes in supervisory techniques (Stoltenberg & McNeil, 2010). The relationship of supervisee to supervisor is recognized as a dynamic one (Edwards & Daveson, 2004).

## 5.3 PURPOSE OF THIS LITERATURE REVIEW

The purpose of this literature review is dictated by the research question in Introduction, 5:1. The systematic literature review, based on criteria from the analysis of developmental stage models in counseling supervision, will lead to a comparative analysis (secondary research question 2). What are the similarities and differences in the view of developmental stages in supervision between counseling and music therapy?

## 5.4 RESULTS: DEVELOPMENTAL STAGE MODELS IN MUSIC THERAPY SUPERVISION

A total of four developmental stage models are reviewed in this literature review. All were published in 2001 (Forinash,2001) and have not been updated despite publication in a second edition (Forinash, 2019). Presented in the same manner as the results in the developmental stage models of counseling supervision (chapter four), the listing presents the information in a generic fashion by identifying the author,supervision context (i.e. internship trainee; graduate student training for internship supervision, institute trainee), a minimum of three stages under three general titles as Beginning, Intermediate and Advanced and identification of the supervisee behaviors along with the supervisor responsive strategies in each stage. Models including more than three stages are noted and have been subsumed under the same generic beginning, intermediate, advanced titles (see method) . Key words in the models are underlined. Where it was necessary to use the exact terminology from the models, quotations and page numbers are provided in reference to the primary source from the author(s) of the model. The results lead into discussion which compares and contrasts the results using *key words in italics* in order to provides ***narrative synthesis*** identified by words in ***bold italics*. .

## THE DEVELOPMENTAL STAGE MODELS IN MUSIC THERAPY SUPERVISION

1) Thomas (2001), p. 136 ff; Internship, USA

- *Beginning* stage a: -Walk in, sit down": **supervisee** prone to anxiety'. **Supervisor** provides orientation; understands need for adjustment; 'structure, guide and support' (p. 136)
- *Beginning stage b*- 'Do you see what I see?": **supervisee** developing keen observation skills. **Supervisor** listens to and responds to student observations from sessions regarding clinical strategies and interactions; continuing development of music skills.
- *Beginning stage* c- "Stand by me": **supervisee** preparing to co-lead; beginning professional identity; experiment with music based techniques to be used in therapy (clinical vignette). **Supervisor** listens to and responds to student interpretation of how the session being observed could be handled.
- *Intermediate* a- 'Put me in coach; I'm ready to play': **supervisee** co-leading; taking on leadership; musical role-play (clinical vignette) may build skills and/or demonstrate a disinterest/boredom with the music; respond as necessary to possible student stance(s): outgoing and self-directed; resistance to structure and process from supervisor; unable to move ahead without more structure from **supervisor.**
- Intermediate b-'There will never be another you'**-Supervisee** risk of being intimidated by supervisor. *Supervisor* encourages student to respect skills and develop unique style.
- *Advanced* a- 'Out here on my own': **Supervisor** recognition of core issues and stumbling blocks require greater introspection from **supervisee**. Supervisor Assume a more collaborative stance.
- *Advanced* b- 'And now the end is near"**: Supervisee** experiencing more development, less resistance. **Supervisor** provides evaluation; closure

2) Farnan,L. (2001) Internship, USA

- *Beginning*- Phase One: Dependency Stage; **Supervisee** is self-centered, anxiety, and dependent. **Supervisor** provides orientation, set boundaries, observation report, weekly supervision form, intern session review form; encourage reflection on self-centeredness and ability to generalize previous music therapy strategies learned.

Emphasis on music (guitar, voice, nonsymphonic, movement) and
clinical (theoretical) foundations.

- *Intermediate* - Phase two, Autonomy, **Supervisee** demonstrating
conditional dependency, fourth month blues. **Supervisor**
encourages process and product changes based on supervisor
observation.
- *Advanced*-Phase Three: **Supervisee** demonstrates independence.
**Supervisor** structures separation and transition with timeline and
reminders of what must be completed; examples of how to separate.
Can be scary or liberating. Emphases on music therapy foundations
include documentation, termination, interdisciplinary collaboration,
supervision, and administration.

3) Bruscia (2001, 2019) Graduate student training course, practice levels
used to supervise  interns; conceptually presented for possible application in
professional supervision but not applied for professionals (2001, p. 282);
Eyre, 2019, p.14. discusses possible levels of application).Use of music
minimally noted (Beginning b).

- *Beginning* a: **Supervisee** is considered Action oriented,
"…**Supervisor** tell the supervisee what to do and /or how to do it" (p.
287).
- *Beginning b:* **Supervisee** is considered learning –oriented,
"…**Supervisor** help the supervisee to gain knowledge, insight or
skills (including music) needed to be more efficient or effective" (p.
288)
- *Intermediate a*-**Supervisee** is considered client-oriented,
**Supervisor** help the intern to gain a deeper understanding of his/her
clients'; (p. 288).
- *Intermediate b*: **Supervisee** is considered experience –oriented,
**Supervisor** help the supervisee to examine his/her personal
perceptions and reactions to the work" (p. 289) at the conscious or
preconscious level.
- *Advanced.* **Supervisee** is considered countertransference-oriented.
**".Supervisor** help the supervisee to recognize how interactions with
the other person are patterns of the past, either of relationship
patterns in the supervisee's life or relationship patterns in the other
person's life" (p. 290).

4*)* Scheiby, B. (2001) Analytical Music Therapy; Institute training.(Note: Stages indicated for individual supervision; not for group supervision.)

- *Beginning*, Tuning in and getting to know each other. **Supervisee** experiences and expects <u>dependency</u>; in need of <u>initial assessment</u> and starting to form a relationship with the supervisor through both <u>verbal and musical relatedness.</u> Need for <u>structure and direction</u>. **Supervisor** provides initial assessment of strengths and weaknesses, instruction and support, '<u>holding container</u>'(2001, p. 322)
- *Intermediate a,* Working on <u>improvement of skills and personal growth.</u> **Supervisee is** working on improvement and <u>integration of musical, verbal and theoretical skills.</u> **Supervisor** <u>uses music to process relationship issues.</u> and personal growth; <u>"beginning awareness of transference, countertransference, resistance, projection and resonance"</u> (p. 322); support <u>fluctuating active and passive roles of supervisee</u> in making mistakes and learning from them.
- *Intermediate b*-'**Supervisee** is establishing AMT identity and personal style: <u>beginning separation'.</u> **Supervisor** supporting growth and confidence. <u>process counter-transferences and/or parallel process</u> through both <u>music and talking.</u>
- *Advanced*': Consolidating **Supervisee** is <u>developing AMT identity and style.</u> In so doing <u>may be at odds with supervisor.</u> Working on theoretical case study (audio and video taped) on both individual and group. **Supervisor** supporting final project and working with supervisee to <u>evaluate supervision process</u>. Peer relationship. Supervisee has developed a sense of '<u>internal supervisor</u>' (p. 322). Termination'.
  Note: the use of music throughout AMT supervision is more pronounced than recognized in the other stage models but not designated in terms of stages. (see use of music, 5.2.7, p. 110).

## 5.5 DISCUSSION

This discussion provides introductory remarks in order to describe supervisee contexts and the use of music followed by a ***narrative synthesis*** describing the characteristics of the stages in the music therapy developmental stage models. Thematic analysis follows. In response to secondary research question two, the comparative results of the two literature reviews on developmental stage models close the chapter.

### 5.5.1 Supervisee contexts

Presentation of the four developmental stage models in music therapy
clinical supervision include two in context of the six month undergraduate
internship in the USA (Farnan, 2001; Thomas, 2001), one training graduate
students in their supervision of internship students (Bruscia, 2001) and one
institute training (Scheiby, 2001). One of these models (Bruscia, 2001) is
suggested for both pre-professional and professional supervision but
exercised for purposes of internship only. Therefore, for purposes of this
thesis, it is identified as a trainee model with possibilities for professional
practice (see chapter seven). The supervision is described in terms of
individual supervision.

### 5.5.2 Theoretical orientation

Although not necessarily designed to incorporate a particular theoretical
approach in most of the counseling literature, the developmental stage
models in music therapy do suggest a theoretical approach. Two of the US
internship models (Farnan, 2001; Thomas, 2001) suggest competency
based as well as cognitive-behavioral approaches (i.e., see competency
based). The work of Farnan is contextualized by Eyre (2019) in levels of the
Integrative Developmental Model (Stoltenberg & McNeil, 2010). The Scheiby
model (2001) is guided by Analytic Music Therapy, "analytically informed
symbolic use of improvised music by the music therapist and client'
(Scheiby, 2001, p. 322). The last level of the Bruscia (2001) model suggests
a psychodynamic orientation with its pervasive concern in sorting out
transferences/countertransferences/parallel processes. While Eyre suggests
that the levels/stages in the Bruscia model could conceivably incorporate a
cognitive-behavioral orientation at level 1, a humanistic orientation at level 2
and a psychodynamic orientation at level 3, there is no publication
demonstrating this; further this suggestion would delimit the use of a
developmental stage model, with the implication that a supervisee is utilizing
only one level of a model rather than being able to move through multiple
levels.

### 5.5.3 The use of music in developmental stage models in music therapy

Comparison of the characteristics of each stage below includes note of how
music is used in various stages with the supervisee however an additional
note is made here regarding this subject. While the use of music is noted, it
is of relative infrequency in the internship supervision, mentioned in passing

at the beginning level in the Bruscia model and most frequently noted in the Scheiby model. Thomas (2001), Farnan (2001) cite the continuing development of music skills in the beginning stages, particularly with vocal, guitar and piano skills as well as developing repertoire as well as the use of role play in intermediate stages. Scheiby cites the use of improvisation to practice and clarify Analytic Music Therapy, AMT techniques (i.e., musical role playing, musical release, theme-identification, closure, dream exploration,) as well as improvisation for initial relatedness between supervisee and supervisor (Beginning stage), exploring authenticity, controlling musical regression and self-acceptance. These are not detailed per stages.

The further use of music strategies for supervision is also discussed in the music therapy literature in the interview study of chapter six and in the closing chapter seven.

### 5.5.4 General Comments

The models are discussed below in terms of overlapping characteristics with regard to supervisee behaviors and supervisor interventions. Similar to the developmental stage models described in chapter four which provided a theoretical basis for the information in this chapter, the developmental stages in clinical supervision in music therapy represent the mental and emotional stages a supervisee goes through as he or she grows and matures.

All students, are different ages, come from different backgrounds, have varying levels of maturity and ability as well as varying abilities for the work of music therapy. All these factors, as well as their particular music therapy training, will play a part in how they plateau, move forward or regress in their development as clinicians.

All models suggest a trajectory where the supervisee is provided with an orientation space, learns to rely on/imitate and then separate from the supervisor model to, hopefully, gain a sense of identity, a more collaborative dialogue with the supervisor and transition to a professional experience.

The characteristics of beginning, intermediate and advanced supervisees are consistently presented and *italicized.* The supervisor interventions are presented within each framework and are also extrapolated from the clinical vignettes (Scheiby, 2001; Thomas, 2001; Farnan, 2001). Narrative synthesis

is suggested with **italicized in bold remarks** at the end of each stage for
both supervisee and supervisor.

## 5.5.5 Comparison of the characteristics of each stage

*Beginning, Trainee*

Supervisee behavior
Thomas (2001) reports the beginning supervisee as a student who
demonstrates initial *anxiety*. Therapists frame the beginning supervisee in
terms of needs rather than behaviors: a need to *observe* and *co-lead*
(Thomas, 2001), develop music skills, a *dependency* stage (Farnan, 2001),
in need of *action and/or learning* (Bruscia, 2001), in need of *orientation* and
getting to know each other in order to *work on skills and self-improvement.*
(Scheiby, 2001).
***The supervisee, in a state of dependency, is in need of orientation and
instruction (Bruscia, 2001) in order to begin to develop skills, including
music skills (Thomas, Farnan, 2001), and well as self-awareness.***
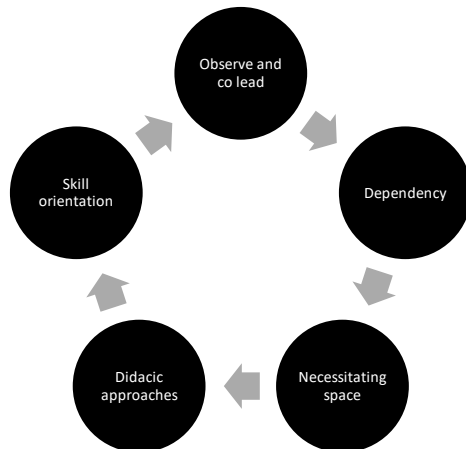


Figure 5.1 Elements in beginning supervisee behavior

Supervisor interventions
Accordingly the supervisor interventions suggested meet the supervisee
needs: provide *orientation*; understand need for adjustment; *'structure, guide
and support'*, listen to and *responds to student observations* from sessions
regarding clinical strategies and interactions; continuing *development of*

*music skills (*note:the use of music), listen to and respond to student interpretation of how the session being observed could be handled (Thomas, 2001), *orient*, set *boundaries*, observation report, weekly supervision form, intern session review form; encourage *reflection on self-centeredness* and ability to *generalize previous music therapy strategies* learned. *Emphasis on music* including the guitar, voice, nonsymphonic and movement (note: use of music) and clinical (theoretical) foundations (Farnan, 2001), "... tell the supervisee what to do and/or how to do it" (p. 287). "... help the supervisee to *gain knowledge, insight or skills* needed to be more efficient or effective" (p.288) (Bruscia, 2001) and 'using my skills as a music therapist and using my skills as a teacher (Scheiby, 2001). Interventions that would be specific for a music therapy model are in *italics* above.

***The supervisor is called on to provide a venue for observation, imitation, modeling, the continuing development of music skills and the setting of boundaries and specific assignments.***
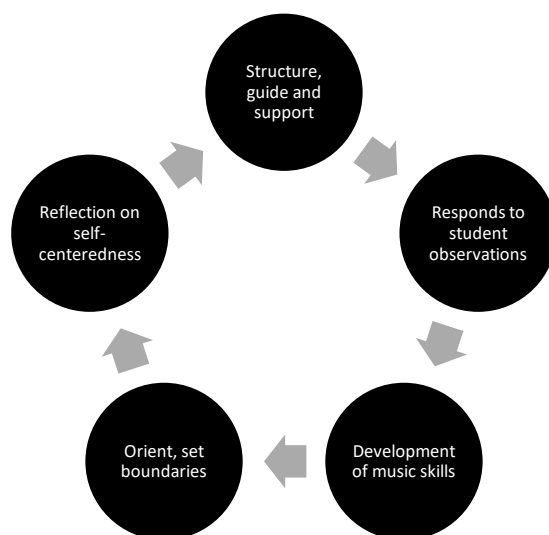


Figure 5.2 Elements in beginning supervisor interventions

*Intermediate, Trainee*

<u>Supervisee behaviors</u>

In this stage, therapists describe tasks appropriate for the supervisee such as continuing to *co-lead*; taking on leadership (Thomas, 2001) along with vulnerabilities such as *risk of being intimidated by the supervisor* (Thomas, 2001). The frame of mind is described as a *need for autonomy*, *conditional dependency* and fourth month *blues* (of 6-month internship) (Farnan, 2001) while processes of this stage also repeat in the literature;Bruscia (2001), training graduate students to become supervisors describes supervisees at this stage as *client-oriented*. Scheiby (2001) describes the supervisee training in the AMT (Analytic Music Therapy) as establishing the AMT identity and *personal style* while *beginning separation*.

**The supervisee is beginning to co-lead and despite the possible need for autonomy vs conditional dependency is in a position to separate in order to focus on the clien*t*.**
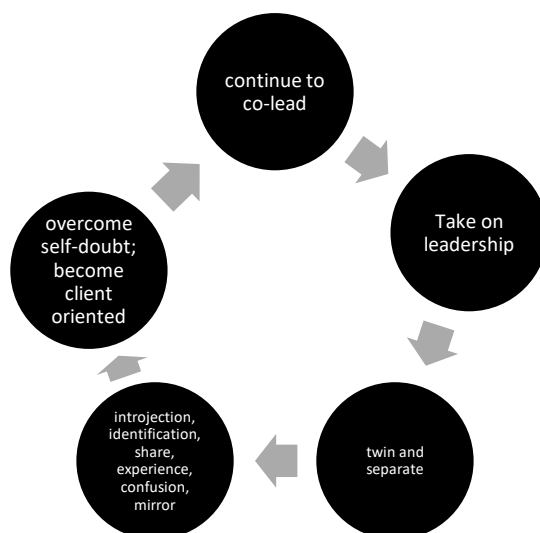


Figure 5.3 Elements in intermediate supervisee behavior

Supervisor Interventions

The supervisor interventions include responding as necessary to student stance, *encouraging outgoing and self-directed behavior*, *recognizing resistance and process* and *an inability to move ahead without more structure from supervisor* (Thomas, 2001). Accordingly, the supervisor should encourage the student to *respect his/her skills* and *develop a unique style* (Thomas, 2001), Farnan (2001) suggests encouraging *process and product changes* based on supervisor *observation*, emphasizing the *therapeutic relationship* and the *music therapy process.*Bruscia (2001)

encourages the supervisor at this stage to help the intern gain a *deeper understanding of his/her clients.* Scheiby (2001) encourages the supervisor to *process counter-transferences and/or parallel process* though both music (fourth mention of music strategy) and talking.

***The supervisor encourages growth of both product (what happens in the session) and process separation while exploring transferences and become attuned to student anxiety and confusion in order to support the supervisee in moving forward; music skills along with self and other awareness are developing.***
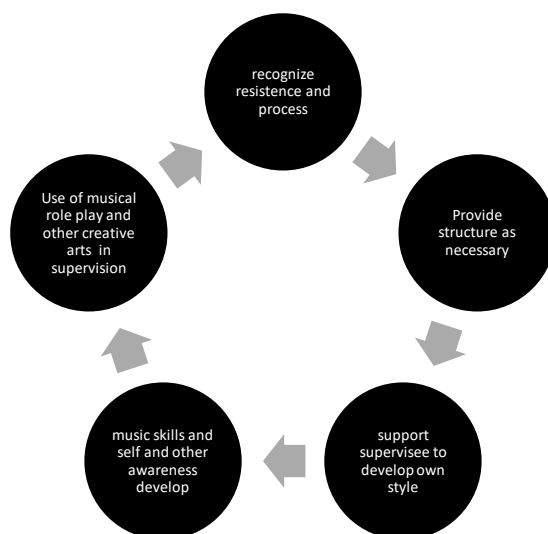


Figure 5.4 Elements in intermediate supervisor behavior

*Advanced, Trainee*

Supervisee behaviors
At the advanced level, the supervisee owns recognition of core issues and stumbling blocks which have required *greater introspection*; more development and *less resistance* is apparent (Thomas, 2001). Farnan (2001) considers this a stage of *independence.*Bruscia (2001) suggests this stage is both *experience oriented and counter-transference oriented,* Scheiby (2001) considers the advanced stage as one of *termination* for the AMT trainee where *identity and style have been consolidated*.

*The supervisee has, in a sense, become independent, able to introspect, resist less, self-evaluate and separate. Identity and style are consolidating or have been consolidated.*
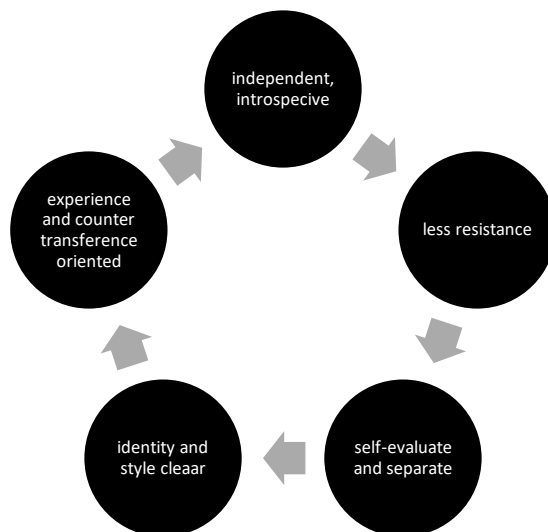


Figure 5.5 Elements in advanced supervisee behavior

Supervisor Interventions

Accordingly, the supervisor has now reached the point where it is possible to take a *collaborative* stance in order to be *evaluative* but *provide closure* (Thomas, 2001). This phase can provide a structure for *separation and transition* with both a timeline and reminders of what must be completed. The task of the supervisor is to ease the separation which can be scary or liberating for both (Farnan, 2001). Emphases on music therapy foundations in the US internship include documentation, termination, interdisciplinary collaboration, supervision, and administration (Farnan, 2001). Bruscia (2001) encourages the graduate student serving as supervisor at this stage to *"help the supervisee to examine his/her personal perceptions and reactions to the work"* (p. 289) *at the conscious or preconscious level.* And "help the supervisee to *recognize how interactions with the other person are patterns of the past, either of relationship patterns in the supervisee's life or relationship patterns in the other person's life"* (p. 290).
Similar to the intermediate stage, Scheiby (2001) suggests the ongoing *processing of counter-transferences and/or parallel process through music and talking prior to termination.*

***The supervisor allows the supervisee to individuate, having demonstrated that the supervisee can process counter-transferences, transferences, and parallel process through music and/or discussion prior to termination. The relationship has become more collaborative.***
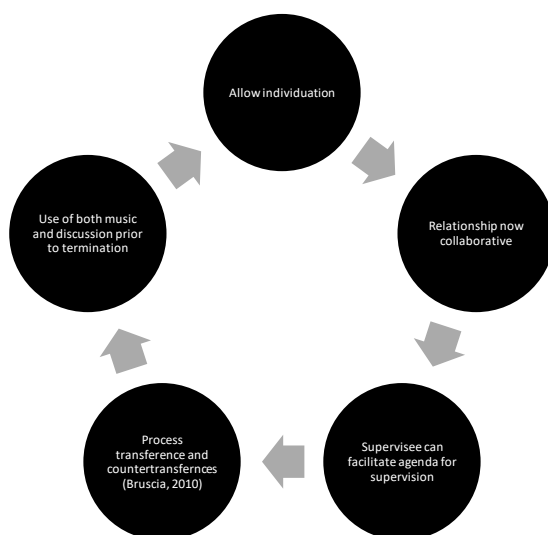


Figure 5.6 Elements in advanced supervisor behavior

## 5.6 THEMATIC ANALYSIS, MUSIC THERAPY DEVELOPMENTAL STAGE MODELS

This chapter has considered the work of theorists studying and writing about identified developmental stage models in music therapy, all published in  the year 2001 (Forinash,2001) with no marked differences in 2019 (Forinash,2019). This includes both the presenting behavior/needs of the supervisee and the responsive supervisor interventions in response to the supervisee.

The minimal characteristic terms describing each stage within a developmental stage model are: 1) Beginning; 2) Intermediate; 3) Advanced. The characteristics of these stages , compared , considered and presented as narrative syntheses in the discussion, formed the basis for thematic analysis, four themes which represent prevalent characteristics. The specificity of the developmental stage model for music therapy is limited to

the trainee level and, in comparison to the material for the thematic analysis
of the counseling literature is less specific. Therefore, this analysis is more
limited,.

Nevertheless, except for the one theme reporting changes in music skills, the
other three themes describing changes in structure, separation-individuation
and engagement in a changing agenda for supervision are the same as
identified for the counseling supervision thematic analysis. All themes
complement the theoretical framework of the thesis which describes the
psychological journey of the supervisee from dependency to object
constancy (Mahler et al, 1975) and through efforts to master
developmentally logical crises (Erikson, 1950).

1) Degree of structure decreases through the stages: the degree of structure
is stated or implied in all trainee developmental stage models for the
supervisee. When the supervisee begins the work of supervision there is an
initial anxiety and/or confusion that requires orientation and results in a
greater dependency on the supervisor. In response to these needs, the
structure is greater and will decrease as the supervisee gains greater
knowledge, skills, experience, and independence.

2) Separation-Individuation becomes possible as the trainee supervisee
advances: As the supervisee becomes less dependent on the supervisor, the
ability to separate and individuate increases, allowing for working through of
transferences (Scheiby, 2001; Bruscia, 2001).

3) Ability to handle the processes of supervision in terms of focus on the
supervisee agenda, parallel process, and effective use of transference-
countertransference increases through the stages, primarily presenting in the
first and second stages of professional activity. The ability to make the most
of the session will shift depending on the structure. While the beginner will
require more instruction and orientation, the intermediate and advanced
trainee stages will lead the supervisee into a place where there is a greater
awareness and discussion of the psychodynamics, if appropriate to the
theoretical framework being employed.Note that the only developmental
stage models in music therapy to detail transference-countertransference are
the work of Bruscia(2001) and Scheiby (2001).

4)Skills develop in terms of both music, self-awareness and attention
to/perspective on client(s) as supervisee advances through stages and

supervisee develops skills and identity. (see beginning supervisee; see intermediate supervisor; see advanced supervisor)

Table 5.1 Thematic Analysis, Developmental Stage Models in Music
Therapy Supervision

| Theme | Theme applied to stages |
|---|---|
| 1) Degree of structure decreases as supervisee advances through stages and supervisor can become more collaborative. | 1) The beginning supervisee needs support and guidance which leads to supervisor instruction and orientation.<br><br>2) The intermediate supervisee is starting to create his/her own degree of structure in the session with a given agenda.<br><br>3) The advanced supervisee requires less structure from the supervisor in peer facilitation of the session. |
| 2) Separation-Individuation increases as the supervisee advances. | 1) At the beginning stage, the supervisee is dependent and, as a result of this, may imitate the supervisor.<br><br>2) At the intermediate stage, the supervisee learns and practices skills while individuating from the supervisor.<br><br>3) At the advanced stage, the supervisee is able to respond to confrontation and working through of transferences and countertransferences with the supervisor. Supervisee self-reliance and has individuated |
| 3) Ability to handle the processes of supervision in terms of focus on the supervisee agenda, parallel process, and effective use of transference-countertransference increases as the supervisee | 1) In the beginning stage, the supervisee is concerned with the logistics of the session and demonstrates little insight.<br><br>2) In the intermediate stage the supervisee is gaining insight |

| | |
|---|---|
| advances. (see advanced *supervisor*) | regarding his/her relationship with the patient and the supervisor.<br><br>3) But in the advanced stages the supervisee is able to process and discuss transferences and countertransference (conscious and unconscious processes). At the beginning stage, the supervisee has a concrete level of awareness. |
| 4) Skills develop in terms of both music, self-awareness and attention to/perspective on client(s) as supervisee advances through stages and supervisee develops skills and identity. (see beginning supervisee; see intermediate supervisor; see advanced supervisor) | 1) In the beginning stage the supervisee beginning to develop music skills, self-awareness, and attention to another person.<br><br>2) In the intermediate stage, the supervisee is able to utilize music skills, client, and self-awareness in session as well as in supervision (i.e., role playing, improvisation).<br><br>3) In the advanced stage the supervisee is confident in running sessions and using music actively and receptively both in the session and in supervision. |

## 5.7 COMPARISON: SYSTEMATIC LITERATURE REVIEWS ON DEVELOPMENTAL STAGE MODELS: SECONDARY RESEARCH QUESTION TWO

This literature review aimed to answer the second secondary research question: Using the literature review of developmental stage models in counseling supervision as a basis for further review in the music therapy literature, what are the similarities and differences in the view of developmental stages in supervision?

### 5.7.1 Differences between systematic literature reviews

The obvious difference between the systematic literature reviews of counseling supervision and music therapy supervision is the comparison of this information from two different fields, one music therapy and one counseling, each with its own unique history and timeline. There are nine other primary differences in the outcomes of the literature studies: trainee vs lifespan, publication years, numbers, specificity, the use of music as supervisory strategy, individual and group, theoretical context, theoretical approaches and, as an outcome of the results in the literature reviews, thematic analysis.

### 5.7.1.1 Trainee vs Lifespan.

Two of the developmental stage models in counseling include professional levels: Stoltenberg & McNeil (2010), Level 3+ (note, initial publication, 1981), and, notably, Ronnestad & Skovholt (1985-2013), Novice Professional, Experienced Professional, Senior Professional (note, initial publication, 1985). Of these two, focus is on Ronnestad & Skovholt for professional purposes as their work contains three stages and was field-tested (Ronnestad & Skovholt, 2013; Ronnestad et al, 2019).

