

## **Experiences and Concerns of Students During Music Therapy Practica**

**Barbara L. Wheeler, PhD, MT-BC**

**University of Louisville**

*This phenomenological research study investigated experiences and concerns that music therapy students have during their preclinical or practicum experiences. Interviews with students were intended to lead to an understanding of these experiences as the students perceived them. Eight students enrolled in undergraduate music therapy practica participated in open-ended interviews over the period of a year, with most students being interviewed 3 times. Six areas of interest emerged from the analysis: challenges encountered by students, means of dealing with challenges, involvement with clients, areas of learning, supervision issues, and structure of practicum. These areas and subcategories under them are presented along with transcriptions from the interviews to illustrate the points. Implications of the research for education and clinical training are discussed.*

---

There has been considerable research and writing on various aspects of music therapy clinical training, including both preclinical or practicum experiences and the music therapy internship. This literature, which has been summarized by McClain (2001), deals with the structure and content of the practica, ways of helping students achieve necessary competencies, evaluation of practicum experiences and skills, improving the effectiveness of supervision, and various other issues including practica, internships, and supervision. A recent book on music therapy supervision (Forinash, 2001) contains chapters on general supervision issues (Dileo, 2001;

---

This study was conducted when the author was on the faculty of Montclair State University.

The author wishes to thank the music therapy students who were interviewed for this study, and Kenneth Aigen, Kenneth Bruscia, Christine Korb, Pamela Schwartz, Madelaine Ventre, and attendees at the Fourth International Symposium for Qualitative Music Therapy Research for assistance with the research and article.

Estrella, 2001) and preprofessional supervision, including supervision of practicum students and interns (Farnan, 2001; Feiner, 2001; Hanser, 2001; Shulman-Fagen, 2001; Stige, 2001; Summer, 2001; Thomas, 2001).

There is no question that music therapy educators and supervisors, in general, are sensitive to the feelings and perceptions of their students and interns, and that they receive ongoing input as to the students' experiences. Hearing the student's or intern's perceptions is key to the music therapy supervision process. Many of the chapters in the Forinash (2001) book, as well as other materials on music therapy supervision (Stephens, 1984, 1987), stress the need for supervisees to communicate their concerns, including their feelings and perceptions, and suggest strategies to assist them in doing this. It is clear that the authors of these materials on supervision are sensitive to their students' concerns and work to help them to share these concerns.

Music therapy supervisors often receive feedback from students as to students' experiences in the practicum or internship. Indeed, one of the requirements for National Roster Internships through the American Music Therapy Association is an evaluation that the intern must complete, including evaluation of the provisions for supervision (AMTA, 2001). How much interns use this opportunity to evaluate and provide feedback on the supervision and supervisor, and, if they do, how much this reflects their experience of the internship is not clear, but it does provide an opportunity to hear from the student.

Some, or perhaps most, supervisors make special efforts to hear from the student. Feiner (2001) says:

Help your intern understand how much you value communication and need feedback, for understanding each other is a two-way street. An intern must feel comfortable bringing up whatever s/he feels is relevant to the internship and supervisory relationship. Communicate this with your words and actions. Structure a space for this type of communication from the beginning: checking in on feelings, being matter-of-fact in assuming that there will be feelings (i.e., about starting, about being in a new role, about clients that are elicited during observations and interactions, about supervision). Really listen. Read your intern's written journals or logs and give them back promptly with

feedback that values their perspective while expanding their knowledge. Make sure a section on personal reactions is included, conveying how important it is for you to know how they react to things and what is on their mind. Explore when this is resisted.

I always tell my intern that I will try to do my best, but at times I will get things wrong or unintentionally say something hurtful. I say that the student knows him or herself best, so s/he should tell me when this happens. I want them to know that I want feedback too. (pp. 109–110)

In spite of this sensitivity to the needs and feelings of practicum students and interns, the majority of the literature on practica and internships does not specifically address the concerns of students, nor is most of it based upon student input gained in a systematic fashion. Several studies do investigate students' concerns and experiences.

McClain (1993) sought out students' perceptions of the content, structure, and supervision of practicum training, and their self-perceptions of the process. She surveyed 138 music therapy majors from 12 colleges and universities and also interviewed 20 of those surveyed. She found that students desired

more on-site music therapy supervisors who can observe students and be observed by them; greater input into their practicum placements; more diversity of practicum settings; more orientation before beginning a new practicum; more of a gradual sequence from less difficult to more difficult clients, and from individuals or small groups to larger ones; an earlier start in practicum training; and opportunities to assist or co-lead before conducting sessions independently. (p. iv)

In terms of students' self-perceptions, she found that students felt most competent "first, as a person, second, as a musician, and third, as a therapist" (1993, p. iv), and that they were most concerned as therapists about their clinical skills, especially those that involved understanding and meeting clients' needs and establishing rapport with them.

Grant and McCarty (1990) studied emotional stages in the music therapy internship. They had 59 music therapy interns use a Likert scale to rate their feelings on 20 pairs of words describing feeling states. Both personal and professional feelings were included. This was done at the beginning and the end of the internship. Interns

also had the opportunity to write narrative statements about their feelings. These researchers found patterns of feelings which varied from month to month throughout the internship.

Madsen and Kaiser (1999) studied preinternship fears of music therapy majors. Students listed the three greatest fears that they had concerning their internships and these fears were then classified based on a taxonomy developed in an earlier study. They found "general preparation/being prepared" to be the primary fear, followed by issues relating to "failure/not cut out for therapy"; concerns about the "internship placement", and the "physical environment," including money, moving, housing, and so forth (p. 17).

Although music therapy supervisors receive verbal and written input from students in narrative form, this input has not been studied systematically. The present phenomenological research study was intended to investigate various concerns and experiences that music therapy students have during their preclinical or practicum experiences. By interviewing students about their experience of the music therapy practicum over the course of an academic year, I hoped to gain an understanding of these experiences as the students perceived them.

## Method

### *Stance of the Researcher*

The study was conducted based on the perception that students have thoughts and feelings about the practica that faculty never suspect, and that these thoughts and feelings influence both their experience of the practica and their work in them. The ontological view that guided the inquiry was that one can understand another's experience enough to be meaningful. This was connected to the epistemological stance that this understanding can be obtained through what people say about their experiences.

