

The Establishment of Safety and Trust in Music Therapy Clinical Supervision: An Interpretive  
Phenomenological Analysis

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## Abstract

This study presents the results of an interpretive phenomenological analysis on the establishment of safety and trust between the music therapy intern and their clinical supervisor. Four professional music therapists participated in semi-structured interviews, during which they reflected upon their experience in supervision. This method was chosen to access the lived experience of the participants. Literature from the perspective of music therapists explaining how safety and trust were formed in the supervisory relationship was not found, justifying the need for this study. Five themes emerged, each theme being a factor that affected the development of safety and trust between supervisee and supervisor. These themes are: *context*, *supervisor investment*, *role dynamics*, *clarity*, and *intern identity*. Each theme and its accompanying participant extracts were crosschecked by all participants. Safety and trust are considered to be important elements of the supervisory relationship, making it essential to inquire as to what influences their establishment. The results of this study may inform music therapy internship supervisors about establishing safety and trust with their interns based on what was helpful and hindering in the experience of these participants.

## Introduction

This study addresses the ways that safety and trust form in the relationship between the music therapy intern and their clinical supervisor. Developing music therapists are required to be supervised through a clinical internship prior to earning a degree and becoming a board certified music therapist (MT-BC). The present study examines what was helpful in establishing feelings of safety and trust between trainees and their supervisors as well as what impeded feelings of safety and trust, during the training of current board certified music therapists and their former supervisors. While significant literature exists about trust and about music therapy supervision, there is no literature to date on trust in the relationship between music therapy interns and their supervisors, thus justifying the need for this study.

## Background

**Definition of clinical supervision.** Clinical supervision has been defined by numerous authors in the health and helping professions. At its most basic, supervision means to oversee or survey (Jackson, 2008; Odell-Miller & Richards, 2009). It is described as an interactive process (Odell-Miller & Richards, 2009; Smythe, MacCulloch, & Charmley, 2009; Falender & Shafranske, 2014), a relationship between supervisor and supervisee (Forinash, 2001; Jackson, 2008; Pack, 2012; Salmon, 2013; Johnson, 2014), or a working alliance (Salmon, 2013; Borders, 2014; Watkins, 2014; Watkins, Budge, & Callahan, 2015), in which the supervisee receives professional support (Edwards et al, 2005; Smythe, MacCulloch, & Charmley, 2009; Watkins, Budge, & Callahan, 2015), that is intended to assist the supervisee in their development as a clinician (Jackson, 2008; Odell-Miller & Richards, 2009; Pack, 2012; Ross, 2013; Falender & Shafranske, 2014; Kozlowski et al, 2014; Watkins, Budge, & Callahan, 2015) and protect the clients with whom they work (Richards, 2011; Dilworth et al, 2013; Ross, 2013; Barnett & Molzon, 2014; Borders, 2014; Kozlowski et al, 2014). It is an educational process (Edwards & Daveson, 2004) that is purposeful, proactive, and goal-oriented (Borders, 2014),

and directs the supervisee toward self-awareness (Edwards & Daveson, 2004; Jackson, 2008; Odell-Miller & Richards, 2009). The supervisor functions as an outside observer (Tanguay, 2008; Odell-Miller & Richards, 2009), a resonator (Odell-Miller & Richards, 2009), an expert (Odell-Miller & Richards, 2009; Johnson, 2014) or experienced professional (Smythe, MacCulloch, & Charmley, 2009), from whom the supervisee can learn. Supervision is considered to be an essential component of clinical training in music therapy and its related fields (Forinash, 2001; Tanguay, 2008; Wheeler & Williams, 2012; Barnett & Molzon, 2014; Kozlowski et al, 2014; Silverman, 2014).

**Goals and outcomes of clinical supervision.** Pack (2012) identified “ensuring 'safe practice' with clients” to be the primary goal of clinical supervision (p. 163). In healthcare, supervision is used to develop the core competencies necessary to work as a clinician (Saucier et al, 2012). Similarly, in the field of psychology, supervision is intended to help aspiring clinicians meet competencies and develop professional skills, knowledge, and ethical practice (Johnson, Skinner, & Kaslow, 2014). Through developing these competencies and providing supervisees with necessary space to reflect and process, the supervisees' clients ultimately benefit (Ross, 2013).

In addition to developing competence as a therapist, Watkins, Budge, and Callahan (2015) identified reduction of supervisee anxiety, self-doubt, and shame, and development of therapist identity as important goals of clinical supervision. Odell-Miller (2009), speaking about music therapy supervision, adds that the goal of supervision is to foster growth and self-awareness so that a music therapy intern can trust his or her own intuition. This might indicate a shift from a stage of clinical skills development in which supervisees are dependent on supervisors to a stage in which they are more independent (Swamy, 2011). From the perspective of music therapy supervisees, the most commonly identified goals of clinical supervision were to better understand their own clinical responses and relationships, to process difficult moments with clients, and to get ideas for interventions (Jackson, 2008).

**Factors influencing clinical supervision.** The process of supervision in the helping professions is influenced by a variety of factors including, but not limited to, the roles taken on by the supervisor and supervisee (Edwards & Daveson, 2004; Richards, 2011; Salmon, 2013; Barnett & Molzon, 2014; Borders, 2014; Falender & Shafranske, 2014; Johnson, Skinner, & Kaslow, 2014), the approaches and techniques used in supervision (Ross, 2013; Salmon, 2013; Barnett & Molzon, 2014; Borders, 2014), and the developmental level of the supervisee (Edwards & Daveson, 2004; Barnett & Molzon, 2014; Borders, 2014). The supervisory relationship has been identified as one of the most important elements of clinical training (Falender & Shafranske, 2014; Kozlowski et al, 2014).

*Roles and relationships.* The supervisors of aspiring clinicians may have to navigate through a variety of roles in relation to their supervisees (Salmon, 2013; Borders, 2014). Clinical supervisors may serve as mentors, teachers, guides, or gatekeepers (Barnett & Molzon, 2014), managers or consultants (Salmon, 2013), experts, coaches, role models, or evaluators (Johnson, Skinner, & Kaslow, 2014). From supervisees perspectives, they may be seen as bosses or educators who are judging their performance and may penalize them for their weaknesses (Edwards & Daveson, 2004), or they may serve as role models who provide them with insight into what it will be like to work in their field (Richards, 2011). While supervisors may assist supervisees in identifying and addressing personal issues relevant to their clinical work, the roles of supervisor as therapist and supervisee as patient should be avoided (Falender & Shafranske, 2014; Watkins, Budge, & Callahan, 2015). In any case, the supervisory relationship is unavoidably hierarchical; the supervisor is typically seen as a figure of authority and a power differential is evident (Kim, 2007; Richards, 2011; Salmon, 2013).

In an article on supervision in mental health nursing, the importance of supervisors functioning as unbiased third parties not involved in the supervisees' caseload is stressed; the supervisor-supervisee relationship is more successful when the supervisee is able to choose their supervisor (Cookson, 2014). Regardless of what specific role the supervisor may take, it is essential that appropriate boundaries are

established within the supervisor-supervisee relationship (Watkins, 2014). Research has indicated that these boundaries may be made concrete through the use of supervision contracts and informed consent, which are written documents signed by both parties (Falender & Shafranske, 2014; Barnett & Molzon, 2014). Documents such as these may also serve to clarify roles, responsibilities, and expectations. Role ambiguity has been found to greatly increase supervisee anxiety, thus inhibiting effective supervision (Ellis, Hutman, & Chapin, 2015).

Within the supervisory relationship, there may be resistance on the part of the supervisee. This is often due to the supervisee's anxiety and feelings of not progressing as expected (Edwards & Daveson, 2004). While a certain amount of resistance is to be expected, too much resistance may inhibit supervisee progress, especially if the supervisee is uncertain of how to separate personal and professional roles. Dilworth et al. (2013) also found that supervisees often feel that they are not worthy of receiving clinical supervision. This personal insecurity on the part of supervisees may increase resistance.

In addition to boundaries and resistance, from a psychodynamic perspective, transference and countertransference may affect the relationship between supervisor and supervisee. Salmon (2013) describes transference and countertransference as a redirection of feelings. Transference and countertransference are both unconscious and differ only in direction; transference describes projection from the client onto therapist, or supervisee onto supervisor; countertransference describes projection from therapist onto client, or supervisor onto supervisee. Previous relationships in the lived experiences of the supervisor and supervisee, including clinical relationships and personal relationships, may lead to transference and countertransference. Additionally, transference and countertransference may occur as a result of cultural differences when either party reacts to the other based on his/her distinct worldview (Kim, 2007).

Cultural differences and misunderstandings may exacerbate the above challenges as well as add

additional difficulties to the supervisory relationship (Kim, 2007; Swamy 2011). For example, differences in race, ethnicity, gender, and age may lead to increased feelings of hierarchy or power differential than those inherent in the supervisor-supervisee relationship (Kim, 2007). This may lead the supervisee to yield unquestioningly to the supervisor as an authority and avoid creating a collaborative relationship (Swamy, 2011). Studies have shown that an ideal supervisory relationship is collaborative and involves commitment and investment from the supervisor as well as contribution from the supervisee (Falender & Shafranske, 2014). It functions as a safe space where both parties feel respected, boundaries are clear, and the supervisee feels free to express their needs and vulnerabilities (Salmon, 2013).

*Approaches and techniques.* The approaches and techniques used in supervision depend on the context, the supervisee, and the supervisee's clients (Borders, 2014). Additional influencing factors include the supervisee's learning style and developmental phase and the supervisor's personality and expertise (Salmon, 2013). There is no one approach to supervision that will work for every supervisee, and a previously successful approach may cease to be successful as the supervisee's needs evolve (Ross, 2013; Barnett & Molzon, 2014). A supervisor's rigidity or inflexibility regarding approach or model can limit what may be accomplished in supervision (Young, 2010).

Models of supervision that encompass a range of levels have been suggested to meet these evolving needs. For example, a progression from action-oriented supervision, to learning-oriented, to client-oriented, to experience-oriented, and finally to countertransference-oriented may be appropriate (Forinash, 2001). Using this model, supervisees are exposed to a variety of approaches throughout their development.

Watkins, Budge, and Callahan (2015) identified three broad supervision approaches that are commonly used in the field of psychology. These are: psychotherapy-focused, in which the learning and practice of particular forms of treatment are the focus; developmental, in which the focus is on the

supervisee's growth process; and social role, in which the supervisee's learning needs and the supervisor's roles are the primary focus.

*Developmental process.* The process of supervision is one that is inherently developmental. As the supervisee grows, the level of challenge and autonomy as well as the techniques used must shift to match the supervisee (Borders, 2014). The clinical supervisor is responsible for determining the needs of the supervisee and tailoring supervision to meet these needs (Barnett & Molzon, 2014). These needs will change as the supervisee gains experience.

Typically, supervisees require more support and activity from their supervisors at the start of their clinical training and become more autonomous as they gain experience (Barnett & Molzon, 2014). Supervisees are often highly anxious at the start of their clinical placements (Ellis, Hutman, & Chapin, 2015). Five stages of intern development were identified by Edwards and Daveson (2004). These include: dependency stage, autonomy stage, conditional dependency stage, fourth month blues stage, and independence stage. Alternatively, these same authors suggest six phases of internalization that may occur during supervisee development. These include: intellectual learning, imitation, introjection, identification, idealization and mirroring, and independence. While there are other suggestions regarding stages of development and growth through the internship, the general path is a progression from dependence towards independence.

**Best Practices in Supervision.** Within clinical supervision, there are several conditions that are considered to be elements of best practice. These include appropriate goal setting, developing a working alliance, matching the supervisee's developmental level, giving timely feedback, balancing challenge and support, cultural competence, supervisor flexibility, and creating a safe and mutually trusting environment (Borders, 2014). Additionally, Falender and Shafranske (2014) stated that outlining expectations, specifying the terms of confidentiality, demonstrating respect, and diversity competence are aspects of best supervision practices.