All four of the developmental stage models (note: not referred to as developmental stage models but described in terms of 'stages') in music therapy are utilized for internship (Farnan, 2001; Thomas, 2001; Bruscia, 2001) or for institute training (Scheiby, 2001). It is noted that while the Bruscia model in music therapy (2001) describes graduate students in training to supervise internship students he suggests the following: " The apprenticeship has been designed to help the apprentice generalize his/her learning about supervision from preprofessional to professional levels."(p. 282, 2001). Since no use of this model for professional supervision has

appeared in the music therapy literature, it is considered an internship model but it's possible use for professional purposes is considered in chapter seven of the thesis.

### 5.7.1.2 Publication years

Whereas the developmental stage models in counseling currently show publication between 1953 and 2019 with both primary and secondary source material, the publication of developmental stage models in music therapy open appears in 2001 (Forinash, 2001) and is repeated in the second edition of the same book (Forinash, 2019).

### 5.7.1.3 Numbers

It is clear that the counseling field has far greater numbers, 17, of specific developmental stage models for both supervisees and supervisors in clinical supervision (supervisee behaviors and supervisor interventions) compared to four  in the music therapy literature review. Why did this happen? One might consider, of course, that the field of counseling is larger and more established than music therapy (see chapter four). Further, the literature in developmental staging of counseling supervision starts considerably earlier than music therapy, 1953 vs 2001, and is used for psychiatrists, psychologists, social workers, and psychotherapists as well as counselors. From the historical perspective of both counseling and music therapy, many of the counseling models were developed in the 70s and 80s, when music therapy was in its young adulthood, having had its formal start in 1950 (formation of the National Association of Music Therapy in the United States), and more concerned with the development of basic literature than refining supervision practice (Goodman, 2011). One might also consider that music therapists, concerned with perceived freedom and creativity, might see developmental staging as restrictive and linear even though, in reality, it is not.

### 5.7.1.4 Specificity

Another significant difference between the outcomes in the two literature studies is the specificity of the information provided. While the developmental stages  (Trainee Beginning, Trainee Intermediate, Trainee Advanced) in both the counseling and music therapy models  contain overlapping information, there is a greater sense of detail  and organization in the more developed

stage models in the counseling literature, even in the trainee levels (see
chapters four and five, narrative synthesis).

### 5.7.1.5 The use of music as supervisor strategy

As to be expected, music is an important component in music therapy
supervision vs counseling. As such, it is included in limited supervisory
strategies in clinical examples for the four identified models, i.e., the building
of musical foundations (Farnan, 2001, Thomas, 2001,Bruscia, 2001),
video/audio playback for analysis (Farnan, Thomas, 2001) and improvisatory
relatedness and role-playing (Scheiby, 2001). Music is not included in the
developmental stage models for the counseling profession because it is not
a primary tool in the treatment process. Although not contextualized within a
developmental stage model, publication regarding the use of music is
detailed in 5.2.7. The importance of music strategies for clinical supervision
is discussed in chapter seven.

### 5.7.1.6 Individual vs. Group

As noted in chapter four, there is one example of a developmental stage
model for group counseling supervision (Sansbury, 1982) but not in the
music therapy developmental stage models. Research on group supervision
in counseling started in the 1990s in Sweden (Ogren, Boethius & Sundin,
2014) and reports that group supervision is advantageous assuming the
supervisor has the ability to handle the group dynamic and organization of
the group. It has the advantage of offering exposure to a greater number of
clinical situations and greater group experience(s). Supervision in the group
can potentially be authoritative, participatory, cooperative and/or peer group
and, similar to individual supervision, will also vary based on the theoretical
orientation of the group. Yet the topic of developmental staging in group
supervision in context of a developmental stage model remains largely
unexplored (Sunsbury, 1982).

### 5.7.1.7 Theoretical context

The theoretical formulation of a developmental stage model in the counseling
supervision literature (see chapter four, 4.7) identifies a theoretical
framework in five of the identified 17 models. Further three of the
developmental stage models in counseling (Loganbill, et al, 1982;
Stoltenberg & McNeil, 2010; Ronnestad & Skovholt, 2013) point out the
potential for supervisees to recycle through stages, even from professional

stage(s) to trainee. There are no theoretical frameworks for the developmental stage models for music therapy identified in this chapter.

### 5.7.1.8 Theoretical Approaches

While there is only one developmental stage model in the counseling literature (of 17) that suggests a theoretical approach, the psychoanalytic model in the work of Chazan (2003), several in the music therapy literature do.

Two of the US internship models (Farnan, 2001; Thomas, 2001) suggest cognitive-behavioral approaches (i.e., see competency based) while the Scheiby model (2001) presents with Analytic Music Therapy. While it is suggested that the Bruscia model (2001) could be utilized for cognitive behavioral supervision at level 1, humanistic supervision at level 2 and psychodynamic supervision at level 3 (Eyre, 2019), there is no publication regarding use of the model in this way.

### 5.7.1.9 Thematic analyses

Three additional themes identified in the first literature review (4.6) related to counseling supervision but not in music therapy are concerned with the following: 1) the ability to self-assess one's strengths and weaknesses (related to self and other awareness) which increases as the supervisee advances; 2) the decreased need for validation as the supervisee advances; 3) changing sense of security which increases as the supervisee advances. The only theme identified in the developmental stages of music therapy supervision which does not show up in the counseling literature relates to the use of music: Skills develop in terms of both music, self-awareness, and attention to client as the supervisee advances through stages and supervisee develops skills and identity.

### 5.7.2 Similarities between systematic literature reviews

Similarities between the systematic comparative literature reviews include an overall emphasis on trainee supervision and overlaps in thematic analysis.

### 5.7.2.1 Emphasis on trainee supervision

Another similarity between the two literature searches may be the overall emphasis on trainee supervision vs professional supervision (15 of 17

trainee stage models in counseling; four of four trainee stage models in music therapy). With respect to music therapy, this makes sense, given the low percentages of those engaging in professional music therapy supervision, the paucity of clinical literature on professional music therapy supervision and the inconsistent requirements for engaging in professional music therapy supervision.

Requirements for professional supervision in counseling appear to vary, given the example in the United States where they are subject to the rules of each state (see chapter four). It is likely that counseling developmental stage theory focusses on the trainee as the stage models were originally written for trainees. However, in counseling there are at least two models that include professional staging, Stoltenberg ( 2010), and Ronnestad & Skovholt (2013).

Since three well-known and most developed stage models for counseling supervision (Loganbill et al, 1982, Stoltenberg & McNeil, 2010; Ronnestad & Skovholt, 2013) emphasize that stages or,as often referred to, phases in development (Ronnestad & Skovholt, 2013) are not linear  and one can recycle through the stages (also see chapter two), it is entirely possible that stages that look suited to trainees may also crop up during professional supervision. In either case, there is an emphasis on trainee supervision in both of the literature reviews.

### 5.7.2.2 Thematic analysis

The first thematic analysis of the results of the developmental stage models from counseling supervision (4.6) yields six themes, the thematic analysis in the results of the developmental stage models from music therapy (5.6) yields four themes, three of which are identical to those identified in chapter four. The thematic analyses are drawn from the comments identified as narrative synthesis in the discussions. The identical themes include: 1) decreasing needs for structure in the supervision session; 2) decreasing dependency as the supervisee individuates; 3) the increased ability to utilize the session for greater self-awareness gleaned from transferences/counter transferences and parallel process. It is noted that these identical themes all support the themes of the separation - individual process described in chapter two (Mahler et al, 1975) in terms of the supervisee's increasing capacity to be less dependent on structure from the supervisor, less dependent in terms of modeling, imitation and guidance and able to assume a greater sense of self-awareness in order to maintain object constancy

where in the support of the supervisor leads to assuming a supervisee stance of one's own 'internal supervisor'.

# CHAPTER 6. INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

## 6.1 INTRODUCTION

The previous chapter closes with an analysis of the similarities and differences in the two literature reviews comparing developmental stage models in counseling and music therapy, the latter of which was based on a theoretical formulation from the first review. In chapter three of this thesis, the importance of the Interpretative Phenomenological Analysis was pointed out, achieved through interviews, in providing a different methodology to these two systematic literature reviews. In so doing, the overall methodology presents a triangulated perspective on the aim of the study, to inform a prospective lifespan developmental stage model for music therapy.

What do seven seasoned music therapy supervisors have to say that contributes to considerations for a developmental stage model in music therapy? This chapter presents the purpose of the IPA study, the methods (including detailed information about the IPA) leading up to the interviews, the process of the interviews themselves, the results of the interviews organized through the interpretative phenomenological analysis and, lastly, the discussion which will respond to the secondary research question three by providing commentary on the interview study (3)

The secondary research question answered in this chapter is the following: Secondary research question 3- Based on phenomenological analysis, how does interview data from experienced music therapy supervisors inform the development of a lifespan stage model in music therapy?

## 6.2 PURPOSE

The purpose of the Interpretative Phenomenological Analysis achieved through interviews is to investigate what music therapists who have provided varying degrees of clinical supervision have to say about their possible developmental perspectives and experiences, code the thematic outcomes and present superordinate themes that can be helpful in responding to the third sub research question.

## 6.3 METHOD

The rationale for the use of the Interpretative Phenomenological Analysis as well as a description of the IPA is found in chapter three, Methods. As well, the theoretical and methodological basis as well as the premediated methods for the Interpretative Phenomenological Analysis are presented at length there. Therefore, in this chapter, the critical elements of the method, the interview and a review of the issues that *emerged* related to methodology are presented and discussed. The approval for the study was completed under the auspices of the Institutional Review Board, described under ETHICS, 3.7.

### 6.3.1 Participants/informants, IPA

Seven music therapists were interviewed for and completed this study. For the sake of anonymity, they are represented by initial first name letter(s) and the aggregate data is presented here: 1) 5 female, 2 male. The countries of origin are Israel (2), UK (1), Australia (1), Germany (2), United States (1). The average age of the interviewee was 66.1 years. The undergraduate, masters and doctoral education in music therapy included attendance at New York University (1), Herdecke (2), Queensland University (1), University of Melbourne  (1), Hahnemann (1), Nordoff-Robbins (1), Guildhall (1), Michigan State (1) and Aalborg University (3). Three of the seven supervisors were trained in historically unique music therapy programs not affiliated with a university approved program (J. Ec., H.) Two were trained in USA university approved programs outside of their countries of origin (S., C.). Two were trained in university approved programs in their country of origin (D., Je.). Six of seven interviewees completed doctoral training. The average number of years providing supervision (a combination of trainee and professional) was 30.3; they continue to supervise, predominantly on the professional level. This last point about professional supervision practice is important in terms of purposive recruitment because it allows for content about the possibility of presenting behaviors and responsive interventions associated with professional developmental stages in clinical supervision.

Criteria for inclusion were the following: minimum of 10 years of professional supervision in music therapy; minimum of 6 months duration with a supervisee; English speaking. Criteria for exclusion would be failure to participate in scheduled 1.5-hour interview and/or failure to review and approve contents of transcripts The initial recruitment for potential interviewees was informed by reading in the field from seasoned supervisors

and recommendations from colleagues in other countries. The issue of bias in terms of theoretical background or education was not considered. With the incidence of both professional supervision and training for supervisors relatively low (see chapter one), it was challenging to find supervisors who met the minimum requirements. The intention was to recruit participants with an international profile hoping it that would provide a broader perspective to the data. Nine individuals were invited; one declined as this person reported not meeting the criteria for selection and one decided to leave the study after having done the interview. The sampling was purposive in terms of seeking very experienced supervisors; for this reason, the average age was 66.1.

### 6.3.2 Conducting the initial interview: considerations, process

After sending out an initial email of inquiry (see Music Therapy inquiry, appendix), a consent form was shared by email including scheduling suggestions for the interview (see Consent form, Appendix C). Following the scheduling of the zoom, a list of questions was sent to each informant prior to the interview. Sending the questions ahead of the interview allowed 5 of 7 interviewees whose first language was not English the possibility to review and understand them.

### 6.3.3 Questions for the semi-structured interview

The organization of the twenty-eight questions in Table 6.1 are reflected in the titles of the columns reading left to right. The initial list consisted of twenty questions and was amended after the first interview. Larger questions were broken down into smaller ones, leading to twenty-eight questions in the final version. Questions regarding demographics and education as a therapist and as a supervisor (questions 1-9) were included to determine the nature of both educational and possible supervisor training as clinicians, educators, and supervisors. Questions 16-28 were based on the basic components in the developmental stage models (see Results, 4.4, 5.4): namely  the presenting behaviors of the supervisee in a particular stage (questions 10-15) and the corresponding supervisor interventions for that supervisee (questions 16-23) Questions 24-28 were related to developmental implications of the supervision process. Therefore, the answers to questions 1-9 provided background information regarding the interviewees while *answers to questions 16-28 potentially informed the third subresearch question by providing information about how supervision was conducted based on supervisee presenting behaviors as well as inference or identification of developmental stages in clinical work.* As can be seen from

the sample comments from the transcripts in results, *semi-structured interviews allow for the addition of additional spontaneous questions that invite follow up and/or seek to extend or clarify ideas.*

Table 6.1 Questions for the semi-structured interviews

| Demographics | Education | **Experience as Supervisee** | **Experience as Supervisor** | **Reflections on developmental stages in supervision** |
|---|---|---|---|---|
| 1) Country of origin | 4) Where and when were you trained as a music therapist? | 10) When did you go through supervision and for what purpose? | 16) Did your own supervision experience(s) contribute to the ways in which you supervise others? | 24) How were you or are you aware of changes in the supervisee that effect the supervision strategies you use? Note: answers to this questions led to feedback from the researcher in suggesting the possibilities of stage levels. |
| 2) Age | 5) How many years have your provided professional supervision to others? | 11) Do you recall anything specific that would describe your own experiences of being supervised? | 17) Your story as a supervisor: How did you start? | 25) If so, can you give some examples? |
| 3) Gender | 6) Were you trained to supervise other professionals? | 12) What strategies were used to help you when you were being supervised? | 18) What were your models? | 26) Do you find yourself changing as the supervisee changes? |
| | 7) If so, how? | 13) Did you change in any ways that you could describe during your own supervision process? | 19) How did you develop? | 27) If so, can you give some examples? |
| | 8) In what capacities? (Practicum? | 14) Did the strategies | 20) Were there any milestones | 28) How do you think your supervision practices might have |

| | interns? professionals?) | change as you changed? | you could point at? | changed over the course of time with different clients? |
|---|---|---|---|---|
| | 9) Have you provided supervision to music therapists for a duration of 6 months or longer? | 15) Did you ever regard these changes or lack of changes as developmental? | 21) Give an example of a typical supervision intervention?<br><br>22) Example of non-typical intervention?<br><br>23) As a supervisor, would you do anything differently? | |

### 6.3.4 Interview process – Data collection

As explained in chapter three, 3.5.4, interview techniques in qualitative research (Kvale & Brinkmann, 2015; Smith & Shinebourne, 2012) include many verbal strategies (note: also used in both teaching and clinical work) prompting, clarifying, reflecting, affirming, and offering examples. The interview process started with a brief orientation (what to expect, guidelines for leaving the interview if necessary), questions from the interviewee and a 'warm up' period where the interviewee was allowed to freely. The initial gathering of demographic information (1, 2, 3) and education (4-9) followed.

The interview questions that followed were generally in order, but allowed for many different related tangents as well as examples from cases. The tangents represented various associations or examples related to the primary questions (see initial themes, clustering of themes, superordinate themes). The researcher frequently reframed answers from the interviewees for the purposes of clarification if the content suggested developmental staging (trainee and/or professional) but was not identified as such. At the end of the interview, additional questions regarding interest in a possible developmental stage model and the formation of an international focus group were added: 1) Do you have interest in learning about a developmental stage model for clinical supervision?; 2) Are you interested in joining an international focus group on clinical supervision?

One of the interviewees in the study experienced receptive and expressive language challenges which necessitated restating of information as simply as possible. Overall, the interviewees appeared attentive, absorbed, and appreciative of the interview.

## 6.3.5 Interviewee transcription review (ITR)

The interviews were all scheduled for 1.5 hours. One interview had to be scheduled for two 45-minute slots. The average time of the interviews ran closer to two hours each because the interviewee was inclined to talk further, for the most part, about the content of the questions.

The first stage of analysis (Pothoulaki, 2012) was the transcription of the interviews. Each transcript (on average, thirty-eight pages) was reviewed four times by repeated listening to the audio because the content of the Zoom transcript was very poor (misspellings, chopped up sentences, missing words, repeated words). It is possible that some of the transcription errors were due to foreign accents. After researcher editing, the transcripts were sent to the seven interviewees for ITR, Interviewee Transcript Review. In two cases, there were small portions that the interviewee asked to be omitted. Here are two examples of what a tiny portion of the Zoom transcription looked like before and after editing.

Before edit:

Karen Goodman: So that's fascinating so you really started with this young in therapist for your own.00:09:23.970 --> 00:09:26.970Karen Goodman: edification I would say, and then.

00:09:28.800 --> 00:09:32.280Karen Goodman: As you develop your own style.

00:09:33.570 --> 00:094r0.620Karen Goodman: In doing therapy and providing supervision, you went into the peer supervision level.

After edit:

Karen Goodman: so that's fascinating. so, you really started with this Jungian therapist for your own edification, I would say, and then as you develop your own style in doing therapy and doing supervision, you went into the peer supervision level.

Before edit:

D: yeah, I there was no buddy I felt that I could go to as a supervisor to work with in depth young and oriented.100:13:04.890 --> 00:13:21.87

D.: Except this group that I formed like they were all very highly, they all have been at therapy, and they were all psychologically aware, and you know I felt they were the people was I looked around there was not one to recommend somebody.

After edit:

D: Yes, there was nobody I felt that I could go to as a supervisor to work with in depth, Jungian oriented…. Except this group that I formed. They were all very highly (aware); they all had been in therapy, and they were all psychologically aware, and you know I felt they were the people (I needed to turn to). When I looked around there was no one to recommend somebody.

## 6.3.6 Data analysis

Following transcription analysis, the first stage of analysis involved the review of all edited transcripts (250 pages of raw data ) for emergent themes (Pothoulaki et al, 2012), referred to in IPA as *codes.* This involved underlining passages which would refer to the primary idea being expressed by the interviewee. Following the underlining of the passages, these primary codes were inserted through Microsoft word to the right of the underlined transcription notes. In a second stage of analysis, these codes compiled and listed together on a separate page in order to organize *recurrent themes*. A third stage of analysis organized the recurrent themes into *superordinate themes.*

Table 6.2 presents examples of extracts suggesting two explanatory codes. Table 6.3 presents examples of how these explanatory codes became part of two different emergent themes. Table 6.4, reading left to right, outlines the content in these processes by identifying the six superordinate themes, the 43 recurrent themes and the 63 codes that led to the organization of both recurrent themes and themes (note: Several of the codes could also play a part in other themes but are delimited to a specific theme in this thesis). The 250 pages of original transcriptions have not been included in this thesis. While the content of the codes remained relevant to the interview questions, the definition of what made the inclusion of a transcription passage most helpful to this chapter had to do with the content of the passage *potentially* informing the third subresearch question by, as aforementioned, providing information about how supervision was conducted based on supervisee presenting behaviors as well as inference or identification of developmental stages in clinical work (see Discussion). After identifying superordinate themes, the researcher returned to the transcripts to find the sample quotations that would best demonstrate the content of the codes (see RESULTS). The examples associated with IPA transcriptions have assumed

various formats with some presenting as summary comments; the researcher used the format composed by one of the authors of the IPA, Flowers (2005) as presented in a music therapy study from 2012 (Pothoulaki, MacDonald & Flowers, 2012) in composing and presenting this research.

Table 6.2 Analysis - Emerging codes, example (Pothoulaki et al, 2012)

| Interview extract | Explanatory codes |
|---|---|
| I say to colleagues (in supervision) -- but tell me about their (the patients') history, what do you know about their history, okay they've got schizophrenia, but what else has been going on, you know how that  is viewed by their family? | 3l-Tell supervisees to ask concrete questions before making efforts to interpret things |
|  |  |

Table 6.3 Identifying emergent themes - example (Pothoulaki et al, 2012)

| Emergent themes | Interview extract | Explanatory codes |
|---|---|---|
| *3j,* Resistance implies difficulty in moving to another level | I can just imagine some past supervises thinking that I can see where you're heading with this Je and I'm not ready to do that work here. | 3m-Resistance |
|  |  |  |

Table 6.4 Derivation of emergent/recurrent themes (n=6); recurring themes (43); identified codes in interviews (n=63).

| Superordinate theme (6) | Recurring themes (n=43) | Descriptive codes from interviews (n=63) |
|---|---|---|
| 1) Interviewee education and training relied on and continues to thrive from interdisciplinary experiences | a) Training outside of music therapy supplemented my initial | *a) Psychodynamic theory supplemented my training as a |

| | | |
|---|---|---|
| (outside of music therapy). 6/10 | training as a clinician and supervisor. | clinician and influenced me as a supervisor. |
| | See above | b) Group analysis outside of music therapy supplemented my training as a clinician. |
| | See above | c) I received on the job training in supervision from supervisors other than music therapy. |
| | b) Both positive and negative experiences in one's supervision effect supervisory outlook. | *d) Experiences in my own supervision impact my supervisory outlook (positive or negative) |
| | c) Professional supervision conducted by someone other than a music therapist. | e) I had professional supervision with a supervisor outside of music therapy. |
| | d) There was no training in how to be a music therapy supervisor | f) No training in music therapy supervision |
| | e) No professional music therapy supervision availability led to peer supervision. | g) Formation of peer supervision groups. |
| | f) Continue to enjoy learning from music therapy as well as other disciplines | h) I enjoy learning from other disciplines |
| | See above | i) I am always searching for more education to help me in my work as a supervisor. |
| | See above | j) Supervisor feels motivated to learn in GIM supervision |
| 2) Factors impacting supervisory style and process were diverse. (9/19) | a) Supervisor needs to be comfortable with theoretical training and approach of supervisee. | a) Ability to supervise effectively with students is dependent upon their theoretical training |
| | See above | *b) theoretical approach is identified |

| | | |
|---|---|---|
| | b) Supervisor puts theoretical approach in context of clientele the supervisee is working with. | c) Psychodynamic training does not suit all situations |
| | c) Preference of supervisor for level of supervisee. | d) I prefer working with more advanced supervisees than beginning supervisees. (Suggests: Relationship of supervisor personality to preference) |
| | See above | e) I avoid talking about supervisee countertransference in the supervision session (separation of supervision issues with personal issues?) |
| | D)Perspective: The supervisor looks at many aspects of the supervisee situation. | f) Supervisor sees supervisee in a holistic fashion |
| | e) The use of music is an important emphasis in conducting music therapy. | g) Concern about deemphasis in music (in Israeli training). |
| | f) Feelings of supervisor during supervision can be helpful in understanding the process. | h) I am frustrated as a supervisor because of the tendency of the supervisee just to talk about self. |
| | See above | i)Interviewee describing Intuitive supervision |
| | See above | j) Interviewee describes feeling Insecure during supervision |
| | See above | k)  Interviewee experiencing a high degree of empathy during supervision with supervisee |
| | See above | l)Too much empathy on the part of the supervisor can create blurred boundaries between the supervisor and the supervisee. |
| | See above | *m) Supervisor is enthusiastic |

| | | |
|---|---|---|
| | See above | *n) Intensity can make the supervision difficult. |
| | See above | o) Supervisor experiences Impatience with supervisee |
| | g) Role of personal therapy | p) importance of personal therapy for supervisee |
| | See above | q) personal therapy impacts ability to provide supervision |
| | h) Supervision techniques based on training. | *r) use of videos and audios and visits provide concrete feedback |
| | i) The nature of group supervision. | *s) Groups can provide different perspectives on supervision |
| 3) Elements researcher had identified in developmental stage models for supervision were discussed in the interviews (10/13). (See Discussion). | a) Boundaries between supervisee and supervisor are an element of supervision. | *a) Blurred boundaries |
| | b) The presenting behavior of the supervisee in supervision is important. | *b) Supervisee anxious |
| | c)Transference is an element of supervision | c)Transference |
| | d) Awareness of one's identity building as a supervisor. | d) Building identity as a supervisor |
| | e) The supervisor supports the supervisee in building skills. | *e) Skill building |
| | f) Supervisor thoughts and feelings during supervision are important. | *f) Supervisor not knowing what to do |
| | See above | *g) Awareness of problems while providing supervision |

| | See above | *h) Distressing clinical moments |
|---|---|---|
| | g) Recognizing regression on the part of the supervisee | *i) Regression on the part of the supervisee |
| | See above | *j) Cognitive shift |
| | h) Supervision agenda changes | *k) Supervision agenda |
| | i) Concrete learning is an important first step in supervision. | l) Tell supervisees to ask concrete questions before making efforts to interpret things |
| | j) Resistence implies difficulty in moving to another level. | *m) Resistance |
| 4) *Supervisors (4 of 7) referred to and/or related to developmental levels also known as stages, both identified by the researcher in review of developmental stage models. (5/5) | a) Direct reference to development and/or developmental stages | *a) interviewee case examples describe developmental perspectives through reference to the word development. |
| | b) Level is a term synonymous with developmental stage. | *b) Use of the word 'levels" |
| | c) Practice level changes | *c) Practice level |
| | d) levels linked to strategies | d) levels linked to strategies |
| | e) Relatedness to terminology (i.e., development, levels, stages) of developmental stages when prompted by researcher. | e) Relate to the terms developmental stages. |
| 5) *Supervisors suggested a variety of music and/or creative arts interventions (note: not necessarily linked to stages).(8/10) | a) Use of psychodrama. | *a) Psychodrama |

| | | |
|---|---|---|
| | b) Musical role playing as supervisor intervention. | *b) Role play |
| | c) Use of music interventions by supervisor is professionally important and varied. | *c) Use of music, varied |
| | See above | d)careful listening |
| | See above | *e) Strengthen professional identity through use of music |
| | d)Integration of music processing and verbal processing as supervisor strategy. | f) Integration of music and talking in supervision |
| | e) Use of both verbal processing and music processing as separate supervisor interventions. | *g) Words and music |
| | f) Use of creative arts for supervisor interventions in group. | *h) Value of creative arts in supervision groups |
| | g) Group music improvisation as supervisor intervention. | *i) group responds to and with music improvisation related to case study |
| | h) Use of creative arts for supervisor interventions in individual supervision. | j) Use of other creative arts in therapy and in supervision. |
| 6) Supervisor training is important and needs further development: support for research on developmental stage models (5/6) | a) Role models are important. | a) Seeking role models |
| | b) There is a need for more and improved training and learning. | b) Deficits in own training |
| | c) Need for models in supervision training. | *c) Need for models and tools in supervision |

| | See above | *d) The importance and need for training. |
|---|---|---|
| | d) Response to the idea of a developmental stage model | e) a new nomenclature: the developmental stage model |
| | e) Receptive to learning. | *f) Focus group for supervision with interviewees |
| | N=43 | N=63 |

Samples of analysis in the process toward superordinate themes are indicated below. See Results of qualitative data below for identification of and samples of superordinate themes.

### 6.3.7 Feedback from interviewees

Following the organization of superordinate themes and related summary content, information was sent to the interviewees with the following questions: 1) Do you have anything to add to the summary that is not there? 2) Do you want to add your thoughts regarding the content above? 3) Do you have any questions? 4) Assuming you are still interested in a spring zoom meeting with all interviewees to consider forming an international supervision focus group, what are your best days as well as times? Information was received from four of the seven informants. One person amended the summary with his information. Two others sent thanks and answered the last question. One other person responded to questions 2,3,4, inquiring about what other developmental staging ideas other supervisors might be using and how the superordinate themes was developed. Four did not respond.

## 6.4 RESULTS

Per the IPA method (Pietkiewicz & Smith, 2012) described thus far and detailed in Table 6.4, the *superordinate themes* are again presented below. The numbers following the themes represent the number of recurring themes as well as codes identified in the transcripts. (n/n). The IPA method allows the results to be reported in terms of their relationship to the themes as well as implications of the results. The discussion following the results  extends the implications of the results.