The impetus to investigate this area came when a student, as a topic for a hypothetical research study, said that he would like to focus on practicum students' experiences in dealing with criticism from their supervisor.<sup>1</sup> His use of "dealing with criticism" was very different from my perception of the supervisory experience, which

---

<sup>1</sup> The wording that I relay here is my memory of what the student said. While he remembers the conversation and the general focus, his memory of the exact wording is somewhat different from mine.

I would have phrased as "receiving feedback." This added to my previous impressions that students may perceive the practicum differently than do faculty, and I felt that I could learn from their perceptions. Therefore, I structured the interviews in order to hear as much as possible of the students' experiences and approached them as openly as possible.

### *Initial Questions*

Questions as I began the study included:

1. What issues do students find pertinent in their practica?
2. What makes students anxious?
3. What strategies do they use to ease their anxiety?
4. What makes them comfortable?
5. What is useful in the supervision process, both by on-site and university faculty supervisors?
6. What are the challenges in doing practica?
7. What is useful and not useful in the practicum class?
8. How can the experience best be structured?

I intended to gather as much information as possible about the students' practicum experiences from a range of students, then see if there were common experiences. If common experiences were found, I would examine whether they followed any patterns. My intent in this study was to: (a) enable the students to talk about their experiences in such a manner that they could convey their actual experiences; (b) determine the types of experiences that they have, and the categories and patterns into which they fall; and (c) look at the implications of these findings for the music therapy practicum.

## Procedures

### *Interviewees*

All students were enrolled in the undergraduate music therapy program of the university in which I taught. Four students in sophomore practica and four in the upper level practica were interviewed, three females and one male at each level. The students in the sophomore practicum were all traditional undergraduate students. One of the sophomore students changed his major at the end of the first semester, and another student was thus added for

only the second semester. One student in the upper level practicum was a traditional undergraduate student, two had transferred after having been out of school for a period of time, and one was an equivalency student who had returned to school after a career in another field.

### *Informed Consent*

Students volunteered to participate in the study after being informed verbally and in writing of the purpose and expectations of the study. They had an opportunity to ask questions or discuss the research and then signed consent forms.

### *Interview Procedures*

The interviews were open-ended and designed to elicit as much of the students' experiences and as many of their feelings as possible. The specific focus of the questions and thus the direction of the interviews changed somewhat over time, as did the nature of the students' experiences. Questions and the questioning style suggested by Spradley (1979) in *The Ethnographic Interview* were used as guidelines. All interviews were tape-recorded and transcribed.

Spradley's (1979) perspective guided me in thinking of the interviews in an ethnographic manner: I was attempting to understand the culture of the practicum student and it is a culture that is not mine. I assumed that my status as a faculty member affected what was revealed to me and the content of the interviews (although I had made it clear that these interviews would not affect their grades and would be kept confidential from anyone involved with their practica), so I made provisions to minimize this influence as much as possible.

The first interview took place midway through the first semester of the practicum. This interview had some guiding questions, although the direction that the interview took was determined largely by the student's responses. In this interview, as in all of the interviews, the purpose of the study was first explained to the interviewee, generally in the words, "I am trying to get as good an understanding as possible of your experience of the music therapy practicum, including the clinical experience itself, the supervision by both the on-site supervisor and the faculty supervisor, and the practicum class. As you know, I will be tape-recording our interview and will transcribe the tape for analysis. Everything that you say will

be confidential and nothing that you say will influence your grade.” Students were then asked to talk about their practicum experience, starting with whatever came to their mind. At some point in the interview, they were asked to think of a situation with a client which they felt was important and to describe it, and their description of and reactions to the experience were discussed. They were asked at another point if they felt that they were the same person in practicum that they were in the rest of their lives. If they did not bring it up on their own, they were asked at some point to talk about the on-site supervision and the supervision by the university supervisor, and about how they found the class that accompanied the practicum experience. As stated earlier, any of these or other responses could be expanded upon by the student. Thus, each interview was quite different.

In the second interview, near the end of the first semester, the purpose and confidentiality were again reviewed. Students were then asked to talk about their current experience of the practicum and questioned about various aspects if they did not speak of them spontaneously. At some point, they were asked if they remembered what they had shared in the first interview, particularly any issues that were of concern to them, and to speak of their current experience in those areas. (As interviewer, I had reviewed the transcripts so could remind them of the earlier issues.)

Students were only interviewed once during the second semester, near the end of the semester. They were contacted early in the semester and told that this was the plan and that if they felt that it would be helpful to meet earlier in the semester, that would be arranged. No student requested this. In this interview, students were asked to talk about their experience of the practicum in that semester and to compare this experience with what had occurred in the first semester. I was aware of and influenced by the content of the interviews when I did the next interviews, but for logistical reasons transcriptions of the interviews were not completed until all of the interviews had been finished.

The student who changed his major at the end of the first semester had only two interviews. The student who was added in the second semester had two interviews during that semester. Both were in the sophomore practica.

After the interviews were transcribed, I divided them into segments that conveyed a single idea or concerned a particular topic. I then formulated summary statements of the segments. These

were brief statements summarizing the thought or feeling described in the segment. The transcription and summary statements were sent to the students for their input to insure that they accurately reflected their experiences, and so that their feedback could be included in the final data analysis. At the time that they were asked for this feedback, they were asked to share any reflections that they had at that time, during the academic year which followed the interviews. They were also asked to share any thoughts that they had as to how the interviewer being a faculty member, including at times their supervisor and/or practicum class teacher, had influenced their responses.

### *Structure of Practica*

The early practica were normally taken in a student's sophomore year and were done in conjunction with beginning music therapy courses, the first of which was Therapy and Observation Skills for Music Therapy and the second, Methods and Materials in Music Therapy. The upper level practica were taken when students were juniors or seniors, in conjunction with the courses Music Therapy with Children and Psychology of Music.

The practicum was structured so that students did weekly clinical work with a group of clients. All students worked under the supervision of an on-site music therapist. The sophomore students worked with elderly people while the upper level students worked with children. Some worked with the same group for both semesters.

Most of the fall semester of the sophomore practicum was spent observing and assisting the music therapist, with the suggestion that they could begin conducting a portion of the session when they and their supervisor felt that they were ready. In the second semester of the sophomore practicum and both semesters of the upper level practicum, students were responsible for conducting the group, although occasionally they did a portion of this with the music therapist as co-therapist.