Cookson (2014) conducted a study on supervision in mental health nursing in Scotland in order to determine best practices. This study involved a survey that asked questions about frequency and duration of supervisory meetings, supervision agreements, supervision model or framework used, and choice of supervisor. Based on the data gathered, it was recommended that all clinical supervisors attend training sessions, that supervisory agreements be used, that nurses be able to choose their supervisor, that supervisors be evaluated regularly by their supervisees without fear of retribution, and that supervisors familiarize themselves with a variety of frameworks and models for supervision.

Watkins (2014) identified six areas in which supervisors should have knowledge, skill, and understanding in order to work as clinical supervisors. These areas include: supervision models and interventions, ethical and professional concerns, supervision relationship processes, assessments and evaluations of supervisees, difference and diversity competence, and utilization of self-reflection and self-assessment.

**Music Therapy Supervision.** As part of the process of becoming a music therapist, students must complete supervised clinical training - a process of self-awareness and learning that involves the whole self (Edwards & Daveson, 2004). In the United States of America, music therapy students must complete 1200 hours of supervised clinical internship (AMTA, 2016a). The American Music Therapy Association (AMTA) describe the clinical internship as follows:

Internship, here defined as the culminating, in-depth supervised clinical training at the professional level, may be designed in different ways: part or full time, in one or more settings, for varying periods or time frames, and near or distant from the academic institution.

Internships are always under continuous, qualified supervision by a credentialed music therapist. Each internship shall be designed or selected to meet the individual needs of the student. This requires joint planning by the academic faculty, the internship supervisor, and the student, as well as continuous communication throughout the student's placement (AMTA,

2016b).

In the above quotation, it is mentioned that music therapy interns must be supervised by a qualified, credentialed music therapist. Supervision in music therapy is considered to be necessary, as working closely with another professional can lead to deepened thinking and insight (Odell-Miller & Richards, 2009). Music therapy supervision may take a variety of forms. For example, sessions may be one-on-one or group and may include discussions of clinical issues and feelings encountered, reflecting on music created during sessions, creating music together, observing sessions, and presenting casework. Regardless of form and approach, music therapy supervision is an interactive process in which dynamic, practical, and musical issues are explored.

Edwards and Daveson (2004) explain that music therapy clinical supervision is essential, as it is intended to ensure that, upon completion of clinical internship, the music therapy student will have the necessary skills to practice independently as a music therapist. To accomplish this, the music therapy supervisor provides the student supervisee with feedback on their skills, both musical and therapeutic. Silverman (2014) conducted a study in which he surveyed music therapists working as supervisors in psychiatric music therapy settings. His findings indicated that supervising music therapy interns was more time consuming than supervising music therapy practicum students and experienced music therapy professionals. Music therapy interns were also found to be the most difficult to supervise as compared with professionals and practicum students, possibly due to the increase in on-site clinical hours from practicum to internship and the necessary development from student to professional. Participants in this study indicated that the most important issues to explore in music therapy supervision were boundaries, ethics, music skills, and counseling skills, while the least important issue was found to be music therapy research. Tanguay (2008) also conducted a survey in which music therapy supervisors were participants. The results of this study showed that music therapy internship

directors spent an average of 12.22 hours per week directly supervising music therapy interns, with the most time spent in co-leading sessions with music therapy interns and in formal supervision and the least time spent on evaluations of the music therapy intern. Participants in this study identified the most difficult or challenging aspects of supervising music therapy interns. These were found to be allowing the interns to make mistakes and finding sufficient time to supervise and observe the intern. Music therapy supervisors identified contributing to the development of the intern and contributing to the development of the field of music therapy to be the most rewarding elements of supervising music therapy interns.

As found in related fields, transference and countertransference may be present in music therapy supervision. Salmon (2013) describes ways in which this typically unconscious phenomenon may be evident. For the supervisee, supervisor, or both, there may be feelings of discomfort, atypical or out of character behaviors, or feelings of identification of the other party as being similar to those as from a past acquaintance. This author recommends the exploration of these feelings either between the supervisee and their music therapy supervisor or between the supervisee and an outside supervisor, colleague, or therapist.

**Safety and Trust.** The importance of safety and trust between individuals can be found in literature from a variety of disciplines. Cranston (2011) stated that trust between coworkers fosters collaboration and increases willingness to grow professionally. A central leader, in this case school principals, was found to be important in establishing a climate of trust. Multiple researchers have explored safety and trust to discover what factors are helpful in their establishment. found that qualities such as altruism, compassion, loyalty, involvement, flexibility, patience, Schout, de Jong, and Zeelen (2009) and the ability to handle stress were found to be helpful in earning the trust of another. Dunn (2000) found three cognitive-based cues that tend to lead to trust in relationships between two people: frequency of interaction, competence of trustee, and consistency of trustee's behavior - with

consistency as the most important factor. Gill, Boies, Finegan, and McNally (2005) found that integrity, benevolence, and ability make one more trustworthy. However, an individual's willingness to trust others also affects whether or not trust is established. Goldsmith (2005) explained that a propensity to distrust can emerge as the result of previous relationships leaving individuals feeling that they need to protect themselves. The formation of trust is rooted in past experience and interactions with people. Conchie, Taylor, and Charlton (2011) found that trust develops from the individual's interpretation of someone's qualities, and is characterized by the individual's willingness to rely on the person in a situation that is risky. Distrust in a relationship can lead to psychological distress and withdrawal from the relationship.

**Safety and Trust in Supervision.** Trust in the supervisory relationship includes the supervisor's ability to trust the intern as well as the intern's ability to trust the supervisor (Hauer et al., 2014). With increased trust in the supervisee by the supervisor, the supervisee is able to experience increased responsibility and participation, as the supervisor decides how much independence to give the intern. Increased clinical opportunities and responsibility allows for the development of the competence and skill necessary for clinical practice. A supervisor's expertise in clinical practice, their lived experience, their attitude and propensity to trust, and their perceived accountability affected the level of trust a supervisor would place in their supervisee.

Edwards et al. (2005) suggest that mutual respect, mutual trust, and increased level of comfort within the supervisory relationship are more likely when supervisees are able to select their supervisors. These authors also found that trust and rapport were improved, as was the supervisee's ability to discuss sensitive issues, when supervision took place at a secondary location to the clinical site or workplace. Falender and Shafranske (2014) suggest that it is within the supervisor's role to create a "safe base" (p. 1032) for the supervisee.

Barnett and Molzon (2014) explain that supervisees must feel that their supervisory

relationships are safe to experience maximum benefit. These authors found that if trust, safety, and security are absent from the supervisory relationship, supervisees may be less open and more inhibited, which may have a lasting impact on their professional development and future clinical work. Smythe et al. (2009) add to this, stating that the betrayal of trust by either supervisor or supervisee leaves the other party vulnerable. However, when trust is present in the supervisory relationship, there is a level of freedom that allows the supervisee to let go and feel less pressure and inhibition.

### **Research Questions**

The research question and sub-questions governing this study are as follows:

How are safety and trust established in the relationship between music therapy interns and their clinical internship supervisors?

How do safety and trust within the supervisory relationship impact the participants' work as interns? As professionals?

How do safety and trust within the supervisory relationship impact the participants' in their personal development?

How do music therapy interns experience safety and trust, or lack of safety and trust, between themselves and their clinical supervisor?

### **Method**

#### **Phenomenological Inquiry**

According to Jackson (2016), phenomenological inquiry stems from the philosophy of phenomenology, according to which a phenomenon is understood through the interpretations, perceptions, and constructs of the individual who has experienced the phenomenon. Because of this, the results of a phenomenological inquiry will be subjective in nature rather than resulting in a generalizable truth. Music therapy research topics such as “the experience of music itself, or of making music; the emotions involved in listening to, interacting with, or making music; the experience of self

and of other in musical interaction; the understanding of roles played by self or by others in the therapeutic process” (p. 885) lend themselves to phenomenological inquiry. Participants are often gathered through criterion sampling, so that each selected participant has experienced the phenomenon that is the focus for the study. Interviews with open-ended questions are the standard source of data, as the interviews can be shaped to accommodate the participant and best access their experiences. The researcher must bracket their own beliefs, bringing their preconceived notions into consciousness. Following interpretation of data gathered from participants, the researcher typically returns their descriptions to the participants for member-checking, to ensure they have been accurately represented (Jackson, 2016).

### **Interpretive Phenomenological Analysis**

Interpretive phenomenological analysis (IPA) can be defined as “a qualitative research approach committed to the examination of how people make sense of their major life experiences. IPA is phenomenological in that it is concerned with exploring experience in its own terms” (Smith, Flowers, & Larkin, 2009, p. 1). In this method, an individual's experience is explored as well as how that individual makes sense of, or interprets, this experience. The IPA researcher interprets this interpretation to derive meaning. These authors refer to this process as a double hermeneutic, as “the researcher is making sense of the participant, who is making sense of 'x'” (Smith, Flowers, & Larkin, 2009, p. 35). The IPA researcher may shift their thinking between two perspectives, one in which they attempt to view the experience from the view of the participant and one in which they question and analyze the participant and their experience.

A phenomenological approach was chosen for this study as it was the participants' experience of safety and trust in supervision that was explored. The data used in this research was gathered through participant interviews and was chosen for coding if it contributed to understanding how the participant made sense of their experiences in supervision. Inclusion criteria for participants was chosen with a

phenomenological approach in mind. Specifically, that all participants must have completed a supervised music therapy internship as students and that all participants were professional music therapists at the time of the interviews. This choice produced a sample that could reflect on their experiences of safety and trust in supervision, how they understood and these experiences, and how these experiences have affected them.

The interviews used to gather data were designed to facilitate this reflection by being semi-structured in nature and allowing for the participants to tell their stories. In keeping with the IPA method, data from the interview transcriptions was analyzed using the following procedure:

- The close, line-by-line analysis of the experiential claims, concerns, and understandings of each participant
- The identification of emergent patterns within this experiential material
- The development of a 'dialogue' between the researcher[s], their coded data, and their psychological knowledge, about what it might mean for participants to have these concerns, in this context, leading in turn to a more interpretive account
- The development of a structure, frame or gestalt which illustrates the relationships between themes
- The organization of all this material in a format which allows for analyzed data to be traced right through the process
- The use of supervision, collaboration, or audit to help test and develop the coherence and plausibility of the interpretation
- The development of a full narrative... which takes the reader through this interpretation, usually theme-by-theme
- Reflection on one's own perceptions, conceptions, and processes (Smith, Flowers, & Larkin, 2009, pp. 79-80).

The above protocol for IPA research guided the methodology for this study on the development of safety and trust in music therapy supervision. Each participant interview was transcribed and analyzed line-by-line. From this analysis, patterns or themes were identified and coded. These codes were interpreted, keeping in mind my own experiences and biases as well as the experiences of each participant. Any relationships between the themes were then determined and represented both through a description and through a diagram. The results of this study are presented including participant quotations so that the reader may see the data that led to each interpretation. My interpretations were presented to each participant so that they could assess their credibility and offer suggestions and clarifications. These finalized results are presented as a narrative, organized theme-by-theme. As the researcher, I reflected on my own thoughts, beliefs, and biases, as well as what I have learned through this research process.

### **Stance of the Researcher**

I consider myself to be constructivist in worldview and humanistic in philosophy. It is my interest to gain insight into the experience of safety and trust in clinical supervision as reflected upon by professional music therapists. I believe that looking at the supervisory relationship through hindsight will enable participants to be insightful about the lasting effects of safety and trust or lack thereof in a way that would not be possible for someone currently in the clinical internship phase.

I developed the idea for this study as a follow up to a first-person case study and presentation created during my first semester of clinical internship. Through this process, trust emerged as a central component that seemed to be deeply linked to my confidence as an intern, sense of identity as a music therapist, and effectiveness with clients. A progression of little trust to increased trust was evident in the relationship between myself and my supervisor, myself and my coworkers, me and myself, and myself and my clients. I chose to explore trust in the supervisory relationship only for this study so that a more focused and in depth inquiry could occur.