Superordinate themes

1) Interviewee education and training relied on interdisciplinary experiences (outside of music therapy). (n=6/10)

2) Factors impacting supervisory style and process were diverse. (n=9/19)

3) Elements researcher had identified in developmental stage models for supervision were discussed in the interviews (n=10/13)

4) Supervisors (4 of 7) referred to and/or related to developmental levels also known as stages, both identified by the researcher in review of developmental stage models (n=5/5)

5) *Supervisors suggested a variety of music and/or creative arts interventions (note: not necessarily linked to stages). (n=8/10)

6) Supervisor training is important and needs further development: support for research on developmental stage models (n=5/6)

The superordinate themes identified above represent the dialogue in response to the interview questions and, from the perspective of the researcher (see Discussion), relate to the third research question, how experienced supervisors consider their work in ways that might inform considerations for a developmental stage model (chapter seven). To provide a representative sample, sample comments are taken from all seven interviewees, to varying degrees. With a total of forty-three recurrent themes, the researcher selected 29 of these along with transcription comments (41 examples) that would best support the answer to the third secondary research question (see Discussion). Several of these are lengthy because they are demonstrating multiple codes related to the superordinate theme. Both the superordinate theme and the letter related to the code are identified in the comments. Where there is a two-way dialogue, K., indicating the first letter of the researcher, is noted.

### 6.4.1 Superordinate Theme One: Interviewee education and training relied on and continues to thrive from interdisciplinary experiences.

The theme of interviewee education and training relying on interdisciplinary experiences (outside of music therapy) for both clinical and supervisory training derived from questions regarding education and training as a clinician and as a supervisor as well as experiences as a supervisee. Supervisee experiences included both identified trainee and professional

experiences. The results provided the researcher with background information revealing the following six recurrent themes: a) Training outside of music therapy supplemented initial training as a clinician and supervisor; b) Both positive and negative experiences in one's supervision effect supervisory outlook; c) Professional supervision conducted by someone other than a music therapist; d) There was no training in how to be a music therapy supervisor (four of seven interviewees); e) No professional music therapy supervision availability led to peer supervision (three of seven supervisees); f) (I) Continue to enjoy learning from music therapy as well as other disciplines.

One overall message from this theme is that the perceived need for more education that could be useful in the clinical setting coupled with the unavailability of training to be a supervisor in music therapy (note: still an issue today), and the necessity for professional intellectual stimulation led to interdisciplinary outreach for both additional training and professional supervision (Table 6.4, 1 a, b, c, e, h, i). When provided on the job the professional supervision experiences were reported as both positive and negative (1-d).

All seven supervisors supplemented their initial music therapy training to include interdisciplinary input, for example, psychodynamic theory, group analysis, movement therapy and/or on the job training with related professionals. The nine examples below, in connection with six recurring themes related to the superordinate theme, are identified by number and letter per Table 6.4. Discussion will link these elements to the third secondary research question, their relevance to a developmental stage model and potentially to trainee or professional stages of supervision.

*1 a-Training outside of music therapy supplemented my initial training as a clinician and supervisor.*

*Example One*
H. describes the influence of her supervision groups and the intensive weekends of her group analysis training which later influenced her training with students. She considers herself 'very lucky' not only to be in peer supervision groups but also to be involved in intensive weekends for group analysis training through "The Institute of Group Analysis Training':

H:  And I learned an enormous amount, but that wasn't called supervision; it was a training in group work, but I learned a huge amount from those as well that I think influenced me in the way that I trained students.

*Example Two.*
Working at the 'Hardtwaldklinik' psychotherapy clinic, J describes alternative training in movement therapy and body therapy associated with the theory of Fritz Perls.

J: I had an advanced training in movement therapy and body therapy at an institution that is named European Academy for Biopsychosocial health, Creative therapy and Nature therapy.

*Example Three.*
Je. Describes her affiliation with the Australian Association of Supervision (note: not music therapy) and her Vibrant Training through a social worker in New Zealand and her affiliation with Australian Association of Supervision.

Je: she actually has run that training for a lot of music therapists in Australia mainly face to face; it's called Vibrant training. I'm actually an accredited supervisor with a group that's called AOS which is the Australian Association of Supervision, which I think there's very few music therapists who are registered as supervisors with that group. I have probably supervised over 150/ 200 professional music therapists over 25 years."

1e *No professional music therapy supervision availability led to peer supervision.*

*Example One*
While there was no training in music therapy supervision for any of the interviewees, H, like others in the interview (D, Ec), participated in peer supervision:

H: But I didn't undertake a formal training as a supervisor and get a qualification for that, because there wasn't one and, in fact, through all this (peer) experience that's what we tried to do through holding weekends and supervising each other

1c *Professional supervision conducted by someone other than a music therapist.*

*Example One*
H. considers her training as a supervisor impacted by supervision, in this case over a ten-year period in group therapy with two psychoanalytic psychotherapists in the mid 80s as well as short term training with a drama therapist.

H: so, I think training happens, formally, but it also happens by having your own supervision …the analytic psychotherapist was also trained in body psychotherapy. But he was also a Freudian, quite formal psychoanalytical verbal psychotherapist. But it happened over a period of about 10 years with two different psychoanalysts. I (also) had some short course training, one run by MJ, who was a very well-known drama therapist and leader in her field at the time and …some short courses run by psychotherapists.

1d *There was no training in how to be a music therapy supervisor*

*Example One:*

H. continues to describe the lack of supervision in her clinical training, the realization of why it was important and the importance of reflective process:

H: It wasn't a thing on my training so when Juliet Alvin ran the Guildhall course, we just we had no supervision we just sort of were taught how to do it, then we went on placement and she fed back, whether you were doing it right or wrong, and there was no real reflective practice or anything like that. And so there we were, and it was a revelation. And one of the things I learned was about respecting and really noticing your own process and learning about counter transference.

1b *Both positive and negative experiences in one's supervision effect supervisory outlook.*

*Example One:*

Similar to H., Ec describes a supervision in the hospital workplace. The supervision was initially lacking or negative; at times it led to feelings of shame. Ultimately, the experience led to aspirations for more cooperative workplace experiences.

Ec:..the first experience was very bad because the leader was not providing a safe place for everybody. Sometimes. I was ashamed in the group… How could a professional like a music therapist work together with other professions in a multi professional team and a psychiatric hospital or in another hospital, together with psychologists and and physicians and the psychotherapists and physio therapists and nurses. ….. nobody really listened to each other, but they kept fighting against each other very often. And, in the end, we had the same aim, with the aim was to help the the clients and the world.

*Example Two, continued.*

Fortunately, a new role model emerges and now Ec. describes a training outside of music therapy which provides positive inspiration:

Ec: …. it was the first time that I felt recognized in this team by him and he really gave me and others, the opportunity to talk and to communicate their needs and their feelings about the work within the team…..I asked him where can I learn what you doing. …. and he showed me a training program (note: with psychologist, social workers, teachers, church people) where I could learn it; then I started to do this in 1991.

*Example Three, continued*

The positive training has motivated Ec to move forward with the provision of group supervision (note: in addition to individual supervision) as well as training groups for others. As a co-production of Switzerland, Germany and Austria, Ec announces supervision training for potential supervisors, to commence in January 2022 and include music therapists. Again, Ec recalls the challenge to find good supervision training.

K: And now you mentioned to me when I spoke to you that you were doing a training in Switzerland with a colleague. Was that a general training or was that a music therapy training for supervision?

Ec: it starts in January next year, and it will be for music therapists (seven three-day seminars). And doing some work in between via zoom with the other students' theoretical work, doing some practical work starting on supervision processes and writing about that, and so on, so this is...two years instead of three in this kind. yeah, and it's a Co-production of Switzerland, Germany and Austria, the German speaking countries.

I'm thinking about my own supervision training. I'm not sure if this was the question, but for me, it was, for instance, a new experience to find a good place in the group and my supervision training was in a group of 36 students. And three teachers and it was a group dynamic training, it was very hard at times. *I lost some of my fear against groups.*

### 6.4.2 Superordinate Theme Two: Factors impacting supervisory style and process were diverse

The theme of factors impacting supervisory style and process were diverse included nineteen codes which led to nine recurring themes and derived from questions regarding the presenting behaviors of supervisees and the resultant supervisor interventions. In several cases there were also tangents related to the interviewee's own thoughts and feeling during these processes. The superordinate theme includes the recurring themes: a) Supervisor needs to be comfortable with theoretical training and approach of supervisee; b) Supervisor puts theoretical approach in context of clientele the supervisee is working with; c) Preference of supervisor for level of supervisee; d) Perspective: The supervisor looks at many aspects of the supervisee situation; e) The use of music is an important emphasis in conducting music therapy; f) Feelings of supervisor during supervision can be helpful in understanding the process; g) Role of personal therapy; h) Supervision techniques based on training; i) The nature of group supervision. The nine examples below, in connection with four recurring themes related to the superordinate theme, are identified by number and letter per Table 6.4. Discussion will link these elements to the third secondary research question, their relevance to a developmental stage model and potentially to trainee or professional stages of supervision.

2a-*Supervisor needs to be comfortable with theoretical training and approach of supervisee.*

Example One
C. discusses her provision of supervision, presented as instructive and skill-based, with students coming from two different academic programs in Boston where there were different theoretical approaches in the training. She is uncomfortable with students focusing on psychodynamic issues and

explains why. Further, she emphasizes the need to understand the function of music in the clinical setting:

C: (in working with students from xxxx College) no psychodynamic stuff, you know, it was more learning how to work with the musical skills, music, using improvisation, using songs, using techniques, you know and methods, working with, especially in special education that's where I mainly worked.

(At) xxx college, you know, it was not clear, and it was much more psychodynamic, although I didn't then think psychodynamically…you know it was quite confusing and for me and so that was my first experience with supervising with two different views. (Later) I was taken because I felt that some of the students were more coming from places where they talk much more psychodynamic, and don't understand the use of music, you know the actual what you're doing you know the material the music and for me music was very important and belief that through music, you can reach so many areas..

## 2g *Role of personal therapy for supervisor and/or supervisee*

In their own experiences during their own professional supervision as well as providing supervision, H. Je and C. describe their motivation to take on personal therapy, a motivation which emerged while trying to navigate personal issues in the course of conducting clinical work.

Example One:
H. describes her own difficulty managing a music therapy group with disturbed children and the impact of a "formidable teacher whose classroom was down the corridor". The criticism of this teacher evidently triggered her own insecurity and led to personal therapy which proved to be a valuable ongoing experience both in her clinical work and in training/supervising others:" And so, I feel I have to be very alert so it's a little bit like I mean part of me thinks that one of the best trainings to be a supervisor is actually being a therapist and being a patient."

H: And I ran a music therapy group every week with children who are highly disturbed and who had been unable to stay in their families ….it was very difficult managing the boundaries, working with this improvisatory model. …..a very formidable teacher whose classroom was down the corridor used to constantly try and get into my group and sort of, say, well, it sounds like chaos….

My supervisor said. 'Well, to be honest, you could keep bringing this material to this supervision group and being cross about it, or you could go and have your own therapy". This was in the days when (you know), music therapists who were training didn't have personal therapy. We embedded this eventually into training so in the UK, you have to undertake your own therapy plus it's normal practice to have supervision, and I think we learned all that from the psychotherapy discipline…. yeah, so that that was one of the major changes, which is instead of thinking that I was doing something wrong, or I didn't know how to do this work.

Example Two

*Je.* describes initial resistance to personal therapy but ultimately finds it a source of strength in continuing both clinical work and supervision:

Je: …..one pivotal moment and I think it probably occurred in the first few years of my receiving supervision was when my supervisor highlighted to me that there might be some areas and also issues that were coming up in supervision that would benefit from getting some  therapy support therapy. I remember being quite defensive at the time and thinking what do I need  to do that? …..when things became a little bit more of a crisis point and then I began to access that therapy support, probably the MID to the late 90s, it continues today that I have both supervision and therapy because I need both.

Example Three
C. describes participation in psychoanalytic analysis and emphasizes that the supervision session is not for therapy purposes; one's own therapy is. This was the consensus amongst six of the seven supervisors interviewed in the study.

C, I studied and I've been in my own analysis, the classic one, psychoanalyst analysis and there even when you work with students, when I work with my client or when a supervisor on my own issues, I would work out not in my supervision but my therapy in a way.

Example Four
In the below passage, C. describes the role of personal therapy for a professional supervisee, demarcating the different purpose of supervision vs a need for personal therapy. In doing so, she creates a clear boundary/definition between the observable process that the professional supervisee may discuss in the therapy session vs the feelings of the supervisee in reflecting on the session

C: You know we're talking about your clients, and I hear that you're bored. But this is something to be discussed maybe in your therapy or something because it's your own projection or your own counter transference… it's not the essence it's not the central thing.

*2f--Feelings of supervisor during supervision can be helpful in understanding the process (*note overlap with 3f, *Supervisor thoughts and feelings during supervision are important)*

Example One
D. recalls how her personal breakthrough with expressing anger helps her provide a supervisory strategy where the professional supervisee is supported in order to express anger: "it was exhilarating at the fact that I could tell that you know that I could withstand that amount of anger and that he could finally get angry."
D:… I couldn't get angry till I was older,   and I had a different therapist then and I was punching the pillow and it took me a long time to work into the fact where he became my father and I was punching him **.**

D: I had someone and I said hit me and he said I can't let that anger out. if I let that anger out, you know I'll just break everything apart, I said no, you won't. I said you can't hit me you can't break anything in the this room, you can hit this pillow. So, he started to hit it and it was so hard

that I had to move and I had another pillow on it and, as he did it, he started to be able to get angry and it was exhilarating at the fact that I could tell that you know that I could withstand that amount of anger and that he could finally get angry.

Example Two

S. describes several factors in this short statement: not only her enthusiasm for supervision but also the intensity of her work and her search for meaning, training and techniques:

S: I hope I'm now a much better therapist to when I used to be then, And I started from scratch, I just listened very carefully, but I cannot tell you what I did…. studying and studying. I don't stop for a moment. I cannot compromise now. I need very good people.

Example Three

D. describes her feelings of and degrees of empathy which can sometimes blur the boundaries between what her professional supervisee is feeling and what she is feeling. She describes this process as projective identification in the course of supervision where music-based intervention is used. The following example relates to feelings of sadness.

D: Like realizing what an empath I am where some people, and this is projective identification actually...some people might be working at the piano and we're singing together. And all of a sudden, I feel this incredible sadness, you know, and you know we're doing free associative singing or vocal holding and I feel this sadness and afterwards I might say how did you feel and if they say, I felt fine, then I say (to myself) Okay, is this mine?

D.: I've worked so much on myself it's not often that it's mine. I'm not really sad about anything so, is it theirs and they're not ready to deal with it? so sometimes that's the case…. And sometimes I would say so how did you feel about that and they'd say no, "in the first part, near the end I started to feel sad yeah so they would they would start to cry and then I would feel better" (laughing) like "take it back".

2h Supervision *techniques based on training.*

Example One

The development of supervision techniques, influenced by one's own training, may also play a role in responding to the presenting needs of the supervisee. C. describes her preferences here in terms of on-site visits (note: not described as either trainee or professional) as well as use of audio and video in order to ascertain observable information:

C: It's very important for me again always to have video or audio, and I don't think many are doing it, and that's something I got from the States…when someone tells me that "we don't know how to work with this person" and I'll give you an example for that: I go to the place and actually observe.

Example Two

C. In the course of observing the session, describes her very practical answer to the supervisee question:

…… "three months have gone by, I don't know what to do with him I don't understand. … He's singing one song over and over and over again, I don't know what it is" and it's like well, I said "ask his parents." "No, it makes it feel like this and I'm feeling like this … I'm feeling inadequate I'm feeling…"
 So, I went into the session and sure enough, I heard the children's song that he was singing, and I said, can you hear it? It's a very famous Israeli children's song. and you didn't recognize it because either because you didn't ask the parents, or I don't know what. We could have worked for three months on her feelings, right? and that's many supervisors too.

### 6.4.3 Superordinate Theme Three: Elements researcher had identified in developmental stage models for supervision were discussed in the interviews

Elements that have been previously identified in supervisee developmental staging (see discussion, chapters four and 5) were discussed in the interviews. These recurring themes include the following: a) Boundaries between supervisee and supervisor; b) The presenting behavior of the supervisee in supervision is important. c) Transference both in clinical work and/or in supervision; d) Awareness of one's identity building as a supervisor; e) The supervisor supports the supervisee in building skills. f) Supervisor thoughts and feelings during supervision; g) Recognizing regression on the part of the supervisee; h) Supervision agenda changes; i) Concrete learning is an important first step in supervision; j) Resistance implies difficulty in moving to another level. In a larger sense, all of these elements can be connected to the process of conducting clinical supervision. Although, to some extent, these elements do overlap with theme two, factors impacting supervisory style and process, they are more directly connected to developmental stages. Examples in connection to six recurring themes for Theme three may involve more than more recurring theme at a time in the seven examples below. Discussion will link these elements to the third secondary research question, their relevance to a developmental stage model and potentially to trainee or professional stages of supervision.

3a-*Boundaries between supervisee and supervisor are an element of supervision.*

Example One*:*
D. describes her experiences with a therapist which also included clinical supervision. This appears to be related to theme one but is included under theme 3 because it appears to have impacted her way of working. This mode of being both the therapist and the supervisor is something she comes to

replicate in her own supervision practice   at times, wondering about the boundary setting it creates.

D:   I was in therapy, with a young analyst. He has an overview of a lot of theories, he's basically young and he has a book out, he looks at everything and he studied all kinds of things. He is brilliant. He was my supervisor; we had a supervision group of three of us. We were with him about five years.

D:   Some of the people I started seeing for music therapy.... After a while they needed some supervision, sometimes it was like they got therapy, but sometimes they'd have a question about a client and it was very easy to just flow with that. Because I wasn't their main supervisor; I was the therapist but if they say what I just felt, I think Susan felt that in our last session. yeah, it would somehow work together…. But I don't think my boundaries were good enough. As a supervisor, because sometimes what would happen is it would be so easy to slide into being a therapist and I had to keep being a supervisor and just supervising them and not starting to get into too much of personal material.

## 3i- *Concrete Learning*

Example One

Three of the seven supervisors emphasized didactic approaches which included orienting the supervisee to the patient (H), taking a supervisee history in order to be aware of challenges with the supervisee (S) and asking the supervisee to look for obvious information before trying to speculate about transference (C.). This approach is connected with a beginning or intermediate trainee level.See H below:

H:  I say to colleagues (in supervision) -- but tell me about their (the patients') history, what do you know about their history, okay they've got schizophrenia, but what else has been going on, you know how's that viewed by their family? So, I think the other role of the Supervisor is to think about the…. To really help the supervisor articulate what approach they are using and why and is it safe and is it going to work in that context.

## 3h *Supervision agenda changes,*
## 3j *Resistance implies difficulty in moving to another level*

Example One

Je makes reference to several of these items in the below passage where she describes the supervisee *agenda*, her surprise that the agenda for a professional may include items from a beginning trainee *level*, her reference to *resistance* on the part of the supervisee to *move to another level* and, in some cases, the *resistance* leading to an abrupt cessation of supervision. The reference to the word 'level' overlaps with theme four (6.4.1.4) and is raised in a related example there. This example may be connected with changes in supervisee agenda between a trainee and a professional.

K:  I mean, how are you aware of changes in the supervising that affect what you do? (Prompt).

Je: Oh, that's a good question. I think one of the ways that I'm aware of the effects of those changes is what the superviseee brings to the supervision agenda. Sometimes the questions I get asked to support supervisors with who've been practicing for over 10 years are right at that initial level.

I can just imagine some past supervises thinking that I can see where you're heading with this Je and I'm not ready to do that work here. I think sometimes it's often made me wonder, with some supervisees, when they don't actually say to you is I'm going to stop seeing you for supervision because what seems to happen is you just don't hear from them ever again or for another couple of years.

3f- *Supervisor thoughts and feelings during supervision are important (*see associated distressing clinical moments)
3g-Recognizing regression on the part of the supervisee (see associated cognitive shift code)

Example One
Je's description of a supervisory session further highlights the use of music in supervision during *distressing clinical moments* to achieve *a cognitive shift* with the professional supervisee, a code that is associated with a changing l*evel* (see Superordinate theme four, Supervisors referred to and/or related to developmental levels also known as stages). Yet even as she initially joins the supervisee in djembe playing, she stops and the supervisee continues, eventually able to verbally process what has happened in the supervision. (note: this overlaps with the recurring theme in superordinate theme 5, recurring theme 5e, demonstrating the respective uses of music and then verbal processing). This example may suggest a novice professional practitioner able to negotiate the use of both music and talking in supervision.

Je: "she (supervisee) appeared to be almost like perseverating around the same topic without actually being at no matter what level or type of questioning that are used, we couldn't get it to that next level to actually find out a little bit more,….So, we had a djembe and, and so we each took one and I invited the music therapist to improvise on the feelings around this frustration and what a surprise the music exploded.

I think I actually stopped and this music therapist kept playing and then eventually stopped, and I rememberr that the person looking at me and going (conveying the impression that)…I can't believe I just did that I can't believe that I actually had that in me ……and so I said well so let's just go back and connect with what you were saying, and then there was the shift and for me there is the standout moments;it's the shifts in awareness, They are always the most precious moments for me in supervision.

3 a-*Boundaries between supervisee and supervisor are an element of*

*supervision.*

3 c- *Transference is an element of supervision*

3 b- *The presenting behaviour of the supervisee in supervision is important*

(i.e., anxiety)

Example One

H. presents a case study which demonstrates several elements (see *itals)* relate to developmental staging. The professional supervisee's *anxiety* and neediness may suggest a need for personal therapy due to his *transference* to both his client and his supervisor. Through the playback of the musical duet in the session, the reported closeness of the supervisee and his client, who is in a forensic setting and was accused of committing a murder is clear; yet this suggests boundary issues. Additionally, the supervisor has to work within *boundaries* and remain supportive while encouraging reflective perspective at the same time. The supervisee later left the clinical position. This example may be suggestive of a novice professional practitioner who is having difficulties at work and in need of greater self-awareness.

H: Well, ….I had developed a psycho- analytically informed approach in music therapy,,, on that day the person arrived and was quite flustered…., the supervisee got very frustrated with me because we weren't getting into the case work, the idea that someone is having music therapy, but they have also committed a murder.

And the client in the forensic setting really does want to move on and and maybe get out of this terrible situation that appears to have happened when the person was possibly in a psychotic state but out in the Community. The therapist/supervisee) felt she got to a really important point with the patient through using her instrument…..she was allowed to play musical examples that I just felt was like a love duet and it was so intertwined I could hardly tell the difference between her playing on her instrument and the patient's melodic use of another instrument. Somehow, I felt, and she also felt there was a psychological danger, and this person (supervisee) actually later left.

And I think what I was able to help with was just helping him stand back and seeing the importance of the fact that there was a reciprocal element going on and that the person (patient) had this empathic nature and also through this playing I think, was able to speak in quite a remorseful way about what happened.

(The supervisee) would often think that I wasn't doing/ wasn't giving enough or I wasn't a good enough mother ….supervising people who are in their own therapy and aware of that enables the Supervisor to work at this more in-depth level.

The interviewer interprets the situation:

K, In the story that you're telling me that this client comes to you, and he feels that you're not giving him what he needs so he is needy and possibly his clients are also needy so he's very comfortable with that. I'm really stretching here but he's probably too close psychologically to their emotional state and that is making it more difficult for him to see the reality of their lives… am I touching on anything that makes sense? (*Interpretation)*

H, yes. That would make huge sense,

The interviewer suggests a gap between background and awareness in a session:

K: I think that the primary strategy that I'm hearing on your part, is to be a good listener to help this supervisee come into awareness through the playback of the music and the playback of the verbal. He got a good result, because his client was able to open up and be remorseful but is he on some level acting inappropriate! Yes, I think that a person can be advanced in terms of their background and their training and yet still not be advanced in terms of their awareness in a session.

H: Yes.

H. points out the boundaries involved in being a supervisor vs a therapist.

H: I sometimes feel that people get too caught up in almost being like a therapist to the Supervisee, I think the boundaries are tricky, but I feel that all the time it's my job to focus on the patient and the supervisees' holding of the patient and that's my task in the end, to help them deliver the music therapy in the best way for the patient, therefore, I need to know equal amounts or about the case.

H. Suggests a possible parallel process (note: this example is potentially suggestive of a novice practitioner stage).

And I have to separate out well, is it because, you know it could be activating something in me because I have something parallel with this, so I have to be aware of that and notice it and sort of hopefully deal with that and not let that negatively influence

3f: *Supervisor thoughts and feelings during supervision (also see theme 2h,* Feelings of supervisor during supervision can be helpful in understanding the process).
3h: *distressing clinical moments*

Example one
In the below example, H. describes her distressing clinical moments as if "alarm bells ringing me"; these serve as an internal signal to be alert to what might unfold in the session with this professional supervisee and act responsively. In this example, the supervisor is aware of potentially difficult moments in the supervision.

H: And then I said something before about alarm bells you know if *alarm bells ringing me* and I feel something very strongly I would. But I think I'd all along be trying to help the supervisee gain some different reflections or verify their reflections on how well or not they feel they're helping the patient, you know.

Example Two
Similarly, D. reports feeling 'chills' as a premonition of something disturbing in the supervision.

D: Instead of picking up feelings that viscerally I get chills... so weird to me somebody will say something and I'll just get chills so I don't know what the feeling is, but I know there's something there that needs attention.

## 6.4.4. Superordinate Theme Four: Supervisors referred to and/or related to developmental levels also known as stages, both identified by the researcher in review of developmental stage models

The direct reference to developmental stages or levels of supervisee presentation was apparent in the interviews and emerged from questions related to discussing supervisory experiences with professional supervisees. Therefore, the recurring themes related to superordinate theme four include: a) Direct reference to development and/or developmental stages; b) Level is a term synonymous with developmental stage; c) Practice level changes; d) levels linked to strategies; e) Relatedness to terminology (i.e., development, levels, stages) of developmental stages when prompted by researcher. Four of the seven supervisors related to the term developmental stages when it was introduced in the interviews. As with superordinate theme three, multiple recurring themes present in these four reoccurring themes from four interviewee examples. Discussion will link these elements to the third secondary research question, their relevance to a developmental stage model and potentially to trainee or professional stages of supervision.

4a *Direct reference to development and/or developmental stages*
4b *Level is a term synonymous with developmental stage.*
4c *Practice level changes*


Example One
In the below examples, Je wonders about the variety of presenting supervisee levels as related to development. In the same conversation, Je. considers the meaning of the word developmental. In doing so, she recognizes the capacity of a professional to regress to an earlier stage.

Je: You know, for therapists who've been practicing over 10 years and don't access supervision regularly. I wonder, developmentally where are they placed in their learning needs and understanding of what supervision is and what they can get from supervision?

I'm dumbfounded sometimes looking at...developmentally their ability to self-reflect to develop the ability to be insightful...and to be able to look honestly at themselves and their work practice and their relationships with others and (yet) some new graduates are extraordinary in these levels

4d*: Levels linked to strategies*

In the following four examples, H. considers the ongoing thought pattern of the supervisor in recognizing a level and linking it to a strategy. In the fifth example, D. considers a developmental journey in context of a music therapy supervisory approach.

Example One
H. considers the approach of the supervisor matching the presenting behaviors of the supervisee, recognizing the importance of the developmental level:" I feel it's. important to recognize...them developmentally."

H: So developmentally I think I mean so I've supervised people for many years, so I've supervised some people for maybe even 10 years in the NHS setting, during which time they went off and trained to be psychotherapists and came back.

Example Two
H. considers the first level of practice which is didactic: "so therefore my insights at that level might not necessarily going to be helpful, so I might work in a more practical way, and I might be more didactic and I might give more advice." In this example the researcher considers that the reference to didactic work alludes to a trainee level within a developmental stage model, either beginning or intermediate.

H: I feel it's important to recognize...them developmentally. I also think that with people who are less experienced I wouldn't work in the way I've just described. I might be thinking on that level, but I might not share it and also I might think they're not using that approach, so therefore my insights at that level might not necessarily going to be helpful, so I might work in a more practical way and I might be more didactic and I might give more advice.

Example Three:
H. considers the appropriate approach to use in a particular context.

To really help the supervisor articulate what approach they are using and why, and is it safe and is it going to work in that context.

Example Four:
H. reflects on the fact that even the supervisee with greater experience might struggle with the knowledge that "you know what it is you're not doing that you really could be."

H: In fact, you might struggle, the more experienced you are because the more experienced you are you know what it is you're not doing that you really could be. You know, but sometimes I literally have taught in the supervision session.

Example Five:
In the below thoughts, D. reflects on the developmental journeys of her supervisees and links them to her supervisory strategies. She is using vocal psychotherapy techniques as part of the supervision practice and considers this appropriate for the more 'qualified' supervisee: "as they become more

qualified, then obviously I would move to doing more difficult things like having them do vocal holding with somebody." In this example, the researcher considers that that reference to the more 'qualified' supervisor alludes to a novice professional or experienced practitioner described in the lifespan developmental stage model of counseling.