Students who were conducting groups were observed twice in the semester by a supervisor from the university. This was either a full-time faculty member (including me, the researcher) or a part-time faculty member. In some settings, the on-site supervisor was also the faculty supervisor. In these settings, the student would have formal observations with the supervisor in the role of faculty observer in addition to the regular weekly supervision. Faculty observations were graded.



Students in both practica met 1 hour a week in a class, with a separate class for each level of practicum. One full-time faculty member taught the sophomore practicum while another taught the upper level practicum. This time was spent discussing the clinical work and various aspects of conducting music therapy sessions, sharing resources, and role playing.

### *Roles of Researcher*

I had several roles with these students in addition to being the researcher, and possible influences on the research of these roles must be considered. As researcher, I interviewed the students, then analyzed the responses and shared the results of the research. I was also a faculty member in the program in which all of the students were enrolled and, in that position, had various contacts with them throughout their education. I taught the practicum course in which some of the students were enrolled as well as the course that they took concurrently with the practicum. I was also the faculty observer for some of the students.

Because of these multiple roles, I took extra precautions in the research. First, I was careful to avoid using my position to influence the students' willingness to participate in the research. I distributed a written description of the research and told them that I would welcome their participation, but, in general, did not seek out students for the research but rather let them volunteer. I made it clear in the initial invitation that participation would not influence grades, recommendations, or anything else.

Second, throughout the research I stressed that, while I appreciated the students' assistance, their participation in the research was separate from any grades, recommendations, or other aspects of their education. I also made it clear throughout that the information that I received as a result of the interviews was confidential and would not be conveyed to anyone else, would not be brought into class by me, and would be presented in the final report in a way that would protect confidentiality.

Finally, in follow-up communication with the students after the interviews had been completed, when I was working at a different university, I wrote:

I am trying to do whatever possible so that the research will reflect your truthful feelings and thoughts. Since I had several roles in addition to interviewer, including teacher, supervisor, ad-

visor, etc., it is possible that you did not feel free to be completely honest. Perhaps with the time that has elapsed . . . you may have some thoughts or insights that you would share differently. Please, for *each* interview, would you take a minute to write a brief addition that reflects any updated perspective that you have, particularly where you feel that you could share something that you did not share at the time or in some other way make the interview more creditable. If you have no further thoughts, just make a note of that.

While I know that I am not always totally aware of everything that students (or anyone else) are thinking, I am under the impression that my efforts to get honest and accurate information were successful. This is based on several things: (a) Students seemed to be frank and honest in the interviews, (b) All indications were that they understood the boundaries and limits of this as well as other facets of our relationship, (c) We seemed to have good and open relationships, and (d) Only one student's feedback to the follow-up letter that was sent related to the multiple roles to which I referred, giving me the impression that the students had not considered my various roles to be an issue.

### *Data Analysis*

The data analysis involved the following steps:

1. Interviews were transcribed.
2. Summary statements of segments of the interviews were made.
3. Transcriptions and summary statements were sent to the students for their input; at the same time, students were asked to share any reflections that they had at that time, during the academic year following the interviews, and were also asked to share any thoughts that they had as to how the interviewer being a faculty member, including at times their supervisor and/or practicum class teacher, influenced their responses.
4. Changes in summary statements were made based on students' feedback.
5. Summary statements were divided into categories and subcategories.
6. After reviewing the data analysis and its usefulness, subcategories were placed under the initial questions that had guided the research.

7. Comments were regrouped under areas of interest and explanatory statements from the transcripts added.

A principle that guided the data analysis was that the presentation of the results in qualitative research is part of the data analysis (Aigen, 1995). Therefore, until the presentation of the results was clear, the search for ways to make it clear and thus the continuation of the data analysis continued.

### Results

Students' suggestions for changes in the summary statements were minor and generally included adding information. The revised summary statements, alongside the initial transcriptions, were used when formulating categories.

Only one student indicated, in response to my follow-up letter, that she felt that she had stated anything differently because of my multiple roles. She felt that this had led her to understate a problem during the interview.

Categories that emerged from the initial analysis included: supervision, practicum class, reactions to clients, personal awareness and observations, anxiety and concerns about sessions, easing of anxiety and concerns, structure of practicum or setting, and musical skills. Each category contained numerous subcategories.

After the categories and subcategories had been formed, it became clear that they did not completely convey the students' experiences of the music therapy practica, primarily because the categories were based largely on the questions that had guided the interviews rather than around types of experiences that emerged from what the students had said. While the reasons for this were clear, it decreased the usefulness of the categories in understanding the students' experiences. In working to find a way to convey the experiences that the students had during their clinical work, the idea of organizing them under areas of interest emerged. These areas of interest seem to serve a more useful means of categorizing the experiences and presenting them in written form.

The areas of interest are presented below as they evolved and in a form that seems to adequately convey the students' experiences. They are organized under six main areas: challenges encountered by students, means of dealing with challenges, involvement with clients, areas of learning, supervision issues, and structure of practicum. Comments are taken from the transcripts of the ses-

sions and are the words that the students used, with some exceptions: My questions or comments, intended to help the students look more deeply into their experiences or share more about them, have been eliminated or incorporated into the students' words. Supervisors' names have been changed to "supervisor" and clients' names have been eliminated. Other minor modifications of their actual words have been made but in no case do I think that their meaning or style of speaking was altered. Students are not called by their real names but gender-appropriate names are used.

### *Challenges Encountered by Students*

*Fear of new experiences.* Fears of a new practicum placement were described by students in the early, or beginning, practicum. This is conveyed vividly by Rebecca as she describes her initial visit to her clinical facility:

Before I went, I wasn't nervous, I was excited. Until I got to the door, and then I realized, I don't know where I'm going, I don't know what I'm doing, I don't know who these people are, I don't know anything. I knocked on the door and, you know, hi, I'm here for music therapy. I didn't even know who I was talking to. So not knowing makes it easy to come up with, oh no, what if I go to the wrong place or what if I ask the wrong person? It makes you think of wild things that probably wouldn't even happen.

This part of the experience changed as students became familiar with the setting and the work. But Melanie, another student in the early practicum, had a similar concern in an interview early in her second semester of clinical work:

I'm afraid I'm going to be just as nervous next semester when it's a whole new population and a whole new setting. I'd like to think that I'll be, OK, I've done this before and I've been the new girl before and I did fine and I was successful at the last place. Hopefully I can just do that again, but it's going to be scary all over again, at least for the first few weeks, especially with a new therapist.