It is my belief that the supervisory relationship between the intern and her clinical supervisor directly impacts her growth and development as a clinician. If the intern experiences safety and trust within this relationship, the intern will be more able to voice concerns and accept feedback, thus enabling growth. If safety and trust seem to be absent, the intern will feel inhibited. I also believe that the experiences of the music therapist as an intern help shape the music therapist as a professional.

### **Participants**

Participants for this study were recruited at a music therapy conference held in March 2016. I did not know any of the participants personally or professionally prior to this conference. This decision was made so that participants were unaware of my beliefs and would not feel pressure to provide data in support of my hypotheses. All participants were approached in person and were asked to sign the consent form if they were interested in participating. Seven participants were initially recruited, all of whom were board certified music therapists. I contacted each of the participants via email within one week of returning from the music therapy conference. Four participants replied to this initial email. As four was the desired number of participants, further emails were not sent to participants who did not respond. I corresponded with the four final participants via email to arrange interview times and locations.

The four participants were board certified music therapists (MT-BC) who have been practicing between two and 27 years. They ranged in age between 26-years-old and 50-years-old. Three participants were female and one participant was male. All participants completed degrees in music therapy, three at the bachelors level and one at the masters level. Additionally, three participants completed advanced music therapy trainings in either Neurologic Music Therapy (NMT) or level I Guided Imagery and Music (GIM). As part of their music therapy education, all participants completed a supervised clinical internship. Two participants now supervise students themselves.

### **Data Collection**

Data was collected via interviews, which were audio recorded and transcribed. Two interviews took place over telephone, one took place over FaceTime, and one was held in person. The method of interview was chosen based on location and convenience for the participant. For the interviews conducted via phone or FaceTime, I was in a private room so that the conversation could not be overheard on my end. Interviews were recorded using GarageBand software. Audio files were saved on my password protected laptop, as were transcriptions.

The interviews were semi-structured and lasted between 36 minutes and 65 minutes in length. Each interview began with gathering demographic data related to age, gender, level of education, and years holding the credential MT-BC. Participants were then asked to speak about their internship placement, including how long they were there and the population they worked with. Once this background information was discussed, the focus of the interview shifted to clinical supervision. Participants were asked primarily open ended questions about their experiences in clinical supervision.

### **Data Analysis**

Completed interviews were transcribed by me alone. I listened to each interview thoroughly and typed what was being said exactly as I heard it. I checked my transcriptions by listening to each interview again while reading my transcription to assure they matched exactly. I then coded these transcriptions. This was done through the following steps:

- ▼ Separating the sentences of each interview transcription
- ▼ Highlighting all sentences that were related to supervision, safety and trust, and the participant's internship experience
- ▼ Color coding each highlighted sentence based on its content
- ▼ Placing all similarly colored segments from each transcription in proximity to each other in a separate word document

- ▼ Returning to each transcription to review each segment in context
- ▼ Labeling each set of colored segments with an appropriate descriptive term
- ▼ Grouping similar sets into broader categories (codes)
- ▼ Returning to each transcription again to ensure each sentence in context fit the code
- ▼ Grouping the codes into what would become the five final themes
- ▼ Labeling each theme with an appropriate term
- ▼ Returning to each transcription a final time to ensure each segment truly fit within the theme

A total of 67 codes were identified. These codes were then synthesized to create five final themes. See Appendix C for a sample of the color coded segments and their codes and Appendix D for the organization of codes into themes.

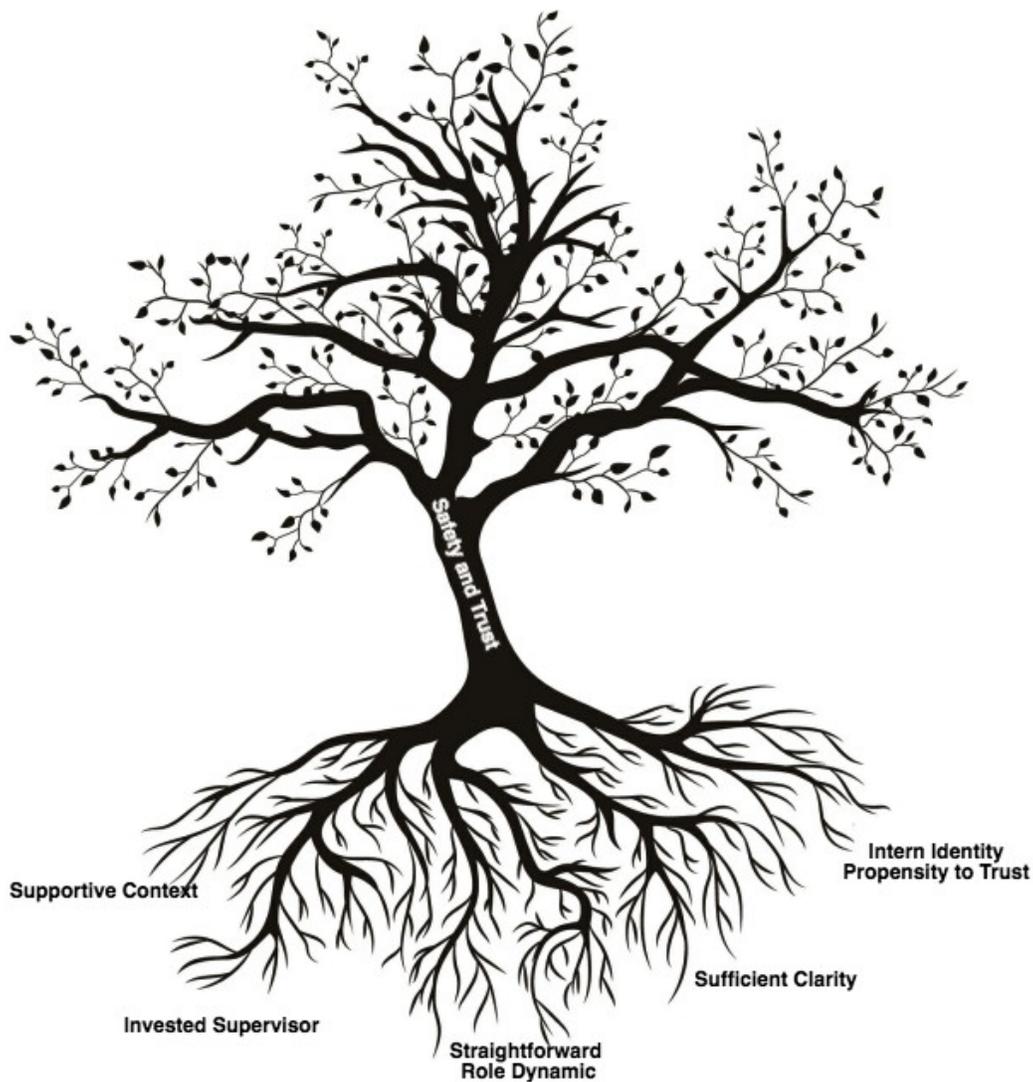
### **Approval from Human Research Ethics Board**

Approval to conduct this study was granted in December 2015 by the State University of New York at New Paltz Human Research Ethics Board. It was determined by this board that this study met criteria for interview/survey research exemption. In order to meet these criteria, it had to be determined that there was minimal risk of participant identification, minimal risk of physical, psychological, or social harm, and minimal risk of undue stress to the participants. Additionally, all participants were above the age of 18 and were capable of providing informed consent.

### **Results**

Five themes emerged from the four interviews. The emergent themes were: *context*, *supervisor investment*, *role dynamic*, *clarity*, and *intern identity*. These themes are all factors that either facilitated or impeded the establishment of safety and trust between the participant and their supervisor. Whether a theme was a helping factor or not depended on the unique situation of that participant. Each theme could be considered to have a positive and a negative depending on whether it led to trust or impeded

trust. For example, positive supervisor investment implies that the supervisor was invested in the participant, which tended to lead to trust. For the two participants who experienced the positive side of each of these themes, safety and trust with their supervisor was reported, whereas for the participants who experienced the negative side of the themes, there was found a lack of safety and trust.



*Figure 1.* Themes facilitating safety and trust. This figure illustrates the positive side of each theme as

these seemed to aid in the development of safety and trust. The tree image was found at freepik.com (freepik, 2016).

### **Context**

Each relationship between participant and supervisor was described as context dependent. This implied that external factors, such as the physical space, the culture of the site, and other interns or colleagues, as well as internal factors, such as the feelings between supervisor and supervisee towards one another and themselves, similarities or differences in beliefs and worldview, and connections in the field of musical play, affected the presence of safety and trust. Participants 2 and 3 described contexts that fostered personal and professional growth due to the support provided by their supervisors.

She [supervisor] was exceptionally supportive... I had two other girls I did the internship with, one of which, she wasn't really right in the head... I had to room with her, and she was really really horrible, and my director was very very helpful with me managing that... And if I had issues with staff that weren't helping me when they were supposed to, she, you know I only have to say something to her and she would get on that (Participant 2).

This extract illustrates how, despite factors that may have made it difficult to feel safe, the qualities of the supervisor overwhelmed these factors, creating an environment of support. Participant 3 also described how important the support of her supervisor was.

I think that, I think I never fully was given, and maybe this is getting very personal, I was never fully given a space to freely grow and feel supported. So I was given that and I think I thrived (Participant 3).

Context seemed to be particularly important for Participant 3, who up until her internship supervision had not experienced a space that provided both support and fostered independence and growth.

In contrast, participants 1 and 4 described contexts that were inhibiting. Participant 1 had multiple supervisors and was often unable to express needs as they arose.

I received kind of piece meal supervision from the director of the department, she was an art therapist. I was also offered partial supervision from another music therapist working in an administrative position, but she had to back out of that for personal reasons. She actually took a leave of absence from the facility during my internship so my hands on day to day supervision came from the two practicing music therapists who were on the floor everyday (Participant 1).

This extract highlights the somewhat chaotic context in which Participant 1 was receiving supervision.

At the time I was feeling very unsettled. I wasn't receiving that consistency or, you know, so I know that for in order for that development to take place you need to kind of have strong roots and foundations. I guess that's where the trust comes in. I didn't have that. And so I think part of it was that I was sensing that I didn't have that but I didn't have the confidence to really express that need (Participant 1).

Participant 1 understood that this context contributed to her difficulty in trusting her supervisors. The lack of consistency in who was supervising her prevented her from forming a strong connection in which trust could exist. This was further exacerbated by challenges in expressing to her supervisors what she needed to feel safe in supervision.

We're working with a community that's largely young women, and society kind of tells us that it's not ok to ask for what we want, or that what we want maybe isn't what we deserve (Participant 1).

Societal and cultural context influenced Participant 1's ability to express her needs. In Participant 1's experience, being a young woman made it more difficult to ask for what she needed, in part because she did not believe that she deserved to have these needs met.

Participant 4 described initially feeling very drawn to the context of his internship placement, particularly the musical environment, and later feeling very inhibited by it. Participant 4 was later accepted to another internship placement with more supportive context.

He [supervisor] knew her [client] favorite music and he started playing it, and I joined him in vocals, and it felt like we had this immediate musical connection. And it was intimate. And it was powerful. And I was very drawn to that and I felt like, wow this is very clear, this is where I should be, this is the person [supervisor] I need to be working with (Participant 4).

The musical connection between Participant 4 and his supervisor at the start of his internship made him feel as if this context would be beneficial.

Since he [supervisor] is such an amazing musician and his work is really through the music, it was tough to find my way of doing that because I was threatened. I couldn't really shine because I couldn't be as good as he is and I couldn't quite find my own way (Participant 4).

Here Participant 4 was no longer describing a musical connection to his supervisor, but rather how his supervisor's musical abilities became an impediment. Participant 4 could no longer feel safe in music at this internship placement because of the threat he felt from his supervisor's talent. In this case, the context made it difficult for Participant 4 to trust in his own use of music in music therapy as he could not match his supervisor in ability and struggled to find an approach that was different from his supervisor's. Participant 4 contrasted this experience with his experience in a second internship placement.

And that really changed in the second internship in which I was really able to be vulnerable and I know for myself that I was able to allow my own emotions to be present during the work, like I had a ton of questions come up for me during the full [second] internship, that had to do with emotions that I needed to process and understand how to deal with in the therapeutic relationship and the therapeutic process that never even came up in the first internship because there was no room for them. There wasn't safety for me to be open in the work (Participant 4).