D: It's like you start out with unison, and then you go into like the child is merging symbiosis. Then harmony, which is the child starting to separate but still needs a mommy a lot is very close and then rapprochement and then I just play one chord and they can improvise and go out and then, when they need to touch home they come back and we sing the same note again, and then they go off. Because if you keep developing different parts, you are going to come out.

4a-Direct reference to development and/or developmental stages

Example One

J. considers her own development as a supervisor in the music therapy unit of a hospital with music therapists where the focus on techniques shifts to reflective practice which is responsive to considering the needs of the client, the family, the staff…. And therefore "opening up to a whole new level."…" in those different kinds of stages."

Je: I've had the opportunity to supervise new graduates and look at their learning needs and why they come to supervision. Which is very different to then a supervisor at five years 10 years and more than that and I'll add my current team has a whole variety of you know newish grads to those who are much more experienced and I think that absolutely changed for me as a supervisor.

Developmentally in my learning approach to all things music therapy…. in the beginning, I remember it was always around techniques interventions, knowing the right, you know the right thing to us at the right time with this population and how do I find out that information and how do I learn more. Then, when this the idea of reflective practice (started) thinking about my response to the client to the family, their response to me, my interactions with other staff and family members, the world of supervision just opened up to a whole new level. And that learning continued but in those different kinds of stages.

## 6.4.5 Superordinate Theme Five: Supervisors suggested a variety of music and/or creative arts interventions

The suggestions of music and/or creative arts therapy interventions emerged while supervisees described their supervisor work and included the following eight recurring themes in connection with codes: 1)use of psychodrama; 2) musical role playing as a supervisor intervention: 3) use of music interventions by supervisor as professionally important and varied; 4) integration of music processing and verbal processing words as supervisor strategies; 5) Use of both verbal processing and music processing as separate supervisor interventions; 6)Use of creative arts for supervisor interventions in group; 7) Group music improvisation as supervisor intervention; 8) Use of creative arts for supervisor interventions in individual

supervision. Four reoccurring themes present through six interview examples below. Discussion will link these elements to the third secondary research question, their relevance to a developmental stage model and potentially to trainee or professional stages of supervision

5h *Use of creative arts for supervisor interventions in individual supervision.*

Example One
Je.has added drawing and visualization cards to supervision.

Je: I've started doing that a lot more and using more creative approaches such as drawing, visualization cards to assist the supervision process….looking for a different way of connecting with those experiences that didn't always just use words.

5a *Psychodrama*

Example One
H. uses musical psychodrama, not only in clinical work, but also in the course of supervision:

H: I built musical psychodrama approach into my clinical work. I think it also affected my supervisory work, which is what you're picking up on, so the idea of not just putting yourself in the position, but then working it through musically as well as with words.

5c-Use of music interventions by supervisor is professionally important and varied.

Example One
H. cites the use of music improvisation as a tool in UK supervision practice, new in the 70s and 80s.

H:   But the different dimension that we were adding and that we felt we were pioneers and I think people like SE and me and others was the musical dimension and being very improvisation based, based in the UK.

Example Two
Ec reports early use of music in his peer supervision group, conscious listening to the music from the session and creating an approach called 'morphological music therapy'. This was to become common practice in the supervisory work of Nordoff and Robbins (Proctor, 2023) and Lee (2001) where recordings from the session were played back and studied.

Ec: So, we had this musical approach, so we took the music very seriously. We listened to it very intensely and we try to build up a method to analyse the musical of the music therapy sessions, and then we really built up. The training for others for other music therapists later and we called it morphological music therapy.

Example Three

Je recalls her online music therapy-based supervision, not accessible in her country of origin.

Je:I started to access online supervision with a music therapist in the States and we use music, Yes, and I, it was the most wonderful wonderful supervision and to have done that online with her was just extraordinary and so different, and I was just so blessed to have had that with her.

### 5g - *Group music improvisation as supervisor intervention*

Example One

In the below example, Ec reports the use of music improvisation in group supervision, a technique that reportedly strengthens professional identify, adds to other creative arts therapy approaches in supervision and demonstrates reaction to a case history: "it's so good to use our own methodology in supervision, our own medium, the music. This strengthens our professional identity."

Ec, I think in group supervision, I like very much to use special methods, group methods so that the whole group is involved in answering the questions or finding new ways and new solutions new understanding of a case. A group is very good, I am sure you know, the name of *phenomenology in groups. You cannot do this in individual supervision, you need a group progress, so that you have a spectrum of approaches a spectrum of perspectives* to the case. Everybody reacts in a slightly different way to a case history and then I like very much to use these reactions, also in a musical way.

Part of the approach to the group supervision is for the supervisee presenting a case to do a solo improvisation related to the case; in response the group reacts.

Ec, I have a special method to find these reactions and I briefly describe what I do. *When a person has presented the case, then I ask her, please do a solo improvisation.* And after *that I ask the whole group, please react to this within with the group, so* group improvisation. And (so) then we have two improvisations as reactions to the case *presentation.* And then we talk first we talk about the music, what did you find in the music and what did you feel and what came to your mind, and then we transfer this to the case *and in the end, I asked the person presenting the case, what did you find new for your case.*

Further, Ec describes the shift in his supervision practice. While it had initially been discussion of casework, now it include music, paintings, movements, and constellations (note: family constellation process is a reference to psychodrama where the family constellation is reenacted.)

Ec: When I did supervision, I did not use music, but only talking and *only recently in the last years, I come to integrate more and more the artistic methods and artistic media because I really am longing for it, I need it, I want it, and I feel that the supervision is so much livelier and more creative when I use also. Sounds, paintings, movements, constellations.*

### 6.4.6 Superordinate Theme Six: Supervisor training is important and needs further development: support for research on developmental stage model.

This superordinate theme overlaps with superordinate theme four where supervisors referred to developmental levels also known as stages. The importance of supervisor training, in need of further development leads to the question about interviewee interest in research on the developmental stage model. It includes the following recurring themes: a) seeking role models (also see theme 1); b) recalling deficits in training; c) a need for models and tools in training; d) the importance and need for more training; e) An openness for forming a focus group on professional supervision. After having been introduced to the nomenclature and meaning of a lifespan developmental stage model for music therapy supervision, interviewees reported interest in and/or appreciation for the discussion of a development of a stage model for music therapy. Three of the recurrent themes are represented in the four transcription examples below where Ec, Je, H and S comment. Discussion will link these elements to the third secondary research question, their relevance to a developmental stage model and potentially to trainee or professional stages of supervision

6d *Response to the idea(s) of a developmental stage model*

Example One
Ec. responds to the question from the researcher about his own development as a supervisee, drawing from his experience in groups (see superordinate theme one), which has helped him provide group supervision.

K, did you ever see your own development as a supervisee as developmental?

Ec, yeah. I think the same what I described…. In terms of beginning to like to work in groups and feeling safe, feeling good in groups, the same applies to being able to talk about my observations in groups, so this is also something which I learned in supervision groups, to be able, and to dare to talk about what I feel, and what I imagine, and what I associate. I think this is the most important. To be communicative in groups.

The nomenclature of 'developmental stages' is new to Ec but now he reflects on it, ".But when you asked me now, and I think I could find some. Hints about developmental stages" considering it as an education process: "… I don't regard supervision as an educational program, as a process with an aim like the education or a training program. That's probably the reason why I didn't think of stages of development." He adds, "I mean many things we could talk about I think we could talk for hours perhaps."

Interviewer (K): If you were to think about developmental stages, with your clients, whether they're in individual or group therapy. Has that question ever occurred to you, and if it has, tell me a little bit more about that? (Prompt)

Ec I must say, this is a new question for me I didn't think about that, before.

Up to now I always thought, Well I'm here and the client or the supervisee brings what she or he has to bring, wants to bring and I didn't observe stages of development, I didn't, it just didn't come to my mind. But when you asked me now, and I think I could find some. Hints about developmental stages. But I didn't observe it up to now. So, because … I don't regard supervision as an educational program, as a process with an aim like the education or a training program. That's probably the reason why I didn't think of stages of development. I mean many things we could talk about I think we could talk for hours perhaps.

## 6 c-*Need for models in supervision training.*

*Example One*

In the below example Je considers the potential value of the developmental stage model in her work for both supervisees and as a supervisor. Previous comments indicate her awareness of 'levels', a term used in the developmental stage model: "It would absolutely be helpful, because for some supervisees, as they get stuck, they are having difficulty working through an issue those first few years …. they're actually looking for a name or a description or some of them are very theory based. …Music therapists who want to connect their experience with that supported by the literature."

Interviewer (K):   So, do you have any other thoughts about its existence or the only thing I'm going to throw out is if we did have different models about developmental levels in supervision, would that be helpful to you as a supervisor?

Je: It would absolutely be helpful, because for some supervisees, as they get stuck, they're actually looking for a name or a description or some of them are very theory based. Music therapists who want to connect their experience with that supported by the literature.

*Example Two*

Je. Continues to describe the need for use of a model or framework in providing a 'connection', concluding "We are very limited in music therapy specific training which includes knowledge about these developmental models.  Great great work."

Je: And there's that sense of knowing and that *connection coming together with models or frameworks* …there's just such a lack of good information and quality publications around this topic. We *just need more*, and we need more, we need to understand much more clearly about these models that help inform our practice so that we can support supervisees who have very different types of learning needs and the music therapists that we supervise.

They need a variety of different approaches, and I think developmental is one of them,

Often therapists say to me that you know training is important for supervision and

there's a lot of good supervision training out there that is not specific to music therapy, which is really useful, but there is not a lot.

6 e-*Receptive to learning.*

Example One

H. is enthusiastic in her response to the interview and interested in a focus group on the topic of developmental stage models: ", I wanted to say as well, thank you, that I found it fascinating and really interesting discussion" and supports the research of the thesis: "I think the research you're doing is so needed. It's sort of an area I did stop investigating and it makes me think, you know it's not too late"

H:   I wanted, I wanted to say as well, thank you, that I found it fascinating and really interesting discussion, and I would love to give another half an hour or come to a focus group. I'd find it really interesting and I'd love that.

Example Two

S., after having been used to the word developmental, relays her understanding of the term as it relates to supervision practice and shares her support for the topic: "only now, when you say the word, so I can say, I can tell you that the process is developmental. But I never use this word … I think it's a never-ending process. "Good I love what you're doing good; I think it's going to be something very interesting to me, the results."

S: only now, when you say the word, so I can say, I can tell you that the process is developmental. But I never use this word I just see myself well. Hopefully, much better than it is to be, or you know growing and growing and growing until we die. I think it's a never-ending process. I love I love the question so when I saw the first part, I said I'm not going to prepare myself I'm going to talk with Karen whatever will be will be and that's it. Good I love what you're doing good; I think it's going to be something very interesting to me, the results.

## 6.5 DISCUSSION: IPA STUDY: SECONDARY RESEARCH QUESTION THREE

In this discussion, the answer to the third secondary research question, "Based on phenomenological analysis, how does interview data from seven experienced music therapy supervisors inform the development of a lifespan developmental stage model in music therapy?" is answered. Given the rich experience of seven supervisors from five different countries (Germany, UK, Israel, USA, Australia) with an average supervisory experience with both students and professionals of 30 years, all superordinate themes informed a prospective lifespan developmental stage model for music therapy in different ways which are described here. The primary intention of this discussion in responding to the third research question is to consider the content identified in context of the superordinate themes and how it informs a prospective developmental stage model.  However preliminary notes regarding the use of the term, 'developmental stage model' as well as the

relationship of the thematic material to the overarching theoretical framework are useful to consider as well.

*A note on the term, 'Developmental stage model'.*

It is interesting to note that when the secondary research question was originally written, it assumed that the interviewees would know what a developmental stage model was. Certainly, the term developmental stages is used throughout psychology (see chapter two, 2.4.1) and the term developmental stage model has generic significance in this regard. However, as the literature review on developmental stage models recognizes only four models considered to be developmental stage models, (chapter five), this is not a commonly used term in music therapy supervision. The terms used in context of trainee models describe changing 'phases' (i.e., Thomas, 2001) or 'levels/ stages' (Farnan, 2001, Bruscia, 2001; Scheiby, 2001).

In the interview study, in five (Je, H., D, C., S.) out of seven cases, references to development as well as levels were made, but no reference to a developmental stage model in supervision was made. The words used that were applicable to a developmental stage model (see Theme four) were 'development' or 'level'. Probably unbeknownst to the supervisee, the word 'level' is used to describe the developmental stage in the frequently used Integrative Developmental Model, IDM from the counseling literature. (Stoltenberg & McNeil, 2010). In two of the cases (J, Ec), there was no direct or generic reference to 'developmental stage or level' and appeared to be an issue with nomenclature or differences in language comprehension (see example, Theme 6 with Ec). None of the interviewees mentioned any knowledge of developmental stage *models* in either music therapy or allied fields. In retrospect, this is not particularly surprising considering that the interviewer/researcher, despite decades of music therapy supervision and teaching a graduate course on music therapy supervision and education (1998-2018), did not learn the term 'developmental stage model' until 2009 (Pedersen, 2009) and, at that point, in context of counseling rather than music therapy.

*A note on theoretical framework*

While the results described in this chapter (6.4) and the discussion that belows here (6.5) are primarily intended to answer the third secondary

research question, there are a number of examples, a few of which are mentioned there, that connect to the theoretical framework of the thesis The interviewees themselves describe processes of separation-individuation (Mahler, et al, 1975) and stage level crises (Erikson,1950) in their clinical work which led them to participate in their own therapy (superordinate theme three, 2g, examples one-four). Similarly, interviewees sharing stories about their clinical work present parallels for clients as crisis and/or struggle that lead to regression (superordinate theme four,4a,4b,4c, example one) .

### 6.5.1 Superordinate Theme One: Interviewee education and training relied on and continues to thrive from interdisciplinary experiences.

This includes six recurring themes, four of which are relevant to sub research question three. The recurring themes here inform a prospective lifespan developmental stage model by reinforcing the comfort level of experienced music therapy supervisors with interdisciplinary content and new learning, inferring their openness to a new model. The recurring themes, 'Training outside of music therapy supplemented my initial training as a clinician and supervisor (1a) and 'Continue to enjoy learning from music therapy as well as other disciplines' (1f) identify the interviewee reliance on and continuing to thrive from interdisciplinary experiences (see 1a, 1f) including those of psychodynamic theory, group analysis, movement therapy and/or on the job training with related professionals). This informs a prospective lifespan developmental stage model by suggesting an openness to accepting a model that may be adapted from counseling, a related field. Another recurring theme (1c), 'Professional supervision conducted by someone other than a music therapist' highlights the ongoing participation of experienced supervisors still engaging in their own professional supervision, out of limited resources, not necessarily provided by other music therapists, and personal therapy. In this way a prospective lifespan developmental stage model is informed as these interviewees provide role models for use of such a model. Finally, the recurrent theme, 'There was no training in how to be a music therapy supervisor '(1d) is an interesting retrospective for the need that continues today and, in a more general sense, would support the development of tools for training supervisors (see chapter one, 1.3, 1.4, problem statement, background information).

### 6.5.2 Superordinate Theme Two: Factors impacting supervisory style and process were diverse

This includes nine recurring themes, six of which are most relevant to secondary research question three. These recurring themes inform the prospective lifespan developmental stage model by suggesting the compatibility of these factors with those already present or implicit in the developmental stage model.

Several of the themes are pertinent to supervisor stage development, which has its own literature (Watkins, 1995) and is not a primary focus of this thesis. However, the recurring themes inform areas for prospective supervisor development.

The supervisor needs to be comfortable with theoretical training and approach of supervisee" (2a) is a recurring theme that suggests supervisor compatibility with and appropriateness of a theoretical model when conducting supervision (note: considerations that will be included in chapter seven when discussing the structure of the developmental stage model). The "Preference of supervisor for level of supervisee" (2c) highlights the preference of the supervisor to work with a certain 'level' of supervisee, a preference which could be considered more definitively if characteristics of supervisee levels (also known as stages) were identified through a stage model for supervision (note: A developmental stage model, for example, could help the supervisor identify, through an intake procedure, which levels or stages the prospective supervisee was operating on or prone to operate at).

 It is also possible that the "Feelings of the supervisor" (2f) could be linked to an individual inclination on the part of the supervisor to work at various levels (or stages). For example, the various levels might include beginning stages (note: more didactic and concrete supervisor participation), intermediate stages  (note: more separation on the part of the supervisee and supervisor and the beginning understanding of transference/countertransference), advanced stages (note: assuming a more collaborative role and agenda from the supervisee) and professional stages (note: allowing for a higher level of complexity and/or regression to earlier stages given particular client contexts and personal periods of stress). Some feelings, for example, the code l, "Too much empathy on the part of the supervisor can create blurred boundaries between the supervisor and the supervisee", might contraindicate the ability of the supervisor to work at certain levels without pursuing his/her own therapy or supervision. This recurring theme leads into the reoccurring theme, role of personal therapy" (2g), which is initially mentioned in the intermediate trainee stage for the supervisee presenting in the

developmental stage model (Hogan, 1964) and reiterated in later professional stages for the supervisee (Ronnestad and Skovholt, 2013) in order to recognize difficulties at certain levels (or stages) which call for discussion of transference/countertransferences while engaging in supervision. However, personal therapy can help a supervisor with "blurred boundaries" as well handling transference/countertransferences while engaging in supervision. Similarly, "Supervision techniques based on training" (2h), could serve as pre or co-requisite for the supervisor utilizing the developmental stage model with levels (or stages) that conform to different music therapy strategies (see Superordinate theme 5). Further, the nature of group supervision (2i), would require information about group dynamics and suggested music therapy strategies as a pre or co-requisite for the supervisor.

### 6.5.3. Superordinate Theme Three: Elements researcher had identified in developmental stage models for supervision were discussed in the interviews

This includes ten recurring themes, one of which overlaps with superordinate theme two (see "Supervisor thoughts and feelings during supervision") and nine others which also connect to results and discussion in chapters four and five and are discussed here. All ten are discussed here. Although these are not identified in context of the term 'developmental stage model', their reference affirms elements recognized by the researcher from the analysis of the developmental stage models in supervision and, with some examples, suggests the appropriateness of including them in a potential developmental stage model for music therapy supervision.

Four of the recurring themes refer to overall principles of the developmental stage model in supervision: "The supervisor supports the supervisee in building skills" (3e), "The presenting behavior of the supervisee" (3b), 'Supervisee agenda changes' (3h), "Awareness of one's identity building as a supervisor" (3d). As presented in both the counseling supervision literature and the music therapy supervision literature, purposes of the developmental stage model include "Supporting the supervisee in building skills" at levels appropriate to their presenting behaviors and needs. Therefore the "Presenting behavior of the supervisee" (3b) is instructive in providing interventions appropriate to the identified stage level. A concomitant skill here is that as the developmental level changes, so will the supervisee agenda, in general, moving from a more structured agenda from the supervisor (Trainee beginner and intermediate levels) to more supervisee led

agendas. This process is represented in one of the themes arrived at through thematic analysis in chapters four and five. Along with the recognition of changes in the supervisee, it is incumbent upon the supervisor to build awareness of one's "identity building as a supervisor" (3d), a theme recognized in the field work testing of the Ronnestad and Skovholt model (2013, 2019).

Two other recurring themes refer to observable characteristics of supervisee needs as they connect to developmental stages: "Concrete learning is an important first step in supervision" (3i), "Transference both in clinical work and/or in supervision" (3c). The first of these themes is generally connected with developmental stages in beginning trainee levels (Fleming, 1953; Yogev, 1982, Watkins, 1995, Stoltenberg & McNeil, 2010). The second reoccurring theme suggests that the "processing of transference" (3c) and countertransference begins with the late intermediate or advanced trainee stages (Hess, 1986), continues into the novice professional stage and subsides thereafter (Ronnestad & Skovholt, 2013), assuming there has been no regression to earlier trainee stages. Therefore clinical examples related to these recurring themes suggest engagement in developmental stages although not identified in terms of that nomenclature.

Further, three reoccurring themes represent part of *the process of supervision:* 'Boundaries between supervisee and supervisor" (3a); "Recognizing regression on the part of the supervisee" (3g), "Resistance implies difficulty in moving to another level" (3j). Both transcription examples in the interviews (see results) and clinical vignettes in the music therapy developmental stage literature review demonstrate difficulties with boundaries between the supervisee and the supervisor (i.e., excessive empathy); Blout (1982) cites the need for boundaries, awareness of strengths and weaknesses, feeling adequate versus inadequate. Recognizing regression on the part of the supervisee is intrinsic to moving to a more appropriate level or stage for supervisor intervention. These themes are most clearly cited in the work of Ronnestad and Skovholt (2013) where, for example, they suggest that personal and professional circumstances can invite regression to former developmental stages. The recurring theme of "resistance" implies difficulty in moving to another level (3j) is recognized by, Thomas (2001), who, in presenting her developmental stage model, describes an intern scenario where the supervisor is responsive to the intermediate level of the trainee supervisee by recognizing resistance and process and an inability to move ahead without more structure from the supervisor.

A final recurring theme," Supervisor thoughts and feelings during supervision are important" (3f) is associated with the code "Supervisor not knowing what to do". This is key to the developmental stage model because it implies that in the course of feeling disoriented during the provision of supervision, a developmental stage model might help the supervisor in identifying the current stage of the supervisee and therefore provide an appropriate level of intervention. In some cases, recognition of a level might not be predictable; it might indicate a possible regression which the supervisor needs to respect in terms of a lower level or stage. Knowledge and familiarity of a developmental stage model would be helpful in this regard in order to remind the supervisor regarding a need for greater structure and support (Personal communication, Jack, 2023, Successful Supervision practice, Australia, https://www.nataliejack.com).

### 6.5.4. Superordinate Theme Four: Supervisors referred to and/or related to developmental levels also known as stages, both identified by the researcher in review of developmental stage models

This includes five recurring themes, all of which are most relevant to secondary research question three. They all inform a prospective lifespan music therapy by recognizing the awareness on the part of four of the seven supervisors that there are developmental stages and these impact the ways in which supervision is conducted. Recurring themes associated with this theme included, "Direct reference to development and/or developmental stages" (4a), "Level is a term synonymous with developmental stages" (4b), "Practice level changes"(4c), "Levels linked to strategies" (4d) and "Relatedness to terminology"(4e). The direct references to development, developmental stages and levels validate the awareness of shifting developmental stages in supervision; similarly, the recognition that the practice level (of supervision) changes acknowledges the shifting stages in the process of supervision. Finally, the relatedness to terminology once presented to those interviewees unfamiliar with the term 'stage' or 'level' presents an openness to the terminology despite an unfamiliarity with it.

From the perspective of the researcher, the content related to theme four answered the third secondary research question most effectively by describing case vignettes which identified 'levels' of clinical supervision, (see results) as identified by the researcher. Levels is a term used by Stoltenberg & McNeil (2010) in the Integrated Developmental Model of Supervision, IDM.

### 6.5.5 Superordinate Theme Five: Supervisors suggested a variety of music and/or creative arts interventions

This includes eight recurring themes, all of which are most relevant to secondary research question three. They all inform a prospective lifespan music therapy by suggesting music and/or creative arts therapy interventions in both individual and group supervision to inform a prospective developmental stage model. While these are not necessarily new to the literature (see chapter five,5.2.6, 5.2.7 ), they would need to be placed in context of a suggested developmental stage model; this has not been the case to date (see chapter five, 5.5, discussion on developmental stage models in music therapy supervision).

"The use of psychodrama" (5a), specifically described in group music therapy (i.e., family constellation work; role-playing) and more generally in individual supervision has consistently played a part in music therapy supervision, with role-playing taking on a prominent role (Young and Aigen, 2010). "Musical role-playing" (5b) overlaps with psychodrama as it assumes both drama and music application. "Use of music interventions by supervisor is professionally important and varied" (5c) is an important focal point for a distinctive developmental stage model in music therapy supervision, marking its identity apart from that of, for example, counseling. "Integration of music processing and verbal processing as supervisor strategy" (5d) is an important point in suggesting a developmental stage model for music therapy as it combines two modalities, that of music and verbal, a point emphasized in group therapy supervision by Langdon (2001). This combination of modalities has been utilized in certain approaches and supervision practice in music therapy, notably Guided Imagery in Music (Ventre, 2001) and deemphasized in music-centered music therapy (Lee and Klare, 2019). Related to this but different, the "Use of both verbal processing and music processing as separate supervisor interventions" (5e) has been employed in music therapy unless there is a connection made between the music processing and the subsequent verbal process. The relationship between music processing and verbal processing is demonstrated in one of the clinical examples presented in results related to theme four.The use of "Creative arts for supervisor interventions in group" (5f) has been presented in previous literature (Pederson, 2009; Weymann, 2016; Shulman-Fagan,2001) and will add to strategies for a distinctive music therapy developmental stage model, particularly in light of the arts as related to each other This theme, "Use of creative arts for supervisor interventions in individual supervision" (5h) is repeated within the context of individual music

therapy supervision, unfortunately with limited information. Finally, the specific suggestions to "Use group music improvisation as supervisor intervention" (5g) are helpful in order to encourage both individual and group developmental stages. It is noted that group supervision presents more challenges within the context of a developmental stage model as the group itself is not defined in terms of stages; rather the individual within the group is (Sanbury, 1982) and could be further informed by initially studying the use of group music therapy.

### 6.5.6. Superordinate Theme Six: Supervisor training is important and needs further development: support for research on developmental stage model.

This informs the prospective developmental stage model by suggesting five recurring themes that provide both intellectual and emotional support for the work; this is instructive in terms of recommendations for the project's future development. Although prompted by the researcher, the question regarding interest in a developmental stage model and possible participation in a task force is met with enthusiasm. Role models are important" (6 a) there is a need for more and improved training and learning (6b), there is a need for models in supervision training (6c), response to the idea of a developmental stage model (6d) and receptive to learning" (6e) are all positive recurring themes.

## 6.6. INTERRELATIONSHIP OF THEORETICAL AND EMPIRICAL FINDINGS IN RESEARCH: SECONDARY QUESTION FOUR

In order to consider the interrelationship of the comparative literature reviews on the developmental stage model and the interview study (IPA), the researcher considers how the results/analysis/discussion do or do not overlap. The comparative differences in the literature reviews are outlined in chapter five, 5.8, and note nine differences: trainee vs lifespan models (note: no lifespan developmental stage model in music therapy), publication years (1953-2019 in counseling vs 2001, 2019, second edition Forinash, in music therapy), numbers (17 models in counseling vs four models in music therapy), specificity and organization (music therapy models minimally identifying the use of music), the use of music , format (individual and group in both music therapy and counseling), theoretical context, theoretical orientation and thematic analysis (4.6, 5.6). Given that counseling is an older and more established profession, the greater number of developmental stage models, publication years, specificity and organization is not

surprising. What is surprising is the lack of field testing for sixteen trainee models and, further, the presence of only one lifespan model with three professional stages which has been field tested in counseling (Ronnestat & Skovholt).

Although the literature review for developmental stage models in music therapy is restricted to the trainee stage, the input from the interview study is not since the results of the interview study add the perspectives of seven supervisors who have been providing and, in some cases, receiving professional music therapy, on average, for 30 years. Their perspectives provide information regarding prospective professional stage development in music therapy: 1) music and creative arts strategies for professional supervision in music therapy; 2) possible levels in professional music therapy; 3) factors related to levels in professional music therapy.

*Music and Creative Arts Strategies for Professional Supervision*

In terms of information regarding music and creative arts strategies for both individual and group professional supervision in music therapy, several were noted but not ascribed to levels/stages: the use of psychodrama (in both individual and group), musical role-playing, creative arts (limited specificity), group music improvisation. One important perspective from the interview study was the personal and professional importance of adding music and creative arts therapy to the supervision. Two quotes from the study bear repeating:

H.: But the different dimension that we were adding and that we felt we were pioneers and I think people like SE and me and others was the musical dimension and being very improvisation based, based in the UK.

Ec: When I did supervision, I did not use music, but only talking and only recently in the last years, I come to integrate more and more the artistic methods and artistic media because I really am longing for it, I need it, I want it, and I feel that the supervision is so much livelier and more creative when I use (this) also.

*Describing possible levels in professional music therapy.*

In reflecting on their own early-stage career development, a topic of recent interest (Meadows and Byers, 2022) in the music therapy literature, several interviewees recall the need to seek personal therapy in order to clarify ongoing struggles at work. Others describe their shift from a more practical consideration of their work to a more reflective thinking.