*Session planning.* Students had many concerns about planning sessions. The primary one was what to do in the sessions—what activities to use. Patricia, a student in the upper level practicum (but only beginning her clinical experience with children/adolescents), said:

My biggest anxiety at this point is that I don't know enough activities to do, and I don't know any resources where I can find activities for adolescents. We seem to have a lot of things for young children, but I don't see anything for adolescents.

This theme, the difficulty of planning what to do, occurred repeatedly with several students. With other students, it came up in a different form. For Melanie, in the early practicum, it was a concern over what to do when things did not go as planned. In an interview early in the second semester of this work, she said:

The unpredictability is definitely the biggest challenge. And trying to always have a back-up plan, and being flexible to what they want to do. I've been working with this group for a few weeks now, and it never goes as I've planned.

*Needs of clients.* Several students in the upper level practicum were concerned about working with children because they did not have experience with children, particularly children with multiple disabilities. These fears were shared by Megan:

I don't know anything about children. I mean, I was a child but I don't remember anything about it, at the level that these children are at. I don't remember how it was to be 2 or 3 years old. I'm trying to become familiar with the different levels, getting more comfortable in working with them.

Another concern was how to deal with clients who functioned at different levels. Kyle, a student in the upper level practicum, said, "I'm having a hard time with how to get four or five kids who are all at different cognitive levels to respond to me."

*Music skills.* Feeling the need for better music skills was an issue for two of the students, both voice majors who had begun their training with minimal music skills outside of singing. One of these students, Megan, said:

I think that when we come into this field we are not as prepared as we should be—not everyone, but myself. Musically, I don't have the background that some of the other students have and I think that's the hardest part in the practicum, getting the music

to sound the way I want it to so that I can work with the children and have the music sound the way that I want it to sound.

*Concerns about grades.* Several students expressed concerns over the grading aspects of the practicum. One concern was about the struggles of deciding whether to work on the practicum, for which she received only one credit, or another class for which she received more credit. Megan said:

It's a lot of work with the other classes and this class. And also that it's one credit. I have these three credit classes which will mean a lot more if I get an "A." I want to do well but do I get an "A" in my practicum or do I get an "A" in my other classes? It's stressful. If there were no grades it would be wonderful, you'd just do what you want.

### *Means of Dealing with Challenges*

*Self-devised strategies to ease discomfort.* One student in the early practicum, Rebecca, was creative about finding strategies to help ease her discomfort. Looking ahead to the second semester, she said:

Next semester, I plan on trying to go to the facility ahead of time and just get a feel for the place and maybe, if possible, get introduced to a couple of people, go observe an extra session just for my own comfort.

Relating her experience of the second semester, at a new facility, she said, "When I started, I asked my supervisor for a few songs that they were familiar with, so I could start out with something that they knew instead of jumping in and changing everything."

*Involvement.* The level of involvement was an issue for students in the early practicum, since their first semester was set up to be primarily observing and assisting. While they were encouraged to conduct a portion of the session at some point in the semester, the point at which that would occur and the amount of the session for which they would be responsible was left open, with the decision to be made by them and their supervisor, with feedback from the instructor or class if they sought it out. Rebecca describes her initial contacts with group members:

And then the patients started coming in and all the interns and the therapist were busy. Basically, the patient got wheeled in and was sitting there. I was already sitting there, and we were kind of just staring at each other. If you're in a room with anybody and you're just staring at them, you feel very uncomfortable. So I said, "hello," explained that I was a music therapy student, and then the client explained that he really enjoyed it and that he thought it was great that that's what I wanted to do. So before I knew it, the time had passed quickly and it didn't feel so uncomfortable.

Lara spoke of how being included as part of the group, rather than observing from the outside, eased her discomfort.

[In the third week the therapist that we worked with] said our names at the beginning of the session, "This is xxx and this is xxx," and everyone was saying their names and it felt better. We were included in the group. The other thing with the third week is that we didn't start off the session as an outsider, outside the circle. We started off immediately in the circle, and that made a lot of difference.

*Knowledge of clients.* Students all felt more comfortable as they spent time in the practicum and with the population. Lara, a student in the early practicum, said at the end of the second semester:

I think it's easier this semester, in the sense that it's a lot easier to deal with the people, it's a lot easier for me being around older people. It's not my favorite thing to do but I'm adjusted to it more, I know what to expect.

At the end of the second semester, Patricia said:

The second semester was certainly better than the first because I felt more comfortable. I worked with the same children so I knew them and I knew what to expect and I had some ideas of what I could do with them.

*Musical progress.* All of the students in the upper level practicum spoke of their musical progress. While it had not been planned, all four of the upper level students who took part in this study had voice as their primary instrument and did not play piano or guitar until learning them as part of their music therapy training. Jenny spoke of her improved musical skills when she was first interviewed in the second month of her practicum:

Well since it is my last year, I'm a senior and I'm finishing, this year I feel a lot more in control; I feel a lot more prepared musically, and I think that's impacting how I work or how I feel about doing the practicum.

Megan said at the end of the first year:

I feel more comfortable with my music because I can see that I can do things, like improvise, which I never tried before. I can do that in the session and it's really helpful. My supervisor has asked me to write a couple of songs in the sessions, on the classroom themes, and that's challenged me to do something different.

Kyle found himself able to try new things and be more comfortable using the piano, and expressed this at the end of the second semester:

I tried a lot more things out the last couple of sessions. I've been doing stuff with the piano, and tomorrow my supervisor's going to let me do it by myself but she's going to work really closely with me next to the piano, to help me pick up on cues. I think that one of my biggest problems when I go from using my voice to using another instrument—at least I found this with the piano—is that I'm not quite sure if I'm using the piano in a way that's picking up on what the kids are doing. I felt more comfortable doing it with my voice. A lot of it has to do with I'm not so familiar with the piano, although I am getting more confident in my piano playing. I think the proximity to the kids is different, too, when I go to the piano.

*Applications of experiential learning.* One student, Rebecca, was at a placement in which interns and practicum students were part of an experiential music therapy group. This was a special experience to have, and must have been personally challenging in her very first practicum. She appeared to benefit from the experience, and spoke of applying the knowledge:

In the student group, I'm learning a lot about myself and I'm learning a lot about music therapy at the same time. I like going to it, even though I'm a little apprehensive because I don't know what we're going to do. It's OK. I like the fact that I'm pushed to jump in and try things and learn things. I think it's a good experience.