This excerpt shows how a change in context affected the depth of his work, both personally and in his professional development. Once feeling safer, Participant 4 was more able to access and work through

his emotions in a way that he was not able to in his first internship.

Participants 1 and 4 both speculated that the level of comfort of the supervisor had a large impact on how safe or unsafe the context was for the intern.

I think that if there's an environment that is unsafe that must at least in part come from the person who is, who's role is to make the environment safe. That person must be feeling unsafe in some form (Participant 4).

It is Participant 4's belief that part of the supervisor's role is to create an environment in which safety and trust can exist. Therefore if the supervisor is not feeling safe in their relationship with the supervisee, this will be felt in the overall context, which will in turn make it more difficult for the supervisee to feel safe with the supervisor. Participant 1 conveyed a similar message.

I think in a crazy way it actually comes down to trusting yourself [supervisor] and your ability to clean up whatever mess your student makes. It's almost like maybe she thought, and I'm speculating, that maybe she had the idea of like 'Oh she's [Participant 1] going to break them [clients] and I won't be able to put the pieces back together' (Participant 1).

Participant 1 explained how a supervisor's lack of trust in their own abilities may make it difficult for them to allow a supervisee to work independently and support them through this work. This translated into Participant 1 feeling less confident in working with those particular clients as well as having difficulty trusting that supervisor.

### **Supervisor Investment**

The degree to which the supervisor was invested in the participant's growth and education, as perceived by the participant, was discussed at length in the majority of interviews. Participants reported a range of investment, from their supervisors being very invested to feeling that their supervisors simply did not care. Participants seemed to draw these conclusions about their supervisors' investment based on the degree to which the supervisor made themselves available, the level of structure they

provided, including projects and opportunities beyond what was expected, and apparent genuine interest in the participant and their work.

**Availability.** Participants 1 and 2 both commented on the availability of their supervisors during their interviews. Participant 1 had a supervisor that did not make himself very available, and was therefore unsatisfied with the frequency of supervisory meetings.

So I very rarely actually saw him, which I had a lot of feelings about because he was part of the reason that I was attracted to the facility (Participant 1).

The availability of this supervisor seemed to be very important to Participant 1. The fact that she did not see him as often as expected likely made trust more difficult. Participant 2's supervisor made herself very available, thus exceeding expectations.

When I was having any personal issues, she had a very open door policy and if I needed to contact her I could. There were no cell phones in that day so I couldn't text her and complain, but you know, if I needed to directly contact her I could call her on the phone. She gave me her home number (Participant 2).

This supervisor increased her availability beyond the bounds of the internship site by giving Participant 2 her home phone number. This helped Participant 2 connect with her supervisor at any time and from any location, thus increasing their closeness and giving Participant 2 the feeling that her supervisor cared about her well being.

**Structure.** Participant 2 spoke about her supervisor's ability to provide appropriate structure for to match her developmental level as the internship progressed. Participants 2 and 3 also experienced increased structure through relevant outside assignments and projects assigned by their supervisors.

She weighed my talents and my skill level, my skill set, pretty accurately, so immediately after we started working, she said 'Why don't we try this person or that person.' So, you know, she worked with me like a team initially and after that she backed off and just let me do my thing

and then she videotaped me to see how I was doing (Participant 2).

This continued understanding of Participant 2's skill level demonstrates that her supervisor was paying attention to her strengths and weaknesses, the work that she was doing, and her development as a clinician, thus indicating that she was investing thought and time into Participant 2. She continues, describing additional work that was done as a part of her internship.

We did research and studies and we would go on, at that time I had to go to the library, you go online these days, look up things that would document and back up what we were doing.

Researching studies that show using that technique might help (Participant 2).

Participant 2 here described an additional level of thoughtfulness and care that was present during her internship. Through these relevant assignments designed by her supervisor, Participant 2 was gaining the foundational knowledge that informed interventions and clinical skills. Participant 3 described similar assignments.

There was specific assignments... She had me watch this documentary and then write a reflection paper, or look up a certain diagnosis and understand the criteria. Also we went over the code of ethics for a certain amount of time. All different assignments that were fitting (Participant 3).

**Genuine interest.** Participants 2 and 3 described how their supervisors demonstrated interest in their work and their process through reflection, either in the form of weekly logs or during supervision meetings. In contrast, Participant 4 felt that his supervisor lacked presence and caring.

She made me write, she had me, she devised a log for me. So I had to, you know, write my ideas down, what I was doing with them, and document measurably how I was doing with them.

And then we would review that log (Participant 2).

This extract shows that Participant 2's supervisor was interested in her student doing evidence-based music therapy work, as well as brainstorming new ideas that would help Participant 2 find her own

style. Participant 3 described how her supervisor followed her weekly progress.

So once a week, every Friday, we would reflect upon the week. Usually I think, it's kind of coming back to me that she would have me talk about three things that needed improvement and three things that I did well that week. And starting with the needs improvement and ending with the what I did well so we could end on what I did well (Participant 3).

Participant 3's supervisor showed interest in both where Participant 3 needed to develop her skills as well as where she was excelling. This type of processing required self-awareness and insight on the part of Participant 3. She emphasized that these meetings ended with her describing what she did well during the week to close supervisory meetings on a positive note. Participant 4 did not experience the same positivity and emphasis on his strengths.

And I remember once, with the problematic supervisor, I begged for positive feedback. I begged for him to say what I was doing well. And it could be that it was such a fraught relationship I couldn't hear when he was giving positive feedback, it's possible, but I feel like it was the last time that we worked together, a few days before the internship ended, that I had a good session and he was observing, and afterwards I asked him 'What did you see?' and he's like 'You really want me to say that you did a good job, don't you?' Like, in a way that was removed and felt like he wasn't present, he was just saying that. And I was like, 'Yeah,' and he was like 'Good job.' Very empty (Participant 4).

Participant 4 had a need to hear his supervisor's feedback on what he thought he was doing successfully. However, the way that he described his supervisor giving this feedback, as empty and lacking presence, negated what was actually said. In the previous extract as well as the following extract, Participant 4 acknowledged the possibility that his perspective on his supervisor may have affected the way that he received feedback and interpreted his supervisor's level of investment.

It just felt like he didn't care... and that could be my sh\*t for lack of a better word, but I

remember that to me what encapsulates that problematic supervisory relationship was that he never cared (Participant 4).

Participant 1 gave an example of her primary supervisor showing more interest in the thought patterns of a client than the work that Participant 1 was doing with this client and her personal process while doing this work.

He [client] is the one that I felt I received the least supervision on. When I would go in to [supervision] sessions wanting to talk about him, my supervisor would just be kind of in this state of Freudian fascination with the stuff that came out [the client's thought patterns]. And yeah, yeah, this guy's [client's] brain is really cool, the way that he functions is very bizarre, but I think, you know, if I had had a little bit more support maybe I would have felt more comfortable about the work I was doing with him (Participant 1).

Participant 1 further highlights this point by explaining how much more comfortable she was in her practicum than in her internship, seemingly due to the level of investment of her supervisor.

The practicum, that was the most thorough in terms of supervision. She [supervisor] provided a really great balance of music and psychosocial supervision. Yeah, so she made us go to her office at 7:00 in the morning and play piano for her to prove that we knew the songs that we were supposed to play, yeah, very old school. But that kind of gave me the impression that I knew I could do older adults. That's kind of interesting, because that was in undergraduate for a semester, and somehow I felt more qualified to do that than what I had spent the better part of a year working with [in internship] (Participant 1).

Participant 1's practicum supervisor seemed to have high expectations of her students, but also clearly showed her investment in their clinical training in a way that Participant 1's internship supervisor did not. This had a lasting impact on Participant 1 which was evident in her choice of career. She did not feel that she was prepared to work in mental health despite her eight months of internship at a mental

health facility. Instead she looked for job opportunities with older adults, similar to her practicum experience.

### **Role Dynamic**

Several different role dynamics seemed to exist between participants and their supervisors. Particularly complex role dynamics existed in the internships of Participant 1 and Participant 4. For Participant 1, this seemed to be due to having multiple supervisors at one internship site and due to transference and countertransference. Similarly, for Participant 4, this seemed to be largely due to transference and countertransference. Both of these participants described the thought that went into navigating these complex and confusing dynamics. Participant 1 had to carefully decide how to work with each supervisor, as each relationship was very different and Participant 1 was aware of the possibility of her supervisors relaying things she disclosed to one another. Participant 4 described his attempts to elicit the supervisory relationship that he had expected.

**Role dynamics for Participant 1.** Participant 1 focused on her relationships with three supervisors, two younger music therapists and one older male music therapist. Participant 1 was most comfortable with the one of the younger supervisors, and when asked what she brought to those supervision meetings, she stated,

I didn't feel comfortable talking to him about any other groups other than the one he was in because I was really concerned about the social dynamic between him and his coworker [other MT supervisor]. I was aware of the fact that they hung out after work and they would go to the bar and I just felt really nervous about the fact that I wasn't getting along well with the other supervisor. I kind of worried that that would affect our relationship (Participant 1).

Participant 1 continued to describe her supervision with this other music therapy supervisor.

With the younger supervisor sometimes I had concerns about the way she might be judging me. Because for some reason with the older one it felt more like he was giving suggestions and with

the younger one it felt more like she was judging me. Part of that was misperception of her personality, part of that was my perception that she was uncomfortable and might not be experienced (Participant 1).

Participant 1 described how the feedback she received from her supervisors felt different depending on the supervisor she was meeting with. She explained that the judgment she felt from this supervisor was due to both her feelings towards this supervisor as well as this supervisor being relatively new to the field. She felt that trust was lacking in their relationship in general.

I think that there was maybe a lack of trust going both ways where she was feeling, as a young clinician, like 'Oh I just gained the respect of these clients and here I am trying to give it to a student that I don't know if I can trust,' and it was almost like handing off her baby. And that's much easier for an experienced clinician to do than someone who's not experienced (Participant 1).

The older music therapy supervisor is the supervisor that initially drew Participant 1 to this particular internship site. The expectation was a close working relationship with this supervisor with supervisory meetings once per week. However, more often they were able to meet only three times per month.

I handled it in a very passive aggressive way, and let everyone know except for them [supervisors] that I was frustrated that I had come to the site expecting one supervisor and getting another (Participant 1).

When Participant 1 discussed her relationship with this supervisor, the focus was on the power differential, the need to impress him, and the emergence of a father-daughter dynamic.

*Power differential.*

So this figurehead [supervisor] being I think male and older than us, and also having an advanced degree, I do think had a very very big impact on the way that things kind of played

out. I think that age was really important. Particularly the woman who had a few months of experience over me. And she was a woman. And then I received supervision from a man, who had a little bit more, but at the time had much of a younger presentation than he does now. And again, the two of them would talk about their social exploits in front of me at times. So they presented much younger than they were. But this figurehead I think easily became a figurehead because he fit that prototype of 'older white male with an advanced degree' (Participant 1).

A pronounced power differential emerged between Participant 1 and her “figurehead” supervisor. This was the result of a combination of factors including his age, gender, and level of education. This power differential further distanced Participant 1 from this supervisor.

*Transference and countertransference.*

And the daddy issues. I never ever ever wanted to disappoint him. And when I did, I would get so emotional and feel this like shame... So when I started to feel shame, that's when I started freaking out, because I kind of, I was starting to put my finger on it. I knew that deeper feelings that I hadn't felt in a long time, but they were so intense that I felt that I needed to get help for them and I think my supervisor kind of alluded to that and that's when I sought actually music therapy treatment for myself (Participant 1).

Participant 1 experienced father-daughter countertransference between herself and the “figurehead” supervisor. She was able to identify how her feelings, particularly shame, were related to those from her past. The magnitude with which she felt this shame indicated to her that she needed to process this countertransference outside of the supervisory relationship. She described a specific instance in which she felt intense shame:

That four month meeting, that was all that that was, was me feeling like, he came to me and said 'You should have done this by now,' and me saying 'I didn't know I was supposed to do this by now, I'm failing you.' You know it had nothing to do with me at the time, if I am failing you

than I feel this intense shame (Participant 1).