In reflecting about supervision with professional music therapists, although unaware of the term 'developmental stage model', four of seven interviewees describe developmental  levels/stages. These clinical scenarios are described variously with examples in the results of the interview study (see superordinate themes three and four) that demonstrate the following: 1) the practice level changing; 2) levels linked to strategies (note: some of which might be considered regressive and associated with trainee stages); 3) variable ability to reflect on clinical work no matter what stage of professionalism; 4) regression to what the researcher has identified as trainee level stages; 5) demonstrating a need for didactic concrete information ; 6)demonstrating resistance to moving further ; 7) using both music and verbal process to explore clinical confusion .

*Elements related to possible levels in professional music therapy.*

The interviewee discussion of professional supervision included mention of overall principles of a developmental stage model (i.e., building skills, presenting behavior of supervisee, supervision agenda changing, identity building), characteristic supervisor strategies associated with levels/stages (concrete learning, transference) and process involved with the developmental stage model (i.e., boundaries, regression, resistance, supervisor thoughts and feelings during supervision).

# CHAPTER 7. DISCUSSION: CONSIDERATIONS FOR A LIFESPAN MODEL FOR MUSIC THERAPY SUPERVISION.

## 7.1 INTRODUCTION

This chapter serves to answer and discuss the primary research question of the thesis, considerations for a lifespan developmental stage model in music therapy supervision informed by theoretical and empirical results and analysis (chapters four, five, six) with underpinnings from the theoretical framework (chapter ). The findings to secondary research questions one, two, three, four which pave the way to the answer for the research question are briefly described and are intended to summarize for the reader rather than provide redundancy.

Given this first investigation toward considerations toward a lifespan model in music therapy, six primary considerations are posed concerning the presence of identified developmental stages in models (trainee and professional) and music-based strategy for the developmental stage model in music therapy. The considerations are based on findings from theoretical and empirical research along with what remains to be found.

Following the answer to the research question, an integration of the theoretical and empirical results is considered. Toward that end, the researcher presents a narrative syntheses of six developmental stages. This includes the three trainee developmental stages from both the counseling and music therapy systematic literature review which overlap in their basic characteristics but add the perspective of music supervisory strategies. Additionally, the narrative synthesis of three professional developmental stages from the counseling literature are shared. These six stages are further contextualized with the additional content from the empirical findings of the interview study.

Related points of discussion include the following: 1) relevance of the theoretical underpinnings in this thesis;2) the derivation and nature of a developmental stage model;3) possibility of contextual usage (i.e., applying a

preexisting developmental stage model from counseling psychology to music therapy vs development of an original tool);4)other theory related to the music therapy supervision process; and 5) the importance of music therapy strategy in line with stages. A summary of the discussion points is provided.

Recommendations suggest that preliminary information realized from this thesis be used to invite inquiry from a greater number of professional music therapy supervisors in order to refine a lifespan developmental stage model and utilize this for continuing education in music therapy supervision.

The chapter closes with reflections on the research process, limitations of the study, generalizability, research credibility, future research, and conclusion.

## 7.2 PURPOSE

The primary purpose of this chapter is to provide closure on the research question as stated in the introduction to this chapter, along with recommendations, overall reflection on the research process (limitations, reflections on the research process, generalizability, research credibility) and conclusion.

## 7.3. SUMMARY RESPONSES TO SECONDARY RESEARCH QUESTIONS

The below findings serve as a summary of the secondary research questions and close with the answer to the overall research question.

### 7.3.1. Response, Secondary Research Question One.

1)What does a review of developmental stage models in counseling suggest in terms of a theoretical basis for developmental stage models in ongoing clinical supervision (supervisee behaviors and supervisor interventions)?

Typically, a theoretical basis is based on the theory concerning the topic. While many of the developmental stage models presented in this chapter were impacted by other theorists, their common denominator is the developmental stage as the component of developmental theory; the developmental theory is further elaborated through the work of Erikson (1950), and Mahler (1975) where the themes of separation and individuation (Mahler, 1975) and the challenges of psychosexual development (Erikson

(1950) are metaphorically suggested (see chapter two), each posing
challenges as the individual proceeds through the stage with the possibility
of regression. The common theoretical basis in the literature of
developmental stage models in counseling is the presumption that
supervisees will pass through a minimum of beginning, middle and advanced
developmental stages which are marked by the presence of identifiable
behaviors in the supervisee (see Discussion in this chapter) and,
consequently, supervisor responses/interventions to the supervisee. As
pointed out in the theoretical framework (chapter two), these stages are not
necessarily linear and, in the case of both trainee and professional stages
(Stoltenberg & McNeil, 2010; Ronnestad & Skovholt, 2013; Loganbill et al,
1982), can allow for recycling through stages (i.e., regression). The
developmental models include great variation in the number of stages, the
professional identity of the theorist(s), the specificity used to describe the
supervisee behaviors and supervisor interventions, the presence of a
theoretical approach (i.e., Chazan, 1990) vs the more common metamodel
which invites a variety of theoretical models and approaches ( Stoltenberg &
McNeil, 2010; Watkins, 1995; Ronnestad & Skovholt, 2013) and associated
literature reviews. Thematic analysis suggests that the developmental stage
models in counseling follow progressive levels in terms of structure, self and
other awareness, need for validation, changing sense of security, separation-
individuation, facilitation of supervisee agenda and interpersonal processing.
These themes conform to the theoretical framework fostered by the work of
Mahler (1975) and Erikson (1950) by suggesting growth in response to crisis.
Yet they all agree on the fundamental developmental processes that the
supervisee is going through and the necessity of the supervisor to support
these stages. It is critically important to note that although these descriptive
terms can be used to identify developmental stage models in music therapy,
what they do not include is the use of music as a strategy. The inclusion of
music as a strategy for supervision offers a unique and necessary element
(see xxx, inclusion of music in supervision). The answer to this question
guides the researcher in identifying the developmental stage model in the
second literature review for developmental stage models in music therapy
supervision by isolating the distinct characteristics of a developmental stage
model and then anticipating the vital use of music suggested in academic
and professional standards regarding music therapy supervision (see
chapter one).

### 7.3.2. Response, Secondary Research Question Two.

2) Using the literature review of developmental stage models in counseling supervision as a theoretical basis for further review in the music therapy literature, what are the similarities and differences in the view of developmental stage models between counseling and any existing models in music therapy?

The obvious difference between the systematic literature reviews of counseling supervision and music therapy supervision is the comparison of this information from two different fields, one music therapy and one counseling, each with its own unique history and timeline. There are nine primary differences in the outcomes of the literature studies: trainee vs lifespan, publication years, numbers, specificity, the use of music, format (individual and group), theoretical frameworks, theoretical approaches and, as an outcome of the results in the literature reviews, thematic analysis. While both of the systematic literature reviews on developmental stage models in first, counseling and second, music therapy include trainee models, counseling supervision includes two developmental stage models for professional purposes. Further the publication on developmental stage models in counseling developed over 66 years vs 18 years, yielded greater numbers (seventeen vs four), greater specificity, provided similar focus on individual supervision and unlike the music therapy developmental stage models presented clear theoretical frameworks in five of seventeen models, and presented megamodels (which broadly describe stages of supervisee behaviors and responsive supervisor interventions which are open to different approaches). Importantly the concept of the developmental stage variability is presented in five of the seventeen developmental stage models in counseling supervision but none of the developmental stage models in music therapy supervision.

Thematic analysis suggested an overlap in the theoretical results. Three additional themes identified in the first literature review (4.5) related to counseling supervision but not in music therapy are concerned with the following: 1) the ability to self-assess one's strengths and weaknesses related to self and other awareness) which increases as the supervisee advances; 2) the decreased need for validation as the supervisee advances.; 3) changing sense of security which increases as the supervisee advances. These themes validate the theoretical framework identified in chapter two where metaphorical stages of separation-individual (Mahler) and moving through each stage toward and throughout adulthood present identifiable challenges (Erikson (1950). The only theme identified in the developmental stages of music therapy supervision which does not show up in the

counseling literature relates to the use of music. Although the information is limited, skills develop in terms of both music, self-awareness, and attention to client as the supervisee advances through beginning and intermediate stages and supervisee develops skills and identity.

### 7.3.3. Response, Secondary Research Question Three.

"Based on phenomenological analysis, how does interview data from seven experienced music therapy supervisors inform the development of a lifespan developmental stage model in music therapy?"

Despite the failure to recognize the term 'developmental stage model", interview data from seven experienced music therapy supervisors, each with an average of 30 years of experience in supervising professionals (note: often preceded by experience in student supervision) informed the researcher in the following ways (note, each in connection with superordinate themes: 1) suggesting an openness to accepting a model that may be inspired by counseling; 2) supporting the development of tools for training supervisors as a point of information for themselves; 3) inform areas for prospective supervisor development, an additional and related area for inquiry: 4) ten recurring elements the researcher had identified in developmental stage models for supervision were discussed in the interviews. Four recurring themes referred to overall principles of the developmental stage model in supervision (i.e., Building skills, presenting behavior of the supervisee, supervisee agenda changing, identity building), two recurring themes referred to observable characteristics of supervisee needs as they connect to developmental stages (i.e., concrete learning; transference and countertransference), three reoccurring themes represent part of the process of supervision (boundaries, regression, resistance); 5) recognizing the awareness on the part of four of the seven supervisors that there are developmental stages (i.e., levels) and these impact the ways in which  trainee and professional supervision is conducted from a developmental perspective; case vignettes identify levels' of clinical supervision which are both trainee levels where professionals have regressed as well as suggestive of agendas for professional stages identified in counseling literature (Ronnestad & Skovholt, 2013); 6) music and/or creative arts therapy interventions in both individual and group professional supervision could inform a prospective developmental stage model although they are not recognized in context of stages; 7) Supervisor training is

important and needs further development: support for research on developmental stage model.

### 7.3.4. Response, Secondary Research Question Four.

4) What is the interrelationship between results from literature reviews and phenomenological results from the interview (IPA) study regarding considerations for a lifespan developmental stage model?

The researcher considers how the theoretical and empirical research results do or do not overlap. What is their interrelationship? While the answer to the second secondary research question has led to identification of and subsequent comparisons of developmental stage models in the counseling supervision literature and music therapy literature, the additional results and discussion from the interview study (secondary question three) inform the researcher in different ways since they describe professional supervision, information absent from the limited trainee music therapy developmental stage models.

The theoretical and empirical results and analysis are both inspiring and problematic for the following reasons: 1) The researcher draws inspiration from the specificity, field testing and existence of seventeen developmental stage models in counseling supervision, two of which includes professional stages. 2) Yet, there is awareness that counseling is a different field from music therapy and does not include the stimulation of music based supervisory strategy; 3) In a frustrating sense, the music therapy trainee models, none of which have been developed since 2001, are limited and undeveloped in terms of music based strategies; the one model that invites a host of music based strategies (Scheiby, 2001) does not completely suggest the use of music in terms of stages; 4) The interview data supports the existence of factors related to developmental stage models, clinical vignettes suggesting both trainee and beginning professional levels and suggestions for music based interventions in clinical vignettes. However, none of this information is described in terms of identified levels, leaving the researcher to speculate about how this information conforms to the theoretical data and therefore how this information might be employed in a lifespan model.

## 7.4 RESEARCH QUESTION: CONSIDERATIONS FOR LIFESPAN DEVELOPMENTAL STAGE MODEL

What are the considerations for a lifespan developmental stage model in music therapy supervision based on the interrelationship of comparative literature reviews on the developmental stage models in counseling and music therapy supervision and an interview study (IPA) with music therapy supervisors? Considerations toward a model are noted here. They are followed by a preliminary synthesis of the theoretical findings, along with summation of empirical findings, both of which may prove helpful for followup (see Recommendations).

### 7.4.1 Considerations

As the first investigation on the topic of a lifespan developmental stage model for music therapy, the theoretical and empirical results, analysis, and discussion generated from this research study have yielded a great deal of information, logically answered in the secondary research questions (7.3). Insofar as the secondary research questions and their responses subsume multiple theoretical and metatheoretical ideas, they logically lead the reader to the primary research question.

In using the word considerations, alternative words come to mind as well, "something that must be thought about when you are planning or deciding something". In this case the researcher is considering what was found and what is yet to be found in order to suggest a lifespan developmental stage model in music therapy supervision (https://www.oxfordlearnersdictionaries.com/us/definition/english/consideration). The considerations in reference to a prospective lifespan developmental stage model for music therapy supervision present within the context of the theoretical and empirical results (in a qualitative sense, also known as findings) of the thesis and therefore present within two classifications: 1) the presence of identified developmental stages; 2) The role of music as a supervisory strategy.

In short, what was found and what remains to be found ?

**7.4.1.1 Consideration one: the presence of identified developmental stages in models: trainee and professional .**

As presented in theoretical findings of the developmental stage models in counseling, a lifespan developmental stage model for clinical supervision will contain both trainee (beginning, intermediate, advanced) and professional (beginning, intermediate, advanced) stages. There are three considerations here.

Found:
1)Developmental stage models for both counseling supervision and music therapy supervision were identified and compared in the theoretical findings (Secondary research questions one and two), affirming the presence and nature of *trainee* stages in both counseling and music therapy. Although small in number , the details of the four trainee developmental stage models identified, analyzed, and discussed in the music therapy literature review overlap with the details identified in the  trainee stages of 17 developmental stage models of the counseling profession (see secondary question two; see narrative syntheses below) and add the element, albeit limited, of music based supervisory strategy. They do present as more widely published, each developed over time, specific in terms of supervisee behaviors and supervisor intervention, theoretically grounded and, in one case, field tested (Ronnestad & Skovholt, 2013,2019).

What remains to be found.
1) The overlapping characteristics of the four music therapy developmental stage models with those of the 17 counseling developmental stage models could be further strengthened with theoretical foundations , including a theoretical framework, the concept of nonlinear staging and more extended use of music.

Found
2)The theoretical findings confirm that there are no professional stages in the developmental stage models for music therapy supervision but there are two models identified in the counseling supervision literature that include both trainee and professional stages : 1)The Integrative Developmental Model, IDM, developing since 1981(Stoltenberg & McNeil, 2010) and; 2) The Lifespan Developmental Stage Model , developing since 1985 (Ronnestad & Skovholt, 2013). The Lifespan Developmental Stage Model has three professional stages (note: vs the one stage in the IDM ) and has been field-tested through grounded theory approach with 172 interviewees (Ronnestad

& Skovholt, 2013, 2019). Publication on and about these models is
significant and the detail suggested in the models reflects theoretical
development and, in the case of the IDM, both transitional stages and
supervision domains (awareness, motivation, autonomy).

What remains to be found.
2)The history and depth of publication and field-testing of developmental
stage(s) for professional supervision in counseling ( Stoltenberg & McNeil,
2010; Ronnestad & Skovholt, 2013) inspire further possibility for the
development of professional developmental stages in a music therapy
supervision model.
.
Found
3) Empirical data from the interview study described professional supervision
with early and middle career music therapists which demonstrated elements
(i.e., principles, characteristics, process) of the novice professional stage
described in a developmental stage model in counseling supervision (i.e.
Ronnestad & Skovholt,2013) . Further, the empirical data regarding the
professional supervisees demonstrated behavior that connected to
characteristics the researcher identified in the beginning and intermediate
trainee stages of the lifespan developmental stage counseling models; this
was considered regressive behavior (see Results, chapter six).

What remains to be found?
3) How do professional supervisee demonstrate characteristics/needs that
suggest regression to trainee stages as well as forward movement in novice
and experienced professional stages suggested by the developmental stage
models in counseling supervision? The presence of supervisee behaviors for
both trainee and professional stages of supervision in music therapy,
although suggested in empirical results, requires more data from supervisors
of professional music therapists

### 7.4.1.2   Consideration two: the role of music as a supervisory strategy.

As a clinical discipline rooted in music, it is logical to consider that a lifespan
developmental stage model for clinical supervision in music therapy will
contain music-based supervisory strategies for both trainee (beginning,
intermediate, advanced) and professional (beginning, intermediate,
advanced) stages. There are three considerations here.

Found

1)The music strategies for supervision are primarily represented at beginning and intermediate trainee levels in the identified developmental stage models. The music supervisory strategies suggest building music foundations (Farnan, 2001; Thomas, 2001; Bruscia, 2001), role-play and improvisation for supervisor-supervisee relatedness (Scheiby, 2001).

What remains to be found?
1)The more expansive music strategies suggested in the model for Analytic Music Therapy supervision (Scheiby, 2001) need to be affixed to developmental stages.

Found:
2)Multiple examples demonstrating the use of music and creative arts as professional supervisory strategy in both individual and group were discussed as empirical data in the interview study but not contextualized within stages.

What remains to be found?
2) The trainee developmental stages identified in the music therapy literature review will be strengthened with the addition of identified music therapy and creative arts strategies which conform to stages. This can include the use of music and creative arts discussed in the interview study (empirical data) within the context of professional supervision with music therapists and the use of music supervisory strategies not identified within the context of a stage-based model (5.2.7) but identified in the music therapy literature.

Found
3)The details in overlapping trainee stages in both counseling and music therapy supervision suggest that supervisees may continue to receive supervisory supports (i.e., instructive, modeling, problem-solving, agendas) that change in terms of decreasing structure and decreasing dependency (note: see thematic analyses, chapters four and five based on results, discussion, and narrative synthesis).

What remains to be found
3) It is possible that as supervisory strategies were used with different degrees of application, so might the use of music be similar? (i.e., need for music foundations and practice could decrease as supervisee advances.)

From a practical perspective, as afore mentioned, there are two lifespan
developmental stage models in the counseling literature, both of which have
documented usage and multiple publications over many years. Therefore,
any preliminary tools suggested to the music therapy community for
evaluation and input would have to be either from counseling, from music
therapy or from a combination of both. A modified approach which
synthesizes the trainee materials from both fields as a result of the research
in this thesis and adds the perspective of professional levels from counseling
supervision suggests an interim compromise to this practical dilemma of how
to provide further follow up for feedback on developmental stages from the
perspectives of music therapy supervisors. This information is presented
below in 7.4.2.

**7.4.1.**3 Concluding thoughts, research question

The answer to the research question, while relatively concise, has
consolidated the theoretical and empirical results of the thesis and,in doing
so, presents the challenges identified as a result of the research: 1)
Strengthening the trainee developmental stage models in music therapy
supervision with theoretical underpinnings and further inclusion of music
based strategies;2) Evaluating the relevance of professional stages identified
in counseling (Ronnestad & Skovholt,2013) along with the empirical findings
of the study with music therapy supervisors of professionals ;3) Evaluating
the use of music based supervisory strategies in professional stages of
music therapy supervision suggested in empirical results 4) Evaluating the
possibility of music based strategies being used with different degrees of
emphasis throughout the developmental stages.

Suggestions related to presentation of preliminary information from the thesis
follows here.

**7.4.2 Utilizing narrative syntheses to describe developmental stages,
trainee and professional.**

From a practical perspective, as afore mentioned, there are two lifespan
developmental stage models in the counseling literature, both of which have
documented usage and multiple publications over many years. Therefore,
any preliminary tools suggested to the music therapy community for
evaluation and input would have to be either from counseling, from music
therapy or from a combination of both. A modified approach which

synthesizes the trainee materials from both fields as a result of the theoretical results in this thesis and adds the perspective of professional levels from counseling supervision suggests an interim compromise to this practical dilemma of how to provide further follow up for feedback on developmental stages from the perspectives of music therapy supervisors.

The findings of the developmental stage models for both counseling and music therapy supervision include previously formulated narrative syntheses presented in discussions describing supervisee behaviors/needs and responsive supervisor interventions at both trainee and professional stages (chapters four and five). The narrative syntheses for developmental stage models in counseling below incorporates the work of seventeen models for trainee stages (see chapter four for identified theorists in these formulations) and the work of two models (Ronnestad & Skovholt, 2013; Stoltenberg & McNeil, 2010) for professional stages. Note that Stoltenberg & McNeil present only one professional stage. The narrative syntheses for developmental stage models in music therapy below also incorporate the work of four models for trainee stages (see chapter five for identified theorists in these formulations). While the narrative syntheses from the counseling models are generally more specific, the only apparent difference between the trainee stages in counseling and music therapy appears to be the mention of music foundations. A consolidated version between counseling and music therapy for trainee stages is suggested below; a consolidated version of professional counseling stages is suggested as well. Therefore, the below information constitutes a compilation of developmental stages for supervision identified in the thesis. In entirety, six stages for a lifespan developmental stage model are here. The trainee stages are based on informed music therapy literature (trainee stages) and include the limited music-based strategies available. The professional stages are informed by the counseling literature only and are presented here only as a possible example of what will be necessary to further pursue for music therapy. Since the music-based suggestions in the interview study discussing professional supervision did not assign the use of music or creative arts therapies to stages, they are not included below.

- Beginning Trainee, Counseling (chapter four)

*Supervisee*, The supervisee, described as anxious, limited, imitative, insecure, needing boundaries and confused, is just starting to grapple with a variety of training needs in order to receive support and guidance from the

supervisor; there are many new and challenging client scenarios in becoming a counselor.

*Supervisor*, Accept dependency of supervisee in order to provide uniform need for instruction and orientation; address the dependency, insecurities and need for orientation through techniques such as observing, modeling and assessing, integrating theory and practice, tolerating ambiguity.

- Beginning Trainee, Music therapy (chapter five)

*Supervisee*, The supervisee, in a state of dependency, is in need of orientation and instruction in order to begin to develop skills, including music skills (Thomas, Farnan, 2001), as well as self-awareness.

*Supervisor*, The supervisor is called on to provide a venue for observation, imitation, Modeling, the continuing development of music skills and the setting of boundaries and specific assignments.

- **Stage 1, Beginning trainee, Music therapy/Counseling.(consolidated)**

*Supervisee,* The supervisee, described as anxious, limited, imitative, insecure, needing boundaries and confused and dependent, is in need of orientation, instruction, support and guidance in order to begin to develop skills, including music skills (Thomas, Farnan, 2001), and self-awareness.

*Supervisor*, Accept dependency, insecurities and need for orientation of supervisee in order to provide instruction and orientation; help develop music skills and self-awareness; observe, model, assess; integrate theory and practice; tolerate ambiguity while setting boundaries and providing specific assignments.
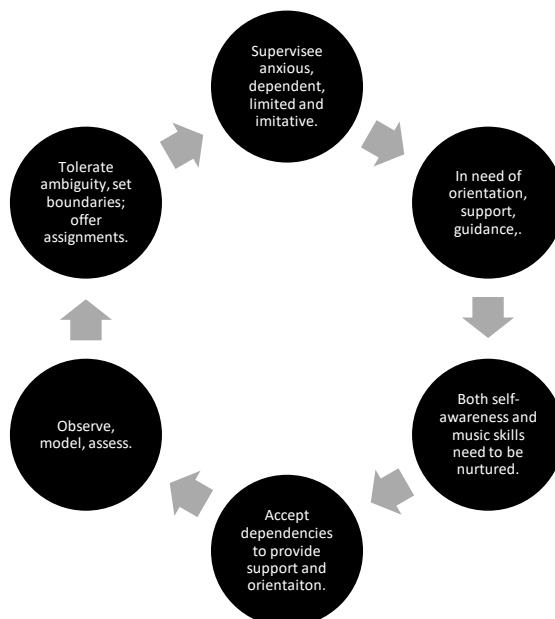
Figure 7.1 Consolidated music therapy /counseling, Stage one, Beginning

- Intermediate Trainee, counseling (chapter four)

*Supervisee,* The supervisee is developing, learning and practicing skills while individuating. The individuation may lead to separation issues with the supervisor over decision making while conducting clinical work. Nevertheless, self-confidence is increasing as the supervisee develops a unique style.

*Supervisor,* The supervisee is supported in order to separate from the supervisor and develop a sense of self in the work. It is possible to introduce awareness of transference and countertransference at this level. Personal therapy may be relevant.

- Intermediate Trainee, music therapy (chapter five)

*Supervisee,* The supervisee is beginning to co-lead as well as gradually take on leadership and despite possible feelings of intimidation is in a position to separate in order to focus on the client.

*Supervisor,* The supervisor encourages growth of both product (what
happens in the session) and process separation while exploring
transferences and become attuned to student anxiety and confusion in order
to support the supervisee in moving forward; music skills along with self and
other awareness are developing.

- **Stage two, Intermediate trainee, Counseling/Music therapy
  (consolidated)**

*Supervisee*, The supervisee is beginning to co-lead, gradually take on
leadership, learning and practicing skills and individuating. Despite possible
feelings of intimidation, the supervisee is in a position to separate in order to
focus on the client and develop a unique style.

*Supervisor*, The supervisor encourages growth of both product (what
happens in the session) and process separation while exploring
transferences, becoming attuned to student anxiety and confusion in order to
support the supervisee in moving forward; help the student further develop
music skills along with self and other awareness. If appropriate, it is possible
to introduce awareness of transference and countertransference at this level.
Personal therapy may be relevant.
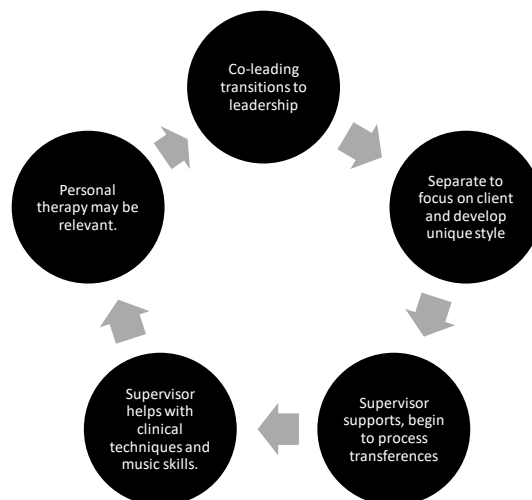


Figure 7.2 Consolidated music therapy/counseling trainee stage two,
Intermediate

- Advanced Trainee, counseling (chapter four)

*Supervisee*: level of autonomy and insight allows the advanced supervisee to further tolerate and respond to confrontation in the supervision session and move closer to a peer relationship with the supervisor

*Supervisor*: can support the supervisee in achieving a sense of self sufficiency to process transferences and counter-transferences and engage with the supervisor as a peer.

- Advanced Trainee, music therapy (chapter five)

*Supervisee*: The supervisee has, in a sense, become independent, able to introspect, resist less, self-evaluate and separate. Identity and style are consolidating or have been consolidated.

*Supervisor*: The supervisor allows the supervisee to individuate, having demonstrated that the supervisee can process counter-transferences, transferences, and parallel process through music and/or discussion prior to termination. The relationship has become more collaborative…. "help the supervisee to examine his/her personal perceptions and reactions to the work" (p. 289) at the conscious or preconscious level (Bruscia, 2001).

- **Stage three, Advanced trainee, Counseling/Music therapy (consolidated)**

*Supervisee:* level of autonomy and insight allows the advanced supervisee to further tolerate and respond to confrontation in the supervision session, move closer to a peer relationship with the supervisor, be able to introspect, resist less, self-evaluate and separate. Identity and style are consolidating or have been consolidated.

*Supervisor:* The supervisor can support the supervisee in achieving a sense of self sufficiency to process transferences, counter-transferences and parallel process through music and/or discussion prior to termination, engaging with the supervisor as a peer. In this way, personal perceptions as well as reactions to the work are explored at conscious or preconscious levels.
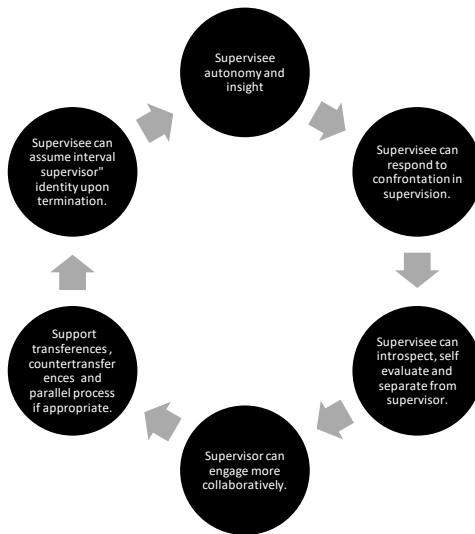
Figure 7.3 Consolidated music therapy/ counseling trainee stage three, Advanced

- **Stage four, Beginning Professional, Counseling (chapter four)**

*Supervisee:* The novice professional supervisee (typically 5 years after graduation) works to integrate a sense of self in treatment and will set up a supervision contract in order to address the ongoing challenges in the workplace, normative disillusionment, personal issues and short-term goals related to licensure and post-graduate training. Although professional identity is established, refocusing to new clinical practice situations will invite revisiting earlier levels/stages.