The student group, which was just myself and the other interns, got me to realize that different people have different perspectives, and then once I got into the patient group, I was able to apply it, see how they dealt with it. . . . That brings up a lot of questions. Was this spur of the moment or was this planned, what the music therapist decides to do? When a client yells something out do you go with it, or do you ignore it? It was pretty interesting since they each have their own interpretation.

### *Involvement with Clients*

*Meeting clients' needs.* Throughout the practica, meeting the needs of the clients was a primary concern of the students. Rebecca, from the early practica, spoke of the changes from the first semester of practicum, when she was primarily observing, to the second semester, when she was actually responsible for the clients.

Well in the session this semester there's a lot more going on. Now it's beyond, I have to learn this song, it's that I have to remember to speak in so and so's left ear, and I have to remember that I need to directly face someone else because they're also hard of hearing and they won't see that I'm addressing them. This semester, I know what to work for, and I'm trying to work on how I can help that. Last semester I was very worried about what to look for, and now I think I've got a pretty good handle on that so it's, well, what can I do? I see one patient slumping over. What should I do? Should I get up? Should I grab him? Should I speak louder? Now it's basically things that I need to work on.

*Changes in clients.* One of the most consistent and gratifying parts of the students' experiences was when they saw positive changes in the clients and could attribute part of those changes to their work with them. Joshua, a student in the early practicum, spoke several times in his second interview, near the end of the first semester, of how he felt when he saw changes in the elderly clients whom he had observed and assisted:

I had a good idea of what we were working toward, and I knew it would take some time, but I wasn't noticing any improvement in the patients. And being new to the major, not having much experience with music therapy sessions as a whole, I've never seen

it over a period of time. I started thinking, I'm not seeing any change in anybody and it let me down.

I started seeing improvements in the clients that I had not seen earlier towards the end of our sessions. All of a sudden everybody's behavior started changing towards the goals that we were working on. I was like, yeah, we did do something, all right!

Kyle, in the upper level practicum, shared his sense of progress over the year:

It's different this semester than last semester because I'm getting more from the kids so there's more for me to watch out for. Or maybe I'm aware of it more this semester than I was last semester. But I'm starting to see little nuances, smaller increments than I was either looking for or seeing last semester. I look back at the kids from the very beginning when I started and where they are right now, and there's a sense of pride that maybe I helped get them to where they are, even just a little bit, so that's exciting to see.

*Positive responses and interactions.* The positive responses from and interactions with clients were very gratifying for students at both levels. Melanie, working with elderly people in the second semester of the early practicum, said:

One patient gave me a hug and a kiss before we left. Normally she touches me a lot, but she stood up and put her arms around me and gave me a kiss on the cheek. That's just the sweetest thing ever, that she's happy right now, and I contributed to that in some form.

Jenny, near the end of her work in the upper level practicum, said:

There's one student in my group who is ambulatory and there's another student who is not, and the student who is not is also nonverbal. We were doing movement, a dancing kind of thing one day, and the student who is ambulatory and verbal was trying to get the other involved. She came over to her and took her hand and was dancing with her, and she picked up this towel and wiped the drool off of her face and kept dancing with her. It really moved me.

*Concerns about clients.* Students had concerns about their clients, ranging from the clients' lives or conditions to their ability to reach

them to other aspects of their treatment. Melanie, in the early practicum, shared her sadness about a client's loneliness and isolation:

She has the most depressing life history that I've come across. The woman has had two husbands and six children and they've all died. She was an only child, her parents are dead, and she's the highest functioning one of the eight that we originally had. And the only reason she's there is that she just had nowhere else to go. And she's so depressed all the time, and it's so sad. And it's discouraging because, even if you can get her to participate, which she does, and even when she appears to be happy for the 30 minutes that she's in there, as soon as you stop singing or the music stops, she's back into her little cocoon. And it's sad because you just wish that someone could pay attention to her all the time.

Joshua, early in the first practicum, had many concerns about the clients and described his own reactions vividly:

Sometimes with the dementia you just can't get feedback, and sometimes you get feedback but it's really nothing that makes any sense whatsoever. One person in practicum dozes off and when he wakes up he's talking about something. He knows what he's talking about, and I know what it's related to because I know his history based on the charts. But from where we are at that point in time it has no bearing. You kind of sit there and say, OK, and kind of just bring him back into the group. . . . I feel really emotionally upset. I feel that right now there is not much I can do because I haven't had the training. Physiologically, my stomach churns a little bit. I get a little upset, my mind starts jumping around a lot trying to think of ways that I could help him. My heart goes out to him. I wish I knew what was going on in his head. Sometimes I think it's because I haven't had the training, or sometimes I think that's just how it is.

Megan, in the upper level practicum, shared concerns about whether she was doing what the children needed: "I think that's my biggest problem when I'm working with the children, am I really reaching them? Am I really getting them to do what they need to do so they reach their IEP goals?"

Students had some concerns about the treatment of clients by others involved in the treatment. Rebecca said:

There's a lack of compassion from the other staff members. There's more sympathy and empathy and participation going on between the members of the group than there is from the staff to the patients. I think that is a really significant problem. They don't get the patients up out of bed when they know they have somewhere to be. They sit there and they wait in line forever, they don't get dressed right away in the morning. The one client was up, he was ready, he had his haircut, he was shaven and I was so surprised and then it ends up being his birthday. It shouldn't have to take being somebody's birthday to do your job.

### *Areas of Learning*

*Personal issues.* Students shared a variety of personal revelations that came about as part of their clinical work. Lara spoke of an experience early in the practicum that forced her to think of mortality in a way that had not previously occurred to her:

They were taking somebody out in a body bag and we were like, Oh my God I hope everyone's in our session today. At the beginning of the weeks I was like, yeah, these people are pretty old, they could probably die but I wasn't thinking that Maggie, the woman that sits next to me that gets really agitated that loves to sing that was smiling at me last week, might be dead this week. That didn't occur to me.

Lara also spoke of how she managed to get through new experiences:

I always try to be assertive and I usually do always go through new experiences, but in the back of my mind I'm so scared if I fail. I don't show it, but it's always in the back of my mind. I put up a really good front. I go in like I know what I'm doing and I haven't a clue.