The countertransference that existed between Participant 1 and this supervisor caused her to feel that by not meeting all expectations she was failing her supervisor. She was so concerned with not disappointing her supervisor that she minimized her self and her priorities.

*The need to impress.*

So I had an individual during that time and the only supervision I received [regarding that individual] was from that kind of figurehead guy. And I felt that I needed to prove myself. That was my big place to be autonomous. And so I chose a very very ambitious, complicated client (Participant 1).

Early on in her internship, Participant 1 decided to work with a difficult client in order to demonstrate to her “figurehead” supervisor her capabilities. She had a strong desire to impress her supervisor and to exceed his expectations.

I just really wanted to impress him. There was a moment actually in that meeting, that pivotal meeting, where he said to me something along the lines of 'I took you because you were supposed to be an easy intern.' And that was just like 'Oh god! I'm not an easy intern?' It's almost like he felt the same bait and switch that I did (Participant 1).

This excerpt makes clear Participant 1's understanding that both her and her supervisor did not meet each other's expectations. Participant 1 had hoped to meet more frequently and have a stronger relationship with this supervisor, whereas he seemed to hope for an “easier” intern. While the qualities of an “easy” intern are unclear, it is clear that the complex role dynamic, characterized by countertransference, power differential, shame, and disappointment, negatively impacted the relationship.

**Role dynamics for Participant 4.** Participant 4 discussed his relationship with his supervisor from his first internship placement. This internship was terminated early due to the problematic

supervisory relationship. Participant 4 focused on transference and countertransference and power struggle and role reversal.

*Transference and countertransference.*

I felt that I was coming in with some form of, you know, maybe some past relationships that I was trying to identify and I was sharing with him, I was saying, you know 'My parents divorced when I was young, there was an absent father issue, maybe there's something here that I'm not recognizing, maybe we can, maybe if something feels tense or weird then we can just point at it and say 'Ok maybe something is going on here and lets focus on the work.'" But he really didn't communicate with me and it really felt to me, and in hind sight and having processed this for hours and hours and hours, I am absolutely certain that he was coming with past relationships too that he wasn't acknowledging. I have no idea whether he was acknowledging them to himself or in therapy, but he certainly wasn't bringing them to the table (Participant 4).

Participant 4 suspected that past relationships were affecting both himself and his supervisor. He was insightful about the father-son countertransference that he was likely experiencing, but was unable to process this with his supervisor. His supervisor was not communicative about his own transference or Participant 4's.

*Power struggle and role reversal.*

I was I think his 9<sup>th</sup> intern, but I was his first male intern, which might have been some kind of dynamic shift. When I spoke with, I spoke with his past interns, and I kind of got the sense that they allowed him to dominate. Which I really didn't. And I also know that the intern that came after me, who is a woman, didn't allow him to dominate. That created a very strong power struggle and her request to get a different supervisor at the same exact point in time at which my internship ended (Participant 4).

Participant 4 acknowledged that there was likely a change in role dynamic from what his supervisor

had experienced in the past, in part due to Participant 4's gender and the fact that he was not submissive. He presented evidence, based on his own experience and the experience of the intern who followed him, that interns who were more dominant conflicted with this supervisor. In the following excerpt, Participant 4 described how he attempted to coax supervision from his supervisor.

So I was coming from this environment [music therapy graduate school] of having opened up more and more and so I was able to really bring my vulnerability to the table and use it to try to entice my supervisor to earn it retroactively... I was trying to invoke a sense of, I was trying, it was a completely backwards thing. I was bringing up these things so that he would feel like he needs me to be able to trust him because I'm bringing these things to the table (Participant 4).

Participant 4 used his vulnerability to invite supervision by trying to show his supervisor that he needed it. Through bringing up issues in supervision, Participant 4 hoped that his supervisor would step into his expected role and provide supervision, thus earning Participant 4's trust. It became clear that the control that Participant 4 was taking was not leading to the results that he had hoped for.

Throughout this story there have been many moments where I was feeling like it was my role to lead. It was my role almost to be the supervisor of the relationship. And whenever I asked for support, I felt like I wasn't getting it, so I understood that I just needed to take care of myself in that sense... And I really felt, and I still feel, that because I was trying to make up for that and I was trying to create a sense of safety and support and grounding, I'm sure that was making him feel inadequate. I'm sure that was a big part of the dynamic (Participant 4).

Through his determination to shape the supervisory relationship into something that met his needs, Participant 4 believed that he inadvertently made his supervisor feel inadequate. The relationship between Participant 4 and his supervisor was so tumultuous that this internship placement was ended early.

*Termination of internship.*

He asked me to wait for him in the office and he came in and he said, 'Listen, this is going to be your last day here.' And I, I'm good in crisis situations, and in stressful situations, so I immediately said 'Ok, how do I best deal with this right now?' to myself. And I was like, 'Let's process this, let's deal with this, let's talk about this.' We talked about what went on. I was very accepting. I said, 'I understand that you've made your decision and this is what it is, I'm very sorry that this is the case, but I understand.' He said to me 'This was just too hard. I couldn't do it.' And he was talking about the relationship. And I suggested processing the end in music, and he agreed to that, and we made really beautiful music together. And he walked me out of the building, which he didn't need to do, and as we parted I saw tears in his eyes. It was, weird. It was really a weird story (Participant 4).

**Role dynamics for Participants 2 and 3.** Participants 2 and 3 did not describe complex role dynamics like those that existed for Participants 1 and 4. Rather, they used terms like “mentor” and “guide” as they described their supervisors. There seemed to be working collaboration and little uncertainty regarding roles.

She was very very inclusive, she was very respectful, and allowed us time to grow, and she treated us with respect. I mean, I never, I just instantly bonded with her. She was really very, she was a very good mentor (Participant 2).

Participant 2's supervisor fit the role of mentor and had qualities that allowed Participant 2 to feel safe in their relationship. Additionally, this supervisor took on the role of collaborator, enabling Participant 2 to brainstorm ideas with her in partnership.

Then a lot of times she would ask if we could come up with some ideas together. I currently do that with my students (Participant 2).

Participant 3 reported that her relationship with her supervisor developed into one that was supportive.

We had a very beneficial relationship. It grew over time. Initially I wasn't sure if we would get

along, but I really felt supported (Participant 3).

She felt that her supervisor was able to balance her role in such a way that she could mentor and collaborate with Participant 3.

I think there was a good mix of guiding me to the solution vs telling me the solution (Participant 3).

### **Clarity**

Clarity, in several different areas within the supervisory relationship and process, was found to be of importance to participants. A dichotomy existed in which participants either felt that things were made clear and they knew what to expect, or there was a lack of clarity in multiple areas. Participants 1 and 4 described this lack of clarity and the ways in which this impacted their supervisory relationships.

#### **Lack of clarity.**

##### *Expectations not explained to the participant.*

I was feeling like there was a lot of lack of clarity, like I really felt there were issues that were coming up in different times in different ways, and I really felt like things were being thrown at me and I couldn't expect what would, like almost every time that I would, no not every time I would come into the hospital, but once or twice a week I would suddenly learn that I was doing something wrong, that I hadn't anticipated. That I didn't know that I needed to do (Participant 4).

Participant 4 explained above how, due to a lack of clarity, he often made mistakes that would have been preventable had he had a more concrete understanding of what was expected of him.

##### *Unmet participant expectations.*

I am a very efficient person, I really kicked a\*s in my undergrad. I was efficient in terms of research and I wanted to bring that research into my internship, and I think there was a sense on both of our parts of this missed opportunity (Participant 1).

In the above extract, Participant 1 described how both her and her supervisor had maybe expected more to come out of this internship than what actually happened.

*Calling for a contract.*

I think if there would have been clarity there would have been an outline of 'Here's what this is, here's how it's gonna work.' That might have made things more possible, certainly clearer. Less easy to get distracted by things that were triggering perhaps emotions or I don't know, things that had nothing to do with what we were doing (Participant 4).

Participant 4 verbalized how increased clarity would have helped him to achieve more towards his development as a music therapist and would have provided guidelines for working through triggering events.

And I think it's possible if there would have been a contract. Things would have been just discussed clearly. Maybe he would have felt safe enough to allow me to feel safe enough to work (Participant 4).

He hypothesized that having a written document would have provided the necessary containment that he was missing in his relationship with his supervisor. It is possible that a contract would have both increased clarity of what was expected of Participant 4 and what he should expect of his supervisor. He believed that this could have helped both parties to feel safer in their relationship and therefore allow trust to form.

**Sufficient clarity.**

Participants 2 and 3 described a level of clarity that fostered feelings of safety and trust. This clarity came from appropriate structure, written expectations, and following AMTA guidelines.

Well they [supervision meetings] were very structured. It was very laid out. I had a hand out that explained exactly what they were expecting of me... She [supervisor] kept it very clear, we had notebooks we kept together and we each had the same exact thing in our notebooks so that

when we opened our page we were on the same page literally. So I mean yeah, so I would say that clear expectations (Participant 2).

In Participant 2's experience, what her supervisor expected of her was written out and presented to her in a way that was clear. In addition, her and her supervisor kept matching notes so that there were no misconceptions of what occurred in sessions or in supervision. Participant 3 described how structure and clarity were brought to her internship.

I felt like there was a lot of structure that she provided through, you know, laying out what was expected each week. So there was a good amount of structure but also room for me to grow, I didn't feel as though it was rigid... I believe it was pretty clear what was expected of me and there even was, she gave me, when I first started, I guess a breakdown of each topic that we would cover in weekly supervision and the things that she wanted me to research and reflect on during each week. So yeah, it was very well designed... She also told me, I'm pretty sure that she got some information that she used through one of the CMTEs. But I think that she really abided by the guidelines of the AMTA as well. You know using the competencies and the code of ethics as guidelines (Participant 3).

Participant 3's supervisor was able to create an appropriate amount of structure such that Participant 3 felt that she knew what to expect and what was expected of her without feeling restricted. Her supervisor used tools from her own continuing education and from the American Music Therapy Association as containment for her supervision of Participant 3.

While Participant 1 experienced lack of clarity in her internship overall, she did experience clarity with one of her supervisors, which increased the level of trust and comfort in their relationship.

I think its that he really leveled with me. Kind of the the therapeutic qualities that we look for in ourselves. You know, genuineness, empathy, being really open and honest about the process. He was always really intentional about the way he showed his cards to me. Sometimes he would let

me make mistakes and then explain to me why he let me make the mistake, and then other times he would say 'Hang on I need to show you this first,' but he would always double back and kind of explain the whole process in a way that was really transparent (Participant 1).

This supervisor's honesty and openness were important to Participant 1 in that they allowed her to feel safer and more able to trust him. Participant 1 stated that, whether he let her make mistakes or not, he clearly explained his reasoning in a way that she could understand.

### **Intern Identity**

Each participant who was interviewed for this study disclosed unique characteristics about themselves and their propensity to trust, which they believed impacted not only their relationships with their supervisors but also how they were affected by these relationships. These personal factors not only influenced their supervisory relationships but also what was gained from them.

**Participant 1.** Participant 1 focused primarily on insecurity and self-preservation. These aspects of personality and identity seemed to make trust in the supervisory relationship more difficult. For example, it was more difficult for Participant 1 to express needs as compared to other interns in the same program. She also grew to believe through her internship experience that she could not rely on her supervisors to take care of her and that she needed to look out for herself.

She [another intern] kind of felt like she had the right to a certain type of supervision and I think maybe I questioned, I questioned whether I was worthy of that (Participant 1).

This questioning of her worthiness prevented Participant 1 from asking for what she needed and expected from supervision. The lessons that she learned in her childhood also affected her attitudes in supervision.

In my own experience, I actually had a pretty difficult childhood so I've always been a very autonomous person. I've always been kind of 'The lemons in life give you something, whether its lemonade or a varnish,' you know? So going into that internship as a survivor again added an

extra layer of maybe the kind of feelings as: 'If I don't take care of myself no one will,' and it kind of reinforced that lesson for me (Participant 1).