*Supervisor:* assisting the supervisee with normative feelings of disillusionment (i.e., self, training, profession), avoiding premature closure related to these topics, and formulating a contract that includes both short term and long-term goals for supervision. Facilitate, confront, conceptualize, catalytic (stimulate).
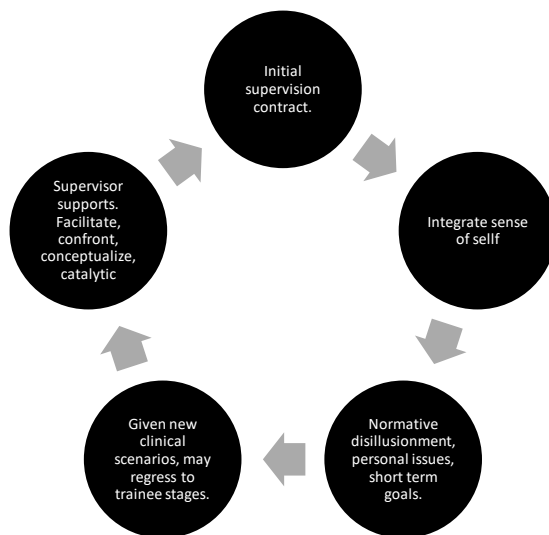
Figure 7.4 Counseling, Stage four, Novice Professional

- **Stage five, Intermediate Professional, Counseling (chapter four)**

*Supervisee*: Presents with a sense of authenticity that allows emotional disengagement. This allows the supervisee to work toward growth and resiliency in order to avoid burnout and stagnation. The personal self and professional self-aim to become integrated and creative work is sought as a means of achieving this integration.

*Supervisor*: Experienced professional, there is generally less antagonism in the relationship, and it is more easily established than earlier supervisory relationships where the supervisee is not grounded. In these instances, transference and countertransference as well as parallel process are less likely in the working relationship. New trainings and techniques may still be pursued and, in so doing, may need supports closer to previous levels (i.e., see trainee). However, the supervisor encourages learning at a more *complex level where possible and explores client dynamics, therapeutic attitude, and techniques for psychotherapy process with clients.*

The circles read:

- Supervisee authenticiy allows for emotional disengagement.
- Work toward growth/resiliency to avoid burnout and stagnation.
- Creative work can help achieve integration.
- Less liklihood of transference/countertransference/parallel process.
- Supervisor encourages more *complex learning level, exploring client dynamics ,therapeutic attitude and techniques.*
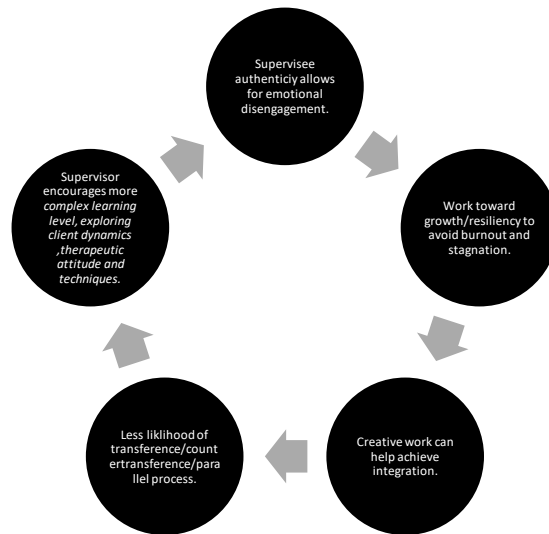
Figure 7.5 Counseling, Stage Five, Experienced Professional

- **Stage six, Advanced Professional, Counseling. (chapter four)**

*Supervisee*, tasks from the experienced professional stage continue, including maintenance of professional growth and resiliency, avoiding burnout and stagnation, and integrating the work and professional self. At this stage, there is an acceptance of personal limitations which is healthy and a need to adapt to changing circumstances in case load and use of time.

*Supervisor:* the supervisor of the Professional Senior supports the supervisee in the transition to retirement, discussing challenging cases as necessary and acknowledging and appreciating lifespan contributions. Although not discussing in the developmental stage models, positive cultural attitudes toward aging and work are of critical value during this period of supervision. *Additional music strategies possible?*
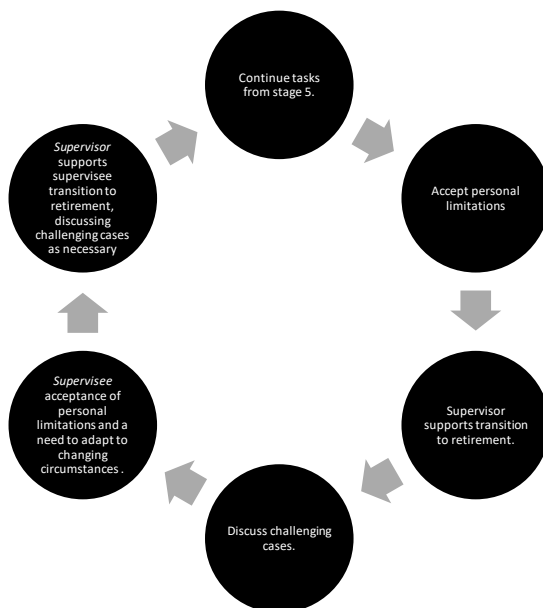
Figure 7.6 Counseling, Stage six, Advanced Professional

## 7.4.3 Utilizing the results of the IPA in conjunction with narrative syntheses

While the syntheses of the theoretical findings regarding the developmental stages can be consolidated, the incorporation of the IPA with the theoretical findings presents a challenge. This is because the empirical findings which implicitly related to developmental stages (see superordinate themes three and four, chapter six) were discussed by the interviewees but not defined in those terms.

However, the IPA verified an openness to interdisciplinary training (chapter six, superordinate theme one) and demonstrated the prospective value of a developmental stage model for supervisors in terms of their awareness of presenting behaviors of supervisee levels and the compatibility of various theoretical orientations and associated training favorable to those developmental levels.

Most importantly, however, since the IPA was conducted with supervisors who had, on average, supervised professionals for 30 years, it provided a perspective on professional levels (as referred to by interviewees) not available in the music therapy literature. Even though the interviewees were

unfamiliar with the term, developmental stage model, they discussed
elements associated with it, a discussion that could not have come about
unless their professional practice invited it. The interviewees discussed the
following: 1) principles associated with a developmental stage model
including professional stages (building skills, presenting behavior of
supervisee, changing supervisee agenda, supervisor identity building; 2)
characteristics of supervisee needs in context of professional developmental
stages (i.e., concrete learning, transference); 3) process of supervision with
professionals (boundaries, regression, resistance, supervisor thoughts and
feelings). All of this information is *compatible* with both the trainee and
professional stages of the developmental models identified in the work of
counseling, some of which is identified in the narrative syntheses. However,
it is interesting that several of the clinical examples shared in the interviews
(see chapter six results and discussion) demonstrated stages which are
perceived by the researcher to be indicative of trainee stages (i.e., A need
for concrete information, seen in beginning trainee stage; a need to process
transference and countertransference, seen in intermediate and advanced
trainee stages), therefore representing regression and the phenomenon of
recycling through earlier stages, seen as common and natural.

Further, the IPA findings illustrated that in a lifespan developmental stage
model identification of music and creative arts strategies are important.
However, these are not identified in terms of stages and therefore will remain
open to feedback from supervisors of professionals. These include the use of
psychodrama, musical role-playing, integration of music and verbal
processing, the use of creative arts (both individual and group). It is noted
that the interviews included discussion about group therapy supervision
which was not included in the narrative syntheses and is therefore an area
for further study (see Recommendations).

## 7.5 IMPLICATIONS OF RESPONSE TO RESEARCH QUESTIONS

### 7.5.1 Toward a theoretical integration

In chapter two, the researcher suggests that the work of both Mahler and
Erikson (1950) resonates with the developmental stage model by suggesting
a separation-individuation process (Mahler et al, 1975) as well as crisis in
context of developing identify (Erikson, 1950). It is important to clarify that
these ideas are threaded throughout the thesis. First, the theoretical basis for
a developmental stage model (secondary question one) rests on the concept
of the developmental stage and its metaphorical presence in a model.

Second, themes related to the theoretical framework are exemplified in the thematic analyses of the theoretical findings (secondary question two) for developmental stage models in both counseling and music therapy supervision. In these analyses, various degrees of structure on the part of the supervisor in response to the supervisee are linked to levels of autonomy; awareness of self and others increases as the supervisee progresses professionally; a need for validation as well as a sense of insecurity decreases as the supervisee becomes more independent;  and ability to process transferences, counter-transferences and parallel process increases as the supervisee is able to separate sufficiently in order to handle more clinical issues in supervision. Importantly, the ability of the music therapy trainee to develop music skills develop in terms of both music, self-awareness and attention to/perspective on client(s) suggests that the supervisee is able to develop a greater sense of skills and identity through psychic separation from the supervisor. Finally,in the response to the third secondary research question, the examples in the interview study representing empirical findings(see chapter six discussion) suggest that the interviewees themselves experienced separation-individuation and stage level crises in their clinical work which led them to participation in their own therapy; their shared stories about their clinical work present similar parallels for clients. In response to the primary research question, it is suggested that considerations for a lifespan developmental stage model include a theoretical basis (see consideration number one above). This can include the theoretical framework suggested for this thesis and, further, consider other related theory.

### 7.5.2 Derivation and nature of a developmental stage model

Considerations posed in response to the theoretical and empirical findings of this research study focus on the presence and nature of developmental stages as well as music strategies that might inform the creation of a lifespan developmental stage model. However, the results may raise additional implications concerning the theoretical formulations and research moving forward toward a model. Secondary question one considered the theoretical formulation of a developmental stage model based on the analysis and discussion from the counseling supervision literature. Although basic aspects of this formulation became the basis for identification of developmental stage models in music therapy, no theoretical basis for an identified developmental model in the music therapy literature emerged. Considering the unique nature of music and music therapy what other theories might lend to the development of what Aigen (1995) might term an  'indigenous" (Aigen,1995)

lifespan development stage model for music therapy supervision? Unlike the
developmental stage models in counseling, there is no theoretical framework
for currently existing stage models in music therapy. Further and possibly
related to the lack of a theoretical framework for a developmental stage
model for music therapy, there is no evidence of a research-based approach
to formulating a model.

If the music therapy profession takes the cue of theorists in the counseling
profession who demonstrated evidence of considering theoretical
perspectives in their work in addition to fieldtesting using grounded theory
(Ronnestad & Skovholt ,2013,2019) , there is much more work to be done.
For example, in  her review of literature on an existing eighteen
developmental stage models in counseling, which, at that point were trainee
models only, Halloway (1987) considers the derivation of some of the more
widely used models. She specifically identifies five models which have
explicitly linked their origins to psychosocial developmental theory. She more
specifically identifies early-stage development of the work by Stoltenberg
(1981), Blocher (1983) and Loganbill, Hardy and Delworth (1982). For
example, Halloway suggests that Stoltenberg's (1981) model of counselor
development is based on two other models: 1) Hogan's (1964) descriptions
of trainee levels of development and 2) Hunt's (1975) application of
Conceptual Systems Theory (Harvey, Hunt, & Schroder, 1961) to the
teaching environment. In conducting this research, Halloway is
demonstrating the fact that models most probably develop and go through
their own various stages. She concludes by saying, "It remains incumbent
upon developmentalists to substantiate that a structural, qualitative, and
predictable change occurs as a result of training to be a counselor"
(Halloway, 1987, p. 215).

### 7.5.3 Original vs contextual usage

The Halloway article is instructive because it reminds the reader and this
researcher that early-stage efforts to develop models can be cross-
contextual and move from one effort to another, suggesting that
development of a lifespan model for a music therapy developmental stage
model may be similar.

The use of information from interdisciplinary sources demonstrating context
relative to theory, research and clinical practice in music therapy has been
described in detail by Rolvsjord & Stige (2015). They describe three
interpretations of the way in which context is utilized: music therapy in

context; music therapy as context; and music therapy as interacting contexts. It may be that the application of developmental stage models in counseling for music therapy supervision (Pedersen, 2009; Edwards & Daveson, 2004; Feiner, 2001) fall into one or more of these categories. These could represent early-stage ways of exploring interdisciplinary means toward a music therapy model. In this way, they are valuable and, but for the strict definition in this thesis of what constitutes a developmental stage model (note: secondary research one, chapter four), could be utilized in further writing.

### 7.5.4 The use of music in a developmental stage model

Superordinate theme four in the interview study reports the importance of music and creative arts therapy used in both individual and group professional music therapy supervision from the perspective of seven seasoned supervisors . The use of music in music therapy defines the clinical work:" clinical & evidence-based use of music interventions" (https://www.musictherapy.org/about/musictherapy/#:~:text=AMTA%20Official%20Definition%20of%20Music,an%20approved%20music%20therapy%20program), has been proposed as a primary tool in music therapy supervision (Amir,, 2010), appears in the online training for internship supervisors in the United States (Jantz, 2020) and is a distinguishing characteristic of the field. As previously stated, the standards as well as the advanced competencies put forward by the American Music Therapy Association, AMTA, point out the importance of using music in music therapy supervision

Unfortunately, except in the case of the supervision for Analytic Music Therapy where music improvisation and role play are identified relative to stages and are used to practice AMT techniques, self-awareness and elucidate relatedness between supervisor and supervisee (see chapter five), the mention of music as a supervision strategy in context of a stage in the identified developmental stage models for music therapy supervision is limited to building music skills (Farnan, 2001; Thomas, 2001; Bruscia, 2001). The use of music in music therapy supervision itself has been identified and is detailed below as well as in chapter five (5.2.7). In all these cases, however, it is generally not described in context of a developmental stage. It is for that reason that its inclusion in a model will require further elucidation. A summary of the use of music which can be utilized within a lifespan model include the following: 1) Foundational skills using the piano and guitar for functional musicianship/accompaniment including sight reading and playing a repertoire of material to suit various ages and populations: Farnan (2001)

and Thomas (2001); 2) Analysis of videotapes (Alley, 1978; Hanser & Furman, 1980); 3) Role-play (Summer, 2001); 4) The use of music to symbolize or emulate the experiences in the session or feelings experienced after the session (Richards, 2009); 5) Multiple arts-based experiences (Pedersen, 2015; Mercier, 2019); 6) Session Analysis/Indexing (Turry, 2019); 7) Song sharing; 8)Improvising/song creation- (for self-expression, self-awareness, and to gain insight regarding therapeutic relationship and/or supervisory relationship) (Viega & Baker, 2019); 9) Purposeful listening (Turry, 2019); 10) Clinical listening, evaluation, interpretation, & judgement ( Lee & Khare, 2001); 11)listening to recorded music from the therapy session; creating live music in supervision (Amir, 2010).

### 7.5.5 Incorporating other theories for a lifespan developmental stage model

While the use of conventional developmental stage models in this thesis have created the basis for further research in music therapy sources, the use of other theories that may be useful for a lifespan developmental stage model may be considered. One theory that appears particularly relevant is the practice of reflective thinking (Scaife, 2010), a theory which encourages purposeful intention yet is exploratory, guiding reflection in terms of how one recalls, examines, and evaluating clinical experiences while in supervision, including thoughts, feelings, values, attitudes, skills and social/cultural context. Many of these ways of thinking might be considered in terms of music therapy supervision, particularly the aspect of how music therapists and music therapy supervisors use music role-playing and explore and practice music improvisation.

### 7.5.6. Template: Lifespan Developmental Stage Model, Music Therapy Supervision

Very simply conceived, what might a realization of a developmental stage model for music therapy look like? See below.

Table 7.1 Template, Lifespan Developmental Stage Model, Music Therapy Supervision

| Stage | Supervisee presentation of behaviors/needs | Supervisor Responsive interventions | Use of Music | Theoretical Approaches |
|---|---|---|---|---|
| | | | | |

| | | | | |
|---|---|---|---|---|
| Beginning Trainee | | | | |
| Intermediate Trainee | | | | |
| Advanced Trainee | | | | |
| Professional Beginning | | | | |
| Professional Intermediate | | | | |
| Professional Advanced | | | | |

## 7.6 SUMMARY

The current integration of the theoretical and empirical data suggests the following:

1) Trainee stages: With the exception of the use of music as supervisory strategy, there is commonality although not perfect agreement between the synthesis of the information in the developmental stage model trainee stages (n=51) and the synthesis of the information in the music therapy developmental stage models (n= 12). While there is overlap, the information in the developmental stage models in counseling supervision which have continued to develop over time (i.e. 37 years) and have theoretical basis is more specific.

2) Professional stages: In terms of the theoretical findings, there are, at this time, no professional stages in published music therapy developmental stage models towards a prospective lifespan developmental stage supervision model. In terms of empirical findings, the clinical vignettes about professional music therapists during supervision described in the interview study suggest that professionals regress to multiple trainee stage presenting behaviors (see trainee stage synthesis) and that, in light of the professional stages from the Ronnestad-Skovholt developmental stage model (2013) ,music therapy professionals described in empirical results may also present with concerns

and characteristics typical of the novice professional stage from the counseling supervision literature.

3) Use of music: The use of music is included in the trainee stages albeit limited. Further uses of music were described by Scheiby (2001) but not contextualized in the developmental stages. The use of music and creative arts detailed in the interview study is not included in possible professional stages because its mention in the interview study did not assign its use to developmental stages. However the use of music and creative arts mentioned in the interview study as well as the fact that there are documented uses of music in clinical supervision outside of the developmental stage models (see 5.2.7) is encouraging and, given feedback, could be incorporated into a lifespan developmental stage model for music therapy supervision.

4)Prospective model: The research suggests that, based on both empirical and theoretical research, a potential developmental stage model for music therapy supervision should include a minimum of six stages (three trainee and three professional) and include music and creative arts. Synthesis of available findings from theoretical results in this study are presented; the relationship of this synthesis to empirical findings is described. Table 7.1 illustrates the simplicity of what composite information would look like and allows for the inclusion of theoretical approaches to be included in a megamodel.

## 7.7 RECOMMENDATIONS

Based on the results of this study, recommendations for follow up inquiry regarding identified considerations for a lifespan developmental stage model in clinical music therapy supervision include the following: 1)  solicit input from professional supervisors that might lead to refinement of proposed considerations for a lifespan developmental stage model, including feedback on the narrative syntheses posed in this closing chapter , as well as inquiry for music specific strategies utilized or suggested in the theoretical/empirical findings; 2) consideration of theoretically relevant frameworks including those suggested in this thesis as well as the possibility of reflexive theory; 3) refinement and field-testing and 4) continuing education in music therapy supervision for supervisees and supervisors about developmental staging  to be conducted through masters and doctoral training as well as organizations such as the Certification Board for Music Therapy.

In terms of larger advocacy for supervision engagement and training, the formation of an international initiative along with global advocacy for clinical supervision, particularly professional supervision, in music therapy could be of critical value in refining and gathering more information regarding supervision.

The addition of the developmental model in clinical supervision will play an important role in these developments by helping supervisees ascertain a clearer level of awareness about their developmental needs and supervisors ascertain a clearer level of awareness about strategies in response to the supervisee.

## 7.8 LIMITATIONS

What are the limitations of the study?

*Inductive posture, systematic reviews:* Given the decisions made in analyzing the qualitative data in both the literature reviews and the Interpretative Phenomenological Analysis and then suggesting results as a sole researcher, one could question the subjectivity involved. In order to approach the information without subjective judgment, the results in the literature are reported systematically. The discussion of the results in the literature reviews includes not only my interpretation of the results but the comparison of outcomes as part of the secondary research question.

*IPA expectations.* The use of the information in the interview study, IPA, is different than that of the literature reviews because the methodology calls for interpretative description in presenting the results. The discussion of the results for the IPA moves further in responding to the research question. The size of the IPA, seven supervisors, might be considered a limitation to readers but this number is average for such a study under the IPA protocol.

The nature of the IPA, achieved through semi-structured interviews, prompted for definitive information in terms of developmental staging and, while the interviews were very informative for me, they satisfied that aim indirectly. It is possible that I could have provided an information sheet on developmental staging in advance of the interview and only asked questions using information from the information sheet. This might have yielded more definitive information but possibly not. In any event, such a change in the methodology would have departed from the theoretical basis of the IPA protocol.

A final consideration with regard to all three tasks of the thesis would have been to include a second researcher for comparative screening of literature, analysis of literature and IPA coding and analysis, thereby creating another element of objectivity.

## 7.9 REFLECTIONS ON RESEARCH PROCESS

The research process, with its many twists and turns, has been both stimulating and challenging. In these reflections, I address multiple topics : 1) delimiting the topic;2) reflexive investigation 3) the role of narrative synthesis and thematic analysis in arriving at theoretical outcomes from the literature; 4) the decision to configure an Interpretative Phenomenological Analysis , thereby inviting triangulation into the doctoral study; 5) the integration of theoretical and empirical findings;6) the decision to consider a lifespan developmental stage model for music therapy;7) developing a critical lens; 8) what is a contribution to the field of knowledge?

*Delimiting the topic*

Having provided clinical supervision in music therapy since 1977 as well as teaching clinical supervision to graduate students,1998-2018, the overall topic of supervision has been considered from many perspectives. This may well be the case with other academics, experienced supervisors, and other readers of this thesis, each of whom have varied training and interests. While the link between theory, actual practice of music therapy (theory to practice) and supervision continued to pique my interest throughout my teaching years (Goodman, 2011), I remain aware of areas related to supervision practice in need of attention. Several of these are addressed in chapter one in support of the thesis topic; others are listed here: 1) limited engagement in professional supervision; 2) limited training for faculty, trainee on-site and professional clinical supervisors both in the academic setting (Goodman, 2011) and outside of the academic setting; 3) limited publication on evidence-based methods and models, both in music therapy and in the creative arts therapies (Goodman, 2015); 4) limitations in training that would preclude supervisors from utilizing specific theoretical approaches (i.e., psychoanalytic, behavioral, cognitive, humanistic) and/or aspects of a specific theoretical approach (i.e., unconscious processes between supervisee and supervisor typically described within psychoanalytic supervision practice); 5) limited use of music in music therapy supervision; 6) limitations in academic training for effective verbal process in clinical

supervision. I needed to delimit my focus in this thesis; this, in and of itself, was a process.

When I came across the topic of a developmental stage model in counseling supervision being applied for music therapy supervision (Pedersen, 2009), it struck me that the very concept of a developmental stage model might constitute a common denominator for current and prospective supervisors by helping educators, students, and clinicians view themselves through a different lens. The fundamental idea that supervisee and supervisors operate at different stage levels is one that seems to me of universal importance and could therefore provide a container for related contributions in terms of theoretical content and usage. I did not realize at the time that I would move from the initial thought of applying music therapy to an existing counseling model to developing an indigenous model for music therapy.

*Research as a reflexive investigation*

The word reflexive allows the researcher the experience of examining motives as well as feelings and reactions which impact what happens. In the case of the thesis, the movement from the initial theoretical investigation became more focused and changed the outcomes.

In Spring 2022, I completed systematic literature reviews of developmental stage models for clinical supervision, first in music therapy and then in counseling. The order of these events proved confusing, inviting music therapy material that I considered inferential and/or contextual as opposed to a developmental stage model.

In August 2022 it was suggested that I conduct the systematic literature search in counseling first. This decision was critical since the results of the first literature review on developmental stage models in counseling supervision now served to provide a theoretical basis as well as an operational definition for the music therapy literature review on the same subject (secondary research question one). To repeat, previously discussed music therapy literature as related to a developmental stage model was now considered as inferential and/or contextual material. Therefore the results of the music therapy study became more focused and, as my research proceeded, I became more invested in the possibility of investigated what Aigen, writing about qualitative research (Aigen,1995), might consider an indigenous model for music therapy supervision rather than a model relying on another model from another field. While I was inspired by the discovery of

the lifespan developmental stage model in counseling I was no longer
content to apply it or simply use it in context of  music therapy.

*Narrative synthesis and Thematic Analysis*

Narrative synthesis, a means of organizing, summarizing, and explaining
findings in a study, became an important way to look at the overlapping
characteristics that were detailed in the 17 developmental stage models of
counseling supervision, the four developmental stage models of music
therapy supervision, and, ultimately, the 21 models as they interrelated.
Given the detail of the models, this was challenging, particularly since not all
the details overlapped in an easy manner. Adding visuals to support the
narrative synthesis is helpful for a visual reader. Further, the interrelationship
of the narrative synthesis and the thematic analysis in light of the theoretical
findings served to reinforce each other.  Ultimately, these research methods
worked well together.

*Phenomenology and the Interpretative Phenomenological Analysis*

In the course of my ongoing reading, I have become familiar with different
types of research methodology and their related vocabulary, which appear to
grow exponentially each year. The term and meaning of phenomenology
figure comfortably into my research (see chapter three, Methods). With
regard to phenomenology, given that the process of supervision is a
phenomenon, actually a series of events, how do we make sense of it? The
open-ended inquiry that phenomenology invites make sense in terms of
shared exploration regarding the many aspects of the clinical supervision
experience; triangulation makes sense in terms of providing more than one
avenue for exploration of my research questions about developmental
staging. It was a natural decision for me to invite an interview study as it
would provide triangulation and afford phenomenological analysis.
Contacting prospective interviewees made the research come alive.
Conducting the interviews in context of the theoretical and methodological
mindset of the Interpretative Phenomenological Analysis was very gratifying
for me, and I believe, the interviewees. Following the interviews, I found the
analysis protocol quite challenging. Transcribing and editing over 360 pages
of transcription, arriving at 62 codes, detailing 43 recurring themes in order to
arrive at six superordinate themes was time consuming although, fortunately
interesting. I was inspired by the interviews and plan to bring together this
working group of supervisors to advocate for and inform professional
supervision.

*Integration of findings.*

The final process of integration has been exceedingly informative, particularly in this last chapter where I consider the integration of the three tasks involved in the study. Creswell (2018) writes that triangulating various data sources, wherein multiple sources of themes and perspectives are provided, serve as a process to add strength to the study. As I consider the similarities and differences between the results of the two literature reviews and the Interpretative Phenomenological Analysis, I am struck with the different ways in which they interrelated. Moreover, the interviewees describe work with professionals that replicate trainee supervisee levels and early stage professional behaviors rather than more advanced (i.e. experienced stage) professional levels.

*Developing a critical lens*

As an academic editor as well as an educator of many years, I am a critical reader of academic literature. I am comfortable reviewing research studies as well as case studies. Admittedly disappointed in the limited number of developmental stage models in music therapy supervision, I am also struck by their lack of theoretical foundations and academic references; this stands in contrast to the years of development and specificity of leading developmental stage models in counseling supervision. It is still not clear to me, as a critical reader and as a researcher, how these four models, all appearing in the publication year 2001, were developed. As a researcher, I contend that it is an academic responsibility to formulate theory and data toward the actualization of a model.

*The decision to consider a lifespan developmental stage model for music therapy: a process*

Agee (2008) writes about the ongoing process of developing qualitative research questions, a process that invites reflection and self-interrogation. This was the case with my development of both the primary and secondary research questions. It is possible that my discovery of the lifespan model in counseling psychology supervision which has ongoing since 1985 (Ronnestat & Skovholt, 2019) inspired the more focused shift of my research question. This was an exciting discovery for me since my underlying concern as a clinician and educator has been supporting lifespan clinical supervision in the field of music therapy. If this was possible in counseling, I felt it should be possible in music therapy.

Therefore, since the systematic literature reviews and interview study, in my opinion, indicated a clear need for a lifespan developmental model in music therapy, one that was existent in the counseling literature but had not emerged in the music therapy literature, I focused my research question toward this aim. Further, my interest in pairing music therapy strategies with the principal needs outlined in the developmental stage literature could ultimately become the basis for more clinician field-testing and developed strategies appropriate to various developmental tasks. In investigating the literature in music therapy, I became acutely aware that the term 'developmental stage model' was not used. I myself had not discovered this term until 2009 (Pedersen, 2009) where it was framed in counseling psychology. It is important to me as a researcher that this effort be considered a initial investigation. Although it may be tempting to consider how one could speculatively organize a developmental stage model based on knowledge of the literature and decades of professional experience, I am impressed with a step by step research process and assume that the reader also appreciates this carefully informed caution.

*A contribution to the field of knowledge for music therapy*

It is not surprising that many doctoral students must consider how an individual contribution contributes to the field of knowledge, in this case, music therapy. It is suggested that the synthesis of the theoretical findings of this study interrelated with the empirical findings of the study "is an important contribution to the field of knowledge" (Hannibal to Goodman, email, February 2023). Considerations for a lifespan model in music therapy supervision have been informed by the research. Further work will continue these efforts (see recommendations). In realistically regarding this research as a preliminary effort toward an ambitious goal, there is satisfaction.