Jenny, early in the upper level practicum, shared insights and a tool that she had developed from feedback in an earlier practicum:

Their progress does weigh on what I do and the way I do things. I'm trying, because in the adult psych practicum, I learned to separate myself and not be, I must save everybody. I must make everybody better and it all lies on me—it's all my responsibility. I learned that I did that and that it's really not acceptable or

healthy and it doesn't help anybody. So if something doesn't go in a session, I'm OK with that. But I would want to see some sort of progress or one of my objectives get met every time I'm there, just to feel like something is going right.

I write in a journal and say, "I felt really upset about this today, I wonder what it was, do I feel a need to control the situation? Maybe I should just let that go." And it helps me to move through it. It really helps you to lay out what it is internally—what's going on with you that made you react that way.

*Miscellaneous personal observations.* Lara reflected on how it felt to actually be doing music therapy:

I'm surprised that I'm only 19 and I'm doing stuff outside of the school in my major because a lot of my friend's majors—they're not doing that. They don't end up doing stuff with education until their junior or senior year or something, but I'm already doing it. Also when I see the therapist doing it, I think, in a few years I'm going to be doing that. I'm happy about it, I get a good feeling about it.

Jenny spoke of how she felt when she was with the children:

I wasn't sure how I personally was going to act. Was I going to act strange? Was I going to fear them or something I didn't understand, like the way they were positioned or some way that they looked that made me uncomfortable just because I didn't understand it? And I got there and, when I first walked in, I saw all these weird carts and stands. But then, after I watched and interacted with the children in my group, maybe they gave me that sense of comfort, they themselves as people gave me what I needed to feel OK about it.

Kyle had had trouble getting himself to work on his own with the children, rather than assist the supervising music therapist, in his second semester of practicum, and reflected on this:

When I came back after the break, the kids had progressed from the last time that I had seen them, I guess it must have been 5 or 6 weeks. I wasn't confident in what was going on, and after the first session I began to get nervous again. I guess I didn't think that I was progressing with the kids, and it was like me reevaluating again where they were. I guess most of it was probably having

that break and then coming back and seeing some of the things that I didn't see, I was a little uncomfortable about how to approach it again. So it took a little more time in getting back into doing it by myself again.

### *Supervision Issues*

*On-site supervision.* Students were supervised regularly by an on-site music therapist. They were quite clear about what they liked and did not like as far as supervision. In the first interview, while she was observing, Rebecca spoke of what was useful:

The last time I was there, she explained a little bit more because I had said that I had a lot of questions, and she gave me some specific things to look for like how many times a patient participated; if he only participated when he made the suggestion; the contributions of the patients and the therapists musically; the interns' contribution musically. Just different ways of looking at the things. Without those kind of guidelines I was just looking all over the place and didn't really have a focus of what to look at.

She's great. She always gives us extra articles and things to supplement questions or discussions that we've had which has been very helpful. For example, we had a discussion about countertransference, then she gave us an article. When things like that happen, she'll make a comment—she sort of reinforces what we discuss. That's been very helpful also, because there's a big difference between reading something and having somebody explain it to you, then actually seeing it. You have a little light bulb go on—oh, that's what we were talking about!

Melanie, in the second semester of the early practicum, when she had begun conducting her own sessions, said:

I really like the therapist that I work with. I guess the best part is, she offers so much feedback and she's very helpful. I was so nervous when I first started leading the sessions, I was so afraid I wasn't prepared enough because she's been through so many years of schooling and so many years of actually being a professional therapist, and how am I supposed to achieve what she does, but she makes you feel really comfortable and, once you actually get in there, I wasn't as nervous and felt more comfort-

able. If she likes something, she'll tell me, that's a great idea, I'm going to use that, that was a very good idea. I like that, because then I know that she's not really feeling superior to me.

At the end of the year, Megan, from the upper level practicum, reflected on her supervisor:

She was really great with supervising because she gave me a different perspective and a different way to try some of my activities whereas if my activity worked good this way, she'd say, why don't you try it next time that way and see if you can push them a little bit more, which was really helpful because sometimes I got stuck in my ways with the activities. She was really supportive.

*Faculty supervision.* In addition to the on-site supervisor, beginning with the time that they conducted their own sessions, students were observed twice a semester by a supervisor from the university. At the end of the year (and of the first semester in which the students in the early practicum had conducted their own sessions), Lara said:

I think that it was significant getting observed and knowing I had to change what I'm doing. I can't just do what my supervisor is doing or what the other student does, 'cause it's not working with what I want to do, or it's not working with the clients.

And her reflection on a suggestion that had been made by the faculty supervisor was: "And then, the first time to actually do 'Beat the Drum Once,' I realized that it worked. It was like, wow that really worked!"

At the end of the first semester, Patricia said, "Concerning observations by the school, I think the observations are important and helpful. I would find them more helpful if the observer would make suggestions on activities based on the observation."

Megan had thoughts on how often the faculty supervisor should observe: "I think it's important for you to have the person see you work more than once or twice, because they get to see you develop and see what you really are doing."

Kyle found observations by the faculty supervisor to be pivotal in his work. The first observation, midway through his first semester, helped to bring together what he had perceived as a different way of working by his on-site supervisor from what he was being taught at the university. He said:

I think most of it came after the first observation, having the validation from the supervision and again from talking with both supervisors together. And clarifying more of what exactly I was supposed to be looking for. I think that at the beginning, I wasn't quite sure what my expectations were in the session and because it was so unclear to me, it didn't get cleared up until after I did that session. Maybe the [university supervisor's] wording was a little clearer, but it was very similar. But the fact that this was my professor and this was the first time not only watching me and giving me suggestions for the future but grading me, and it was the person I was going to see at school. It all made a difference.

### *Structure of Practicum*

*Positive aspects.* Several students spoke of the connections between their clinical work and the practicum class, including the mix of feedback that they received. Joshua, early in the first practicum, said:

When I'm actually in the clinical work, that's when all the emotions settle in. I'm trying to think about what's going on but I'm more feeling what's going on because I feel if I hang onto that, then I'll get a better idea later. When we get into the classroom, that's really when I get clarity about everything that happened, everything that went on inside of me and everything that I observed. You experience it and then you figure out what you're experiencing in class.

Rebecca, near the end of the first semester of the early practicum, said:

The practicum class is great because there's a lot of things that I need to say. Hearing everybody else's experiences is also comforting because it's just a reminder that we're all going through the same thing. Sometimes somebody else will have a better way of explaining what I want to say. They might have experienced it also, so sometimes I have the questions answered that I didn't even know to ask.