Feeling that her supervisors could not take care of her fueled her belief that she needed to be more autonomous and not rely on the help of others. She described herself as a survivor, which can be defined as “a person who continues to function or prosper in spite of opposition, hardship, or setbacks” (dictionary.com, 2016). Her identity as a survivor was consistent with her view of life's lemons, or hardships, providing something.

Participant 1's identity and internship experience had a large impact on her choice of job. Rather than feeling like she could work in mental health, the same field as her internship, she graduated feeling unqualified to work with this population.

When I started my first job after internship, I thought I was running away from mental health, and it turns out that I was running back into it. Which is actually really great. Because I think I was running away from it because I left my internship feeling kind of like I wasn't prepared you know? Kind of like a screw up, and then found out that maybe I wasn't (Participant 1).

Participant 1 learned for her self that she was not unqualified to work in mental health, as she had believed upon completing her internship. She understood that her decision of where to work was in part affected by her need to protect herself.

I think a big major component of it was that my internship really exposed what was remaining of my personal issues that I needed to work through, and I felt like if I was working with a population that might not exploit those issues, it would be better for me at that moment (Participant 1).

Participant 1, as a survivor, was able to put her “if life gives you lemons” philosophy into practice. She took what was a “chaotic” supervisory situation and managed to find and implement tools that have helped her as she supervises her own students.

But kind of ironically, I think it's made me a pretty great supervisor because I know what it's like to have that chaos. So I try to be really mindful in my supervision and kind of take bits and pieces from my various supervisors (Participant 1).

**Participant 2.** Participant 2 self-described as trusting and naïve as an intern. As previously quoted, she experienced an instant bond with her internship supervisor, who was a supportive mentor.

I was very naive, I was never really sure what I was doing, and I felt my director and intern supervisor was extremely helpful (Participant 2).

Participant 2, when she was unsure of her clinical skills, felt that she was able to rely on her supervisor for guidance. This was likely helped by her innate propensity to trust.

My personality is that I trust, I can trust people more than I don't trust them (Participant 2).

She described just how important her internship experience and supervisory relationship were in her development as a music therapist.

Again I think my experience in my internship shaped where I'm at today, started that process.

And she also, my internship shaped me into a profession, and guided me to the national association of music therapy which is AMTA now. That you know, had I not done that, or if I'd had a different director that didn't push membership and fellowship with other music therapists, I probably would be not a music therapist today (Participant 2).

Participant 2 was able to trust her supervisor as a model and use similar skills and approaches as she supervises her students.

So I can say I took that skill off my intern director. I still do that with my students (Participant 2).

**Participant 3.** Participant 3 spoke extensively about what she gained as a result of her internship experience. This included confidence, support, foundational skills, and personal growth. The internship experience and supervisory relationship affirmed for Participant 3 who she was and wanted

to be as a music therapist.

*Identity development and personal growth.*

I don't think that every single thing that she [supervisor] valued or believed in or the approach that she took was directly aligned with me, but I think that, I think honestly it helped me to learn how I wanted to be. I mean, I developed all of that, I developed my identity as a student music therapist I guess, throughout my four years, but I think that she modeled a lot of really great things for me (Participant 3).

Participant 3 was able to take the style and skills that her supervisor showed her and use them to discover the music therapist identity that was true to herself. Through her internship, Participant 3 also learned that she really did want to be a music therapist, despite being unsure before the start of her internship.

I wasn't sure if I really wanted to continue to pursue music therapy upon finishing my coursework, prior to internship. And I was kind of dragging my feet, because I wasn't sure. And this experience really solidified in my mind that it was what I was supposed to do. So I, I feel like, sometimes I even have said in the past that I think I grew more in that 6 months than I grew over an extended period of time. You know, the 4 years. Sometimes I would even say that (Participant 3).

This extract emphasized the value that Participant 3 placed on her internship experience as she felt it enabled her to grow and develop in a way that she had not during her music therapy coursework. This development was not only in clinical skills, but also in her self as a whole.

The growth that I made in my internship experience directly affected me on a personal level. In a positive way. So I really feel as though I became more secure in who I was as a person, not just as a musician or a music therapist. So, it really, I really received much more benefit than I ever thought that I could from that type of experience (Participant 3).

*Increased confidence.*

I think, speaking about certain things that arose, I then was able to gain some confidence to go and try something different, or to try it again with a different group of people. I think a lot of times, a lot of times we tend to, I tend to doubt myself sometimes, I mean we all do, and a big thing that I learned was, sometimes it's, you could do really any type of intervention and sometimes people just aren't receptive to it. So to understand that sometimes it wasn't me, and just because I was new and maybe not sure, to know that somebody else got the same reaction from that group of people (Participant 3).

Through her experience in music therapy internship, Participant 3 became more confident in herself as a clinician. This confidence increased her flexibility and helped her to take unsuccessful interventions less personally. She also gained music therapy tools that she has been able to rely on.

I think that, I always have things that I can go back to, almost like a baseline that I know that I could utilize as an assessment or use as groundwork for something else that I would want to try. I think I really have a solid foundation due to that experience, to be able to address things that arise. I think also I learned that it's ok to ask for help and I don't have all the answers. And so, I think I feel a lot more open to communicate that to other people (Participant 3).

Participant 3 also spoke about her reluctance to leave her internship placement, knowing that she may not receive the same level of support as a professional.

Because of how supported I felt then... I didn't want to move on. Like I wanted to stay. So being able to transition from internship into the professional world was a pretty good transition but it was difficult in a lot of ways because, you know, then you go and you're job searching and all that. I know sometimes people are offered a job after they complete their internship and I actually was offered per diem work but I wasn't offered a position. And so, that transition was somewhat difficult because I knew other people that did their internship and then they were

offered a job... It's hard. Especially if you're getting good supportive supervision, to know that 'Oh I'm not gonna get that anymore' (Participant 3).

**Participant 4.** Participant 4 discussed the impact that his gender had on his ability to trust in relationships. He also discussed his tendency to take things at face value and expect the best from his supervisors. Negative supervisory experiences altered this for Participant 4.

I trust too easily. That was something that I learned a little later on in my life... I do come to the table with the assumption, or I came to the table with the assumption that things are what they seem. That if there is a supervisor whose role is to supervise me, then he has my best interests at heart and that's what's gonna lead this. I just went with that. And that's something that I can do. It might be because I, you know, I'm a man so I need to deal less with safety issues in my life. And I have a certain amount of confidence and assertiveness that I bring with me and I can kind of rely on that (Participant 4).

Participant 4 displayed insight into how his own identity, beliefs, and values may have made his relationship with his supervisor more difficult.

I don't accept power for power. I accept authority when it's based on something. I don't accept authority just because. And I think that was, that really triggered something for him (Participant 4).

Participant 4 believed that his supervisor felt challenged by the way Participant 4 felt about authority. While he agreed that the supervisor-supervisee relationship is inherently hierarchical, Participant 4 needed his supervisor's authority to be justified or earned to appreciate it. He continued to describe other ways in which he felt he challenged his supervisor.

I think a big part of the dynamic was I was hell bent on making it work. And I felt really strongly that, I, I'll finish that sentence. I succeed. That's part of my personality. I come at things with everything I have, and I make them work. And I try to do that in a bunch of different ways.

I both bring a lot of hard work and I both try to see what's going on. And I really felt that when I was trying to look at things from different angles and comprehensively and bring everything to the table, that was really threatening to him (Participant 4).

As discussed previously, Participant 4 felt inhibited and threatened by his supervisor at his first internship placement. This impacted his ability to truly express himself and grow as a music therapist. Participant 4 was able to connect with his music therapist self only once his supervisor had given him the space to do so.

And it was just this moment where I was, I didn't know that song well enough to know the chords and to really you know give an experience of this is the song, and I didn't need her [client] to do that either. I could just work with what she wanted in that place, and to give her an experience that was completely removed from the medical setting. In a person to person kind of environment. So I was really doing music therapy in a way that didn't have to prove anything to anyone, that wasn't, and I think that was because I was at a point where I, maybe because he [supervisor] had let go. Because he knew that this was ending. I didn't know it yet but I felt like something was released and I could do that... I could really be there. I was free enough to do the work without worrying about anything else. And that was me working with my own tools, as I was getting to know them (Participant 4).

Once Participant 4 was at his second internship placement, he was able to continue to get to know his tools and skills as a music therapist.

There are a few moments that I have in my mind that were just so precious and vulnerable and just this tiny hand holding of the most precious emotions of people that were dying. That I could just be completely gentle and open and present. I don't think I could have done that in an environment where I didn't feel that I was respected and held and being treated sensitively (Participant 4).

### **Discussion**

This research on safety and trust in the supervisory relationship was an exploration into the lived experience of four practicing music therapists who completed a clinical internship as a part of their music therapy degrees. The participants answered questions in a semi-structured interview and provided anecdotal responses full of rich description. Participants spoke about the factors that contributed to or prevented the establishment of trust and safety. This included the context of their supervision, the degree to which their supervisor seemed invested in their process and progress, the role relationships that existed between themselves and their supervisors, the level of clarity of expectations, and the ways in which their own identities affected the supervisory relationship, thus yielding the themes: context, supervisor investment, role dynamics, clarity, and intern identity.

### **Triangulating Literature**

Smythe, MacCulloch, and Charmley (2009) spoke regarding supervision in context, stating “To yield effective supervision, play must be rooted in integrity, played out in a safe supportive environment, and underpinned by humility and courage. How the supervisor listens determines what the speaker will say” (p. 17). The idea of a safe, supportive environment was important to each participant in some way, as participants either described appreciating the supportive space that they felt with their supervisor or feeling that had they had more safety and support they would have been more able to trust their supervisor. The statement about the impact a supervisor's listening has on what the supervisee shares holds true for the participants in this study, and perhaps can be taken one step further. In Participant 4's case, he felt a lack of presence from his supervisor, which led to him exposing his vulnerabilities, hoping to elicit a more caring, more supervisory response. Participant 4 was able to compare his qualities as a student music therapist between his two internship sites, noticing that when he was being listened to and heard with presence he was able to connect more deeply to clients in sessions and more deeply to his own emotional responses.

While this article by Smythe, MacCulloch, and Charmley (2009) was not specifically about music therapy supervision, they brought up the field of play and supervision as play. This reference to play called to attention the fact that only one participant, Participant 4, discussed playing live music with their supervisor, aside from a supervisor checking for competence. The above authors describe successful play in supervision as both parties losing themselves into each moment and experience, made possible by trusting in the process of supervision. Wheeler and Williams (2012) conducted a study in which they interviewed five music therapy practicum students on what was helpful and not helpful in their experiences of supervision. Interestingly, none of these students discussed the subject of music in music therapy supervision. This raises the question, how important is the making of music between supervisor and supervisee in music therapy supervision and how would music affect safety and trust in this relationship?

Young and Aigen (2010) found that the majority of music therapy supervisors do not use live music making in sessions with their supervisees, despite music therapy literature stating multiple benefits. These benefits include gaining insight about dynamics in the supervisee-client and supervisor-supervisee relationships, catharsis, insight regarding musical tendencies, and insight about countertransference. These authors also stated that the use of live music in supervision can facilitate identity development through connecting the supervisee to their creativity and clarify roles.

Camilleri (2001) described how making music was essential in developing her self-awareness as a music therapist. She explained that through her music she could observe her own self-growth. She also argues that making live music can help reveal emotional responses and the presence of countertransference. Dillard (2006) conducted a phenomenological inquiry on musical countertransference. One finding was that music acted as a metaphor for the relationship between participants and their clients in that it represented the dynamic between them. She also found that awareness of countertransference was found to be helpful for both participants and their clients, but

countertransference left unresolved had a negative impact. This finding relates to the negative experiences had by Participant 1 and Participant 4, as they both experienced countertransference but were unable to process it with their supervisors. Scheiby (2005) advocated for the increased use of music in supervision, as there are so many things that it can reveal.