With the consideration of designing and field-testing a unique music therapy model for developmental staging, I look forward to utilizing new and different research methods in the future, either by myself or with another researcher. I depart from this study with the knowledge that I am able to apply appropriate rigor to research.

## 7.10 RESEARCH CREDIBILITY

While the terms reliability and validity are generally considered about quantitative research, the term research credibility is considered here regarding qualitative research. Patton (1999) suggests that criteria for the

evaluation of research credibility include the following three areas which I comment on below.

1) the rigor of the methodology in collecting and analyzing the information/data, while paying attention to reliability, validity (note: the latter two terms are generally used in reference to quantitative research not qualitative research) and triangulation.

In this study applying the two different systematic literature reviews and the IPA study creates the possibility for triangulation, a reference to findings from different perspectives of the data collection. The different data results bring different pieces of information into the picture to respond to the research questions in the study. The construction of each of these 'pieces' is carefully considered, using methods that are known, such as the search for the selected literature as well as the interview and analysis process in the IPA study. In terms of the analysis of both the literature reviews and the IPA study, there remain, as I discuss in this chapter, ontology/epistemology considerations, subjective yet, I believe, rigorous.

Does the research represent findings that are credible? Is it original data as well as transparent interpretation of the data? For example, while one could argue that the interviewee transcription review, ITR and feedback on the Interpretative Phenomenological Analysis provide credibility, the interpretation of the data remains subject to my subjective analysis.

2) The credibility of the researcher

In this thesis the researcher has significant background in projects related to development as well as teaching and disseminating research.

3) The philosophical stance of the researcher in believing in and respecting aspects of qualitative research (i.e., qualitative methods, purposive samples, naturalistic inquiry, holistic thinking, inductive analysis).

In this thesis, samples are based on thoughtful consideration to the larger purpose of the thesis. Inductive analysis begins by collecting data that is relevant to the topic of interest, seeking patterns in the data and then theorizing about these patterns. In this thesis the researcher is interested in the concept of development and its application to supervision which is termed the developmental stage model but only the literature searches and IPA provide context for a larger discussion which can interrelate the findings

and pave the way to the creation of a developmental model for music therapy supervision.

4) From a problem based point of view (PBL) and a pragmatic perspective the nature of the research question (ontology: what is investigated) is guiding or more strongly determining the method of investigation (epistemology).

This is an approach that is unlike a deductive approach which would begin with a theory, develop a hypothesis from that theory and then collect and analyze data to test the hypothesis.

## 7.11 CONCLUSION

What was asked and what was found in the research study? The first-time investigation of the developmental stage model as a prospective tool for music therapy supervision across both theoretical and empirical research efforts, led to a synthesis of theoretical information across both counseling and music therapy about supervisee behavior/needs and responsive supervisor approaches for three generic trainee stages. While the trainee stages in music therapy overlapped with those of counseling, they proved less specific in terms of detail, provided no theoretical basis or field-testing and presented limited use of music therapy supervisor strategies. The empirical information contributed to the research in terms of suggested scenarios for professional supervision stages and the use of the arts for supervision; however none of this information was definitively defined in terms of the stages of a developmental stage model. Overall, the investigation constitutes a first-time contribution toward creating a lifespan developmental stage model for music therapy supervision.

This initial investigation of developmental stage models led to reading and rereading of more than twenty-one models which were then analyzed and compared since the screening initially considered literature that was subsequently considered as inferential, contextual or limited in scope. This investigation led to a first-hand knowledge of what constitutes a developmental stage model, a term familiar in counseling supervision but apparently not in music therapy supervision, as well as a thoughtful investigation about what developmental theory means in terms of changes for both the supervisee and the supervisor. Further, the realization of limitations in the use of music in the limited models found in the music therapy literature led personally to a continuing appreciation of the uniqueness of the music therapy and the potential it holds for creation of a

lifespan developmental stage model. The candor, interest and emotional investment of the interviewees were inspirational for me as a clinician, supervisor and researcher.

In conclusion, it is important to consider that this thesis constitutes the first one of its kind, gathering information that is critical as first steps toward developing a unique lifespan music therapy model for developmental staging in clinical supervision. For those in music therapy  who will read my work, I am confident that they will find material they can relate to and benefit from, hopefully reconsidering where he or she fits in the process of providing or receiving supervision. Further and related research is detailed in recommendations.

Change does not happen without those in the field advocating for such. It is critical that the value of clinical supervision, both pre-professional and professional, be emphasized in training students. Given this value, models such as a developmental stage model may be more likely to proliferate. As many in the Interpretative Phenomenological Analysis reiterated, there are important advantages in pursuing supervision. Thematic material from the empirical findings of the IPA concluded that supervisors indicate a relationship between their own therapy, supervision, clinical expertise and providing empathic, responsible, and ethical supervision. This is what we should all aim for in the practice of music therapy.

# LITERATURE LIST

Aalbers S., Fusar-Poli L., Freeman R.E., Spreen M, Ket J.C.F., Vink A.C., Maratos A., Crawford M., Chen X.J., Gold C. (2017) Music therapy for depression. *Cochrane Database of Systematic Reviews*, 11(3)

Adamek, M. S. (1994). Audio-cueing and immediate feedback to improve group leadership skills: A live supervision model. *Journal of Music Therapy*, 31(2), 135–164.

Agree, J. (2009) Developing qualitative research questions: A reflective process. *International Journal of Qualitative Studies in Education* 22(4),431-447

Ahonen, H. (2003) Using group analytic supervision approach when supervising music therapists. *Nordic Journal of Music Therapy*. 12(2), 173-183

Aigen, K. (1995). Principles of qualitative research. In B. L. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp.283–311). Barcelona.

Aigen, K. (2013) Supervising the supervisor: The use of live music and identification of parallel processes. In K. Bruscia (Ed.). *Self-experiences in music therapy education, training, and supervision.* (pp. 491-514). Barcelona

Alley, J.M. (1978) Competency based evaluation of a music therapy curriculum, *Journal of Music Therapy*, 15(1), 9–14.

Alonso, A. (1983) A developmental theory of psychodynamic supervision. *The Clinical Supervisor*, 1(3), 23-26.

Amir, D. (2010). Music centered supervision: The role and meaning of music in music therapy supervision. *Mifgash: Journal of Social-Educational Work,* 32, 9-29 (in Hebrew) http://www.jstor.org/stable/23692581

Amir, D. (2001) The journey of two: Supervision for the new music therapist working in an educational setting. In M. Forinash (Ed.) *Music therapy supervision* (pp.195-210). Barcelona.

Andersen, J.L., (1982) The effect of feedback versus no feedback on music therapy competencies, *Journal of Music Therapy*, 19(3), 130–140.

Ard, B. N. (1973). Providing clinical supervision for marriage counselors: A model for supervisor and supervisee. *The Family Coordinator*, 22, 91-97.

Austin, D. & Dvorkin, J. (2001) Peer supervision in music therapy. In M. Forinash, (Ed.) *Music therapy supervision* (pp. 219-230). Barcelona.

Baltes, P. B. (1983). Life-span developmental psychology: Observations on history and theory revisited. In R. M. Lerner (Ed.), *Developmental psychology: Historical and philosophical perspectives* (pp. 79-110) Erlbaum.

Baratta, E., Bertolami, M., Hunnad, A., McDonald, M., Spragg, D. (2001) Peer supervision in the development of the new music and expressive therapist. In M. Forinash, (Ed.) *Music therapy supervision* (pp. 181-194). Barcelona.

Barry, P.& O'Callaghan, C. (2008) Reflexive journal writing, *Nordic Journal of Music Therapy,* 17(1), 55-66.

Berger, R. (2017) Shifting roles: A new art based creative supervision model. *The Arts in Psychotherapy* 55,158-163

Bernard, J.M. & Goodyear, R.K. (2009) *Fundamentals of clinical* supervision (fourth ed) Pearson.

Bernard, J.M. & Goodyear, R.K. (2018) *Fundamentals of clinical* supervision (sixth ed) Pearson.

Bird, N., Merrill, T. R., Mohan, H., Summers, S., & Woodward, A. M. (1999). Staying alive in our work: A group's experience in peer supervision. *Canadian Journal of Music Therapy*, 6, 51–67.

Blount, C.M. (1982). A developmental model of supervision: Implications for practice and research. Paper presented at the 90th Annual Convention of the American Psychological Association, Washington, D.C.

Braun, V. & Clarke, V (2006) Using thematic analysis in psychology *Qualitative Research in Psychology*; 3(2), 77-101

Brooks, D, (2019) Advanced supervision. In M. Forinash (Ed,) *Music therapy supervision*. Barcelona (2nd edition), (pp. 295-304)

Brooks, D. (2002) A holistic description of beginning trainee experiences in live observation. GIM supervision. *Nordic Journal of Music Therapy,* 11(2), 142–151.

Brown, S. (2009) Supervision in context: A balancing act. In H. Odell-Miller & E. Richards (Eds) *Supervision of music therapy: A theoretical and practical handbook* (pp.196-224). Routledge.

Bruscia, K.A. (2019) Five levels of supervision. In M. Forinash, *Music therapy supervision* (pp. 305-318). Barcelona.

Bruscia, K.A. (Ed.) (2013) *Self-Experiences in music therapy education, training, and supervision.* Barcelona.

Bruscia, K.A (2001) Model of supervision derived from apprenticeship training. In M. Forinash (Ed.) *Music therapy supervision* (pp. 281-298). Barcelona.

Bruscia, K. E. (Ed.). (1998). *The dynamics of music psychotherapy.* Barcelona.

Bruscia, K.A. (1987) *Improvisational models of music therapy.* C.C. Thomas.

Byers, C. & Meadows, A. (2022) Professional identity formation of early career music therapists. *Music Therapy Perspectives* 40(1), 33-41 https://doi.org/10.1093/mtp/miab024

Carroll, M.(2014) *Effective supervision for the helping professions.* Sage.

Chazan, S. E. (1990). On being supervised and supervision. In R. C. Lane (Ed.), *Psychoanalytic approaches to supervision* (pp. 25–28). Brunner/Mazel.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (fourth ed.). Sage.

Daveson, B., Kennelly, J. (2011) Reflection regarding Australian music therapy supervision: Guidance and recommendations for establishing internal and external arrangement aided by cross-national reflection. *The Australian Journal of Music Therapy,* 22, 24-34

Davies, A. & Sloboda, A. (2009) Turbulance at the boundaries.In H.Odell-Miller & E.Richards (Eds.), *Supervision of music therapy.* (pp. 153-172). Routledge.

Dileo, C. (2001) Ethical issues in supervision. In M. Forinash, M. (Ed.) *Music therapy supervision* (pp. 19-38). Barcelona.

Dixon, A.L. & Hansen, N.H. (2010) Past, present, future. Professional counseling in Denmark. *Journal of Counseling & Development.* 88 (1),38-42

Dvorkin, J. (1999) Psychoanalytically oriented music therapy supervision. In T. Wigram and J. DeBacker (Eds*.) Clinical applications of music therapy in developmental disability.* (pp. 272-280) Jessica Kingsley.

Dvorak, A.L., Hernandez-Ruiz, E.H., Jang, S., Kim, B., Joseph, M, Well, K. (2017) An emerging theoretical model of music therapy student development. *Journal of Music Therapy.* 54(2) 196-277

Edwards, J. & Daveson, B. (2004) Music therapy student supervision: Considering aspects of resistance and parallel processes in the supervisory relationship with students in final clinical placement. *The Arts in Psychotherapy* 31(2), 67-76

Erikson, E. (1950) Childhood and Society. Norton.

Estrella, K., (2001) Multicultural approaches to music therapy supervision. In M. Forinash (Ed.) *Music therapy supervision* (pp. 39-68). Barcelona.

Farnan, L. (2001) Competency-based approach to intern supervision. In M. Forinash, (Ed.) *Music therapy supervision* (pp. 117-134). Barcelona.

Feiner, S.A. (2001) Journey through internship supervision: roles, dynamics, and phases of the supervisory relationship. In M. Forinash (Ed.) *Music therapy supervision* (pp. 99-116). Barcelona.

Fleming, J. (1953). The role of supervision in psychiatric training. *Bulletin of the Menninger Clinic,*17*,*157–169

Forinash, M. (Ed.) (2019) *Music therapy supervision* (2nd edition). Barcelona.

Forinash, M. & Hahna, N. (2006), Feminist music therapy supervision. In S. Hadley (Ed.) *Feminist perspectives in music therapy* (pp. 415-428) Barcelona.

Forinash, M. (Ed.) (2001) *Music therapy supervision.* Barcelona.

Fox, R. (1998). Essay on mutuality and parallel process in field instruction. *The Clinical Supervisor*, 17(2), 59–73.

Freud,S. (1953) The Life and Work of Sigmund Freud  Hogarth Press.

Friedlander, S.R., Dye, N.W., Costello, R.M. & Kobos, J.C. (1984) A developmental model for teaching and learning in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training,* 21(2), 189–196.

Friedman, D., & Kaslow, N. J. (1986). The development of professional identity in psychotherapists: Six stages in the supervision process. *The Clinical Supervisor*, 4(1-2) 29-49.

Frohne-Hagemann, I. (2001) Integrative techniques in professional music therapy group supervision. In M. Forinash (Ed*.) Music therapy supervision* (pp. 231-246). Barcelona.

Gaoni. B., & Neumann, M. (1974) Supervision from the point of view of the supervisee. *American Journal of Psychotherapy*, 28(1)*.* 108-114

Glyn, J. (2009) Two's company, three's a crowd: Hatred of triangulation in music therapy and its supervision in a forensic setting. In H. Odell-Miller & E. Richards (Eds) *Supervision of music therapy: A theoretical and practical handbook* (pp. 108-136). Routledge.

Goodman, K.D. (2011) *Music therapy education and training: From theory to practice.* C.C. Thomas, Ltd.

Goodman, K.D. (2009) Training in Music Therapy: Providing the Critical Link from Theory to Application. American Music Therapy Association Conference, San Diego, Ca.

Goodman, K.D. (2008) Critical and Integrative Thinking Strategies for Student Growth and Development in Music Therapy, 12th World Congress of Music Therapy, Buenos Aires, Argentina.

Goodman,K.D. (2007) *Music therapy groupwork for special needs children: The evolving process.* C.C. Thomas.

Goodman, K.D. (2005) The Leap from Theory to Application Undergraduate Course Content and Therapy Supervision, 11th World Congress of Music Therapy, Brisbane, Australia.

Goodman, K.D. (1999) A New Structure for Music Therapy with Autistic Spectrum and Related Developmental Problems. 9th World Congress of Music Therapy, Washington, D.C.

Goodman, K.D. (1983) The Use of Music in Differential Diagnosis of Borderline and Schizophrenic Children. Invitational address, Child Grand Rounds, New York Hospital-Cornell Medical Center, White Plains, New York.

Goodman, K.D (1982). Process of Making Music Relative to Psychodynamic Development of the Schizophrenic Patient, Annual Conference, National Association of Music Therapy, Baltimore, Md.

Gooding, L.& Langston, D. (2019) Music therapy with military populations: A scoping review. *Journal of Music Therapy*, 56(4), 315-347

Grant, M. & Booth, A. (2009) A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal.* 26(2). 91-108

Grocke, D. (2019) Concepts in guided imagery and music supervision. In M.Forinash (Ed.) *Music therapy supervision* (pp. 321-334). Barcelona.

Grotjahn, M. (1955). Problems and techniques of supervision. *Psychiatry.*18. 9-15.

Hahna, N. & Forinash, M. (2019) Feminist Approaches to Supervision. In M. Forinash, (Ed) *Music therapy supervision* (pp. 59-74). Barcelona.

Halloway, E.(1987) Developmental models of supervision: Is it development? *Professional Psychology: Research and Practice.*18(3), 209-216

Hanser, S.A (2001) Systems analysis approach to music therapy practica. In M. Forinash, (Ed.) *Music therapy supervision* (pp. 87-98). Barcelona.

Hanser, S. B., & Furman, C. E. (1980). The effect of videotape-based feedback vs. field-based feedback on the development of applied clinical skills. *Journal of Music Therapy.*17(3), *103-112.*

Hartung, P. J. & Blustein, D. L. (2002). Reason, intuition, and social justice: Elaborating Parsons's career decision making model. *Journal of Counseling and Development,* 80*,* 41-47.

Haynes, R., Corey, G., & Moulton, P. (2003). Clinical supervision in the helping professions: A practical guide. Brooks/Cole.

Hayslip, B., Jr., Neumann, C. S., Louden, L., & Chapman, B. (2006). Developmental stage theories. In J. C. Thomas, D. L. Segal, & M. Hersen (Eds.), *Comprehensive Handbook of Personality and Psychopathology, Vol.*

*1. Personality and Everyday Functioning* (pp. 115–141). John Wiley & Sons Inc.

Hawkins, P. & Shohet, R. (2000), *Supervision in the Helping Professions* (2nd edition). Open University Press.

Hess, A.K. (1986) Growth in supervision: Stages of supervisee and supervisor development. *The Clinical Supervisor*, 4(1-2), 51-67.

Hiller, J. (2019) Supervision in the field (In) M. Forinash (Ed.) *Music therapy supervision* (2nd edition) (pp. 141-156) Barcelona.

Hogan, R. A. {1964). Issues and approaches in supervision. *Psychotherapy: Theory Research and Practice,* I, 139-141.

Holloway, E. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage.

Jackson, N.A. (2008) Professional music therapy supervision: A survey. *Journal of Music Therapy*, 45(2), 192-216.

Jahn-Langenberg, M (2001) Psychodynamic perspectives in professional supervision. In M. Forinash, (Ed.), *Music therapy supervision* (pp. 271-280). Barcelona.

Jantz, B. (2020) Music in supervision: Slides 81-92. AMTA Online CMTE, Supervision.

Kang, H. J. (2007). Peer group supervision for Korean music therapists with guided imagery and music (GIM) (Master's thesis).

Kavaliova-Moussi, A. (2023) Cross-trained music therapists: Identity confusion or enrichment? In K. Goodman, (Ed.) *Developing issues in music therapy education and training: A plurality of views* (pp. 303-321) C.C. Thomas.

Kennelly, J.D., Jack, N. & Dun, B. (2023) Note by note– developing a supervision framework for music therapists. In K. Goodman, (Ed.) *Developing issues in music therapy education and training: A plurality of views* (pp. 207-226) C.C. Thomas.

Kennelly, J.D. (2013) Sights, sounds and feelings: The views, experiences, and practices regarding professional supervision for Australian-based music therapists. University of Queensland, doctoral thesis.

Kennelly, J.D., Daveson, B.A. & Baker, F.A. (2015) Effects of professional music therapy supervision on clinical outcomes and therapist competency: A systematic review involving narrative synthesis, *Nordic Journal of Music Therapy,* 25(2), 1-24

Kim, S. (2019) An analytical music therapy-oriented supervision (AMTOS) model to develop expressiveness, creativity and fluidity in music therapists. In M. Forinash (Ed.), *Music therapy supervision.* (pp.393-412) Barcelona.

Kim, S. (2008) The supervisee's experience in cross-cultural music therapy supervision. In A. Meadows (Ed.), *Qualitative inquiries in music therapy.* 4, (pp. 1–44). Barcelona.

Kvale, S. & Brinkman, S. (2015) *Interviews Learning the Craft of Qualitative Research Interviewing.* 3rd Edition, Sage.

Lahad, M. (2000). *Creative supervision: The use of expressive arts methods in supervision and self-supervision.* Jessica Kingsley.

Lang, L., McInerney, U., Monaghan, R., Sutton, J. (2002) Processes in listening together- an experience of distance supervision of work with traumatized children. In J. Sutton (Ed.) *Music, music therapy and trauma: International perspectives* (pp. 211-230). Jessica Kingsley.

Langdon, G. (2001) Experimental music therapy group as a method of professional supervision. In M. Forinash (Ed.) *Music therapy supervision* (pp. 211-218). Barcelona.

Lee, C. & Khare, K. (2019) Music-centered supervision of clinical supervision. In M. Forinash, (Ed.) *Music therapy supervision* (pp. 261-276). Barcelona.

Levinge, A. (2002) Supervision or double vision? An exploration of the task of music therapy supervision. *British Journal of Music Therapy,* 16(2),83-89

Littrell, J. M., Lee-Borden, N., & Lorenz, J. A. (1979). A developmental framework for counseling supervision. *Counselor Education and Supervision,* 19, 129-136.

Loganbill, C., Hardy, E & Delworth, U. (1982) Supervision: a conceptual model. *The Counseling Psychologist*, 10, 3-42

Low, M.Y., McFerran, K.S., Viega, M., Carroll-Scott, A., Hassrick, E.M. & Bradt, J. (2022) Exploring the lived experiences of young autistic adults in Nordoff-Robbins music therapy: An interpretative phenomenological

analysis, *Nordic Journal of Music Therapy*
DOI: 10.1080/08098131.2022.2151640

MacRae, A. (2021). The attitudes, perceptions, and values of professional supervision among music therapists: A descriptive study. Unpublished.

McNeill, B. W., & Stoltenberg, C. D. (2016). *Supervision essentials for the integrative developmental model.* American Psychological Association.

Mahler, M., Pine, E, & Bergman, A. (1975). *The psychological birth of the human infant.* Basic Books.

Mercadal-Brotons, M. & Alcantara-Silva, T. (2019) Music therapy for Non-Alzheimer's Disease Dementia: A Systematic Review. *Journal of Alzheimers & Neurodegenerative Disea*se DOI:10.24966/AND-9608/100019

Mercier, K. (2019) The use of creative arts in music therapy supervision: A sequential-explanatory mixed methods study, Master's thesis. Appalachian State University.

Milne, D L. & Watkins, C.E. Defining and understanding clinical supervision: A functional approach (2014). In D.L. Milne & C. Edward Watkins, Jr. (Eds.) *The Wiley International Handbook of Clinical Supervision.* (pp. 3-19)

Nöcker-Ribaupierre, M. (2015). The European Music Therapy Confederation: History and development. *Approaches: Music Therapy & Special Music Education, Special Issue* 7(1), 23-29.

Nowell, L, Norris, J., White, D., Moules, N. (2017) Thematic Analysis: striving to meet the Trustworthiness Criteria. *International Journal of Qualitative Methods,* 16, 1-13

O'Callaghan, C., Petering, H., Thomas, A., & Crappsley, R. (2009). Dealing with palliative care patients incompleted music therapy legacies: Reflexive group supervision research. *Journal of Palliative Care*, 25(3), 197–205

Odell-Miller, H. Inside and outside the walls: Music therapy supervision in a forensic setting (2012) In H. Odell-Miller, J Adlam, S Compton-Dickinson (Eds) *Forensic music therapy: A treatment for men and women in secure hospital settings* (pp 42-57) Jessica Kingsley.

Odell-Miller, H. & Krueckeberg, N. (2009) Music therapy supervision with trainees in adult psychiatry. In H. Odell-Miller & E. Richards (Eds)

*Supervision of music therapy: A theoretical and practical handbook* (pp. 167-195). Routledge.

Odell-Miller, H. & Richards, E. (Eds) (2009) *Supervision of music therapy: A theoretical and practical handbook*. Routledge.

Oldfield, A. (2009) Supervision of music therapists working with children in schools. In H. Odell- Miller & E. Richards (Eds) *Supervision of music therapy: A theoretical and practical handbook* (pp. 225-242). Routledge.

Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. (2021) The PRISMA 2020 statement: an updated guideline for reporting systematic reviews BMJ;372: n71

Patton, M.Q. (1999) Enhancing the quality and credibility of qualitative analysis. *Health Services Research.* 35(5), 1189-1205

Pedersen, I.N., Holck, U. & Ridder, HM (2022). Clinical supervision for internship students. In I.N. Pedersen, C. Lindvang & B.D. Beck (Eds) *Tuning the Therapist: An academic training model of resonant learning.* Jessica Kingsley. (pp. 317-342)

Pedersen, I.N. (2015) Supervisor training: An integration of professional supervision and the use of artistic media. *Approaches: Music Therapy & Special Music Education.*7(1) 74-85.

Pedersen, I.N. (2009) Music therapy supervision with students and professionals: the use of music and analysis of counter transference experiences in the triadic field. In H. Odell- Miller, & E. Richards (Eds) *Supervision of music therapy: A theoretical and practical handbook* (pp. 73-107). Routledge.

Perry (1970), W.G. *Forms of ethical and intellectual development in the college years: A scheme*. Holt, Rinehart & Winston.

Piaget, J. (1968) *Six psychological studies*. Vintage.

Pietkiewicz, I.& Smith, J.(2014) A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne* – Psychological Journal. 20(1) 7-14

Pham, M.T., Rajic, A., Greig, J., Sargeant, J., Papadopoulos, A., McEwen, S. (2014) *Research Synthesis Methods.* 5(4) 371–385.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K. & Duffy, S. (2006) *Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Program.* ESRC.

Pothoulaki M, MacDonald R, Flowers P. (2012) An interpretative phenomenological analysis of an improvisational music therapy program for cancer patients. *Journal of Music Therapy.* 49(1) 45-67.

Richards, E. (2009) Whose handicap? Issues arising in the supervision of trainee music therapists in their first experience of working with adults with learning disabilities. In H. Odell-Miller & E. Richards (Eds) *Supervision of music therapy: A theoretical and practical handbook* (pp. 34-72). Routledge.

Ridder, HM (2015) Doctoral education: A model of problem-based learning. In K. Goodman, (Ed.), *International perspectives in music therapy education and training: Adapting to a changing world*, (pp. 75-102). C.C. Thomas.

Rodenhauser, P. (1997) Psychotherapy supervision: Prerequisites and problems in the process. In C.D. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 527-548). John Wiley.

Rodenhauser, P. (1994) Toward a Multidimensional Model for Psychotherapy Supervision Based on Developmental Stages. *Journal of Psychotherapy Practice and Research.* 3(1) 1-15

Rolvsjord R, Stige B. (2015) Concepts of context in music therapy. *Nordic Journal of Music Therapy.* 24(1):44-66. doi:10.1080/08098131.2013.861502.

Ronnestad, M.H., Orlinsky, D.E., Schroder, T.A., Skovholt, T.M., Willutzki, U (2019) The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice. *Counseling & Psychotherapy Research,* 19(3) 219-230.

Ronnestad, M.H. & Skovholt, T.M. (2012). *The Developing Practitioner: Growth and Stagnation of Therapists and Counselors.* Routledge.

Ronnestad, M.H. & Skovholt, T.M. (2003) The journey of the counselor and therapist: Research RESULTS and perspectives on professional development. *Journal of Career Development*: 30, 5-44.

Ronnestad, M.H.& Skovholt, T.M. (1993) Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development*, 71, 396-405.

Rushing, J., Gooding, L. Westgate, P. (2019) What guides internship supervision? A survey of music therapy internship supervisors. *Music Therapy Perspectives,* 37(1) 74-83

Sansbury, D. L. (1982), Developmental supervision from a skills perspective. *The Counseling Psychologist*, 10(1), 53-57.

Scheiby, B. (2001) Forming an identity as a music psychotherapist through analytical music therapy supervision. In M. Forinash (Ed.) *Music therapy supervision* (pp. 299-334). Barcelona.

Shulman-Fagan, T. (2001)The creative arts in group supervision. In M. Forinash (Ed), *Music therapy supervision* (pp.149-160) Barcelona.

Sevcik EE, Jones JD, Myers CE.(2017) A Descriptive Analysis of the Educational Perceptions, Professional Identity, and Professional Practices of Dual-Trained Music Therapists as Counselors. *Journal of Music Therapy.* 54(3):300-335.

Silverman, M. (2007) Evaluating current trends in psychiatric music therapy: A descriptive analysis. *Journal of Music Therapy*, 44, 388–414.

Silverman, M & Hairston, M., (2005) A descriptive study of private practice in music therapy. *Journal of Music Therapy*, 42, 262–271.

Silverman, M. (2014) A Descriptive Analysis of Supervision in Psychiatric Music Therapy. *Music Therapy Perspectives*, 32:2 194-200

Skovholt, T.M. & Ronnestad, M.H. (2003), M.H. Struggles of the Novice Counselor and Therapist. *Journal of Career Development.* 30(1) 45-56

Smith, J., Larkin, M., Flowers, P. (2009) *Interpretative Phenomenological Analysis: Theory, Methods and Research.* Sage.

Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology,* Vol. 2. *Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 73–82). American Psychological Association.

Stige, B. (2001) The fostering of not-knowing barefoot supervisors. In M. Forinash (Ed.) *Music therapy supervision* (pp. 161-180). Barcelona.

Stoltenberg,C.D. & McNeill, B.W. (2016).*Supervision essentials for the Integrative Developmental Model.* American Psychological Association.

Stoltenberg, C.D. & McNeill, B.W. (2010) *IDM supervision: An integrative developmental model for supervising counselors and therapists* (third edition). Routledge.

Stoltenberg, C.D. & McNeill, B.W. (1997). Clinical supervision from a developmental perspective: Research and Practice. In C. E. Watkins Jr. (Ed). *Handbook of psychotherapy supervision* (pp. 184-202) Wiley.

Stoltenberg, C. (1981) Approaching supervision from a developmental perspective. *Journal of Counseling Psychology, 2*8(1), 59-65

Summer, L. (2001) Group supervision in first-time music therapy practicum. In M. Forinash (Ed.) *Music therapy supervision* (pp. 69-86). Barcelona.

Sutton, J. & DeBacker, J. (2014) Supervision in music therapy: The jumping off point. In J. DeBacker & J. Sutton (Eds.) *The music in music therapy: psychodynamic music therapy in Europe: Clinical, theoretical and research approaches* (pp. 300-319). Jessica Kingsley.

Swamy, S. & Kim, S. (2019) Culturally responsive academic supervision in music therapy. In M. Forinash (Ed.) *Music therapy supervision* (pp. 217-238). Barcelona.

Ten Eyck, S.G. (1985) The effect of simulation and observation training on the music teaching behaviors of undergraduate music therapy/music education majors in a field teaching experience. *Journal of Music Therapy*, 22(4)168-182 https://doi.org/10.1093/jmt/22.4.168

Thomas, C.B. (2001) Student-centered internship supervision. In M. Forinash (Ed.) *Music therapy supervision* (pp. 135-148). Barcelona.

Tu, W. (2018) An Interpretative Phenomenological Analysis of Music Therapy Clinical Supervision Process. University of Kansas, Master's Thesis.

Turry, A. (2019). Supervision in the Nordoff-Robbins training program. In M. Forinash (Ed.) *Music therapy supervision* 2nd Edition (pp. 335-362) Barcelona.

Ventre. M. (2001) Supervision in the Bonny Method of guided imagery and music. In M. Forinash (Ed.) *Music therapy supervision* (pp. 335-350). Barcelona.

Viega, M.& Baker, F. (2019). Songwriting and clinical identity formation for music therapy students in academic supervision. In M. Forinash (Ed.) *Music therapy supervision 2nd Edition.* (pp. 277-295) Barcelona.

Wallius, R. (2015). Supervision during music therapy training: An interview with two Swedish supervisors. *Approaches: Music Therapy & Special Music Education, Special Issue* 7(1), 67-73.

Watkins, C.E. (2010) Psychoanalytic developmental psychology and the supervision of psychotherapy supervisor trainees. *Psychodynamic Practice* 16(4) 393–407

Watkins, C.E. Jr. (1995) Psychotherapy Supervisor and Supervisee: Developmental Models & Research Nine Years Later. *Clinical Psychology Review.* 15(7),647-680.

Watkins, C.E. Jr. (1993) Development of the psychotherapy supervisor: Concepts, assumptions, and hypotheses of the supervisor complexity model. *American Journal of Psychotherapy.* 47,58-74.

Watkins, C.E. Jr. (1990b) The separation-individuation process in psychotherapy supervision. *Psychotherapy*, 27, 202-209.

Weymann, E. (2010) Improvisation as "unthought known": Creative techniques in music therapy supervision. *Nordic Journal of Music Therapy.* (Abstracts: 10th EMTC Conference) 114-115

Wheeler, B.L.& Murphy,K., Eds. (2016) *Music therapy research (third edition).* Barcelona.

Whitehead-Pleaux, A. (2019) Culturally responsive music therapy. In M. Forinash, (Ed.) *Music therapy supervision* (pp. 45-58). Barcelona.

Winnicott, D. W. (1971). *Playing and reality.* Tavistock.

Worthington, E.L. Jr. (1987) Changes in supervision as counselors and supervisors gain experience: A review. *Professional Psychology: Research and Practice.* 18, 189-208.

Wright, L.M. (1992) A levels system approach to structuring and sequencing prepractica musical and clinical competencies in a university music therapy clinic, *Music Therapy Perspectives*, 10, 36-44

Yogev, S. (1982). An eclectic model of supervision: A developmental sequence for beginning psychotherapy students. *Professional Psychology*. 13, 236-24.

Zanders, M. (2020) The effects of music-based experiential supervision on perceived competency with music therapy practicum students. *Canadian Journal of Music Therapy,* (26)18-29

# APPENDICES

## Appendix A: Institutional Review Board Application

IRB #: IRB-FY16-17-314

Title: The Music Therapy Supervisor: Developmental Perspectives

Creation Date: 9-3-21

Status: Review Complete

Principal Investigator: Karen Goodman

Personnel

*required

Applicant Status

Please click one below. Student led studies must select Student as the Applicant Status.

✓ Faculty

Staff

Adjunct

Student

Applicant: Professor Emerita

Please provide the Principal Investigator and the Primary Contact of this study/activity.

Principal Investigator

- If you are the PI, your name should have already auto filled.
- If another faculty or staff will be PI, delete your name and find the PI's name below.

Primary Contact

- This can be the same individual as the listed PI.
- Select another individual as your primary contact if that individual will be managing the IRB submission process on your behalf.

Please note: If you cannot find a person in a people finder, please contact the IRB Office immediately.

*required

Principal Investigator

Provide the name of the Principal Investigator of this study/activity. (For Student Submissions, include your Faculty Sponsor's name here. and list yourself below as "Primary Contact".)

Name: Karen Goodman, Professor Emerita

Organization: Cali School of Music

Address: 1 Normal Ave., Montclair, NJ 07043-1624

Phone: 973-902-8042

Email: goodmank@montclair.edu

*required

Primary Contact

Provide the name of the Primary Contact of this study/activity.

Name: Karen Goodman

Organization: Cali School of Music

Address: 1 Normal Ave., Montclair, NJ 07043

Home address, 10 Locust Place, Livingston, NJ. 07039

Phone: 973-902-8042

Email: goodmank@mail.montclair.edu

Co-Principal Investigator(s)

Provide the name(s) of Co-Principal Investigator(s) of this study.

Key Research Team Member(s)

Provide the name(s) of other key Research Team Member(s) for this study. You will be able to include any non-MSU collaborators under the next question.

List and Roles of Research Team Members

Please list and describe the roles of each additional research team member. Please include all research team members (affiliated and non-affiliated with MSU). Human subjects training verification (i.e., CITI) will be required only for those non-affiliated with MSU. This documentation will be requested in the following question.

For example:

Susan Day - Student - Study Lead, all research areas

Bill Jones, External University collaborator - Recruiter and Data Collection

Eddie Smith - MSU Faculty- Consenting and Data Analysis

Note:

- Once you have completed your submission and included all required attachments, a Complete Submission option appears under Routing in the menu.
- After clicking Complete Submission in the study sidebar, you will be prompted to confirm or cancel. Confirming marks, the submission as completed and send it to the PI for certification.
- If everything is correct, the PI should then Certify the submission. (A submission must be certified to move forward to review.)

For more detail on completing a submission click here.

Activity

*required

What type of activity is this submission for?

✓ Research Study

*required

Is this a multi-institutional study?

Yes

✓       No *required

Has this study been previously approved by MSU or another IRB?

Yes, by MSU's IRB, August 3, 2016

Yes, by another IRB.

✓       No

**Secondary Data Analysis** of de-identified data sets (where no Research Team Members hold linking codes or access to identifiers.)

**Activities Without a Plan to Conduct Research** (Case Study, Phase1 Grant with no Human Subjects Research, or Quality Improvement project) requiring Human Subjects Research determination.

Assurances

*required

CITI Training (Human Subjects Protections)

Have all MSU personnel on this study completed human subjects training through CITI?

✔      Yes

No

*required

Child Abuse and Neglect Reporting Requirements [NJ Statute 9:6-8:10]

This NJ Statute requires any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Youth and Family Services by telephone or otherwise.

For specific information on reporting please visit

http://www.nj.gov/dcf/reporting/how/index.html.

Will the research team comply with this statute and any other relevant state statues on child abuse reporting?

✔      Yes

No

N/A

Adverse Events

*required

---

XII. Report of Injury, Adverse Events, and/or Unanticipated Problems

A. Injury or unanticipated problem involving risks to subjects or others Investigators must report to the IRB, within 3 days of its occurrence, any injury or unanticipated problem involving risks to subjects or others as a consequence of the research project. By definition, an adverse event is any injury, problem, or unfavorable occurrence experienced by human participants or others during conduct of research activities. Adverse events may or may not be caused by the research protocol. They are recognized as

occurring in the same span of time with the research. An adverse event may be anticipated and thus listed in the risks section of your protocol. If it is not included in the risk section of your protocol, it would be considered unanticipated. Unanticipated Problems should have the following characteristics:

1. Must be unexpected in terms of nature, severity, or frequency.

2. Must be related or possibly related to the participation in research

3. May suggest that the research places subjects or other persons at a greater risk of harm then previously recognized Investigators should use their best judgment regarding the nature and degree of a reportable injury or unanticipated problem. In general, whether anticipated or not, anything serious enough to warrant medical or psychiatric intervention is reportable, as are verbal or written complaints of subjects in which they proclaim that participation presents substantial discomfort, risk, and/or endangerment beyond that explained to them, or as otherwise stated in the consent form.

For more information, please read and review the complete adverse event reporting requirements or you may select the help button on the upper right-hand corner of this box for further review.

Please click below to verify that the PI and the entire research team member will comply with these requirements.

✓ I verify that the PI and the entire research team will comply with these requirements.

*required

Certificate of Confidentiality from NIH

Will the research team request a Certificate of Confidentiality from NIH?

Click here for more information on CoCs.

Yes

✓     No

APPENDICES

Study Dates

Please enter the anticipated study dates. These can be estimates and are not binding.

*required

Start Date

Please provide the date for when the study will begin.

09/05/2021

*required

End Date

Please provide the date for when the study will end.

03/01/2022

*required

Study Sites

Please check all sites where the study will take place.

> Please provide building name(s) and location(s) where the study will take place on campus.
>
> NA
>
> Off Campus Sites
>
> Online

✓ Study being conducting via ZOOM or another telecommunications application software product.

*required

What type of telecommunications software will be used?

ZOOM

Locations outside of the United States

Study Population

*required

Study Population

Please describe the characteristics of your participant population(s).

A maximum of nine clinical music therapy supervisors who have and are currently supervising music therapy interns and/or professionals. No prescribed demographics in terms of age, gender, country of origin.

*required

Vulnerable Populations

Please check the population(s) that will be recruited and targeted for this study. Check all that apply.

Under the age of 18 years

Students currently enrolled in classes offered by any research team members

Pregnant

(Only check off is this is your targeted population. Do not check if some participants may be pregnant.)

Human fetuses/newborns

Cognitively disabled or impaired

Diminished capacity to give informed consent

Veterans

APPENDICES

(Only check off is this is your targeted population. Do not check if some participants may be veterans.)

Elderly or aged Terminally ill

Undocumented persons

SONA - MSU's Student Participant Pool

Persons who are under the authority of the research team For example: employees, staff, patients, clients.

Persons who are institutionalized

For example, prisoners, persons in hospices, persons in hospitals, nursing homes, rehabilitation centers, homeless shelters, holding centers for immigrants.

✓ None of the above applies to this study

*required

Ages

Please check the age range of subjects that will be enrolled in this study. Check all that apply.

Birth to five years old

6 to 17 years old

✓ 18 years and older

*required

Participant Enrollment

*required

Projected total enrollment

Please enter the total number of subjects to be enrolled over the complete course of the study, at all study sites.  A maximum of nine.

*required

Will participants be screened to include or exclude based on?

Gender

Ethnicity/Race

✓ Not applicable

Study Design

*required

Study Aims and Rationale

Provide the background, specific aims, hypothesis and rationale of the study.

Background/Problem Formulation/Rationale

As the background information related to this proposed study has suggested, there are inconsistencies in the use of and standards for clinical music therapy supervision throughout the world. Providing different training models and/or perspectives for supervisors may encourage the growth of training and the subsequent use of supervision by clinicians. One model or series of perspectives that can be introduced is that of developmental stages for the supervisor both with respect to the supervisee and with respect to self. Watkins (1993, p.60) defines the words 'developmental stage' as a '" defined period in one's growth in which particular issues emerge for the individual to confront." (Watkins, 1993, p. 60). Although the concept of a developmental path for both supervisee and supervisor is supported by literature in the social sciences, it is less attended to in music therapy (Goodman, 2011), hence the need for further and specific inquiry.

Aims:

Based on two reviews of literature (i.e., one in music therapy; the other in counseling) pertaining to developmental models for both supervisee and

supervisor, an open-ended series of interview questions will be devised in order to answer the following overarching question: Do music therapy supervisors experience a developmental awareness and/or process during work with supervisees? If so- what is it? This information will be discussed in context of the two literature reviews as well as possible suggestions for training the prospective and current music therapy supervisor.

*required

Recruitment

Please provide a description of the processes that you will use to recruit participants.

Music therapy supervisors will be recruited based on professional contacts and related music therapy social media sites (i.e., Facebook, Linked-In). Participants will initially be contacted via zoom and/or email and provided with an overview of the study.

*required

Recruitment materials

Please check all that apply.

Flyers or posters

Letters

✓ Email

*required

Email attachment

Recruitment email, IRB.docx

Telephone

In-person plea

Internet or Social Media (Facebook, website ad, twitter, etc.)

SONA Posting

Other

*required

Overall Methods and Research Plan

Please describe your overall research plan. Specifically include the following:

Data

Collection

Methods

Timeline

For an example, please see the help text by clicking on the question mark to the right of this box.

Per recruitment guidelines previously detailed here, participants will be asked to participate in one 1.5-hour interviews by ZOOM. Each interviewee will be given the option to review the initial questions beforehand. If the prospective interviewee consents, an appointment will be made. Prior to the interview, the purpose of the study will be reiterated, and the interviewee will be asked to sign and return an informed consent form. Following the zoom interview, a copy of the zoom transcription will be shared with the interviewee in order to allow for deletion of any information not approved by the interviewee. When the data analysis is well underway, I will send the results to participants to enhance research credibility and to give interviewees input regarding the information they revealed during the interview. (1) Participants will be asked to sign informed consent forms; (2) Participants will be assured complete anonymity; (3) Participants will be explicitly told they can leave the study at any point and that this will be perfectly understood and respected.

Tools:

Development of the interview tool will be based upon outcome themes outlined in my previous literature reviews on developmental progressions of supervisees and/or supervisors in clinical supervision. Key thematic ideas

include the following: stages of development and related supervisor strategies for the supervisee; issues of interpersonal process when working with supervisees during implied or stated stages of development; related or independent stages of professional growth self-identified by the supervisor.

Data will be collected using one 1.5-hour semi-structured interviews (Smith, Flower & Larkin, 2009), an approach utilized by music therapists (i.e., Aronoff & Gilboa, 2014; Solli & Rolsvjord, 2015) which allows the interviewer to establish rapport with the interviewee, explore areas of interest that arise and expand on interests and concerns as they spontaneously arise in the interview. The interview will begin with the collection of initial demographics (i.e., gender, age, country of origin, theoretical bias, professional background in terms of training as a therapist and a supervisor, years receiving clinical supervision, years providing clinical supervision, types of clients typically served). In both interviews, I will then ask open-ended questions regarding the therapist's own possible awareness of developmental issues not only in their own supervision but also in past and current provision of clinical supervision. Interviews will be recorded through zoom for transcription.

Data Analysis

The verbatim interview scripts will be analyzed qualitatively, according to the Interpretative Phenomenological Analysis (IPA) framework (IPA; Smith & Osborn, 2003), where the researcher refers not only to the explicit description of participants' experience of the phenomena (the phenomenological part of the analysis) but also to possible implicit interpretations of what the participant is saying (the interpretative part of the analysis). In the first phase of the IPA, materials are read thoroughly, and the meanings bestowed to the phenomena are denoted. In addition, meanings of the phenomena that the researcher understands and interprets from the script are denoted. In the second phase, recurring themes are noted and subsequently organized hierarchically into categories.

Research credibility will be achieved through shared feedback from interviewees.

———————————————

*required

Benefits of this Study

Please check all that apply.

✓ Direct benefits to the participants

*required

Please describe the direct benefits to the participants.

Please see benefits to your field of study.

✓ Benefits to your field of study *required

Please describe the direct benefits to your field of study

This is an area of inquiry that has been investigated in the field of counseling but not in the field of music therapy. Resultant information will be published through Aalborg University, Aalborg, Denmark and will inform the profession, possibly leading to professional training options for the current or prospective clinical music therapy supervisor.

✓ Disseminate research RESULTS *required

Please describe your plan to disseminate the research RESULTS

Monograph, Aalborg University, Aalborg, Denmark, Music Therapy - School of Humanities. Other benefits

Research Data Security and Storage

All research data (including paper and electronic) must be treated with the utmost respect and confidentiality. This means that the information you obtain during the course of the study will not be divulged to others without permission or in ways that are not consistent with the agreement(s) between the research team and the participants.

All research data must be maintained for at least three years after the project is closed out or the results published, whichever occurs last. You may be required to keep the data for a longer time if mandated by the funding agency, publishers, or changes in MSU IRB policy.

Examples of research data are (but not limited to) notebooks, printouts, computer disks, photographs, scans, images, videotapes, audiotapes, flash memory, and electrophysiologic recordings.

Other documents that you are required to keep are IRB consent documents and documentation of assent.

Research data may only be altered or destroyed before this period with written permission from the MSU IRB

*required

Research Data

Describe how the research team will store the data to ensure and maintain privacy, security, and confidentiality during and after completion of the proposed project.

All names and email addresses will be kept in a separate Word document that will be saved on a password protected computer. These names and email addresses are kept separate for follow up contact. During the interview(s), participants will be recorded through ZOOM. The interview will be recorded and simultaneously transcribed through zoom so that the researcher uses the notes for writing up the RESULTS. All recordings and transcripts will be kept on a password-protected computer. To maintain the security of all information and project the confidentiality of each participant, all notes and audio recordings will also be kept in a locked cabinet at the researcher's home address. All contact will be maintained with the research through the MSU email provided, to maintain privacy and secure all information. Materials will be kept for three years after study completion, and then may be destroyed.

*required

Research Data Policy

Will the research team process the data in accordance with the policies of MSU?

More information on Data Security in Research

✓ Yes

*required

Retention of Study Data

According to MSU's IRB policies, what is the amount of time you must safely keep all research data, prior to destroying?

✓ Minimum of 3 years

You are correct! Unless given special permission by the IRB due to risks of a research study, you must keep all documents for a minimum of 3 years after study closure.

Maximum of 2 years

Not more than 5 years and not less than 2 years

Data and Identifiable Information

Will the research team collect information about the participants that could be linked to them?

✓ Yes

*required

Please select all that apply

Address

✓ Age
✓ Audio recording
Blog or social media entries CWID
Date of Birth
Driver's License Number
✓ Email Address
Ethnicity

✓ Gender

Income

✓ Job

Title

✓ Name

Picture

✓ Signed Consent and/or assent

Social Security Number

Standardized Test Scores

Telephone number

Text message content

✓ Video recording

Other

---

Will the research team use a linking code with the data?

Yes ✓ <u>No</u>

*required

Sharing Data

Will the research team share identifiers or linking codes with anyone outside the research team?

Yes ✓ No

*required

Pre-existing Data

Will the research team acquire pre-existing data for this study?

Yes ✓ No

*required

Future Use of Data

Does the PI or the research team want to use the data obtained in this study in future studies.

Yes

✓ No

*required

Family Education Rights and Privacy (FERPA)

Will the PI and/or the research team comply with the privacy measures of FERPA? FERPA applies to research involving a student's school record(s).

Yes ✓ Not Applicable

*required

Protection of Pupil Rights Amendment

Will the PI and/or the research team comply with the privacy measures of PPRA?

(The PPRA applies to the programs and activities of a State educational agency (SEA), local educational agency (LEA), or other recipient of funds under any program funded by the U.S. Department of Education.)

Yes✓ Not Applicable

*required

Health Information and Privacy Accountability Act (HIPAA)

Will the PI and/or the research team comply with the privacy measures of HIPAA?

HIPAA only applies to research involving active medical or health information. This does not include self-reported health information.

Yes✓ Not applicable

Study Procedures

*required

Screening Tools

Are you using any screening instruments to select your participants?

Yes ✓ No

*required

Informed Consent

Will you obtain informed consent?

✓ Yes

Check all that apply.

✓ Adults

Children

No

Adult Consent

*required

---

Check any and all that apply.

✓ Adult Consent Form

Link to the MSU IRB Adult Consent Form Templates Readability for consent documents must follow:

- General public - 6th to 8th grade reading ability
- College Students - 10th to 12 grade reading ability
- Professionals -12+ reading ability

*required

Adult Consent Form (s)

Please attach your adult consent form(s)

Online Consent

Requesting waiver or alteration of standard informed consent procedures
Consent form non-English speaking participants

Debriefing form (for use in deception studies only)

Cognitively impaired or differently abled population consent

*required

Participant Interaction

Please select all that apply.

Online surveys/questionnaires

In-person surveys/questionnaires

✓ Interviews

*required

Please describe number of interviews, length of time and interview location.

The box below will expand to hold a list of interviews, if necessary, for example:

- Student Interview - 20 -30 minutes - Smith Hall
- Adult Interview - 25 - 35 minutes - local Library or place as chosen by participant

APPENDICES

- Teacher Interview - 40 - 60 minutes - Smith School Cafeteria, after school hours

There will be a maximum of one 1.5-hour interview held via ZOOM.

*required

Please attach any interview scripts and interview questions.

IRB, Interview Script.docx

Field Notes

Focus Groups

✓ Photos, audio and or video recording

Please make sure to include specific permissions to record participants within your consent document(s).

*required

Please check all that apply.

Photography

✓ Video recording
✓ Audio recording
Other

Examples: blood draws, MRIs, EEGs, audiology testing, medical devices, genetic testing or physical manipulation.

*required

Will you offer compensation to your participants?

Compensation may include gifts, gift cards, raffles, money, or providing other similar incentives.

Yes ✓ No

*required

Will there be any financial cost to the participant enrolled in this study?

Costs might include travel to the study, parking, or other expenses that would not be incurred otherwise.

Yes ✓ No

Research Procedures

Does your research involve any of the following? Please check all that apply.

Induction of mental or emotional distress

Induction of physical stress

Materials/issues commonly regarded as socially unacceptable

Information regarding sexual attitudes, preferences, or practices Information regarding the use of alcohol, drugs, or other addictive products

Information pertaining to illegal conduct

Information in a student's educational record [this does not include self-reported grades or student status]

Information pertaining to a person's psychological health or well-being

Information recorded in a patient's medical record

Procedures that may be regarded as an invasion of privacy

Information that if released, could reasonably damage an individual's financial standing, employability, or reputation within the community

Administration of drugs

Other risks to participants

Funding

APPENDICES

*required

Is this study funded or are you seeking funding?

Yes ✓ No

Conflict of Interest (COI)

*required

Do you or any investigator(s) participating in this study have a financial interest related to this research project?

Yes ✓ No

Additional Study Notes

*required

Do you have any additional notes for the IRB Reviewer, that may be crucial to the review and were not covered in the application?

Yes ✓ No

COMPLETING YOUR SUBMISSION

- Once you have completed your submission and included all required attachments, a Complete Submission option appears under Routing in the menu. (Each section should show a green check mark.)
- After clicking Complete Submission in the study sidebar, you will be prompted to confirm or cancel. Confirming marks the submission as completed and sends it to the PI for certification.
- If everything is correct, the PI should then Certify the submission. (A submission must be certified to move forward to review.)

For more detail on completing a submission click here.

Attachments

Recruitment Material(s)

Attach any Recruitment Material(s)

Recruitment email, IRB.docx

Screening Tool(s)

Attach all copies of screening tool(s).

Adult Consent(s) Form

Attach the Informed Consent Form for Adults or if applicable Parent/Guardian form(s).

IRB, Goodman, K.D., consent form, _8-17.pdf

Assent Form(s)

Attach the Assent Form or Scripts for Children

Debriefing Form(s)

Attach any debriefing Forms

Survey, Questionnaire, or Interview (s)

Attach all copies of surveys, questionnaires, or interviews.

IRB, Interview Script.docx

Site Approval(s)

Attach any Site Approval(s)

Data Use Agreement(s)

Attach any Data Use Agreements

Translated Material(s)

Attach any translated recruitment, consent or instrument(s).

Grant Proposal

APPENDICES

Please attach the sponsor notification that states the intention to award the study.

Outside IRB of Record

Please make sure all of the documents below have been uploaded.

Study Protocol

Attach the protocol for this study that was reviewed by the outside IRB.

Outside IRB Approval

Attach the IRB Approval from the outside IRB.

## Appendix B: Music Therapy Inquiry Form, IPA Study

Dear ……,

I am conducting interviews with a limited number of seasoned clinical music therapy supervisors. The interview questions will relate to your experiences as a clinical music therapy supervisor and their relationship to possible developmental experiences of both supervisee and your own professional development.

This would involve no more than two hours of your time, over Zoom. Please let me know if you are interested and I can send you further information.

Your participation would be tremendously appreciated as you are, in my opinion, one of the few seasoned clinical supervisors in the profession.

All best wishes,

Karen Goodman

Professor Emerita, Music Therapy

Montclair State University

Montclair, New Jersey, USA

## Appendix C: Consent Form IPA Study

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

**<u>Study's Title:</u>**

The Music Therapy Supervisor: Developmental Perspectives

Why is this study being done?

There are inconsistencies in the use of and standards for clinical music therapy supervision throughout the world. Providing different perspectives for supervisors may encourage the growth of training and the subsequent use of supervision by clinicians. Since a supervisor may have experienced awareness of developmental changes in his/her own experience as a supervisee and then a supervisor, the focus of this research proposal is on the development of the supervisor.

I hope to answer the question: Do music therapy supervisors experience a developmental awareness and/or process during work with supervisees? If so- what is it?

What will happen while you are in the study?

Participants will be asked to participate in two one-hour interviews through Zoom. Each interviewee will be given the option to review the initial questions beforehand. If the prospective interviewee consents, an appointment will be made. Prior to the interview, the purpose of the study will be reiterated and the interviewee will be asked to sign and return an informed consent form.
In order to ensure proper ethical standards: (1) Participants will be asked to sign informed consent forms; (2) Participants will be assured complete anonymity; (3) Participants will be explicitly told they can leave the study at any point and that this will be perfectly understood and respected.

**<u>Tools</u>**
Interviews will be recorded on Zoom for transcription.

**Time:** This study will take two one-hour interviews maximum.

**Risks:** You may feel compromised in terms of divulging personal information however no personal information related to any of the questions is required. You will proceed at your own comfort level and, hopefully find the interviews insightful and instructive.

Data will be collected using the Internet; we anticipate that your participation in this survey presents no greater risk than everyday use of the Internet. Please note that email communication is neither private nor secure. Though we are taking precautions to protect your privacy, you should be aware that information sent through email could be read by a third party.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse, we are required by NJ state law to report that to the proper authorities immediately.

**Benefits:** You may benefit from this study because it could prove insightful not only in terms of your own professional practice but also the practice of other current or prospective supervisors.

**Who will know that you are in this study?** You will not be linked to any presentations. We will keep who you are confidential

 Do you have to be in the study?

You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

**Do you have any questions about this study?**  Phone or email Karen D. Goodman, Professor Emerita of Music, John J Cali School of Music, Montclair State University, One Normal Avenue, Montclair, New Jersey 07043. USA. Phone, 973-992-7591. goodmank@montclair.edu

**Do you have any questions about your rights as a research participant?** Phone or email the IRB Chair, Dr. Dana Levitt at reviewboard@mail.montclair.edu.

APPENDICES

Study Summary

I would like to get a summary of this study:

Please initial: _____ Yes _____ No

As part of this study, it is okay to audiotape or videotape the interview.

Please initial: _____ Yes _____ No

One copy of this consent form is for you to keep.

Statement of Consent

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.


Print your name here                          Sign your name here
        Date

Karen D. Goodman

Name of Principal Investigator              Signature