Lara found role playing in class to be helpful. She said, at the end of the year:

In some ways the class helps, like the activity that I tried to do. When I had them tap the drum, it helped me realize that I have



to be incredibly elementary, and I wasn't thinking that way. I had to really stop and take time, let each individual person concentrate on tapping the drum. So, before I actually did it in my session, I thought beating a drum was going to be so boring, they would tap the drum and it's over in 2 seconds. But it took 15 minutes to do, so I saw in real life that this activity is something that these people need. So I just take a lot of time with each person.

*Suggested changes.* Students had numerous suggestions for changes that might make the practicum experience more useful or positive. Rebecca felt that an outline of what to look for when making the first contact, as an observer, would be useful:

If we had an outline, like what kind of patients are in the group, how many are in the group, what are your general goals for the group, just some guidelines, because if they say, "Do you have any questions?" we don't even know what questions to ask.

Joshua, at the end of the first semester of the early practicum, suggested more role playing:

I'm the kind of person who learns from actually doing and watching. I think had that occurred earlier in the semester a little more, I would have known a little better what I was trying to observe and what skills I needed to refine to use in my actual sessions.

Near the end of the second semester of the early practicum, Rebecca spoke of what she learned from others in class but also of how she wished that people were able to describe their clients more vividly:

I don't have much experience with the low functioning aspect so it's definitely helping. But I just think that some other students could be a little more articulate so we'd know exactly what they're facing. I try to explain a person's mannerisms and all the things that they're doing, but sometimes I don't have a sense of how the lower functioning patients act.

Students in the upper level practicum were sometimes frustrated because they felt that the discussions in the practicum class were not relevant to the children with whom they worked, who were either lower functioning or older than the children on whom they felt that the class discussion focused. Kyle said:

It was hard because a lot of the times in practicum we talk about what we've been doing and I guess in that sense I didn't feel like I was getting much because a lot of what the other students were doing, there was no way that I could do it in my session. . . . I felt like everybody else was relating on a different level. The kids were on a different level.

Jenny felt that sharing resources and how to adapt them for various populations and levels would be useful. She said at the end of the first semester:

That would be something for beginning students to do in class . . . how to adapt a song like that can be difficult if you haven't done it before. Like, next week we're going to do this holiday so everybody bring in a piece for this holiday for everybody in the class. Then it would be some solid talking about things. We need to do this sort of thing every week in order to build up a reasonable number of resources. . . . Activities, and maybe ideas for music, instruments, how to deal with an aide that's always jumping in the way. (We did talk about that.) Just more practical things.

*Seeing the same or different clients.* Some of the students worked with the same clients for both semesters while others changed groups. There seemed to be advantages and disadvantages to both. Kyle said, at the end of the year: "I think it was good to stay with the same kids. I think that 10 or 12 weeks is just too short a time to move from one to the next group, for the kids and for the students."

Presenting the other view, Jenny said:

This semester I'm working with a different group of students, and I think that's been extremely beneficial to me because I got a chance to experience a different level of functioning, not only cognitively but physically. . . . It's given me the experience of dealing with other classroom settings, different teachers, different staff, different students and ages, and that's been extremely important.

Several suggestions were also made of ways to increase students' experiences with varying clients. Melanie suggested, at the end of the second semester:

I had this idea of perhaps having each person go to one of our other places and see what ideas they use, see what works. And

that way we can give them feedback, as well. I could give her feedback and also get ideas for my session.

Jenny shared an addition that was made by her on-site supervisor: "As part of my experience, I'm watching another group, at a totally different level, and that's helpful in that I'm seeing another angle at which to do things, or ways to adapt the same activities."

### Discussion

My understanding, as interviewer and researcher, of students' experiences of music therapy practica, has grown as a result of this study. As stated earlier, there are limitations in the extent to which this occurred because I am not a student. But I hope that my efforts were successful in entering into their world as they spoke with me about these experiences, and that I have adequately conveyed their experiences in this writing.

Of course, there are differences in how music therapy clinical experience is approached in various universities, and those differences may make some of the experiences relayed by these students less useful than others. But readers are urged to look for the commonalities and to apply them to their situations. For instance, some student concerns may seem specific to undergraduate students but may be applicable to graduate students in a different form. A graduate student might not express fears about a new situation as overtly as did the undergraduates, but reading this study might sensitize someone who teaches graduate students to students' wishes to know more about a facility before they begin their work and enable them to provide more information, even though the urgency of the need or the way that it is expressed may differ. As another example, at a different educational institution all students may not receive on-site supervision by a music therapist, but the educator in this situation could apply these students' feedback about the types of supervision that they appreciate to supervision by a nonmusic therapist in order to improve the level of supervision received. Similarly, a student reading this study might realize that his or her desire for ideas of strategies that are appropriate for use with adults is similar to the wish expressed by students in this study to learn activities appropriate for adolescents as well as younger children. Knowing that these needs are felt by other students, although in a different situation, may encourage the student reading the study to

be assertive about asking for these ideas. There are numerous other potential applications, even when situations are not identical.

My understanding, as a faculty member, of students' experiences has also increased, and this will influence my approach to certain aspects of the students' clinical experience. One of these changes has to do with taking care to be sure that I do not make assumptions about what students are thinking or feeling. One of the things that struck me as I did these interviews was that there were times in which I simply did not think as the students did. Beyond that, I couldn't imagine why they thought the way that they did. One of these was in a situation in which Patricia, from the upper level practicum, said that she did not feel that she had gotten enough assistance on what to do with the adolescents in her music therapy group from class discussions. I share this below, with my comments (which expressed far more of my own feelings than did my normal comments):

*BW:* I'm curious. Why didn't you go in and say, "I need more help on activities for my kids, and they're older?"

*Patricia:* Well, that was known, it's not something that wasn't known. (laughter) I didn't go in and say OK give me some activities, but it was known that I worked with older kids . . .

*BW:* I don't mean to be provocative about this, but if people were bringing in questions that they had that they needed help with, and that was what you needed help with, did it not feel like you could do that, or did you not feel that people would know the answers?

*Patricia:* I guess I didn't feel that I could be helped by it. A couple of times I think that I probably said something, but the answer didn't seem to fit me so I just . . .

*BW:* So you sort of gave up on it.

*Patricia:* Yeah.