The theme of role dynamic was somewhat unbalanced, in that participants who experienced complex or confusing role dynamics discussed this theme more than participants for whom the role dynamic was more straightforward. Despite the lack of balance, I felt that it should be interpreted as a theme as it was discussed in such depth by Participants 1 and 4. Particularly relevant for these participants was parent-child countertransference. Salmon (2013) described parental transference in supervision as the intern experiencing their supervisor as a parental figure. Both Participants 1 and 4 experienced their supervisors as father figures, which reawakened feelings of shame and abandonment, respectively. Salmon described phenomena similar to the experience of these participants:

A negative parental transference might be occurring when the intern anxiously anticipates being judged as if by a harsh, critical parent. He or she may use various defensive strategies to avoid feeling this anxiety, such as withdrawing, taking extra work, or becoming angry and critical [of] him or herself. The supervisor may, countertransferentially, feel confused or even become critical of such an intern (Salmon, 2013, p. 19).

Some of these patterns of behavior were evident for these participants. For example, Participant 1 described taking on an overly ambitious client in order to prove her worth to her supervisor. Both Participants 1 and 4 withdrew in some form, as each explained feeling that they were the only person who could attend to their own wellbeing. Additionally, both of their supervisors were described as critical; Participant 1 reported being criticized for not meeting expectations and not being an “easy intern,” and Participant 4 stated that he needed to beg for positive feedback.

For Participant 1, the father-daughter dynamic led to feelings of shame, for which she sought

outside music therapy for herself. Farber and Hazanov (2014) found that several factors contributed to supervisees seeking help from sources other than their supervisor, such as psychotherapists and peers. These factors included feeling intimidated by the assigned supervisor, feeling the supervisor is judgmental, having a disagreement with the supervisor, feeling stuck, and feeling like they made a clinical mistake.

The identity and identity development of music therapist participants was a central theme in several studies. Wheeler and Williams (2012) had one participant describe their revelations as to their strengths, leading to increased security about their identity as a music therapist and increased confidence in clinical scenarios. This is similar to Participant 3's experience in her internship, as she noticed her own personal growth, clinical growth, confidence gain, and self-affirmation that she was a music therapist. Each of the four participants acknowledged in some way that at the time of their internships they were in a stage of identity development, of growing, or of being lost and finding themselves.

### **Connecting to Research Questions**

My initial research question was: how are safety and trust established within the relationship of a music therapy intern and their clinical internship supervisor? Each of the emergent themes contributed towards understanding this question. Within the theme of context, a context in which participants felt safe and supported contributed to safety and trust. Supervisors who were perceived as invested in the participant were more trusted by participants, whereas those who seemed not to be invested were less so. Complex and confusing role dynamics in which countertransference was present impeded the establishment of safety and trust. Clarity was favored by participants in that understanding what was expected of them added security and structure that allowed for feelings of safety. Lastly, the participants' identity, especially their lived experience, past relationships, and propensity to trust, was related to whether or not they felt they could rely on their supervisors.

The first sub-question was: how did safety and trust within the supervisory relationship affect the participants' work as interns? As professionals? Each participant discussed all or part of what is asked in this question, either through explaining the impact that the supervisory relationship had on their performance in sessions, the influence their internship experience had on their choice of job, or the way that their supervisor affected the way that they now supervise interns. For example, Participant 4 explained that he did not perform as well in sessions during his first internship placement, where safety and trust were lacking.

In the first internship, I was bringing some raw tools that were undeveloped and that I didn't quite know how to work with. And that was, that affected both the music and the openness and lack of malleability with which I was presenting the music. I had an external supervisor that observed me three times during the year, once with the first internship and twice with the second internship, and she really noticed with the first time she observed me how I was closed off. How I was sticking to the music. How it was hard for me to connect [to clients] during the music (Participant 4).

Participant 1 stated that she searched for jobs outside of the field of mental health because she left her internship feeling unqualified to work with this population. Whereas Participant 3, who did experience safety and trust with her supervisor, chose to work in a setting similar to her internship.

P3: I work at a, I work on an inpatient psychiatric unit, an acute inpatient psychiatric unit. In a hospital.

R: Ok. Was your decision at all based on your internship experience? Your decision to work there?

P3: I would say so, yes. Yeah.

Participant 2, who is now a supervisor herself, reported supervising her interns using approaches and tools similar to those used by her internship supervisor. The supervisory relationship was successful for

Participant 2 and her supervisor functioned as a model and a resource for her. Participant 1 is now also a supervisor and also described using supervisors as models and resources. However, because Participant 1 had multiple supervisors and did not experience sufficient safety and trust, she was selective in which techniques and tools she incorporated into her supervision style, choosing different things from different supervisors.

Second, how did safety and trust within the supervisory relationship affect the participants' in their personal development? Participant 3 felt that she grew as a person as a result of her internship experience. This was due in part to the trusting relationship that she had with her supervisor. The supervisory relationship for Participant 3 was a safe space in which she could thrive. While other participants discussed ways in which they were affected personally by their supervisors, no one else directly stated that safety and trust in supervision affected their personal development. It is however possible that the lack of safety and trust that Participant 1 experienced caused regression rather than development.

P1: I had really kind of adolescent feelings of angst about the situation for a while.

R: Ok. Is there, would you be willing to talk a little more about that?

P1: Sure, I mean, I had mentioned kind of being passive aggressive and talking to other people in the department about how I was frustrated about my supervision. Particularly co-interns, you know, there were interns from other disciplines who I found can chip in and you know the rumor mill was active as it is want to in an office. And so it easily got back to my supervisors, but in retrospect and knowing where I was at the time, I would imagine that that probably was my intent in some way. To express that need, I just didn't know who to express it to and was just scared.

Participant 1's strained relationship her supervisors influenced her decision to discuss her frustration with staff and interns rather than her supervisors. In her words, she acted passive aggressively and had

feelings she considered to be adolescent. She supported this by explaining that subconsciously she wanted her supervisors to find out about her feelings and her needs that were not being addressed despite her not telling them directly. Adolescent feelings and behaviors may have been a consequence of the lack of safety and trust.

My final sub-question was: how do music therapy interns experience safety and trust, or lack of safety and trust, between themselves and their clinical supervisor? There are multiple components involved in the answers to this question, which vary depending on the participant. The experience of safety and trust is personal and subjective. While this question was not directly answered by any participant, some inferences can be made based on what participants emphasized during their interviews. Participant 1 emphasized conflict, issues, judgement, shame, and insecurity, indicating that the lack of safety and trust manifested in those feelings for her. Participant 2, who did experience safety and trust, frequently used words such as supportive, helpful/helping, respectful, inclusive, and professional. Participant 3 also experienced safety and trust, yet most frequently used different words, such as supportive, developed, improvement, transition, and identity. Participant 4 emphasized words like threatened, problematic, empty, hard, and lack, which may be how he experienced the absence of safety and trust in his relationship with his supervisor.

To determine the most frequently used words that I interpreted as characterizing the experience of safety and trust for the four participants, I used the word cloud generator, WordClouds.com. I entered the extracts that participants approved for inclusion into the word cloud generator, which creates clusters of words in which the most frequently used words appear the largest, thus creating a visual representation of each participant's words. These graphics enhance understanding of how each participant experienced safety and trust, or lack of safety and trust through emphasizing the words they used most often to describe their experiences. I chose to eliminate from the clouds words which I felt added no value or insight, such as and, also, and because.







Figure 4. Participant 3 word cloud. Participant 3's highest frequency words were think, feel, know, experience, internship, and music. Other significant words included supported, personal, improvement, identity, directly, given, able, and difficult. Difficult was used in the context of her supervisor helping her through a time that was personally difficult and when Participant 3 described finding it difficult to leave her internship site.



### **Implications for Music Therapy Supervision**

The perspectives of the music therapists interviewed in this study brought insight into ways in which safety and trust are achieved in supervision. Therefore, the results presented may be helpful for music therapy supervisors who hope to establish trusting relationships with their supervisees, keeping in mind that due to the nature of this study these results are not generalizable.

Within each emergent theme there were factors that were helpful in the establishment of safety and trust. Participants who felt that their music therapy supervision existed within a context that was supportive reported feeling safer with their supervisors than those who did not. Contexts described by participants who experienced safety and trust were described as supportive spaces, in contrast to those that were described as chaotic or inconsistent. High levels of supervisor investment were considered to be positive by all participants, either because this was reported directly or because participants were disappointed that their supervisor did not seem to be very invested. The supervisors who demonstrated their investment through spending time with their interns, providing positive and constructive feedback, and assigning relevant coursework were more trusted.

With regard to role dynamic, those that were more straightforward, such as mentor-student, seemed to be most helpful. The role dynamics described by Participant 1 and Participant 4 were quite complex, in that they involved layers of countertransference and power struggle. These dynamics were difficult for the participants to navigate. Clarity with regards to what was expected of the participants as interns and what they should expect from their internship experience was positively correlated with feelings of safety. Participants 2 and 3 were given written expectations that they both found to be helpful. Participant 4 hypothesized that a supervision contract would have been helpful to both him and his supervisor.

The characteristics of the intern themselves, such as their propensity to trust based on their lived experience, no doubt affect the establishment of safety and trust in the supervisory relationship. As the

supervisor cannot change what has happened to the intern in their lifetime, future research may be needed to investigate how to best work with students who have a low propensity to trust.

**Implications for participants.** Through this study, four music therapists were given the opportunity to share their stories and give voice to their internship experiences. These participants reflected on their journey to becoming music therapists and the affect that their internship supervisor had on this journey. One participant reported gaining new insight as a result of this study.

Well I'm realizing one negative aspect is that, the group that I felt super self-conscious with the younger supervisor was a relaxation group, and part of the intention of me being involved in that was to get me comfortable with that technique. And I realize now as I'm trying to use that technique in practice that I don't feel as secure about it. Its like, I know I screwed it up in my internship, and so I think I probably avoided it in practice until recently. I'm actually an NMT and so I'm approaching it through an NMT lens, so I have that confidence in knowing that this is a really grounded methodology, I know what I'm doing, but I still look at the process in it and start a session and I go 'ooh...' and that's interesting. I hadn't really connected that until we started talking about it, so thank you! (Participant 1).

Through reflecting her relationships with her internship supervisors, Participant 1 realized that a lack in safety and trust made her insecure when leading music and relaxation groups. This insecurity followed her from her internship into her professional work.

**Implications for the researcher.** Through conducting this study, I was given the opportunity to gain and share the knowledge of the four participants that I interviewed. I was impressed by their insight, their openness, and their willingness to discuss events and experiences from a very formative and personal time in their lives. I felt connected to these participants and their stories and became invested in them. On the topic of safety and trust, I felt that they trusted me as both a confidant and as a reporter who they expected to share their stories honestly and thoughtfully. This became a great cause

as well as a great responsibility and I placed high value on not letting my participants down. I thank these four participants for allowing me to hear them, interpret their words, and represent them in writing.

Much of what was said during the interviews I felt connected to on a personal level. Having gone through the music therapy internship experience recently, I felt the weight and importance of the supervisory relationship as they discussed it. My own supervisory relationship was overwhelmingly positive, and more often than not I felt that I could trust my supervisor and felt safe in our relationship. However, there were moments of anxiety, which I attributed to role ambiguity, as I was close in age with my supervisor and our relationship sometimes felt more like colleagues or friends than supervisor and intern. I think it is due to these moments that I was so drawn into the narratives of Participant 1 and Participant 4, particularly as they discussed role dynamics. I heard such complexity, richness, and depth as they discussed these dynamics, which made me want to spend significant time and give significant weight to this part of their experiences.

It also became clear that those participants who were in a sense wounded by their supervisory relationships were the participants who created solutions to “fix” music therapy supervision. This included suggesting the supervisory relationship always have a contract, interns always having one central supervisor, and interns having the option of receiving outside therapy as part of the internship process if issues arise that would be best processed with third party. I had to take a step back and remind myself as researcher that, while these suggestions have merit, my agenda is not to police music therapy supervision.

I was reassured by the experiences of Participant 2 and Participant 3 and was thankful that they had been able to be part of supervisory relationships that sounded so ideal. I found myself wanting to advocate for music therapy supervision to look like what was described by these participants. At times I had to use restraint and remind myself that there is no “correct recipe” for supervision, and to declare

that there would be to invalidate the many shapes and forms of music therapy supervision. While my interpretation is inextricable, I tried to focus primarily on reporting the experience of the participants.

**Trustworthiness.** To assure that the results of this study, as I interpreted them, were an accurate representation of the lived experience of the four participants, each participant was sent an email containing the five emergent themes with their supporting quotations. The participants were asked for their feedback on the themes and quotes that I selected, both to confirm that the chosen quotations were approved for use and that my findings spoke true from their perspectives. Three out of the four participants responded to this email. These three participants agreed with my findings. Two of the participants suggested minor edits which were made.

**Suggestions for future research.** There were several factors that limited this study, including the small sample size, the nature of the interview, and the lack of follow up interviews on related topics. While the sample size of four participants allowed for richness and depth regarding their experiences, a larger and more varied group may have led to different results. All participants were living and working in the eastern United States at the time of the interviews. It would be interesting to conduct a similar study across a greater distance, perhaps internationally, to explore the cultural component in greater depth. Similarly, only one of the four participants was male, so I believe there would be value in expanding the sample to include additional male perspectives.

While the semi-structured interview allowed for valuable freedom for the participants to discuss what they felt was important regarding safety and trust in supervision, I recognize that led to not all participants being asked the same questions. It is possible, that had questions been more uniform, different results may have emerged. Future studies could include a survey component of standard questions to be completed by the participant in addition to the interview. In this way, exploration of the lived experience of the participants would not have to be sacrificed.

I believe that further insight could be gained by conducting follow up interviews with the same participants on related topics, such as how safety and trust in the supervisory relationship affect the development of clinical skills, if safety and trust in the supervisory relationship are essential for a “successful” internship experience, and what role safety and trust play in other relationships within the internship. It may be meaningful to explore the affect that a participant's trust in themselves has on the supervisory relationship and on the internship experience in general. A music therapy intern forms relationships with many professionals, other students, and multiple clients. It would be interesting to investigate safety and trust in several of these relationships to see whether or not patterns emerge and what implications there may be. In this study, each participant reflected on their experiences as students. Future interviews could explore safety and trust between themselves and their present supervisors, for those who are participating in professional supervision. Similarities and differences could then be explored.

### **Conclusion**

It was my goal to explore the lived experience of music therapists in their relationships with their internship supervisors in search of understanding. My belief is that safety and trust are essential components of these relationships. Therefore understanding how safety and trust came to be, or what prevented them from being established, is valuable information for the field of music therapy. Whether or not safety and trust were present, it was clear that the supervisory relationship for these four participants had a lasting effect.

Overall I think I've modeled my supervision style probably after her. It's wonderful (Participant 2).

I really received much more benefit than I ever thought that I could from that type of experience (Participant 3).

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## Appendix A: Consent Form

**Researcher:**

Carolyn Lieberman MT-BC  
Graduate Student at SUNY New Paltz, New Paltz, NY 12561  
B.A. Music Theory and Composition at University of Vermont Honors College  
M.S. Music Therapy at SUNY New Paltz, expected May 2016

**Purpose:**

The purpose of the proposed research is to investigate the establishment of safety and trust within the relationship between the music therapy student and their clinical supervisor.

**Description of Thesis:**

After agreeing to participate in the study, the researcher and participant will establish a mutually convenient time to discuss safety and trust in music therapy supervision. Interview questions will be asked either in person in a private room, or via telephone or Skype. The interview will last up to one hour and will be audio recorded. Approximately four participants will be interviewed.

**Risks:**

There are no known risks to participants in this study. If a participant is uncomfortable with any question or topic, he/she should notify the researcher. Participants will be offered an opportunity to listen to the recorded interview. If a participant is uncomfortable with any portion of the recording, the researcher will delete that portion.

**Expected Benefits to Participants:**

Participants will have the opportunity to reflect upon their experience in clinical supervision. Participants may gain insight into their clinical training and supervisory relationship.

**Confidentiality:**

The researcher will record the interview on her password protected personal computer. No identifying information will be included in the recording. The audio recordings will only be used to examine the establishment of safety and trust in the supervisory relationship. A copy of the consent form will be kept in the researcher's locked desk for three years at which point they will be shredded.

**Contact Information:**

Carolyn Lieberman  
**Email:** [liebermc1@hawkmail.newpaltz.edu](mailto:liebermc1@hawkmail.newpaltz.edu)  
**Phone:** (914) 924-2508  
**Faculty Advisor:** Dr. John Mahoney, Professor of Music Therapy, SUNY New Paltz  
**Faculty Phone:** (845) 257-2709

One copy of this consent form will be kept with the researcher and her records. The participant will be given a copy to keep.

The Human Research Ethics Board of SUNY New Paltz has determined that this research meets the criteria for human subjects according to Federal guidelines.

Participation in this research is voluntary. Participants are able to withdraw from this study at any point in time by notifying the researcher. There is no penalty associated with withdrawing from this study. Even after agreeing to participate in the study and signing the consent form, the participant may leave the study at any time.

For questions about your rights as a research participant, contact the SUNY New Paltz Human Research Ethics Board (which is a group of people who review the research to protect your rights) at [\(845\) 257-3282](tel:8452573282)

“I have read, or been informed of, the information about this study. I hereby consent to participate in the study.”

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B: Interview Questions

## Demographics

- Gender
- Age
- Years of practice
- Level of education
- Other factors if relevant: race, ethnicity, sexual orientation, religion

## Interview Questions

- 1) Can you tell me a little bit about your experience as a music therapy intern receiving clinical supervision? How long did you work with this supervisor, how often did you meet, were they an MT-BC, did they work at your site?
- 2) How would you characterize your relationship with your clinical supervisor?
- 3) Did you feel that safety and trust existed within this relationship? If so, can you tell me about how this was established? If not, why did you feel this was lacking?
- 4) Was there a particular moment when you realized that safety and trust had been established?
- 5) How did the existence of safety and trust, or lack of safety and trust, affect your work as a music therapy intern?
- 6) How did safety and trust within the supervisory relationship impact your later work as a professional music therapist?

## Other related questions:

- 1) Did your supervisor use a particular approach or model in supervision?
- 2) Did you and your supervisor have similar world views? Values? Philosophies?
- 3) Was your supervisor culturally sensitive?
- 4) Did you and your supervisor establish clear roles/boundaries? Were these consistent?
- 5) Did supervision shift as you developed? Was there appropriate challenge?
- 6) Did you and your supervisor establish clear goals for supervision?

Note: Interviews were semi-structured, therefore not all of the above questions were used for each participant and other questions were asked when relevant.

Appendix C: Grouping Segments into Codes

consistency	I also in undergrad received a really great amount of supervision it was consistent.	p1
Well established program	All of my other practicums were done at places that had long standing music therapy with long standing supervisors.	p1
Experienced supervisor	All of my other practicums were done at places that had long standing music therapy with long standing supervisors.	p1
	<b>I think she had been employed there for about 6 years but it only, I think we were her second group of interns. No her third group, we were her third group.</b>	p2
Similar personality	the one that I connected the most with had a personality that was very close to mine.	p1
helpful	<b>I was very naive, I was never really sure what I was doing, and I felt my director and intern supervisor was extremely helpful</b>	p2
Above and beyond	videotape my sessions with clients. And we were actually able to see, compare one, three months, and then three months later.  she made me write, she had me, she devised a log for me. So I had to, you know, write my ideas down, what I was doing with them, and document measurably how I was doing with them. And then we would review that log and then she wrote down and she typed in on a typewriter, haha, yeah that's how scary that is, our meetings.  we did research and studies and we would go on, at that time I had to go to the library, you go online these days, look up things that would document and back up what we were doing. Researching studies that show using that technique might help and then show, now currently my students do the same thing.	p2

Appendix D: Code Organization Table

**Codes**

**Initial Codes:**

Multiple supervisors  
 Infrequent supervision  
 Inexperienced supervisor  
 Unmet expectations  
 Unmet needs  
 Influence of others  
 Perceived judgement  
 Conflict  
 Freedom to make mistakes  
 Power differential  
 Emotional distance  
 Inflexibility  
 Lack of clarity  
 Different orientations  
 Lack of presence  
 Supervisor feeling unsafe  
 Honesty/transparency  
 Empathy  
 Similar orientations  
 Consistency  
 Established program  
 Experienced supervisor  
 Similar personality  
 Helpful  
 Above and beyond  
 Supportive  
 Structure  
 Respect  
 Appropriate level  
 Frequent supervision  
 Less power differential  
 Available/inclusive  
 Clear expectations  
 Musical connection  
 Supervisor relaxed  
 Presence  
 Self-consciousness/insecurity  
 Feeling inhibited  
 Feeling threatened  
 Manipulation  
 Increased mindfulness  
 Seeking alternatives  
 Autonomy  
 Worse performance

**Code Groups:**

**Group 1:**

Multiple supervisors  
 Conflict  
 Influence of others  
 Established program  
 Musical connection  
 Inflexibility  
 Supervisor feeling unsafe  
 Feeling inhibited  
 Feeling threatened  
 Security/safety  
 Supervisor relaxed  
 Frequent supervision  
 Infrequent supervision  
 Worse performance

**Group 2:**

Above and beyond  
 Appropriate level  
 Infrequent supervision  
 Frequent supervision  
 Available/inclusive  
 Presence  
 Empathy  
 Supportive  
 Structure  
 Emotional distance  
 Freedom to make mistakes  
 Helpful  
 Focus on negatives  
 Focus on positives  
 Lack of presence  
 Respect

**Group 3:**

Power differential  
 Less power differential  
 Consulting  
 Modeling  
 Self-consciousness/insecurity  
 Feeling inhibited  
 Feeling threatened  
 Manipulation  
 Seeking alternatives  
 Different orientations

**Group 1:**

Contextual factors: these are the codes related to the context containing the supervisory relationship. These factors are related to the internal and external context containing the supervisory relationship.

**Group 2:**

Supervisor investment: these are the codes related to the amount of investment that the supervisor had in the intern's personal and professional development as perceived by the participant.

**Group 3:**

Role dynamics: these are the codes related to the various role relationships that were described by participants. These include characteristics of the supervisors in terms of beliefs and personality, characteristics of the participants, and characteristics of the relationship.

Worse performance  
 Needing to prove self  
 Motivation  
 Shame  
 Transference  
 Countertransference  
 Learning  
 End of internship  
 Consulting  
 Modeling  
 Security/safety  
 Choice of job  
 Professional involvement  
 Confidence  
 Not wanting to leave  
 Focus on negatives  
 Consulting/suggestion  
 Brainstorming  
 Blame-free  
 Focus on positives  
 Survival  
 Inherent trust  
 Personal growth  
 Personal issues

Different orientations  
 Similar orientations  
 Experienced supervisor  
 Inexperienced supervisor  
 Perceived judgement  
 Similar personality  
 Needing to prove self  
 Shame  
 Transference  
 Countertransference  
 End of internship  
 Consulting/suggestion  
 Brainstorming

**Group 4:**

Clear expectations  
 Structure  
 Honesty/transparency  
 Lack of clarity  
 Consistency  
 Structure  
 Appropriate level  
 Unmet expectations  
 Unmet needs  
 Empathy  
 Learning  
 Blame-free

**Group 4:**

Clarity: these are the codes related to the perceived level of clarity, including what was expected of the participants as interns and what they expected of their supervisors.

**Group 5:**

Survival  
 Inherent trust  
 Personal growth  
 Personal issues  
 Autonomy  
 Choice of job  
 Professional involvement  
 Confidence  
 Not wanting to leave  
 Musical connection  
 Self-consciousness/insecurity  
 Feeling inhibited  
 Feeling threatened  
 Increased mindfulness  
 Worse performance  
 Motivation

**Group 5:**

Intern identity: these are the code that include the personal factors shared by participants which are believed to have affected or been affected by the level of trust established in the supervisory relationship.