This interaction was instructive and humbling. While I generally assume that I understand how students think, I obviously did not understand what led this student to not seek out assistance for the problem that she was having. Of course, the fact that this particular student handled this issue in this way does not mean that all students would do so, but it did illustrate for me the chasm that can exist between student and faculty perceptions. The realization that this separation can exist, as mentioned earlier in this paper, provided the initial motivation for this study.

The students' concerns included several of those that McClain (1993) had found in her survey of music therapy students, as summarized earlier in this paper. Both studies found that students desired more orientation prior to beginning the practicum. While McClain found that one of students' greatest concerns was about their clinical skills, particularly understanding and meeting the needs of their clients, students in this study were similarly found to be concerned about meeting the clients' needs and seeing changes in their clients. Other areas of concern were not as similar.

The increased understanding of students' experiences and concerns during their music therapy practica can be helpful in improving music therapy education and supervision. Students' greatest concerns are discussed below.

Students often want more guidance as to what to do in sessions. As a faculty member, I am aware of this but the extent to which the students spoke of it as a concern reminded me of their sense that they need more help in knowing what to do. I often emphasize to students that they have access to many methods and materials but need to focus on learning to use them appropriately for the clients with whom they are working. Perhaps in my efforts to help them learn how to use their methods appropriately, I lose track of how important they feel that it is to know what to do. I am not willing to abandon my way of looking at this due to their input, but must take that feedback seriously as I continually work to meet students' needs in my teaching.

Another area about which students spoke that made me think about our different perceptions was in their wish for more guidelines or information before they begin their clinical work. This occurred particularly with the students in the early practicum when, of course, they had less music therapy experience. I have felt that I give a reasonable amount of information and structure to these early clinical experiences, considering that students are going to a number of different facilities with different supervisors, and that each facility and supervisor is somewhat different and thus has its own set of things to know. However, this student feedback has prompted me to reconsider the amount of information that I should provide and the need for guidelines for beginning students. It is clear that what I think is sufficient information does not feel adequate to a new student—thus, I need to rethink what I provide.

The students' perceptions of their supervisors and the supervisory experience were enlightening. It is not a surprise, but was

good to be reminded, that they want a supervisor who supports them but also gives them feedback that helps them move forward in their clinical work. Students felt good when their supervisors respected them. Another point was their discomfort with being graded by the faculty supervisor, particularly when that person only observed them a few times.

Students' concerns about the impact of grading was also a surprise. This is another area in which I know that students perceive things differently than I do as a faculty member, but I tend to ignore these differences. I see grades as an indication of the quality of work but encourage students not to dwell on them. Their focus on grading and its importance reminds me that, whether or not I agree with their perceptions, grades are very important to students.

The importance that they placed on seeing improvements in their clients was heartening. The number of students who spoke of it (not all of whom were quoted in this article) and the variety of improvements that they described were more than I would have expected. This is a positive sign of the motivation of these future music therapists.

The final point is that the students had a wide range of perceptions. Not all of them focused on the same areas and they did not all agree on those on which they focused. This points to the need for flexibility in approaching clinical training, and for working with individual student needs just as we work with the needs of individual clients. The variety of students' needs and perceptions must be honored.

This research has allowed me to learn about my students' experiences in a manner that would not normally be available to me as a faculty member. This has been a real privilege. Although I know that I will never be able to totally understand things from a student's viewpoint, nor will I probably ever hear that viewpoint completely candidly, I believe that I approached this while doing this study. I hope that my sharing of it will help others to understand these experiences and use this increased understanding to improve them.

### References

- Aigen, K. (1995). Principles of qualitative research. In B. L. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 283–311). Gilsum, NH: Barcelona.
- American Music Therapy Association. (2001). *National roster internship guidelines* (Rev. 2001). Silver Spring, MD: Author.

- Dileo, C. (2001). Ethical issues in supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 19–38). Gilsum, NH: Barcelona.
- Estrella, K. (2001). Multicultural approaches to music therapy supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 39–66). Gilsum, NH: Barcelona.
- Farnan, L. A. (2001). Competency-based approach to intern supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 117–134). Gilsum, NH: Barcelona.
- Feiner, S. (2001). A journey through internship supervision: Roles, dynamics, and phases of the supervisory relationship. In M. Forinash (Ed.), *Music therapy supervision* (pp. 99–115). Gilsum, NH: Barcelona.
- Forinash, M. (2001). *Music therapy supervision*. Gilsum, NH: Barcelona.
- Grant, R. E., & McCarty, B. (1990). Emotional stages in the music therapy internship. *Journal of Music Therapy*, 27, 102–118.
- Hanser, S. B. (2001). A systems analysis approach to music therapy practica. In M. Forinash (Ed.), *Music therapy supervision* (pp. 87–97). Gilsum, NH: Barcelona.
- Madsen, C. K., & Kaiser, K. A. (1999). Pre-internship fears of music therapists. *Journal of Music Therapy*, 36, 17–25.
- McClain, F. J. (1993). Student evaluations of practicum training in music therapy. *Dissertation Abstracts International*, 54(07), 2502A. (University Microfilms No. DA9332828)
- McClain, F. J. (2001). Music therapy supervision: A review of the literature. In M. Forinash (Ed.), *Music therapy supervision* (pp. 9–17). Gilsum, NH: Barcelona.
- Shulman-Fagen, T. (2001). The creative arts in group supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 149–160). Gilsum, NH: Barcelona.
- Spradley, J. P. (1979). *The ethnographic interview*. New York: Holt, Rinehart and Winston.
- Stephens, G. (1984). Group supervision in music therapy. *Music Therapy*, 4, 29–38.
- Stephens, G. L. (1987). The experiential music therapy group as a method of training and supervision. In C. D. Maranto & K. E. Bruscia (Eds.), *Perspectives on music therapy education and training* (pp. 169–176). Philadelphia, PA: Temple University, Esther Boyer College of Music.
- Stige, B. (2001). The fostering of not-knowing barefoot supervisors. In M. Forinash (Ed.), *Music therapy supervision* (pp. 161–177). Gilsum, NH: Barcelona.
- Summer, L. (2001). Group supervision in first-time music therapy practicum. In M. Forinash (Ed.), *Music therapy supervision* (pp. 69–86). Gilsum, NH: Barcelona.
- Thomas, C.-B. (2001). Student-centered internship supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 135–148). Gilsum, NH: Barcelona.